

# Identification of priorities for multidisciplinary intersectoral research on violence against older women

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## Introduction

It has been acknowledged globally and in Canada that to address the growing and significant health and social problem of violence against older women, it is essential that key stakeholders work collaboratively across sectors and disciplines to identify research priorities, as well as methodological approaches and potential challenges to consider in moving these priorities forward.<sup>1-3</sup> To this end, we engaged leaders of professional health care associations, managers of health, social, and community services, government policymakers, and researchers in a two-step Delphi consensus process in Canada's largest province, Ontario.<sup>4-6</sup>

## Round 1 online survey

An online survey was developed that included sex, age, affiliation, and perceived level of expertise with respect to violence against older women. It also contained instructions to write-in and rank from most to least important up to six research priorities that would advance knowledge, practice, and policy in the field.

The online survey was emailed to key stakeholders in Ontario invited to attend a 1-day forum featuring international and Canadian experts speaking about violence against older women (<https://www.sadvtreatmentcentres.ca/violence-against-older-women.html>). These experts were also invited to complete the survey. Two reminders were sent subsequently over a 1-month period. Forty-four (36%) of the 121 invitees completed the survey. The priorities were then collated thematically by the researchers, and a weighted score was calculated for each priority (weighted score = number of first rankings × 6 + number of second rankings × 5 ... number of sixth rankings × 1). The five priorities with the highest scores were retained for the next round.

## Round 2 in-person meeting

A paper-based survey was created from the online survey with instructions to re-rank the five research priorities retained from the first round. The survey was administered to a smaller group of forum attendees identified as having expertise in violence against women and/or elder abuse in a 1.5-hour in-person meeting held immediately following the forum. In advance of the distribution of the survey, the top five research priorities from Round 1 were presented alphabetically. All 21 (100%) participants in the meeting completed a survey. These surveys were then collected and weighted scores were

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immediately calculated for each priority (weighted score = number of first rankings  $\times$  5+ number of second rankings  $\times$  4 ... number of fifth rankings  $\times$  1) and shared with all participants.

To identify methodological approaches and potential challenges in addressing the top research priorities, each of five trained facilitators led a brainstorming session on a pre-assigned priority with the participants who had been evenly distributed across tables by discipline and expertise. The researchers limited the number of participants in this meeting to allow for active discussion. Each facilitator shared the results of their session with the full group of participants. These findings were then immediately further synthesized based on feedback.

## Participants

Most of the 44 participants in Round 1 and 21 participants in Round 2 rated their own expertise in violence against older women highly (see Table 1 for participant characteristics including sex, affiliation, country, and level of expertise).

## Research priorities

In the first round, the highest ranked research priorities were: examination of contextual and contributing factors; development and evaluation of interventions/best practices for care; development and evaluation of knowledge mobilization initiatives including education, training, and resources for diverse audiences; evaluation of currently available services; and examination of different types of violence and abuse. Lower ranked priorities included: analysis of legal and legislative issues; examination of theoretical frameworks and approaches; investigation of access to care issues including barriers to seeking help; assessment of needs of diverse abused older women; examination of research methods for data collection on violence against older women; identification/screening for violence and abuse; examination of resource utilization; and determination of the prevalence and nature of violence against older women.

After the second round of ranking, the top five research priorities were: development and evaluation of interventions/promising practices for care; development and evaluation of knowledge mobilization including education, training, and resources for diverse audiences; examination of contextual and contributing factors; evaluation of currently available services; and examination of different types of violence and abuse (Table 2).

**Table 1** Participant characteristics of Delphi consensus survey Round 1 and Round 2

Characteristic	Round 1		Round 2	
	%	n	%	n
<b>Sex/gender</b>		44		21
Female	97.7	43	90.5	19
Male	2.3	1	4.8	1
Transgender			4.8	1
<b>Affiliation<sup>a</sup></b>		44		21
University/academia	15.9	7	52.4	11
Hospital/clinic	13.6	6	4.8	1
Community organization (eg, social service)	45.5	20	23.8	5
Policy/government	11.4	5	14.3	3
Student/trainee	4.6	2		
Other <sup>b</sup>	11.4	5	4.8	1
<b>Country</b>		44		21
Canada	88.6	39	81.0	17
Ontario		37		15
British Columbia		2		2
USA	6.8	3	14.3	3
UK	2.3	1		
Australia	2.3	1	4.8	1
<b>Level of expertise about violence against older women</b>		44		21
Very high	25.0	11	28.6	6
High	38.6	17	52.4	11
Medium	29.6	13	19.1	4
Low	6.8	3	0.0	0
Very low	0.0	0	0.0	0

**Notes:** <sup>a</sup>Categories are not mutually exclusive. <sup>b</sup>Includes professional nursing association, law enforcement services, funding organization, and feminist advocacy organization.

## Methodological approaches and potential challenges

Participants recommended a diverse range of methodological approaches to address the identified research priorities, from randomized control trials for the development and evaluation of interventions to “getting women’s voices” using interviews of those with lived experiences for the examination of contextual and contributing factors. Many potential challenges in conducting this research were also identified, including the lack of standardized measures and selection of key outcomes (Table 2).

## Conclusion

It is important when interpreting this study’s findings to consider that the results represent the opinions of participants

**Table 2** Priorities, methodological approaches, and potential challenges for future research on violence against older women

Priority <sup>a</sup>	Rank	Methodological approach	Potential challenge
Development and evaluation of interventions/promising practices for care	No. of 1st=10 No. of 2nd=4 No. of 3rd=1 No. of 4th=4 No. of 5th=2 Weighted score = 79	<ul style="list-style-type: none"> <li>• Randomized control trials that are designed to capture cost–benefit by capturing resource utilization and quality of life/utility</li> <li>• Mixed methods research which employs qualitative interviews in the initial steps of a project, the findings of which subsequently could inform quantitative data collection</li> <li>• Use of language of “promising practices” as opposed to “best practices” when developing interventions</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration of contextual factors</li> <li>• Inclusion of multiple types of abuse</li> <li>• Lack of standardized measures for the population under study</li> <li>• Selection of outcomes that different funding sectors can buy into/ understand and show social return on investment</li> </ul>
Development and evaluation of knowledge mobilization initiatives including education, training, and resources for diverse audiences	No. of 1st=7 No. of 2nd=3 No. of 3rd=4 No. of 4th=3 No. of 5th=4 Weighted score = 69	<ul style="list-style-type: none"> <li>• Intersectional framework that considers the different social locations of and forms of discrimination faced by older women experiencing violence</li> <li>• Engagement of universities and community agencies in developing stand-alone courses and integrated content on violence against older women for students, service providers, and the public</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of standardized measures to evaluate success of knowledge mobilization initiatives</li> <li>• Difficulty in working across sectors</li> <li>• Pervasiveness of “gender neutrality”</li> </ul>
Examination of contextual and contributing factors	No. of 1st=2 No. of 2nd=5 No. of 3rd=9 No. of 4th=5 No. of 5th=0 Weighted score = 67	<ul style="list-style-type: none"> <li>• “Getting women’s voices” using interviews of those with diverse lived experience</li> <li>• Peer-to-peer</li> <li>• Inclusion of organizations that older women participate in/reside at</li> <li>• Inclusion of debriefing and support for participants</li> <li>• Use of passive, non-pressured recruitment strategies</li> <li>• Collaboration with health authorities, long-term care facilities, community organizations, immigration services, and other organizations that can help understand relational and structural issues</li> </ul>	<ul style="list-style-type: none"> <li>• Clear and consist definition of factors</li> <li>• Recruitment of representative samples that include older women with diminished capacity</li> <li>• Overcoming obstacles associated with the informed consent process to ensure “no voices are lost”</li> <li>• Ensuring the availability of translation services</li> </ul>
Evaluation of currently available services	No. of 1st=0 No. of 2nd=6 No. of 3rd=7 No. of 4th=4 No. of 5th=4 Weighted score = 57	<ul style="list-style-type: none"> <li>• Mixed methods design assessing:               <ol style="list-style-type: none"> <li>1. Access to and quality of care including language and transportation barriers</li> <li>2. Issues related to capacity to consent</li> <li>3. Policies around visitation of abusive partners in long-term care</li> <li>4. Services for abusers</li> </ol> </li> <li>• Use of outcome measures inclusive of diverse groups of older women</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty in engaging community in the development of appropriate manuals and protocols to guide evaluations</li> <li>• Recruitment, in particular, the engagement of abusers</li> </ul>
Examination of different types of violence and abuse	No. of 1st=2 No. of 2nd=3 No. of 3rd=0 No. of 4th=5 No. of 5th=11 Weighted score = 43	<ul style="list-style-type: none"> <li>• Interviews and surveys of older women and men as well as their providers</li> </ul>	<ul style="list-style-type: none"> <li>• Capturing the different topologies of domestic violence in the context of intimate relationships among older adults</li> </ul>

**Note:** <sup>a</sup>Listed from highest to lowest rank.

and, therefore, a differently composed sample may have generated different priorities. The top-ranked research priority for addressing violence against older women was the development and evaluation of interventions/promising practices for care using rigorous methodological approaches such as randomized control trials designed to capture a comprehensive range of outcomes that can demonstrate social return on investment. The higher rank of

this priority likely reflects the paucity of intervention-based research as compared to other types of research in this field. The five priorities identified in this study and the methods proposed to address them represent an important first step in carrying out collaborative and multidisciplinary research focused on preventing and addressing the occurrence and harmful health and social consequences of the victimization of older women.

## Ethics statement

The study was reviewed by the Women's College Hospital Research Ethics Office and was granted an exemption (administrative review: REB No. 2017-0072-E).

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## Disclosure

The authors report no conflicts of interest in this work.

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