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Women in Midlife and Older Experiencing Intimate Partner Violence: Are Battered Women's Shelters in Atlantic Canada Ready to Answer the Call?

A Thesis

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Abstract

Researchers have debated whether women in later life experiencing intimate partner violence (IPV) are victims of IPV or elder abuse (EA). This study operates under the notion that women experiencing abuse by their partners are victims of IPV regardless of age. However, it is largely unknown if services for victims of IPV are appropriate across the lifespan. The current study addressed this gap by investigating how stage 1 transition homes in Atlantic Canada are meeting the needs of women in midlife and older. This two-phased study included an online survey with 17 shelter directors and telephone interviews with 8 shelter directors. Results indicated that between 2007-2008, women in midlife and older comprised 28% of those who used stage 1 transition houses. Although survey results suggested that stage 1 transition homes meet the needs of women across the lifespan, the interviews revealed a different picture. Results of the interviews unfolded into three distinct phases within the lives of women in midlife and older: (1) life at home and in the community, (2) living in the shelter, and (3) starting a new life. Directors shared that transition homes often fall short in meeting the needs of this age group in such areas as shelter policies, accessibility, privacy, support and outreach. Transition homes offer safety and security for women across the lifespan, but they do not meet the particular needs of women in midlife and older. However, results of this study indicate that women in midlife and older who experience IPV require education and support surrounding power and control dynamics, which a transition house provides. As such, recommendations for research, policy and practice are described in order to ensure that stage 1 transition homes offer a welcoming, suitable, and supportive environment for women in later life.

Acknowledgements

Throughout my Master's degree I have been given the opportunity to embark on many enriching experiences. I have had engaging discussions with mentors in various capacities whether through collaborative work on a grant or presentations at conferences. The MAHSR program has provided an excellent platform to develop and refine my skills as a research and writer.

Completing this Master's thesis would not have been possible without the help of key mentors. My thesis supervisor, Dr. Lori Weeks, went above and beyond in providing support and encouragement. Beyond her words of advice and feedback on this thesis, she has illustrated through many opportunities what the academic world has to offer. Writing a thesis has many ups and downs, and when I needed that extra push and encouragement that it will get done, and that it does get better, Dr. Weeks was there.

Lastly, my thanks goes out to the shelter directors who took time out of their busy schedule to participate in a two phased study which might have seemed like too much of a commitment. I am very grateful for their candidness and for providing an inside look at the inherent struggles of running and maintaining a transition home. Their openness in discussing these issues demonstrates their passion for their work and their willingness to create change.

Dedications

I dedicate this thesis to my husband, Martin, to my parents, John and Wendy Murray, and to my grandfathers, Edgar Gallant and Don Murray. These individuals always had faith in my abilities, even when I did not have faith in myself. Lastly, and certainly not least, I dedicate this thesis to all abused women in later life who are often overlooked and misunderstood.

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Glossary of Terms

This glossary of terms has been provided in order to ensure clarity and consistency throughout the thesis. Definitions of terms within the violence literature often vary. Therefore, I selected definitions which I felt would bring clarity to the topic area. Please refer to these definitions as needed.

Violence Against Women: Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations, 1993).

Family Violence: Family Violence includes many different forms of abuse that adults or children may experience in their intimate, kinship or dependent relationships. Family violence also includes being mistreated or being neglected by these members (Department of Justice, 2009). Domestic violence/intimate partner violence is often labeled as a subset of family violence.

Intimate Partner Violence (IPV): Intimate partner violence refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to in intimate partner (World Health Organization, 2002b).Intimate partner violence is also often referred to as domestic violence. For the purposes of this thesis, I am focusing on IPV that occurs against women.

Elder Abuse (EA): Elder abuse is defined as a single repeated act, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person (WHO, 2002a). Many elder abuse victims lack the capacity to protect themselves (Straka & Montminy, 2006).

Older Abused Women or Abused Women in Midlife and older: Older abused women and/or abused women in midlife and older refers to women who are, for the majority, past childbearing years who suffer from IPV.

Stage 1 Transition Home: Stage 1 transition homes are frequently the first contact that women use when seeking refuge from an abusive partner. Abused women and their children can stay for a duration of 1 day to 11 weeks (Burns & Taylor-Butts, 2009).

Chapter 1: Introduction

Both the United Nations (UN) (1995) and the World Health Organization (WHO) (2005) have identified that intimate partner violence (IPV) is responsible for the death and injury of thousands of women each year. Many abused women are in intimate relationships in which they suffer physical, emotional, sexual and financial abuse (Cohen & Maclean; 2004; Heise, Ellsberg, & Gottemoeller, 1999; O'Donnell et al., 2006; WHO, 2005). Rates of IPV against women remain largely unknown since many continue to suffer in silence (Beaulaurier, Seff, Newman, & Dunlop, 2007; Rennison & Rand, 2003; Wolf, Ly, Hobart, & Kernic, 2003).

Researchers have identified the many personal consequences that victims of IPV experience as well as the impact that IPV has on both the health care and judicial systems (Campbell & Lewandowski, 1997; Doherty, 2002; Ristock, 1995). Women who suffer repeated abuse can have several physical (bruises, broken bones, ulcers) and mental health (substance abuse disorder, suicidal ideation, mood disorder) problems (Brzozowski & Brazeau, 2008; Doherty, 2002; Moracco et al., 2004). Health care and judicial costs are numerous and may include hospital related expenses and legal proceedings and services for the offender (Department of Justice Canada, 2003; Doherty, 2002; Lam, 2007).

With an acknowledgement of the numerous direct and indirect costs of violence against women, many researchers have dedicated their life's work to providing governments with necessary information in order to influence policy and programs. The IPV literature is vast and widespread in numerous areas such as the types, severity, and frequency of the abuse, support services used, the health consequences of abuse, and how

violence in the home affects children (National Clearing House on Family Violence (NCFV), 2007).

Abused Women in Midlife and Older: An Issue Receiving Scant Attention

Research on violence against women in later life is often a hidden and neglected issue (Brandl & Cook-Daniels, 2002; Mouton et al., 2004; Straka & Montminy, 2006). Fisher and colleagues (2003) assert that older abused women have been largely overlooked by the women's liberation movement, the elder abuse (EA) movement, and by researchers and service providers. Although IPV research is rooted in the notion that violence is the result of gender inequality, it normally does not focus on women in midlife and older (Penhale, 2003; Hightower, 2002). On the other hand, EA is primarily based on a medical model in which the elderly are abused due to issues with cognitive and physical functioning that is the result of old age (Straka & Montminy, 2006; Walsh, 2007). Although EA researchers have not ignored violence that occurs among partners, they do not tend to investigate the role of gender in intimate partner relationships (Brandl, 2004; Hightower, 2002; Penhale, 2003; Straka & Montminy, 2006; Walsh, 2007). Women in midlife and older who suffer from IPV have somewhat fallen through the cracks of these two distinct research paradigms.

It's Time for a Change in Focus

A number of researchers have argued that the lack of research attention on IPV in older couples is due to misconception that IPV tends to level off past midlife and that findings based on younger women can be applied across the lifespan (Zink, Fisher, Regan, & Pabst, 2003). However, researchers who have investigated IPV in later life argue that a number of women in midlife and older are being abused by their partners and

that their experiences often differ from their younger counterparts (Bonomi et al., 2007). Studies which have found low rates of IPV in later life must be interpreted with caution since many women in midlife and older in particular are too ashamed or fearful to report their abusive partner or seek services while others do not identify themselves as being abused (Dunlop et al., 2005; Health Scotland, 2004).

Current IPV policies and programs are based largely on research concentrated on women of childbearing age. Services for victims of IPV may not be addressing the particular needs of women in midlife and older (Beaulaurier et al., 2007; Straka & Montminy, 2006; Zink, Jacobson, Regan, Fisher, & Pabst, 2006; Zink et al., 2003). With an aging population, researchers, policy makers, and service providers can no longer afford to ignore the needs of abused women in midlife and older. In 2001, 1 in 8 Canadians were over the age of 65 years, and this will increase to 1 in 5 by 2026, and 1 in 4 by 2041 (Public Health Agency of Canada, (PHAC), 2005). As baby boomers move into retirement age and families continue to have fewer children per household, governments need to ensure that proper attention is given to policies and programs designed specifically to meet the needs of the aging population.

While researchers have begun to investigate services for abused women in midlife and older, this field is still in its infancy, especially in Canada. Researchers, policy makers and service providers are mostly unaware if current services for victims of IPV in many provinces are adequately meeting the needs of women in later life. In order to begin to fill this gap, I investigated how stage 1 transition homes in Atlantic Canada are meeting the needs of women in midlife and older who experience IPV. My focus on the four provinces (New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland)

of Atlantic Canada stems from three main factors. First, due to my enrollment in the Master of Applied Health Services Research Program (MAHSR) through the Atlantic Regional Training Center my focus has been in line with the program's objectives which is to foster research in the area of health policy and programs in Atlantic Canada. Therefore, I felt it fitting to focus this investigation on the Atlantic Provinces.

Second, in the 2006 Census, Statistics Canada found that the Atlantic provinces are among the oldest provinces in the country with a higher proportion of individuals over the age of 65 (14.7%) than the rest of the country (Martel & Malenfant, 2008). Women make up 60% of the senior population and have a greater life expectancy than their male counterparts (PHAC, 2002). It has become increasingly important for researchers and policymakers to investigate if existing services are meeting the needs of women in midlife and older.

Finally, a large proportion of Atlantic Canadians reside in rural areas. As such, I will examine stage 1 transition homes in both rural and urban areas. Over 46 % of Atlantic Canadians live in rural areas throughout the four provinces (Martel & Malenfant, 2008). Statistic Canada's 2006 Census found that the largest portion of rural dwellers resided in Prince Edward Island (55%) which was followed by New Brunswick (49%), Nova Scotia (45%), and Newfoundland (42%) respectively (Martel & Malenfant, 2008). Researchers who specialize in rural IPV comment that there exists an urban-centric bias in the abuse literature and that research conducted in urban centers is not applicable to their rural counterparts (Hornosty & Doherty, 2002). Rural women are exposed to differing values, culture and gender roles which impede their ability to seek help and the

majority of services for IPV victims are located in urban centers (Blaney & Janovicek, 2004; Hornosty & Doherty, 2001; Martz & Saraurer, 2002).

Despite current efforts to bring attention to this population, abused women in midlife and older continue to fall between the cracks of the IPV and EA literature. With the present study, I began to compensate for this paucity of information through providing a clearer picture of how stage 1 transition homes in Atlantic Canada are meeting the needs of abused women in midlife and older. With this information, researchers, policy makers and service providers will begin to better understand the issue of IPV in later life and how current IPV services are assisting this population. I hope that this study, even in some small part, contributes to bringing the issue of IPV in later life to the forefront in Atlantic Canada.

Chapter 2: Theoretical Framework

Any understanding of IPV must not only stem from an investigation of the interaction between people, but must also look at "a society that implicitly and explicitly sanctions violence" (Phillips, 2000, p.192). For this thesis, I use feminist theory to describe that sexism is the root cause of violence against women. Furthermore, I contend that for women in midlife and older sexism is compounded by the discriminatory effects of ageism. In this chapter I describe a gender framework to understand violence against women in midlife and older. This will be accomplished by providing an overview of feminist theory on violence against women and how the discriminatory affects of ageism and sexism are combined to subordinate women in midlife and older.

A Gender Framework

Since the women's liberation movement and the battered women's movement, there has been much debate surrounding the role of gender on intimate partner violence (Anderson, 1997). For instance, interpersonal theory is founded on the notion that intimate partner violence is a problem of both sexes and is not explained entirely by gender (Straus, Gelles, & Steinmetz, 1980). Sociodemographic theorists argue that variables such as class, race, income, and age all have an influence on IPV (Anderson, 1997).

Feminist theory has been the dominant model used to explain violence against women (Staka & Montminy, 2006; Yodanis, 2004). This theory is based on the notion that violence against women occurs due to the subordination of women in society. In contrast to other IPV theories, feminist theory argues that one must look beyond individual variables in order to understand that violence against women is rooted in an

unequal power balance between men and women (Anderson, 1997; Berns, 2001; Kurz, 1989; Yodanis, 2004). More specifically, feminists view sexism as the root factor of IPV against women and argue against claims that men and women engage in equal amounts of violence (Kurz, 1989).

Due to an unequal balance of power between genders, in situations of IPV, men gain and maintain power and control over their female partners through various tactics (Anderson, 1997). In the early 1980s, the Duluth Domestic Abuse Intervention Project (DDABIP) sought consultation from abused women concerning their experiences with their male partners. Through such discussions, the Wheel of Power and Control was developed in order to illustrate the many tactics that are used by male partners to gain and maintain control over their victims (DDABIP, 2008) (See Figure 1). Each tactic such as using her children, intimidation, and isolation produces an unequal balance of power. When the male partner has entire power and control over the woman, she is vulnerable to victimization and the abuse occurs in many forms (Baker & Cunningham, 2004)

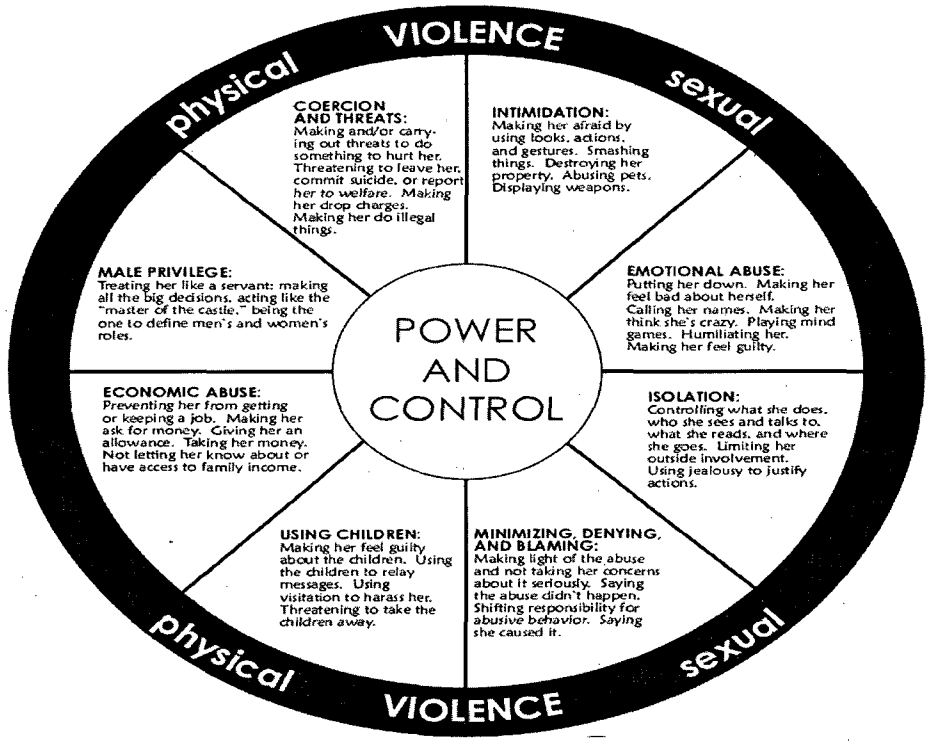


Figure 1: The Duluth Power and Control Wheel (2008)

Ageism & Sexism in the Lives of Women in Midlife and Older

Feminists tend to predominantly investigate the role of gender on violence against women and often ignore other factors which may influence IPV such as age (Aitken & Griffin, 1996; Harbison, 1999; Whittaker, 1996). I argue that in addition to gender inequality that occurs at both a societal and interpersonal level, women in midlife and older must also contend with the discriminatory affects of ageism. Hightower (2002) explained that women in later life are ignored not only by the research community but by society at large due to ageist and sexist attitudes which misconstrue the characteristics and lifestyles of this age group. I will explore the ageist and sexist attitudes which exist in our society and how such beliefs impact the lives of women in midlife and older. This will be accomplished through first exploring the influence of ageism on older adults and

how, more specifically, women in midlife and older are subjected to the double jeopardy of ageism and sexism.

Ageism: The Perceived Burden of Older Adults

In 1969, Robert Butler, director of the National Institute on Aging in the United States, was the first to introduce the term ageism to the study of social stigma. A social stigma occurs due to a discrepancy between "virtual and actual social identity" when individuals are believed to possess certain attributes that are not socially acceptable (Luken, 1983). Although variations occur, ageism is often defined as the discrimination and subordination of older adults (Polizzi & Millikin, 2002; Saucier, 2004; Woolf, 1998).

Ageist attitudes were not always a popularly held view in the Western world. In fact, prior to the 1950s younger generations admired their older counterparts and often sought their guidance (Harbison, 1999). However, Woolf (1998) describes that due to an "emphasis in American culture on productivity"; society's views of the older generation began to shift because of beliefs that only those who contribute to the economy would hold a high status in society (p. 14). Individuals who are close to or have reached retirement are seen as a strain on the market economy and the reason for rising health care costs which many individuals of the younger generation resent (Harbison, 1999). For instance, Paschal (1998), a journalism student at Kings', comments:

> Yes, the senior generation endured a cataclysmic Depression, turned back the tides of fascism, then ushered in social reform and civil rights for an encore. Grandma and Grandpa are certainly worthy of our respect, but not at the expense of our well-being. I refuse to keep selling out my future for their present. It's high time the senior generation started paying its' own way (p. 12).

The Double Standard of Aging

Feminists assert that although the majority of older adults must deal with ageist stereotypes, women in midlife and older must fight against the double standard of aging in which "the discriminatory effects of ageism are compounded with those of sexism" (Harris, 2001, p.276). In the eyes of a sexist, a woman serves only two roles: to please her man through her visual appeal, and to reproduce (Sontag, 1997). Sexist attitudes are particularly harsh on women in midlife and older since their ability to fulfill these two roles is called into question (Canetto et al., 1995; Sontag, 1997). What is viewed as a normal part of aging and is often even defined as endearing and attractive in a man, is described as unacceptable and shameful for the aging woman. Once a woman is past her child-bearing years, her age becomes a dark little secret which she only reveals when absolutely necessary (Sontag, 1997). The double standard of aging has also forced women in midlife and older to lead a life of passivity and dependence thereby creating vulnerability to victimization (Canetto et al., 1995; Sontag, 1997; Woolf, 1998). For example, Harris (2001) asserts that the ageist and sexist attitudes explains in part both the high rates of poverty and abuse of women in midlife and older.

The Distinguished Gentlemen vs. the Old Maid.

Rivers (2000) explained that men and women's physical appearance is judged differently due to the fact that society does not accept changes associated with the aging process in the female body. She argued that while men are judged by two standards, that of *the boy* and that of *the man*, women are judged by one- that of *the girl*. She details that when a male moves from the status of a young boy to a man societal expectations are that he should have a "thickening waist, wrinkles and a hairline that is barely there" (Rivers,

2000, p. 12). Therefore, men can move from the status of *boy* to *man* with relative ease and acceptance from others. The woman on the other hand must always attempt to keep the status of *girl* which would entail younger looking features, a small waist, and luscious hair free from any grey. There is essentially no transition from girl to older women that is socially acceptable, and consequently, women in midlife and older move from "*the girl* to *trying-to-stay-girl*" (Rivers, 2000, p.17). Therefore, women in later life are often labeled as unattractive, unhealthy, and asexual (Gooselink, Coz, McClure, & DeJong, 2008; Older Women's Project, 2007)

Sexually Past her Prime.

A woman in midlife and older is older judged based on her sexual relations in later life. Men are often applauded for being sexually active into old age; women in midlife and older who exhibit a similar lifestyle are accused of being inappropriate. Many women are perceived to be sexually ineligible earlier than men (Clark, 2001; Clark & Schwiebert, 2001; Rivers, 2000; Sontag, 1997). For the majority of women, the period past midlife is viewed as a "humiliating process of gradual sexual disqualification" (Sontag, 1997, p.20).

Settling Into her Role as "Grandma".

Despite a woman's choice regarding children, during later life she is frequently referred to as "grandma" (MacDonald & Rich, 2001; Older Women's Project, 2007). Barbara MacDonald, one of the first to argue that ageism was a women's issue, detailed in her book of essays entitled "Look Me in the Eye", that younger women fear growing old and being identified as "grandma" due to ageist attitudes which have long divided the young from the old.

The Older Women's Project (2007), an activist group comprising of older women who fight against ageist attitudes, argue that women in later life are labeled sometimes solely as grandmothers regardless of other accomplishments or titles received. For instance, when a death announcement is made on television, radio or in print, an older woman's grandmother status is emphasized regardless of past accomplishments. However, an older man is often remembered for his contribution to society and his life experiences and their status as a grandparent is rarely emphasized (Older Women's Project, 2007).

Ageism and Sexism: Foundational Elements to Abuse against Women in Midlife and Older

Sexist and ageist stereotypes force women to have little power in society, which is then carried into relationships with family members, friends, and male partners. Spangler and Brandl (2007) commented that some women in midlife and older are placed in a situation in which family members, care workers and intimate partners continually employ tactics to "gain and maintain compliance" (p.323). Consequently, I contend that notions of dependency and irrelevance can cause an unequal power balance between intimate partners resulting in women in midlife and older being at risk of being abused by a male partner.

In 2005, personnel with the National Clearinghouse on Abuse in Later Life (NCALL), created by the Wisconsin Coalition Against Domestic Violence, examined if the Duluth Wheel of Power and Control was applicable to women across the lifespan through consultations with abused women over 50 from eight states (NCALL, 2006). The majority of the women reported that the wheel did not adequately illustrate the continual

and pervasive psychological and emotional abuse that they deal with on a daily basis. For instance, Seff, Beaulaurier, and Newman (2008) found that women in midlife and older experienced many forms of non-physical abuse such as acts of jealousy, intimidation and verbal threats. The NCALL adjusted the wheel to illustrate the emotional and psychological abuse that are entrenched in the many tactics used by their abusers (Brandl, 2000; NCALL, 2006; Spangler & Brandl, 2007) (Figure 2).

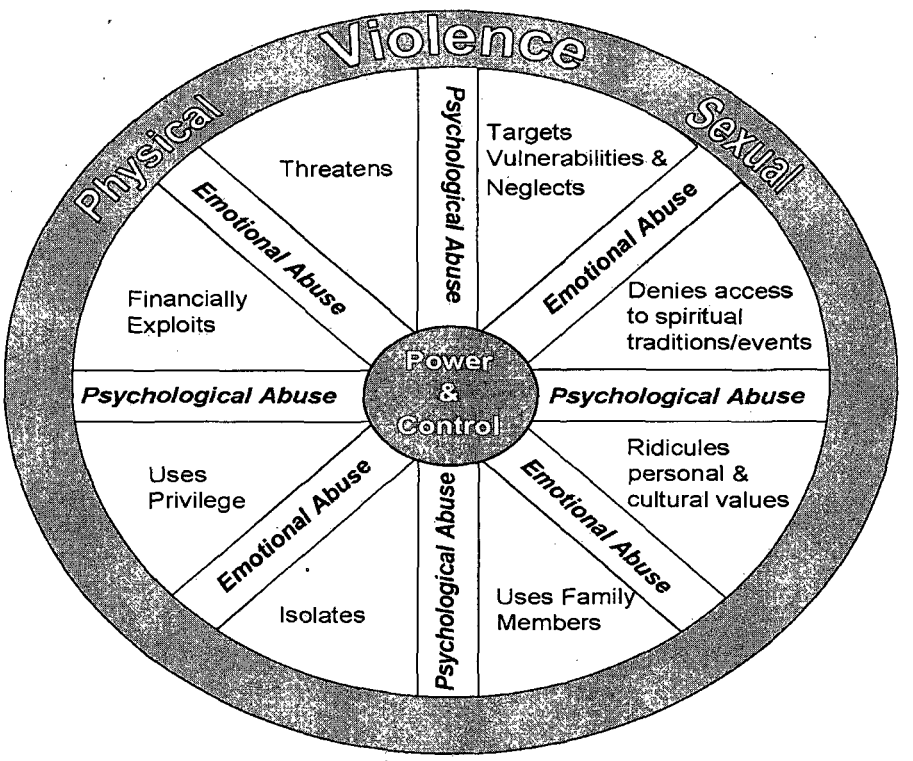


Figure 2: Abuse in Later Life Wheel of Power and Control (NCALL, 2006).

In addition to the role of ageist and sexist stereotypes on the power and control dynamics of abuse against women in midlife and older, such attitudes may explain in part the lack of research attention on this topic. For example, IPV research is somewhat ageist due to the fact that many studies exclude women over 45 in their participant sample (Brandl, 2000; Health Scotland, 2004; Straka & Montminy, 2006). In contrast, EA

research mostly ignores gender due to the fact that it operates largely under the assumption that older adults, regardless of sex, are abused due to issues surrounding physical and cognitive impairments associated with the aging process. Hightower (2002) detailed that as a result of ageism and sexism, services for abused women in midlife and older are parallel to the child abuse model, demonstrating how researchers and decision makers continue to view women in later life as dependent on others. Therefore, using the term EA to describe IPV among older adults may ignore the complexities and realities of the lives of abused women in midlife and older (Sedger, 2001).

The feminist domestic violence response addresses both short and long-term solutions to combat violence against women (Denham & Gillespie, 1998; Straka & Montminy, 2006). Long-term responses involve making changes at a societal level in order to balance power relations between men and women. When feminists first called for gender equality they realized that such structural changes would take time. Therefore, they attempted to address the short-term and immediate safety needs of abused women by establishing women's shelters. However, feminist discourse had been dominated by younger women, and it is therefore largely unknown if the shelter system for abused women is appropriate for abused women in midlife and older who must contend with the compounding effects of both sexism and ageism (Hightower 2002; Straka & Montminy, 2006).

Vinton (1999) stressed the importance of empowering women in midlife and older through programs which identify and combat ageism and sexism. Researchers, service providers, policy makers, and the general public must begin to understand the

impact that such stereotypes have and how it serves to diminish the need for program and policy attention to the issue of women in midlife and older who experience IPV.

Chapter 3: A Review of the Literature

Past literature has largely neglected the topic of women in midlife and older who experience IPV. However, it is a reality that IPV occurs across the lifespan (Krug, Danberg, Mercy, Zwi, & Lozano, 2002; Zink, Fisher, Regan, Pabst, 2005). Therefore, I will review the current IPV and EA literature in order to both better understand the complexity of violence in later life and to serve as a guide to my current investigation. I will first examine the rates of IPV globally, nationally and locally. Second, I will review how researchers of IPV and EA have addressed the issue of IPV in later life. Finally, I will review research on transition homes and their role in empowering abused women in midlife and older to end the violence.

Rates of IPV: A Cause for Concern Throughout the World

Since the later part of the 20th century, researchers have attempted to develop a clearer understanding of the rates and severity of IPV. The National Coalition on Domestic Violence (NCADV) (2007) identified that even recently, any attempt to determine rates of IPV against women is somewhat limited due to the fact that it is "one of the most chronically underreported crimes" (p. 2). Rates that are available demonstrate that there are many women who suffer from abuse by their intimate partners (Heise, & Ellsberg, Gottemoeller, 1999; NCADV, 2007; O'Donnell et al., 2006). As such, I will review our current knowledge of the rates of IPV. This will demonstrate not only that violence against women is a cause for concern but also that due to a lack of recognition of abuse against women in midlife and older; rates of IPV are both largely unknown and are often underreported.

IPV Around the Globe

In 1995, the United Nations (UN) reported that 38% of the world's female population has been physically abused by their spouse or common-law partner, and that this rate increases to 60% when discussing developing regions. The WHO launched a multi-country study in 1997 by collecting data from over 24,000 interviews with abused women in 10 countries (Ethiopia, Bangladesh, Brazil, Japan, Namibia, New Zealand, Peru, Samoa, Thailand, United Republic of Tanzania). The proportion of women who experienced IPV at some point in their lifetime ranged from 15% to 71%. Although rates vary, scholars have found that women experience IPV in many countries such as Japan, India, Russia, and the United States (Heise, Ellsberg, & Gottemoeller, 1999; Krug, Dahberg, Mercy, Zwi, & Lozano, 2002; Kozu, 1999).

IPV in Canada

Previous research has found that Canada has higher rates of IPV than in the U.S (McGrechie, 2007; Statistics Canada, 2009). Statistics Canada (2009) reported that in 2007 the authorities received reports of almost 40,200 incidents of IPV. They also reported that females account for 83% of IPV victims. Researchers have also found that women are more likely to experience more severe forms of abuse than men. In the 2004 Statistic Canada General Social Survey, 39% of women reported being beaten, choked, threatened or abused with a knife or gun (McGrechie, 2007). These statistics have demonstrated that the rates of IPV in Canada are a serious concern requiring immediate attention (Stein, Walker, Hazen & Forde, 1998; Young & Katz, 1998).

IPV in Atlantic Canada

Past studies have found that women in Atlantic Canada experience IPV. Cohhen and Maclean (2004) found that in the 1999 General Social Survey 20.2% of Atlantic Canadian women reported that they had been abused by their spouse or common-law partner in the last 5 years (Cohen & Maclean, 2004). Furthermore, they demonstrated that these rates were comparable to national data. For instance, 21.2% of Canadian women reported abuse by their partner in the previous year. These results suggest that a significant proportion of Atlantic Canadian women experience abuse at the hands of their partners.

Rates of IPV Among Women in Midlife and Older

Mouton and colleagues (2004) argue that IPV researchers tend to either exclude women in midlife and older or group them together with their younger counterparts. There seems to be a general lack of interest in documenting abuse among women in midlife and older, and as a result, the data is far less complete than the literature on the rates of IPV among younger women. In response to the knowledge gap in the frequency of abuse among women in later life, researchers, especially those in the United States, have begun to investigate the rates of IPV in post menopausal women. The results of these few key studies show that between 15% to 25% of women in midlife and older reported a lifetime prevalence of abuse by their partners (Bonomi et al., 2007; Dauvergne, 2003; Mouton et al., 2004; Rennison 2001). There exists such a large variation in the rates of IPV against women in midlife and older because researchers include various age ranges and variations in recruitment methods. For instance, some researchers found quite low rates of .41%-3.5% of IPV among women who are 65 years

and older (Bonomi et al., 2007; Zink, Fisher, Regan, & Pabst, 2005). However, researchers from both of these studies recruited participants from health centers. The low rates could be caused by the fact that abused women in midlife and older are very isolated and often conceal the abuse by avoiding regular checkups (Morgan Disney and Associates, 2000). Finally, women in later life might not disclose a history of abuse due to a lack of understanding of what constitutes IPV, or they may fear retaliation from their partners (Rennison & Rand, 2003; Zink et al., 2003).

Women in Midlife and Older: IPV, EA, or Both?

IPV and EA researchers have constantly debated how to define abused women in midlife and older, and this has contributed to a general lack of empirical studies on this topic within either research paradigm (Brandl & Raymond, 1997; Health Scotland, 2004; Straka & Montminy, 2006). Due to a lack of research attention, IPV services may not be addressing the particular needs of women in midlife and older who are abused by their partners (Brandl & Raymond, 2005; Mears & Visher, 2005; Straka & Montminy, 2006). Furthermore, abused women in midlife and older who are inadequately labeled as victims of elder abuse do not receive IPV services such as education surrounding issues with power and control. In this section, I compare and contrast both the IPV and EA research paradigms and explain where I believe women in midlife and older fit best in violence research and services.

Origins

One of the main differences between IPV and EA research stems from how they first entered the academic arena. IPV research became popular after the women's liberation movement and the battered women's movement of the 1970's and was political

in nature (Penhale, 2002; Straka & Montminy, 2006). In contrast, EA research which began in the 1980's was driven mostly by health professionals (Bergeron, 2001; Straka & Montminy, 2006; Straka & Montminy, 2008; Voelker, 2002). Therefore, IPV was identified as a social problem rooted in unequal power relations between genders, whereas EA was labeled as a problem at the individual level in which issues with cognitive and physical functioning of the elderly leads to victimization (Bergeron, 2001, Penhale, 2002; Straka & Montminy, 2006).

IPV: Gender Focused

Whittaker (1995) stresses that despite feminists' attempts to address sexist attitudes towards women; they have rarely looked at women in midlife and older in the family setting. This is due in part to a continued belief that IPV is a problem entirely for women of childbearing age. In addition, a number of researchers have argued that since fragility is associated with old age, this in turn should cause a decrease in IPV particularly in terms of physical abuse (Morgan Disney & Associates, 2000; Fisher et al., 2003). Consequently, IPV research operates entirely under a gendered lens, thus paying little attention to women's experiences as they age (Aitken & Griffin, 1996; Harbison, 1999; Penhale, 2002; Penhale, 2003). The IPV response includes education and support surrounding the importance of self-esteem and building healthy relationships in which many women in midlife and older experiencing IPV would benefit. However, the structure and delivery of these services may not be appropriate for women across the lifecourse.

EA: Gender Neutral

The primacy focus of EA research is to investigate the exploitation of older adults

who normally exhibit limitations with cognitive and/or physical functioning (Straka & Montminy, 2006). The abusers are often those who are in a position of trust such as a family member, intimate partner, friend, or formal caregiver (Straka & Montminy, 2008). One theory is that EA is the result of caregiver stress whereby carers become overwhelmed with the burden of meeting the needs of an older adult and they may turn to abusive or neglectful behaviors to deal with the stress (Bergeron, 2001; Brandl & Raymond, 2005; Straka & Montminy, 2006; Straka & Montminy, 2008). Researchers examining EA normally do not attempt to investigate the impact of gender and age on abuse, nor do they specifically address violence between intimates. Therefore, the EA literature tends to homogenize individuals much like IPV research (Allen, Blieszner, & Roberto, 2000; Health Scotland, 2004; Hightower, 2002). While IPV research treats all women as identical in terms of life stage, EA research focuses only on the age of the individual and generally does not differentiate by gender.

The adult protection approach is often the elder abuse response used in both the U.S. and in Canada (Straka & Montminy, 2006).This approach is based on an understanding that abused elders with limited physical and cognitive abilities require protection, which often involves removal from the home (Bond, Penner, & Yellen, 1995; Byers, Hendricks, & Wiese, 1993; Straka & Montminy, 2006). However, the adult protection approach does not provide education and support surrounding power and control dynamics.

In response to a lack of attention to gender, researchers began to investigate EA from a feminist perspective (Allen, Blieszner, & Roberto, 2000; Crichton, Bond, Harvey, & Ristock, 1999; Hightower, 2002; Vinton, 1999; Weeks, Richards, Nilsson, Kozma, &

Bryanton, 2004). One realization was that despite a lack of a gender focus in EA, researchers found that older women experienced abuse more often than older men (Crichton et al., 2004; Weeks et al., 2004; Whittaker, 1995).

Moving Beyond the Debate

It is clear that "violence against older women can no longer be left in the too hard basket" (Mears, 2003, p. 1488). Straka and Montminy (2006) described that the two networks that could provide services to women in later life who experience IPV include the women's shelter network and the aging resources and social services network. Brandl and Raymond (2005) asserted that just because a woman is older does not mean that she is no longer experiencing IPV. In this study, I felt it necessarily to investigate the women's shelter networks because I argue that any woman who is being abused by her partner requires IPV services. Due to an overemphasis on younger women in IPV research, services for women who experience IPV may not address the needs of all ages. If abused women in midlife and older experiencing IPV are improperly screened they could be viewed as abused elders and would therefore not receive IPV services (Straka & Montminy, 2006). I believe that the IPV realm is better equipped to meet the needs of women in later life abused by an intimate partner. Therefore, I have dedicated the remainder of this literature review to examining the experiences of women in midlife and older who are abused by their partners.

The Experiences of Abused Women in Midlife and Older

Although women in midlife and older experience similarities in abusive relationships with their younger counterparts, they also experience many differences. It is important to describe and discuss such differences, since it has been a popularly held

belief that women who suffer from IPV have similar experiences regardless of age (Brandl, 2004; Center for Research on Families and Relationships, 2004). In this section, I provide an overview of the current literature on women in midlife and older who experience IPV. This will be accomplished by detailing how older abused women experience IPV in terms of the type and forms of abuse, as well as the barriers that they encounter which impede their ability to break free from the violence. I will also highlight studies which have attempted to determine how transition homes are meeting the needs of this age group.

IPV in Later Life: Three Common Types

Research on abused women in midlife and older tends to focus on IPV which occurs in long-standing relationships (Phillips, 2000). Although abuse throughout a long-term relationship is in need of research attention, researchers need to address all three types of IPV in later life: (1) "wife abuse grown old", (2) "late onset IPV", and (3) "IPV in new relationships".

In "wife abuse grown old" women in midlife and older have been abused throughout their entire intimate relationship (France, 2006, p.13). Although these women did experience the feminist movement of the 1970's, it seems that many did not benefit from it (France, 2006; Zink et al., 2003). In "late onset domestic violence" relationships between intimates are relatively healthy in the early years; however, the abuse appears into the middle to late years and is often triggered by a life event associated with aging (Birmingham, 2008, p. 3). This type of abuse in later life can be particularly difficult for women to come to terms with since they once had a relationship with their partner that was free of abuse (Phillips, 2000). The final type of abuse occurs when women in midlife

and older embark on a long-term relationship (Birmingham, 2008; France, 2006). A number of women in this situation are embarrassed that they are being abused at their age and worry that they will struggle to find new companionship (France, 2006).

It is important for service providers to acknowledge that abused women in midlife and older may require differing supports depending on the context of their relationship. Women who have been abused throughout their entire relationship have built a life with their partner and might, therefore, require different service and counseling needs than women who experience IPV in newer relationships.

The Forms of Abuse

Abused women across the lifespan experience multiple forms of abuse such as emotional, physical and sexual, and in varying frequencies and patterns (Dunlop et al., 2005; Fisher & Regan, 2006; Mouton, 2006; Ockleford et al., 2003, Spangler & Brandl, 2007; Zink et al., 2006). In "wife abuse grown old" cases, it seems that the pattern involves physical abuse when the relationship first began and has transformed into more emotional and mental abuse as the couple aged (Fisher & Regan, 2006; Ockleford et al., 2003; Zink et al., 2006). For instance, Fisher and Regan (2006) found that of 842 women sampled from primary care clinics in Ohio, almost half experienced some type of abuse with psychological abuse most frequently experienced. A number of women have reported that while cuts and bruises heal, the emotional abuse never seemed to quite repair itself (Mouton, 2003; Seff et al., 2008; Zink, Regan, Jacobson, & Pabst, 2003). Zink and colleagues (2006) found that the emotional abuse experienced in later years tended to escalate to a point in which it forced the victim to leave the relationship.

Barriers to Help-Seeking

One of the main differences between older abused women and their younger counterparts are the various barriers which impede getting help in dealing with the abuse (Dunlop et al., 2005; Spangler & Brandl, 2007; Zink et al., 2006). The barriers to help-seeking often experienced by women in midlife and older include issues of religion, generational norms, the influence of adult children, fears of poverty, as well as their understanding of IPV services.

Religion.

Religion are one of the most complex influences on abused women in midlife and older as it serves as both a barrier and facilitator to seeking help (Beaulaurier, Seff, Newman, & Dunlop, 2007; Dunlop et al., 2005; Spangler & Brandl, 2007; Zink et al., 2006). Women have reported that their parish community often pressured them to work through their relationship problems (Beaulaurier et al., 2007; Dunlop et al., 2005). Researchers also found that women felt that ending the relationship was against church doctrine (Zink et al., 2006; Zink et al., 2006A). In contrast, Dunlop and colleagues (2005) found that victims of IPV in later life often reported that their faith was their main source of strength that helped them both begin to heal and to leave the relationship.

Generational Norms.

Many women in midlife and older have specific views on the patriarchal nature of the family, the importance of privacy, as well as on what constitutes abuse. Prior to the women's liberation movement, women were raised to be dependent on their partners (Phillips, 2000; Zink et al., 2004). Women were also taught that family issues are meant to be kept private (Beaulaurier, Seff, Newman, & Dunlop, 2005; Dunlop et al., 2005,

Zink et al., 2004). Consequently, many believe in keeping the abuse a secret in order to protect their family image.

Zink and colleagues (2003) detailed that prior to the feminist movements, violence in the home was something that was never mentioned and was therefore largely misunderstood. Several women in midlife and older commented that they did not know that IPV occurs in a variety of forms. Mental abuse was something that they viewed as less severe then physical forms, and as such, they did not feel that they deserved help nor were they certain if it was even available (Beaulaurier et al., 2007; Brandl & Cook-Daniels, 2002; Dunlop et al., 2005; Grunfeld, Larsson, Mackay, & Hotch, 1996). Consequently, abused women in midlife and older have begun to question the appropriateness of the term "violence" in "domestic violence" due to the fact that it seems to overemphasize the physical nature of abuse (Dunlop et al., 2005).

The Influence of Adult Children.

Researchers demonstrated that many women in midlife and older consider the impact of leaving an abusive relationship on their children (Beaulaurier et al., 2007; Dunlop et al., 2005; Winterstein & Eisikovits, 2005, Wisconsin Coalition Against Domestic Violence (WCADV), 1997). Band-Winterstein and Eisikovits (2009) found that women often stayed in the relationship with the hope that their children would care for them once they moved out. Many realized that it was worse when their children left as the violence was somehow kept in check when the children lived at home (Band-Winterstein & Eisikovits, 2009). Finally, both Baeulaurier et al (2007) and Dunlop and his colleagues (2005) found that women generally kept the abuse a secret from their children as they did not want them to develop a negative view of their father. When adult

children did become aware of the abuse, they often pressured their mother to simply work through the problems in the relationship (Beaulaurier et al., 2007; WCADV, 1997; Band-Winterstein & Eisikovits, 2005).

Fear of Poverty.

Researchers found that some abused women in midlife and older did not want to lose companionship or deal with the stress of economic independence (Brandl & Cook-Daniels, 2002; Fisher et al., 2003; Spangler & Brandl, 2007; Winterstein & Eisikovits, 2005; Zink et al., 2003). More specifically, several studies found that women worried about their retirement and the lack of health insurance if they left their partners (Grunfeld et al., 1996; Spangler & Brandl, 2007). Zink and her colleagues (2003) assert that the fear of poverty is a major concern for older abused women, many of whom did not work, had low paying jobs, or only worked part-time.

Their Understanding of IPV Services.

Women in midlife and older often felt that in order to receive IPV services, victims had to both exhibit physical signs of violence and be of childbearing age (Beaulaurier et al., 2007; Dunlop et al., 2005). Researchers reported that some abused women in midlife and older had negative experiences in seeking help from the criminal justice system (Beaulaurier et al., 2007). A number of women commented that police often used force against their aging partners and caused unnecessary attention to their circumstances (Dunlop et al., 2005). Other studies revealed that women in midlife and older commented that they did not receive adequate assistance from a transition house (Beaulaurier et al., 2007; Ockleford, 2003; Zink et al., 2003; Wilke & Vinton, 2005). For instance, in a study conducted by Ockleford and colleagues (2003) on service response to

older abused women in three European countries, over 32% of older abused women sought assistance, however; only 6% commented that the service had been helpful in dealing with the abuse.

Getting Help: The Appropriateness of Transition Homes

Penhale (2003) and Straka and Montminy (2006) discovered through a review of both DV and EA research that abused women in midlife and older may not have any appropriate services to turn to. Penhale (2003) commented that although battered women's shelters do not discriminate on the basis of age, she questions if a woman in midlife and older would turn to such a resource. On the other hand, she also argues that services for older adults which are based on the medical model may also be inappropriate for women in midlife and older who are largely independent and are not in need of adult protective services.

There is limited research on the appropriateness of transition homes for women in midlife and older who experience IPV (Hightower, Smith, Ward-Hall, and Hightower, 1999; McKibben, 1988; Older Women's Network, 1998; Statistics Canada, 2009; Vinton, 1992; Vinton, 1998; Vinton et al., 1997). Through a survey of 52 shelter programs in Wisconsin, McKibben (1988) found that less than 10 women over 60 had ever been involved in any of the programs in the surrounding area. Vinton (1992) surveyed 25 battered women's shelters throughout Florida and found that less than 1% of women who used the shelter were over the age of 55, and only 8% offered special programming for women in midlife and older. As a follow up to Vinton's study (1992), Vinton and colleagues (1997) found that the staff of five shelters (23%) commented that they offered services specifically designed for women in midlife and older.

In addition to the survey of battered women's shelters in Florida, Vinton (1998) conducted a United States nationwide investigation of shelters and their programming in order to determine if and how they are addressing abuse in later life. Of the representatives of 476 domestic violence programs who responded, 14.8% offered special programming for older women ranging from specialized training for staff, educational materials discussing abuse in later life, and support groups designed specifically for abused women in midlife and older. Highlights included that over 76.2% of shelter staff commented that their facility was accessible for individuals with mobility needs, 25% stored but did not dispense medicine, and 56.7% had no paid staff over the age of 60.

In three Canadian studies, researchers focused on the appropriateness of Canadian transition homes for women in midlife and older. The Older Women's Network (1998) sought information from 106 older abused women, 240 stakeholders, and 134 representatives from Ontario. Stakeholders and shelter representatives recommended the creation of media campaigns which focus on abuse across the lifespan and that women in midlife and older be consulted throughout all stages of program development and improvement. Moreover, modeled after Vinton's 1998 American study, Hightower and colleagues (1999) investigated transition homes in both British Columbia and the Yukon. Directors of 88 programs indicted that only 41% had served one or two women in midlife and older in one year, and only 4% offered special services for this age group. Finally, Statistic Canada (2009) reported that 41% of shelters across Canada provided services for "older women (55 and over)" (p. 19). It is unclear from this report if those who responded felt that the services provided applied to women of all ages or if they offered specialty programs for older women.

Improvements Made

In light of research findings, a few shelters have made attempts to better meet the needs of women in midlife and older. In 1991, the Older Women's Program in Milwaukee created a shelter and support group designed specifically for women in later life (Seaver, 1996; Wilke & Vinton, 2003). In Canada, the Calgary Women's Emergency Shelter's Older Women's Longterm Survival Program opened a shelter and support prgram for abused women in midlife and older (Samantaraya-Shivji & Habafy, 2007). Finally, the B/C Yukon Society of Transition Houses initiated a pilot project in four communities that included the establishment of shelters, support groups, as well as training on older women's issues (Ali, 2007).

Filling the Gap: Purpose and Research Questions

Women in midlife and older experience violence at the hands of their partner, yet this population rarely receives attention from IPV researchers (Brandl, 2004; Hightower, 2002; Phillips, 2000). Researchers demonstrated that there are differences in the experiences of older and younger victims of IPV (Beaulaurier et al., 2007; Dunlop et al., 2005; Fisher & Regan, 2006; Mouton, 2003; Ockleford et al., 2003; Zink et al., 2003). As such, transition homes may need to offer specific programming which meets the needs of older women who are abused by their partners.

Although researchers have attempted to investigate if transition homes are able to address the difficulties faced by women in midlife and older, such research is still in its infancy (AARP, 1994; Vinton, 1992, Vinton et al., 1997; Vinton, 1998). No such study has been undertaken in eastern Canada to date. Atlantic Canada is clearly in a unique position in relation to the rest of the country due to both a large senior population and a

high percentage of rural dwellers. There are over 37 stage 1 transition homes in Atlantic Canada which offer safety and support to abused women. However, it is largely unknown if they are meeting the needs of women in midlife and older who experience IPV. Through this investigation I will address four research questions:

1. What proportion of residents of stage 1 transition homes in Atlantic Canada are midlife and older?
2. What are the perceptions of stage 1 transition home directors about IPV in the lives of women who are in midlife and older?
3. In the opinion of transition home directors, are stage 1 transition homes in Atlantic Canada meeting the needs of women in midlife and older?
4. How do the directors of stage 1 transition homes perceive that they can better meet the needs of women in midlife and older in Atlantic Canada?

I chose to investigate stage 1 transition homes due to a belief that women who experience abuse by their partners are victims of IPV regardless of age. To assume that a victim of IPV who is older would require adult protective services is essentially buying into sexist and ageist stereotypes which equate the aging process with dependency and fragility. I hope that this investigation prevents such misconceptions and that it brings attention to the issue of women in midlife and older experiencing IPV in Atlantic Canada.

Chapter 4: Research Design and Methods

This study involved a two-phased sequential approach including an online survey and semi-structured telephone interviews. In this chapter, I provide a rational for a mixed-method approach as well as describe the 2 phases of the study including the participants, measurement tools used, procedure, and data analysis.

Mixed-Method Complimentarity Design

Greene, Carecelli and Graham (1989) defined mixed-method designs as those including "at least one quantitative method and one qualitative method" (p.256). The use of mixed-method designs is a growing trend particularly in health services research because of a popularly held belief that an investigation of different aspects of reality requires different methods of inquiry (Creswell & Tashakkori, 2007; Sandelowski, 2000a). Therefore, mixed-method designs are frequently used in the health services discipline because it provides an ability to develop a clearer understanding of these multiple realities.

Sandelowski (2000a) described that researchers embark on mixed-method studies for three main purposes: (1) to corroborate data (triangulation), (2) to clarify, explain or elaborate the results (complimentarity), or (3) to guide future sampling (development). The purpose in using a mixed-method design for the current study was to collect both quantitative and qualitative data in order to develop a clearer understanding of how stage 1 transition homes are meeting the needs of this study. More specifically, the second qualitative phase of the study was used to clarify and to elaborate on the quantitative results. Sandelowski (2000a) referred to this type of mixed-method approach as a

complimentarity design while Creswell, Fetters, and Ivankova (2004) labeled such an approach as an explanatory design.

Creswell and colleagues (2004) described that researchers must make certain decisions surrounding conducting a mixed method study such as the rational for such an approach, the sequence of the qualitative and quantitative methods, as well as the level of integration in the data analysis and conclusions. In terms of sequencing, I felt it necessary to begin with a quantitative method for the current study since I was unaware if women in midlife and older utilized stage 1 transition homes in Atlantic Canada. Therefore, prior to embarking on qualitative interviews, it was necessary to collect quantitative data. Also, a quantitative survey alone would not have been.able to entirely answer the research questions of this thesis. For instance, the perceptions of stage 1 transition home directors regarding how they understood women in midlife and older experiencing IPV required qualitative interviews which allowed directors to reflect on their perceptions and to discuss the struggles encountered with program delivery. Furthermore, a mixed-method design was also appropriate due to the fact that I used the quantitative data to determine which directors were best suited to participate in the telephone interviews and to ensure that I had variety in my sample. It was also important to administer the quantitative phase first since the interviews often served to follow-up on questions asked in the online survey.

In addition to determining the sequence of a mixed-method study, I also attempted to determine the level of integration of the qualitative and quantitative data. The qualitative and quantitative data are presented separately in the results chapter but are integrated in the discussion chapter in order to answer the research questions.

However, integration was difficult at times due to inconsistencies found between the results of the online survey and the semi-structured interviews. In the discussion chapter, I provide explanations for the inconsistencies in the quantitative and qualitative data and the difficulties encountered in integrating the results.

Phase 1: Quantitative Methods

Instrument.

The instrument used for the first phase of this study involved an online survey. I employed an online software system entitled KwikSurveys to develop and launch the survey. I examined and tested numerous online survey companies and designated KwikSurveys as the most suitable choice as it allowed for unlimited questions and did not advertise or send unsolicited emails.

The survey consisted of 24 multiple choice and open-ended questions about characteristics of the transition house and how many women in midlife and older visited the shelter in the previous year (2007-2008) and in the previous 5 years (2003-2008) (Appendix A). The survey was modeled with permission after a questionnaire developed by Vinton (1998) who investigated services offered to women in midlife and older at battered women's shelters across the United States.

Pilot Phase.

I piloted the survey questions as well as the software in order to ensure both clarity and ease of use. I created a mock survey with KwikSurveys and sent it to a graduate of a public administration program, a local teacher who specializes in graphic and web design, as well as a domestic violence outreach worker. I modified any text that

they found unclear or caused confusion. I also made changes to the KwikSurvey layout such as choosing appealing and calming fonts and colors.

Recruitment and Participants.

Stage 1 transition homes are frequently the first contact that women use when seeking refuge from an abusive partner. Abused women and their children can stay for a duration of 1 day to 11 weeks (NCFV, 2004). I identified a total of 37 of these homes in Atlantic Canada through listings in a document of transition homes and shelters for abused women in Canada (NCFV, 2008) and through listings on the www.shelternet.ca website.

I selected shelter directors as the desired participants for both phases of this study as I felt that they possessed a wide scope of information regarding their staff, the services provided, and their decisions regarding programs and resource allocation. I sought the interest of all 37 stage 1 transition homes in participating in the online survey phase of the study.

Procedure.

The information letter, consent document, online survey, and debriefing information took approximately 15-20 minutes to complete. In June 2009, I invited all 37 shelter directors by email to participate in the study. The email included a description of myself, the purpose of the investigation and an overview of the procedure (Appendix B). Furthermore, I informed participants that they had two weeks to complete the survey. A link to the online survey was included below the description which took participants to the information and consent page (Appendix C). By clicking on the "next page" button at

the bottom of the consent form directors consented to participating in the online survey. Once directors completed the survey they received debriefing information (Appendix D).

Three directors shared via email that they could not take part in the study. Two commented that the shelters had recently been constructed while the other did not serve women in midlife and older. After the two week period, only 3 directors had completed the survey. I made a follow-up call at this time in order to determine if directors had any questions regarding the survey (Appendix E). The most common reason for not filling out the survey prior to the follow up call was that the email address was invalid or that they misplaced the survey. I accepted surveys until July 9th, 2009. Seventeen of the 34 eligible shelter directors participated in the online survey, yielding a 50% response rate.

Data Analysis.

I analyzed the survey data through the use of descriptive statistics. More specifically, I used Microsoft Excel to calculate measures of frequency, central tendency and variability.

Phase 2: Qualitative Methods

Epistemological Underpinnings: Fundamental Qualitative Description.

My epistemological approach is based on Sandelowski's (2000b) *fundamental qualitative description.* Although fundamental qualitative description is frequently used, it is rarely described in equal terms to the more traditional approaches and is often viewed as unscientific (Artinian, 1988; Sandelowski, 2000). Sandelowski's (2000b) purpose in writing "Whatever happened to qualitative description" was to provide information on fundamental qualitative description so that researchers can claim it as a legitimate method.

This methodological approach is both descriptive and interpretive. In fundamental qualitative description the end product does not normally stem from reading into the data. However, in Thorne's (2008) non-categorical interpretative description, the researcher provides descriptions which are normally highly interpretative. For the current study, I have combined both Sandelowski's (2000b) and Thorne's (2008) views on interpretation. Information on the appropriateness of stage 1 transition homes in Atlantic Canada for women in midlife and older is quite limited. It is essential that the analytical approach be first and foremost descriptive since little information exists on the topic of interest. Nevertheless, I am also interested in going beyond describing how stage 1 transition homes are meeting the needs of this population. In particular, policy makers and service providers would benefit greatly from an analysis which explains the "why" and "why not" of service delivery.

During my investigation of various research methodologies, I sought an approach that was congruent with applied disciplines such as health services. Both Sandelowski (2000b) and Thorne (1991, 2008) commented that qualitative description was most appropriate to answer questions of relevance to service providers and policy makers, especially those who are concerned with the health discipline. More specifically, Sandelowski (2000b) suggests that fundamental qualitative description is best suited for such questions as "who uses a service and when do they use it?"(p.337). Therefore, qualitative description is a well-suited method for the current thesis since I am interested in both how many women in midlife and beyond use a stage 1 transition home and the extent to which services and programs provided at these shelters are meeting their needs.

Instrument.

I used a semi-structured interview guide for the telephone interviews. The purpose of the telephone interview was to discuss with directors their experiences and views of working with women in midlife and older in a more in-depth and free-flowing fashion. Moreover, it served as a follow up to the online survey. The guide contained 13 questions for discussion as well as prompts (Appendix F).

Pilot Phase.

Since researchers have mostly used surveys in order to obtain data on transition homes, I was unable use an existing interview guide. Therefore, I sought feedback on the appropriateness and clarity of the interview questions I had created from a qualitative professor and a domestic violence outreach worker.

Recruitment and Participants.

Fourteen (82%) shelter directors indicated on the online survey that I could contact them regarding their participation in the telephone interview. I conducted 8 interviews with shelter directors. I called directors and reminded them of the study as well as asked them if they would like to receive more information about the telephone interviews (Appendix G). Although my intent was to interview directors from all four provinces, one province did not have any directors who wanted to participate in the telephone interview. I selected a mixture of shelter directors from both rural and urban areas as well as those who seemed to have an interest in the topic area. If a director declined to participate, I selected another who possessed similar qualities in order to ensure a mixture of responses. Four rural shelters directors and 4 urban shelter directors participated in the telephone interviews.

Procedure.

The interviews occurred from July 2009 to October 2009 and averaged 56 minutes in length. Participants received information letters and consent forms either by mail, email, or by facsimile (Appendix H & I). Once directors had agreed to participate in the interviews, they selected a date and time that was most convenient for them. I called interviewees so that they would not incur any long-distance charges. With the permission of participants, I recorded the interviews and destroyed the audio recordings upon completion of transcription. At the end of the interview, participants received debriefing information and a reminder that they will receive a summary copy of the results (Appendix J).

Data Analysis.

I employed thematic analysis to interpret the interview transcripts. I used both the six step process to conducting a thematic analysis and the 15 point checklist described by Braun and Clarke (2006) (See Appendix K).

Braun and Clarke (2006) detailed that prior to conducting a thematic analysis; researchers must make certain analytical decisions. For instance, I used an inductive approach in order to identify themes throughout the interview transcripts (Braun & Clarke, 2006). A deductive or narrowed approach to looking at the data was inappropriate since little prior knowledge existed on how stage 1 transition homes in Atlantic Canada are meeting the needs of women in midlife and older. Therefore, I read the data openly without paying particular attention to any themes which might have been identified in past literature. Finally, I approached the data with a belief that findings are a co-construction between the researcher and the researched. Therefore, I acknowledged that I

could not be entirely objective and that my personal beliefs, culture and history all influence the research process.

Braun and Clarke (2006) stressed that researchers must follow a clear and rigorous guide to performing a thematic analysis. I followed their six step process for thematic analysis in analyzing the qualitative interviews. In step one I familiarized myself with the data which involved immersion into the audio recordings and transcribing each interview. Upon the completion of each transcript, I continuously re-read the data in order to identify early patterns and I compiled a list of items of particular interest.

Step two involved the identification of initial themes. Themes refer to any information found within the raw data which "can be assessed in a meaningful way regarding the phenomena" (Boyatzis, 1998; p. 63). Braun & Clarke (2006) explained that researchers should not become overly concerned regarding how often a theme appears throughout the data set. I was flexible in identifying themes and did not judge whether something should constitute as a theme based on its proportion or space occupied in the data set. A piece of data was identified as a theme if it captured an important element which helped to answer the overall research questions. I identified themes throughout the data set, and I collated extracts that had the same theme.

In the third step of the thematic analysis, I compiled a list of main themes and sub-themes. This was accomplished by creating preliminary themes and sub-themes in NVIVO 8 and by inputting their corresponding data extracts.

As a fourth step, I created a coding tree by reviewing the themes in order to further refine them (Appendix L). This was accomplished by collapsing similar themes, creating new ones, and eliminating others which lacked sufficient supporting data. I also

measured the suitability of the themes by comparing them to the overall data set. I coded any additional items found within the data set and placed them in their corresponding theme.

As a fifth step in the analysis I named and provided a description for each theme by reviewing their corresponding data. Names and descriptions given served to describe the essence of the themes in question. Developing, refining, and naming themes was an iterative process. The three main phases in the lives of older abused women which emerged in the data included (1) life at home and in the community, (2) living in the shelter, and (3) starting a new life. Each phase had three main themes (1) their understanding of women in midlife and older experiencing IPV, (2) shelter response and issues with this response, and (3) starting a new life. Through a second iteration of the data in order to review the themes and corresponding data extracts, it became apparent that shelter directors' understanding of the experiences of women in midlife and older in many ways corresponded to issues within the shelter response. Consequently, describing these two themes together provided a clearer understanding of the data.

The last step of the thematic analysis involved the final analysis. I attempted to provide a clear picture of the story of my data in order to ensure that the reader understands the findings as well as the validity of my analytical approach. This was accomplished through describing the themes and by providing data extracts which illustrated that the themes are in fact prevalent in the transcripts. Braun and Clark (2006) remind researchers that conducting a thematic analysis involves going beyond merely describing the data and that an argument must be made in relation to the research questions. Upon the completion of all 6 steps I evaluated my thematic analysis with the

15 point checklist of criteria for good thematic analysis provided by Braun and Clark (2006).

Chapter 5: Results

In this chapter, I provide a description of both the quantitative and qualitative results of the study. In the quantitative results section, I describe data from the online survey including shelter demographics and how the shelters met the needs of women in midlife and older. In the qualitative results section, I provide results of the thematic analysis including the three main phases identified (1) life at home and in the community, (2) living in the shelter, and (3) starting a new life.

Quantitative Results

A total of 17 stage 1 transition shelter directors in Atlantic Canada participated in the survey. They provided information about shelter location, staff and volunteer composition, funding, clientele, and length of stay. They also discussed any attempts made to meet the needs of women in midlife and older in such areas as accessibility, staff training, and outreach.

The 17 shelters housed 1,173 women in the 2007-2008 year, and women at midlife and beyond comprised 28% (332) of these women. Thirteen directors reported that 19 (8%) women in midlife and beyond stayed at the shelter more than once during the 2007-2008 year. Eight (47%) directors felt that women in midlife and older did not stay longer at the shelter than younger women, while six (35%) reported that women in midlife and older did tend to have longer stays.

The participants represented nine urban (52%) shelters and eight rural (47%) shelters, and all of the urban shelter directors reported that they also served rural women. The shelters did have women in mid-life and older serving on boards of directors (mean= 5 range = 1-11) and as staff members and/or volunteers (mean= 7 range = 3-16).

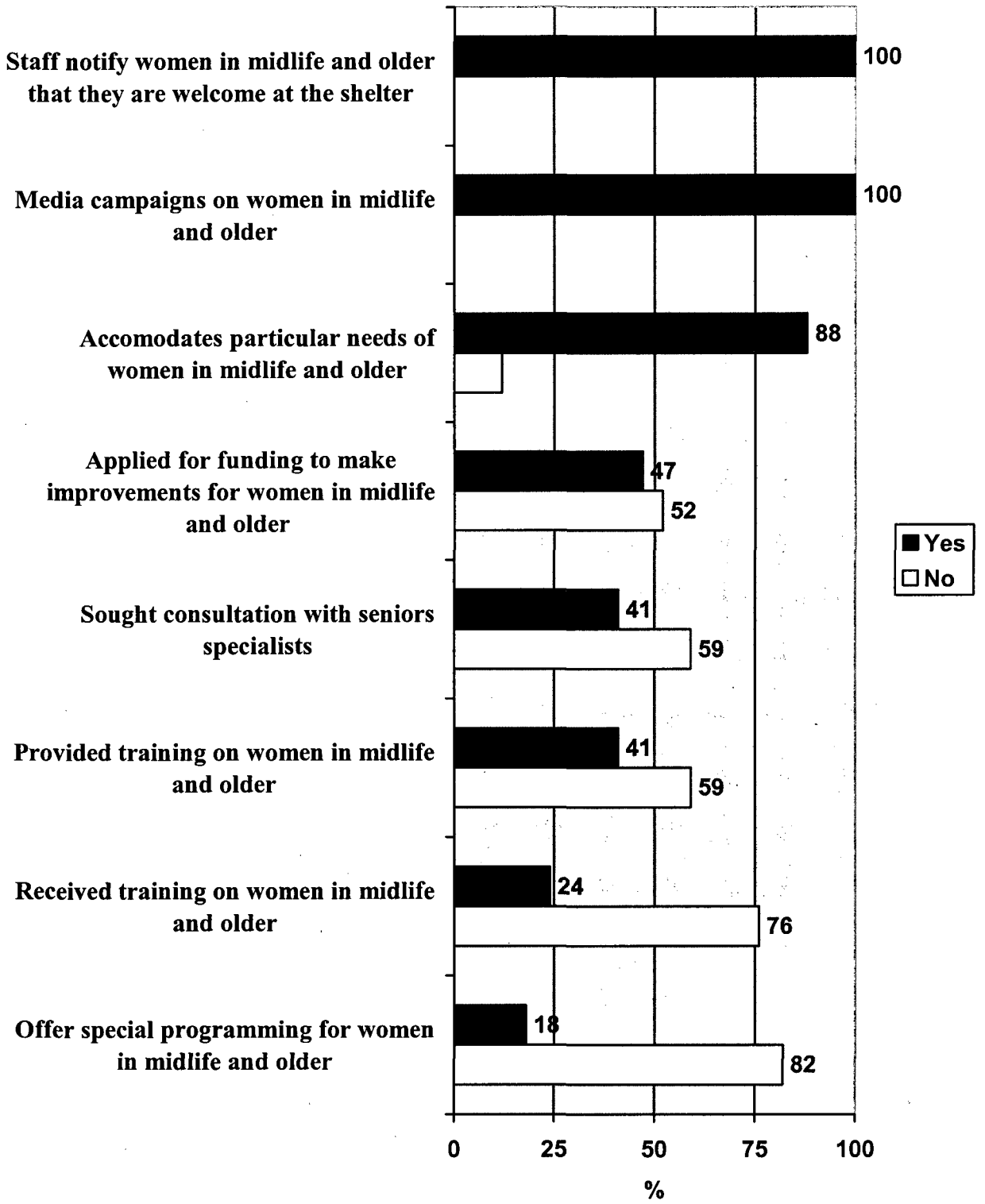
The transition homes received financial assistance from a combination of sources including provincial and municipal governments, specific grants from the federal government, donors, and yearly fundraising events. Indian and Northern affairs provided funding for shelters located in Aboriginal communities. All other shelters received funding from provincial and municipal governments, and these government contracts helped to cover the cost of staff and other operating expenses. All 17 directors commented that the funding they received from government sources in no way covered all expenses incurred. One respondent shared that fundraising became an integral part of the process to meet their financial needs: "*[we have a] funding campaign done in the community every year to complete our budget. We are missing between $20,000 to $30,000 a year*". Directors shared that they often ended their year in a deficit since many funders did not increase their operational grant to reflect changes in the economy or to allow for cost of living increases. In addition, some directors had difficulties operating within the stringent guidelines for the allocation of funds by some funders.

Fifteen shelter directors (88%) reported that women in midlife and older had different shelter and service needs than younger women. Thirteen directors (76%) commented that they experienced challenges in meeting the needs of women in midlife and beyond.

The ways that shelter directors accommodated the needs of women in midlife and older are depicted in Figure 3. Few shelters (18%) offered special programming for women in midlife and older, however 88% reported that the shelter accommodated the possible mobility/health and privacy needs of this age group. Approximately three-quarters (76%) of shelter directors reported that their staff received training on abused

women in midlife and older while a little more than half (59%) provided such training to others. Also of interest is that all 17 shelter directors reported that their media campaigns included that IPV occurs throughout the lifespan.

Figure 3: How Shelter Directors' Accommodated the Needs of women in Midlife and Older



Qualitative Results

In the qualitative portion of the study, I obtained in-depth information on how stage 1 transition homes meet the needs of older abused women. The 8 directors who participated in a telephone interview represented both rural and urban shelters. The shelter directors discussed three main phases in the lives of abused women in midlife and older: (1) life at home and in the community, (2) living in the shelter, and (3) starting a new life. Each phase in the lives of these women consisted of two main themes: (1) their understanding of women in midlife and older experiencing IPV and issues with shelter response, (2) and looking towards the future by offering recommendations for improvements in order to better meet the needs of women in later life.

(1) In the Home and in the Community

Shelter directors discussed the experiences of women in midlife and older that prevented them from seeking help from a transition house. Directors revealed issues with how shelters attempted to reach abuse women in midlife and older in their communities and made suggestions on how they would target this age group.

Their understanding of women in midlife and older experiencing IPV and issues with shelter response.

Shelter directors discussed a variety of issues related to how they understood the women in midlife and older experiencing IPV in their homes and communities including the types of abuse these women experienced, how they defined abuse in intimate relationships, barriers to receiving help and support, and how older women viewed utilizing a transition house. Directors reported that their outreach efforts such as media

campaigns and public education efforts did not always help women in midlife and older overcome the barriers that prevented them from seeking help.

Shelter directors discussed that the majority of women in midlife and older experienced IPV throughout long-term relationships. Participants identified that abused women in midlife and older suffered from many types of abuse in intimate relationships. However, directors asserted that women in later life experienced emotional abuse most frequently. *"No matter what type of abuse they are experiencing it's all emotional. Whether it's physical or financial it all comes down to the emotional abuse."*

Women in midlife and older encounter many internal and external barriers which prevent them from seeking help from a transition house. For instance, women in this age group did not always identify emotional abuse as a form of abuse. *"They see physical violence as violence and the rest isn't really seen as violence for them. They tend to put up with emotional abuse longer because they don't see it as violence as much as the younger crowd would."* Those who did understand that emotional abuse is a form of IPV often felt that it is less severe than physical actions and they questioned if they deserved to come to a stage 1 transition home.

> *Sometimes they get here and they will say, 'Maybe other people need this place more than I do. I have listened to this woman who has two kids and she has been through all of that and now your house is full so maybe I should leave my place for someone who deserves it more'.*

Generational beliefs and attitudes also acted as internal barriers for many older women. A number of women in midlife and older held traditional views of marriage which often misconstrued what they deemed as healthy relationships.

They often just go through the motions just to get [sex] done because they see it as another one of her duties because that is something that even the church says, that it is your duty to provide certain things, you know, you cook, you clean and you lay down. And as long as you do those things you will have a good marriage.

The importance of privacy and solving issues within the family unit is an additional element which impeded help-seeking. *"They also believe that what happens in the home stays in the home so they haven't said much to the community about his abusive behaviors"*. Furthermore, many older women worried that that if they choose to seek help they would not be believed.

Older women often say 'I have been with him for 40 years, why would anyone believe me now?' So when they come here they feel that they need to try and prove to us that they were abused. Because they were told so often by others that it's not true. So they want to convince us that it actually happened.

Women in midlife and older encountered external barriers which prevented them from coming to a shelter such as the clergy, adult children, and residing in a rural area. Many women revealed to directors that their adult children discouraged them from leaving their partners.

For some of the adult children, they just want her to go back and look after their dad so that they don't have to do it. They would say to her 'Mom, can't you work this out with Dad? You have been with him for 30 some years.'

Shelter directors commented that while some clergy supported women in leaving the relationship, others emphasized the need to work through the relationship. *"If the abusive partner is high up within the church, there does seem to be some implied pressure there*

to work the relationship out versus just supporting her in whatever she decides." Women who resided in rural areas encountered additional issues in leaving an abusive partner. The majority of rural communities do not have any public transportation making it particularly difficult for women in midlife and older to reach an urban shelter. Furthermore, due to a lack of privacy in small towns, rural women in midlife and older often remained in the relationship for fears of judgment from the community.

> *It is much more difficult for older women to leave their relationship when they live in a rural area because of a lack of privacy. It's about what the neighbor thinks and what the neighbor knows and doesn't know. There are those additional barriers to living in a rural area and that is compounded for older women.*

Directors discussed the insufficiency of outreach efforts in helping women in midlife and older in overcoming their barriers to seeking help. The majority of media campaigns and public education efforts do not discuss that abuse happens throughout the lifespan. While a minority of participants made public presentations to older women in church and quilting groups, there was an emphasis on public education in high schools about IPV. Print materials such as pamphlets and ads tended to use images of younger women with children as victims of abuse.

> *Actually, yes, it's a picture of a young woman with kids on it. It is a young person. You know what though, we don't realize but it does affect how people see who can come here. We actually shouldn't have a woman at all or maybe different stages of women.*

Directors reported that they are often unable to do outreach to women in midlife and older from rural areas. *"We can and do send cabs to the city limit. We can't pay out of*

our funds for bringing people in from the rural area but we will help them try and coordinate it and work through their options."

Looking towards the future.

Shelter directors made several recommendations on how to improve their current outreach effort to women in later life. These suggestions included such themes as modifying media campaigns, developing a separate public education strategy, and hiring a specific outreach worker for women in midlife and older.

If they had access to additional funding, directors shared that they would adjust media campaigns by including images that depict IPV throughout the lifespan. They also proposed increasing public education efforts in areas where older adults frequent.

It would be great to be able to talk to every group possible. Even paper does not do the same thing as seeing someone in person. So maybe senior centers and bingo halls, stuff like that. We could also do a specific campaign for older women.

A number of directors suggested hiring a specific outreach worker for women in midlife and older.

"I think that I would start with an outreach person that works specifically with these older women within the house and available for them outside of the house. That way there they would have someone to talk to within the house that they can relate to and that understands their needs."

In order to address misconceptions, participants suggested that women in midlife and older have the opportunity to visit the transition house. "*Even to visit the house it's such a big thing that changes everybody's mind. So I think that I would do more visitations with that age group..."*

(2) Living in the Shelter

Directors reported that shelter living was particularly difficult on women in midlife and older. Many have not met accessibility standards and question the appropriateness of shelter policies and supports for women of this age group. In light of these issues, participants offered several suggestions on how to improve the shelter environment and support services.

Their understanding of women in midlife and older experiencing IPV and issues with shelter response.

The aspects of shelter living discussed by directors included the chaotic environment of the shelter, the issues with admission and medication policies, and how group support may not be appropriate due to a wide range of ages. Despite these shortcomings, directors also described the positive aspects of shelter living for women in later life.

Directors felt that the chaotic environment of transition houses was particularly difficult for women in midlife and older. This was due in part to the number of families with young children who stayed at the shelter. "*When there is a house full of children and those women of that age have already raised their children, so the last thing they need is all of that commotion and noise.*" The physical structure of the shelters also presented many challenges for this age group. While a number of shelters have begun renovations in order to ensure that they are completely accessible, many others had multiple levels of stairs with few or no rooms on the main level.

Our house right now is not adapted for older women. We are working right now to have a new house in the next few years. We have a lot of stairs, the rooms are

on the second or third floor and so it's a challenge specifically for women who have a hard time walking or if somebody is not able to do the stairs for knee problems or something we can't take them in....

The lack of privacy created an additional stress on women in midlife and older who may not have had their own room or a quiet area to go to for adults only. *"We have really small rooms too, so if we have two beds in one room you can reach out and touch the person in the next bed. You really don't want to have women who are not able to have their own room. That is basic dignity."*

Women in later life often experienced shock and despair that they had to seek help from a shelter. *"I find for that age group the breakdown of the relationship is pretty much as devastating as a younger mother who has lost custody of her children. It is that debilitating for these women."* Directors explained that it is often more difficult for a woman in midlife and older to heal and move on since she does not have younger children to provide for. *"So when you look at an older woman versus a woman who has her children, and while it is difficult for her too, the children are reasons to fight. The reasons for an older woman to fight are solely on herself."* Also, a number of women in midlife and older lacked external supports such as family members and friends that often provide encouragement and support. "*The older women that come have been so isolated over the years from friends and family that they really have nobody by the time that we get them. And nobody wants to get involved either with the older women."*

Directors also discussed that shelter policies including admission and medication regulations do not fit the needs of women in midlife and older. Certain funders stipulated that in order for a woman to come to a shelter she must admit that she is in an abusive

relationship. However, directors shared that many women of this age group come to the shelter not necessarily ready to make that admission but rather want a safe place to think about their relationship and to make decisions.

> *I find that a lot of older women come here not knowing if they are leaving their partner, but just to have a safe place to think. From my experience, a lot of older women come here to decide what they're going to do.*

Furthermore, medications are stored at the transition house, but it is not the responsibility of the staff to remind residents to take their medications. Several directors commented that women in midlife and older found it particularly difficult to remember to take their medications since they left their daily routine.

> *There are some older women who struggle to remember to take their meds. You may be fine to remember to take your medication at home when you have it in your purse or in your kitchen cupboard, but when you are here it has to be locked up in the office, so it breaks the routine.*

Directors offered mixed responses regarding the usefulness of group support for women in midlife and older. A number of directors felt that a wide range of ages in group helped to foster sharing and growth. *"I think it can affect it sometimes positively because they can learn from the life experience of somebody else if there is a big age difference".* Others discussed that women in later life did not always relate to younger women in a group setting.

> *Older women may not feel like they can relate to the younger participants. It can make them feel like 'I am too old to be here, these people are way too young.' They might think 'Well they don't know what they are talking about. They have*

not gone through what I have gone through; they have not lived as long as I have'.

Furthermore, many felt uncomfortable to discuss their lives with younger staff members. "*Because I think that when we have 20 year old shelter workers and not that they are not good, I think it's harder for women who are older to relate. They see them as kids.*"

In addition to support provided inside the shelter, directors experienced difficulties in obtaining community services for women in midlife and older.

If a woman comes to the shelter and she doesn't have a family doctor in this community, then she has to go to emerge. I think that it puts a big sign on their heads. They are in emerge waiting with 20 other people and they're upset and in tears, and there is no where to go. It's a horrible experience.

Despite the negative aspects of shelter living, directors felt that many women in midlife and older benefited from the caring environment.

And I am so surprised and saddened that they want to stay and live at a transition house. But, you know, they like feeling cared about. They will say 'this is the first time that people cared about me and treated me with respect and kindness.'

However, due to a large age gap between generations, many younger women looked to those that are older to fulfill a motherly role.

And I think too, no matter what age, women need to relate to the people around them. And if you're in the shelter and are older than everyone else in the shelter, I think that sometimes what happens is the younger women will look to that person as almost the mother figure and that is stressful because you are here for your

own reasons. What is your option? Is it to shut yourself off from everyone? And that has its own issues.

A minority of shelter directors have applied for funding in order to make their shelter more suitable for women in midlife and older. However, directors have a large number of responsibilities in terms of the daily operations of the shelter and often did not have the time to embark on a lengthy application process. "*Not that I like to harp on it, but when there is only one person doing the administrative work, you know, doing 400 page proposals is not top priority sometimes.*"

Looking towards the future.

Directors offered recommendations on how to improve shelter living for women in midlife and older including adapting the physical structure, bringing community professionals to the residents, creating separate group support programs, and providing training for staff members led by women in midlife and older who survived IPV.

Adapting the physical structure to ensure accessibility and privacy was discussed as a top priority. "*Our shelter would be completely accessible. There would be washrooms in each one of the bedrooms. That would be first and foremost.*"

Directors felt that it would be ideal to have community networks such as mental health professionals, family physicians, and attorneys work directly within the shelter on a consistent basis.

I would have people coming in to talk to older women for different things like how to apply to go to a senior home and maybe give them visits to see it. Maybe if these people could come here it would save the older women from having to walk

there or travel. I would have more community resources accessible to these women in the house and that way they would probably utilize them more.

In terms of adapting current support services, directors suggested that groups be created specifically for women in midlife and older. "*I would have groups that would be age specific and age appropriate for all of the topics that we touch base on in the house.*" Furthermore, directors talked of the need for staff training on this topic and that this should be led by women in later life who are survivors of IPV.

I think that we need more training for that group of women... the age and what it means for them. It is never the focus of most of the public ed or staff development that we do. It would be nice to see a group of older women take that on and to come and teach us what is important to them.

(3) Starting a New Life

Directors discussed that while their primary responsibility is to ensure safety and support while women are staying at the house, they also felt that they played a role in helping their clients in starting a new life. Directors possessed an understanding of the experiences of abused women in midlife and older who attempted to assert their independence. They felt inadequate in helping women build a new life, and they offered suggestions on how they would provide transition assistance if funding allowed.

Their understanding of women in midlife and older experiencing IPV and issues with shelter response.

The main themes which emerged concerning women in midlife and older who attempted to start a new life included unemployment and poverty, the intimidation of the

divorce process, issues with securing available and affordable housing, and a loss of social networks.

Unemployment and poverty are major issues for women in midlife and older. Many women of this age who seek assistance from a shelter have either never worked or only worked part-time.

> *There is also a financial insecurity that is associated with leaving a relationship which I think is often augmented when you are leaving a long term relationship that these older women are in. Especially, I am thinking of when these older women had stayed at home to raise their children and didn't have a career of their own.*

A number of women in later life had limited skills to offer today's job market particularly in communities that are overflowing with call center positions. *"A lot of employers don't want to hire women of this age because they don't see the point in hiring someone and in training them when they are so close to retirement age."* Several directors questioned the appropriateness of pressuring women in midlife and older to find jobs when they are still in a state of crisis.

> *I think to expect an older woman who has left a life of violence to want to go back to school or to be retrained is just not reasonable. I know that it's an important part of putting her life back together, but I don't think that it needs to happen within the first six months of her trying to figure out her life.*

A number of directors reported that staff did not always have the time to consistently provide job assistance for women in later life. "*We will help them find jobs*

on the internet and most of the time whoever works nights with them will guide them through making a resume...if we have the time."

As a result, several women in midlife and older have gone on welfare due to a lack of employment opportunities. *"Some of them have not worked at all so it's hard if they are close to retirement. They usually don't work. They go on welfare.*

Housing for women in midlife and older was the most prominent concern shared in the interviews. Most communities which had stage 1 transition homes had no second stage housing and government assisted housing often involved units with multiple bedrooms designed for women with children.

> *Even basic housing is hard to find. For example, [provincial] housing mostly helps women with children. So this age group normally doesn't have children with them anymore or they don't have any kids at all. So single women rarely get apartments.*

Since housing for women in midlife and older was neither available nor affordable, they tended to rely on seniors housing. Directors commented that while they would put women on waiting list for seniors housing, wait times are quite lengthy and women are forced to accept the first available unit no matter the location.

> *So then if we do a priority form for them for housing you take the first unit that is available to you. So that may mean that she is an hour away and has nobody she knows there and no church that she belongs to, nor does she have any transportation. And then of course in the more urban areas there is a waiting list a mile long.*

The divorce process intimidated the majority of women in this age group. This is compounded by the fact that legal aid does not handle divorce proceedings and shelter staff do not always have the time to help women through the process. The majority of older clients that stayed at a transition house could not afford an attorney, but they wanted to seek continual guidance from a lawyer which often became quite costly for them.

> *They just want to go and make calls to that family lawyer. And all of those calls cost them something. They always want to clarify a lot with their lawyers and they don't always understand the legal system like the younger client does. The fear of that legal system is huge in older women.*

Directors felt that many women in midlife and older would not need to secure employment once assets had been divided after divorce; however, the lack of financial security is quite stressful for this age group.

> *Now all of a sudden on top of everything else she needs to go out and take a job at Tim Horton's with 14 year olds. How demoralizing and demeaning is that...when you know that at the end of the day, when the property matters are dealt with, you are going to be ok, but you have to get from here to there.*

The loss of social networks for abused women in midlife and older is often unexplored. Many older couples have developed strong ties with their community. These friends are shared between the couple and are often lost when she left the relationship. It can be very difficult for women of this age group to find new social networks.

> *So most of their activities involved their partners which was church and church functions, darts, or a bowling league, but they were always in the company of*

their partner. So once they separate all of their social activities have been cut off as well.

Directors reported that a number of women in midlife and older returned to their partners because it was too difficult to survive independently.

We had a retired woman who said that the second she came here she was about to leave because she said, ' I am a grandmother, I shouldn't even be here. How many other years I have to live. I might as well just spend it with him, it's going to be easier than separating. We have our house and that is where all my grandkids come to.'

Looking towards the future.

Directors felt that they often fall short in preparing women in midlife and older for the future. Consequently, they offered several suggestions on how they would help women in later life reclaim their lives such as offering job assistance, the creation of specialized second stage housing, and covering for the short-term daily living expenses.

In order to assist abused women in midlife and older during their transition to leaving the shelter, directors discussed the need for specialized second stage housing. *"What happens right now is that women who are 55 and older can go to senior housing. But they often don't want to be in senior housing at 55, you know, a lot of people in these types of housing are in their 70's or older. So they need something else I would say."* Other discussions surrounded the need for job help that must be in the form of guidance without the use of any unnecessary pressure.

It is easier for younger women to get a job than it is for an older woman who has been in a certain role for 20 years or so and then we are asking them to figure out

what they are going to be. I think that it's too much to expect anyone to deal with when you are in crisis. So I think that that piece is being missed.

In an ideal scenario, directors wished that they could cover certain expenses to help women start over. "*Wouldn't it be ideal to give them their first grocery when they leave us or their first months rent?*"

Chapter 6: Discussion

Past literature on the topic of services for women in midlife and older experiencing IPV is quite limited. The findings in this study provide a deeper understanding of how stage 1 transition home directors perceive that they are meeting the needs of this age group. In this chapter, I discuss the main findings as well as describe study limitations. I also offer recommendations for both future research and for policy and practice.

Main Findings

Many Women in Midlife and Older Utilize Shelters.

My research contributes to our scant knowledge on the extent to which women in midlife and older utilize stage 1 transition homes. I found that just over one quarter (28%) of shelter residents in 2007-2008 consisted of women in midlife and older. Other studies found women in midlife and older made up between 2% and 5% of people using shelters (Hightower et al., 1999; Statistics Canada, 2009; Vinton, 1998). It is likely that my results differ from prior research because of the definition I used to describe women in midlife and older. Other researchers used various age ranges to define "older," such as 55 and over, and 60 and over. I used the terms "older abused women" and "abused women in midlife and beyond" interchangeably to describe women who are normally past child-bearing years and who are abused by their partners. By not stipulating a specific age range, it allowed the shelter directors to provide a much broader description of women in midlife and older rather than limiting their understanding of this age group to older women. For example, the shelter directors may have included women in their mid to late 40s. Alternately, due to the high proportion of older adults who live in Atlantic Canada,

there may be a higher number of women in midlife and older who utilize shelters in this region.

An Environment of Reflection and Reorientation.

Through this mixed method study, my intent was to integrate both the quantitative and qualitative data. However, I found many inconsistencies between the survey and interview data making it difficult to integrate the quantitative and qualitative components of the study. For example, 88% of survey respondents reported that they accommodated the mobility, privacy, and health needs of women in midlife and older, and that all directors responded that they have media campaigns which focus on abuse throughout the lifespan. However, the interview data suggested a much different picture in that directors shared that they often fall short in meeting the needs of abused women in midlife and older. Despite an inability to fully integrate both methods, this approach fulfills the complimentarity mixed method design (Sandelowski, 2000) in that the qualitative data provided clarification on the quantitative data by unveiling this discrepancy. Although complete integration was not possible, I did incorporate data from both phases in answering the research questions.

The discrepancy in data between the two phases may be the result of a shift in the shelter directors' perceptions of how they are meeting the needs of women in later life. Catalytic validity is the extent to which research influences the participants so that they reorient their view of the world in order to take actions to change it (Cohen, Manion, & Morrison, 2003; Kincheleo & McLaren, 1998; Stiles, 1999). This reorientation process occurred for shelter directors during the interview portion of the study. The results of the survey indicated that in certain areas shelter directors perceived that they were meeting

the particular needs of abused women in midlife and older. During the interviews directors reflected and their perceptions shifted in that they felt that they often neglected to meet the needs of women in midlife and older in various ways such as shelter policies, issues with mobility and privacy, as well as outreach efforts. Once this reorientation occurred, they began to make recommendations for improvement which suggests a clear desire to take actions in order to create change.

Meeting the Needs.

One of the main purposes of this study was to determine if stage 1 transition homes in Atlantic Canada are meeting the needs of women in midlife and older. The answer to this question largely depends on what type of need is being examined. I would argue, based on the perceptions of the shelter directors, that stage 1 transition homes are meeting the basic safety and security needs of women in midlife and older. Stage 1 transition homes in Atlantic Canada offer a safe environment and other necessities such as shelter, food, and other items of daily living. I would also contend that the majority of the shelter directors perceived that the majority of transition homes fall short in meeting the particular needs of women in midlife and older which is consistent with past literature (Hightower et al., 1999; Vinton, 1992). These needs include more private space, assistance with medications, group support with women of similar ages and life circumstances, a shelter with stair lifts and accessible rooms, and a change in admission policy which does not force women to admit that they are being abused upon intake.

How stage 1 transition homes were first established, explains in part why they are not specifically adapted for women across the lifespan. Most stage 1 transition homes in Canada were built in the late 1970's throughout the 1980's in response to the feminist

movement and the battered women's movement (Janovicek, 2007). Janovicek (2007) described that the construction of most transition homes particularly in smaller communities throughout Canada occurred during a time of tension between the feminist ideology and politicians who exhibited resistance in funding IPV services.

Although prevailing beliefs during this time involved blaming the woman for the abuse that they experienced, feminists attempted to fight against these attitudes through the creation of transition houses and awareness campaigns in many communities (Janovicek, 2007). During this time, a number of women that came forward were young mothers, and consequently, the physical structure of the shelter attempted to meet the needs of this clientele. The majority of shelters are equipped for young families which is evident through the inclusion of playrooms, family rooms, and the availability of such items as cribs and toys. Certain shelters have since undergone renovations to include quiet rooms for women without children, however, directors admitted that they are often flooded with children and are far from quiet. Although IPV occurs throughout the lifespan, the built structure of transition homes exemplifies a more narrowed view that IPV is experienced mostly by young women.

Responding to the Debate.

Much of the past literature on this topic discusses whether abused women in midlife and older should be treated as victims of IPV or EA (Brandl & Raymond, 2005; Hightower, 2002; Penhale, 2002, Straka & Montminy, 2006). In the last few years, we have seen increased attention from governments in the area of EA. However, recent attention to the topic of EA has caused some confusion. Directors commented that many front line workers such as family physicians and hospital personnel often mistake IPV in

older couples to be a case of EA. When this misidentification occurs, abused women in midlife and older are then placed into adult protection and do not receive referrals to IPV services. I chose to investigate stage 1 transition homes because I argue that women in midlife and older who experience IPV should be dealt with in the IPV realm (Anike, 1999; Hightower, 2002; Phillips, 2000; Vinton, 1992). In this study, shelter directors stressed that the best place for women in midlife and older is a transition house, despite its shortcomings. They confirmed that women in midlife and older who are victims of IPV experience the same issues of power and control as younger women and therefore, they need to receive IPV education and support.

A Gendered Framework to Violence Against Women in Midlife and Older

Shelter directors did not seem to possess any sexist or ageist stereotypes towards women in midlife and older. Rather, their inability to meet the needs of women in midlife and older stemmed from a lack of resources, rather than a lack of understanding of IPV in later life. However, many of the issues discussed revealed that society exhibits ageist and sexist attitudes which continue to misconstrue the lives of women in midlife and older. Due to such beliefs, women in midlife and older are often mislabeled as victims of elder abuse and are therefore invisible to the majority of IPV researchers, policy makers, and family members and friends. Identifying women in midlife and older as victims of elder abuse disregards the gendered nature of IPV. A shift in thinking at a societal level is required in order to understand and accept that IPV has many faces.

Limitations and Future Research

Although the current study adds to the existing literature on women in midlife and older who experience IPV, there is a clear need for future research on this topic. I

investigated stage 1 transition homes which is only one piece of the puzzle in terms of IPV service delivery. However, directors discussed that these women often require assistance from various informal (i.e. friends, family, and other victims) and formal services (i.e. hospital personnel, physicians, social workers, legal personnel). They also reported, consistent with past literature (Beaulaurier et al., 2007; Dunlop et al., 2005; Wolkenstein & Sterman, Zink, Regan, Goldenhar, Pabst, & Rinto, 2004; Zink et al., 2004; Zink et al., 2003), that these supports act as barriers to seeking help. Future research should involve an investigation of how these formal and informal services screen for women in midlife and older experiencing IPV and how they provide services to them.

I described to directors that I was interested in understanding the experiences of women in midlife and beyond who suffered abuse by their partners. Directors often asked for clarification or for a specific age range and commented that it was sometimes difficult to describe issues or to offer recommendations due to such a large cohort. They argued that not only do the needs and experiences of abused women in midlife and older differ from the younger generation; they also show variation within their own age group. The needs of a 50 year old may be quite different than the needs of an 80 year old. In the future, researchers should examine the needs of specific cohorts of women in midlife and older.

Directors reported that current outreach efforts may not be appropriate for women across the lifespan. Media campaigns often depict the typical IPV victim as a young woman or a young woman with children. A few provinces have developed media campaigns which depict the many faces of IPV by including images of both younger and

older women. IPV researchers need to investigate the impact of media campaigns and public education efforts on the views of both victims and non-victims of IPV.

There are many ways to collect data on transition homes and how they are meeting the needs of this age group. For this thesis, I was interested in talking with directors regarding how they are meeting the needs of women in midlife and older. It is important to be clear that the findings reflect the perception of directors as to whether the shelter and the services provided were appropriate for women in later life. Talking to the women themselves, or to staff, for instance, might produce different perceptions surrounding the appropriateness of resources. Therefore, in the future, researchers should collect data from various view points in order to determine how perceptions differ within and between groups.

Recommendations for Policy and Practice

There are no easy answers or quick solutions on how to ensure that stage 1 transition homes are appropriate for women across the lifecourse. Most of the recommendations I identify and those identified by other researchers require additional funding. Shelter directors in my study admitted that stage 1 transition homes are not always meeting the needs of this age group, however, without additional resources they were often doubtful that things would ever change. Despite the challenges that lie ahead, I highlight recommendations made by shelter directors and offer additional suggestions that require additional funding in addition to recommendations that can be accomplished with limited additional financial resources.

Women in midlife and older who experience IPV require additional attention. The federal Family Violence Initiative along with other provincial IPV prevention strategies

need to develop a list of priorities which attempt to target the needs of women in midlife and older through both policy and research. Funding allocation through the development of specific grants or projects may stem from the placement of women in midlife and older as a priority area in family violence prevention initiatives at both a national and provincial level.

Shelter staff and other front line personnel require training on the experiences of women in midlife and older in such areas as the aging process, sexist and ageist stereotypes, and the shock and bewilderment associated with leaving a long-term relationship. Fact sheets should be distributed and used by all front line personnel in hospitals and doctors offices which provide details on how to screen for women in midlife and older who have experienced IPV. For instance, the B.C. Yukon Society of Transition Houses provides a brochure for front line providers entitled "Any woman, any age, any time: You can make a difference"

A number of changes are required to stage 1 transition homes in Atlantic Canada in order to meet the needs of abused women in midlife and older. Private space and rooms should be created for adults without any children and stair lifts should be purchased. Shelters that do not have a completely accessible facility could make certain changes such as modifying one room on a lower floor to meet accessibility standards designed specifically for women in later life with mobility issues. Shelter directors should refer to the Wisconsin Coalition Against Domestic Violence (1997) guide "Developing Services for Older Abused Women" which offers an accessibility checklist.

In addition to improvements to the physical structure, shelter policies, procedures, and forms should be revised in order to ensure that they reflect the needs of abused

women in midlife and older. For instance, the eligibility criteria could be modified so that women do not have to admit abuse upon arrival since many women in midlife and older need more time to take that step.

Many shelters require changes in their delivery of group support in order to ensure that women in later life feel comfortable in opening up about their lives. A specialized support group could be modeled after the Older Women's Project in Milwaukee which offers women in midlife and older the opportunity to share their stories in an open and caring environment with people of similar age and life circumstance.

New and improved media campaigns and targeted public education presentations are required in order to inform the public that IPV occurs throughout the lifespan. Brochures should describe the specific circumstances of women in midlife and older experiencing IPV such as survival stories, signs and symptoms, and a list of available services. Any media materials should be available in large print and distributed in various locations where older adults frequent. Public education presentations should be presented or co-presented by an older person.

It should not be entirely the responsibility of the shelter system to meet the needs of abused women in midlife and older. Directors discussed several issues with community responses which assist women in later life in leaving their partners and starting a new life. A coordinated community response is needed in order to ensure continuity of services for women in midlife and older experiencing IPV. This could take the form of a departmental collaboration across provinces between transition houses, departments of justice, health, family services, and social development, research

institutes, and clergy. This collaborative venture must also include consultations with women in midlife and older who are survivors of IPV.

Conclusion

The aim of this study was to explore how stage 1 transition homes are meeting the needs of women in midlife and older. Four research questions guided this study: 1) What proportion of residents of stage 1 transition homes in Atlantic Canada are midlife and older? 2) What are the perceptions of stage 1 transition home directors about IPV in the lives of women who are in midlife and older? 3) In the opinion of transition home directors, are stage 1 transition homes in Atlantic Canada meeting the needs of women in midlife and older? 4) How do the directors of stage 1 transition homes perceive that they can better meet the needs of women in midlife and older in Atlantic Canada? I used a two phased study including both an online survey and semi-structure interviews in order to answer these research questions.

Survey results revealed that almost a third of shelter residents comprised of women in midlife and older. At first glance, directors seemed to be meeting the needs of this age group since a large majority commented that they met accessibility, privacy, and health needs. However during the interviews directors reflected on their understanding of the experiences of abused women in midlife and older and realized that they often fell short in meeting the needs of this age group. Three main themes emerged in the lives of women in midlife and older (1) life at home and in the community, (2) living in the shelter, and (3) starting a new life.

Stage 1 transition homes provide refuge and assistance for abused women across the lifecourse. However, directors revealed that shelter living and services offered are

often inappropriate for women in later life. While issues arose in the majority of areas, those most prominent included concerns with the physical structure of the shelter such as accessibility and private space, lack of staff training and appropriate support, as well as inadequate transition assistance in such areas as housing and employment. Many women return to their partners because they struggle to deal with the chaotic environment of shelter living and fail in their attempts to reclaim their independence.

Shelter directors expressed a sense of responsibility beyond the immediate context of the shelter. Concerns that they shared included such aspects as how to help women in midlife and older overcome their barriers to seeking help and to provide transition assistance once these women start a new life. This is an indication that directors have a desire to improve the IPV service response for women in later life. However, they were often skeptical that their ideas for improvement would ever be realized due to a lack of resources. Many felt that since they had not received any increases in their operational budget in over 10 years, they would be rejected if they sought funding in order to address the needs of a particular group of women.

Despite shortages in funding, the attitudes and passion that directors possessed is encouraging. The majority of shelter directors commented that they would be interested in attending conferences or workshops which discuss how transition homes can meet the needs of women in midlife and older. It is also encouraging that directors not only realized that they are not meeting the needs of this age group but that they desired to make changes to improve these circumstances.

The reason transition homes are not appropriate for women in midlife and older is not because directors hold ageist and sexist stereotypes. Rather, such attitudes continue to

persist throughout society since many older women who experience IPV are often improperly labeled as victims of EA. Consequently, older victims of IPV are often invisible and generally misunderstood.

The findings of this study have contributed to the existing literature on IPV in later life. Study results offer an in-depth look at how shelter directors understand women in midlife and older experiencing IPV. Furthermore, it expands our knowledge on the adequacy of stage 1 transition homes in providing safety and support for women in later life. In this thesis, I discussed the topic of abused women in later life quite broadly. Directors discussed that the experiences and needs of a 40 year old would be quite different than those of an 80 year old. Consequently, future research will need to examine the differences and similarities that exist in the lives of women in midlife and older.

The results of this study can inform policy and practice. The study environment of the telephone interviews allowed shelter directors to openly discuss their issues with current service delivery for women in midlife and older. The information obtained in this study offers policy makers an in-depth look at how transition homes are meeting the needs of women in later life.

Directors offered several recommendations on how they would adapt their shelter and their response to women in midlife and older experiencing IPV. Policy makers should take these suggestions seriously since many shelter directors have worked within the shelter system for a number of years and are often considered experts in IPV service response. Many improvements are required in order to ensure that transition homes are suitable for women in midlife and older. While the majority of changes require additional funding, transition homes can still make an impact. For instance, transition houses across

Atlantic Canada could form a coalition whose purpose is to advocate for abused women in midlife and older. Moreover, support groups for women in later life could be run by a trained volunteer. Existing media campaigns could be modified by removing images which depict that IPV is an issue entirely for younger women.

My results indicate that transition homes in Atlantic Canada are not entirely appropriate for women in midlife and older. However, a battered woman is a battered woman regardless of age. Therefore, women in later life who are abused by their partners require IPV services, but they experience unique challenges in breaking free from the violence. Policy makers and service providers can use the insights gained from this study in order to reevaluate the allocation of time and resources to women in later life who experience IPV.

References

Aitken, L., & Griffin, G. (1996). *Gender issues in elder abuse*. London: Sage.

Ali, S. (2007). Silent and invisible: Best practice approaches to supporting older women. Retrieved from http://www.womenshelterca/presentations/113/Ali.shelter %20innovations%20to%20support%20seniors.canada.pdf.

Allen, K.R., Bliezner, R., & Roberto, K.A. (2000). Families in the middle and later years: A review and critique of research in the 1990s. *Journal of Marriage and the Family*, 62(4), 911-926.

American Association of Retired Persons (1994). Survey of services for older battered women. Unpublished final report. Washington: DC

Anderson, K.L. (1997). Gender, status, and domestic violence: An integration of feminist and family violence approaches. *Journal of Marriage and Family*, *59*, 655-669

Anike, L. (1999) Report on violence: Questionnaire on violence and abuse against older women. Older Women's Network. Retrieved August 6th, 2009 from http://zip.com.au/~ownnsw/report_on_violence.htm.

Artinian, D.L. (1988). Qualitative modes of inquiry. *Western Journal of Nursing Research*, *10*(2), 138-149.

Baker, L.L., & Cunningham, A.J.(2004). Helping Children Thrive: Supporting Woman Abuse Survivors as Mothers. Centre for Children & Families in the Justice System of the London Family Court Clinic.

Band-Winterstein, T., & Eisikovits, Z. (2005). The experience of loneliness of battered old women. *Journal of Women & Aging*, *17*(4), 4-19.

Band-Winterstein, T., & Eisikovits, Z. (2009). "Aging out" of violence: The multiple faces of intimate violence over the life span. *Qualitative Health Research, 19*(2), 164-180.

Beaulaurier, R. L., Seff, L.R., Newman, F.L., & Dunlop, B. (2005). Internal barriers to help seeking for middle-aged and older women who experience intimate partner violence. *Journal of Elder Abuse & Neglect, 17*(3), 53-74.

Beaulaurier, R.L., Seff, L.R., Newman, F.L., & Dunlop, B. (2007). External barriers to help seeking for older women who experience intimate partner violence. *Journal of Family Violence, 22*, 747-755.

Bergeron, R.L. (2001). An elder abuse case study: Caregiver stress or domestic violence? You Decide. *Journal of Gerontological Social Work, 34*(4), 47-63.

Berns, N. (2001). Degendering the problem and gendering the blame: Political discourse on women and violence. *Gender and Society, 15*(2), 262-281.

Birmingham, K. (2008). Facing up to violent reality. *Nursing Older People, 20*(6), 3.

Blaney, E., & Janovicek, N. (2004). Reflecting on violence prevention programs in rural communities: Defining the six lenses/analysis screens. Retrieved February 7th, 2008 from http://www.unbf.ca/arts/CFVR/documents/ReflectingonViolence Prevention.pdf.

Bond, J.B., Penner, R.L., & Yellen, P. (1995). Perceived effectiveness of legislation concerning abuse of the elderly: A survey of professionals in Canada and in the United States. *Canadian Journal on Aging, 14*(Suppl.2), 118-135.

Bonomi, A.E. et al. (2007). Intimate partner violence in older women. *The Gerontologist, 47*(10), 34-41.

Boyatzis, R. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.

Brandl, B. (2000). Power and control: Understanding domestic abuse in later life. *Generations*, *25*(2), 39-45.

Brandl, B. (2004). Assessing abuse in later life. National Clearinghouse on abuse in later life. A project of the Wisconsin Coalition Against Domestic Violence. Retrieved July 5th, 2008 from http://www.ncall.us/docs/Assessing_and_Responding.pdf

Brandl, B., & Cook-Daniels, L. (2002). Domestic Abuse in Later Life: VAWnet Research Forum. Retrieved July 5th, 2008 from http://www.vawnet.org/.

Brandl, B., & Raymond, J. (1997). Unrecognized elder abuse victims: Older abused women. *Journal of Case Management*, *6*(2), 62-68.

Brandl, B., & Raymond, J. (2005). Abuse in later life: Name it! Claim it! National Clearinghouse on Abuse in Later Life. Retrieved August 6th, 2008 from http://www.ncall.us/resources.html.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101.

Brzozowski, J.-A., & Brazeau, R. (2008). What are the trends in self-reported spousal violence in Canada? The General Social Survey. *Matter of Fact*. (89-630-X) Ottawa, ON: Statistics Canada.

Burns, M., & Taylor-Butts, A. (2009). A profile of Canada's shelters for abused woman. *Family Violence in Canada: A Statistical Profile* (85-224-X). Ottawa, ON: Statistics Canada.

Byers, B., Hendricks, J.E., & Wiese, D. (1993). An overview of adult protective services. In B. Beyers & J.E. Hendricks (Eds.), *Adult protective services: Research and practice* (pp.3-31). Springfield, IL: Charles C Thomas.

Campbell, J.C., & Lewandowski, L.A. (1997). Mental and physical health effects of intimate partner violence on women and children. *Psychiatric Clinics of North America*, 20(2), 353-374.

Canetto, S.S., Kaminski, P.L., & Felicio, D.M. (1995). Typical and optimal aging in women and men: Is there a double standard? *International Journal of Aging and Human Development*, *40*(3), 187-207.

Clark, L.H. (2001). Older women's bodies and the self: The construction of identity in later life. *The Canadian Review of Sociology and Anthropology*, *38*(4), 441-464.

Clark, S.H., & Schwiebert, V.L. (2001). Penelope's loom: A metaphor of women's development at midlife. *Journal of Humanistic Counseling, Education, and Development*, *40*, 161-169.

Cohen, M.M., & Maclean, H. (2004). Violence against Canadian women. [Special Issues] *BioMed CentralWomen's Health*, *4*: S22.

Creswell, J.W., Fetters, M.D., & Ivankova, N.V. (2004). Designing a mixed method study in primary care. *Annals of Family Medicine*, *2*(1), 7-12.

Creswell, J.W., & Tashakkori, A. (2007). Editorial: Differing perspectives on mixed methods research. *Journal of Mixed Methods Research*, *1*(4), 303-308.

Crichton, S.J., Bond, J.B., Harvey, C.D.H., & Ristock, J. (1999). Elder abuse: Feminist and ageist perspectives. *Journal of Elder Abuse and Neglect*, *10*(3/4), 115-130.

Dauvergne, M. (2003). Family violence against seniors. *Canadian Social Trends*. (11-008). Ottawa, ON: Statistics Canada.

Denham, D., & Gillespie, J. (1998). *Two steps forward....one step back: An overview of Canadian initiatives and resources to end woman abuse, 1989-1997*. Ottawa: Family Violence Prevention Unit, Health Canada.

Department of Justice Canada (2003). Spousal Abuse Policies and Legislation. Final Report of the Ad Hoc Federal-Provincial-Territorial Working Group. Retrieved August 6th, 2008 from http://canada.justice.gc.ca/eng/pi/fv-vf/rep-rap/spo e-con_a.pdf.

Department of Justice Canada (2009). About family violence in Canada. Retrieved January 10th, 2009 from http://www.justice.gc.ca/eng/pi/fv-vf/about-aprop/.

Doherty, D. (2002). Health Effects of Family Violence. National Clearing House on Family Violence. Retrieved August 6th, 2008 http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs /fv-healtheffects_e.pdf.

Duluth Domestic Violence Intervention Project (2008). Battered Women Intervention History. Retrieved August 6th, 2008 from http://www.theduluth model.org/batteredwomenhistory.php.

Dunlop, B.D., Beaulaurier, R.L., Seff, L.R., Newman, F.L., Malik, N., & Fuster, M. (2005). Domestic violence against older women: Final Technical Report. U.S. Department of Justice. Retrieved June 1st, 2008 from http://www.ncjrs.gov/.

Fisher, B., Zink, T., Rinto, B., Regan, S., Pabst, S., & Gothelf, E. (2003).Overlooked issues during the golden years: Domestic violence and intimate partner violence against older women. Special Issue. *Violence Against Women*, 9(12), 1409-1416.

Fisher, B.S., & Regan, S.L. (2006). The extent and frequency of abuse in the lives of older women and their relationship with health outcomes. *The Gerontologist, 46*(2), 200-209.

France, D. (2006, January/February). And then he hit me. American Association for Retired Persons Magazine.

Gooselink, C.A., Cox, D.L., McClure, S.J., & DeJong, M.L.G. (2008). Ravishing or ravaged: Women's relationships with women in the context of aging and western beauty culture. *Internal Journal of Aging and Human Development, 66*(4), 307-327.

Green, J.C., Caracelli, V.J., & Graham, W.F. (1989). Towards a conceptual framework for mixed method evaluation designs. *Educational Evaluation and Policy Analysis, 11*(3), 255-274.

Grunfeld, A.F., Larsson, D.M., MacKay, K., & Hotch, D. (1996). Domestic violence against elderly women. *Canadian Family Physician, 42*, 1485-1493.

Harris, M. (2001). Sexism. In E.B. Palmore, L. Branch, & D.K. Harris (Eds.), *Encyclopedia of ageism* (pp.276-278). New York: The Haworth Reference Press.

Harbison, J. (1999). The changing career of "elder abuse and neglect" as a social problem in Canada: Learning from feminist frameworks? *Journal of Elder Abuse & Neglect, 11*(4), 59-79.

Health Scotland. (2004). Older women and domestic violence in Scotland: "....and for 39 years I got on with it". The Center for Research on Families and Relationships. Retrieved November 21st, 2008 from http://www.healthscotland.com/documents/229.aspx.

Heise, L., Ellsberg, M., & Gottemoeller, M. (1999). *Ending violence against women.* Baltimore, MD: John Hopkins University Press.

Hightower, J. (2002). Violence and abuse in the lives of older women: Is it elder abuse or violence against women? Does it make any difference? Gender aspects of violence and abuse of older persons. Background paper for INSTRAW electronic discussion forum. Retrieved November 21st, 2008 from http://www.un-instraw.org.

Hightower, J., Smith, M.J., Ward-Hall, C.A., & Hightower, H.C. (1999). Meeting the needs of abused older women? A British Columbia and Yukon transition house survey. *Journal of Elder Abuse & Neglect, 11*(4), 39-57.

Hornosty, J., & Doherty, D. (2002). Responding to wife abuse in farm and rural communities: Searching for Solutions that Work. Saskatchewan Public Policy. Public Policy Paper No. 10. Retrieved November 21st, 2008 from http://www.policy.ca/policy-directory/Detailed/Responding-to-Wife-Abuse-in-Farm-and-Rural-Communities_-Searching-for-Solutions-that-Work-1705.html.

Janovicek, N. (2007). *No place to go: Local histories of battered women's shelter movement.* Vancouver, BC: UBC Press

Krug, E.G., Dahberg, L.L., Mercy, J.A., Zwi, A.B., & Lozano, R. (2002). World report on violence and health. World Health Organization: Geneva. Retrieved November 21st, 2008 from http://www.who.int/wormcontrol/documents/en/.

Kurz, D. (1989). Social science perspectives on aife abuse: Current debate and future directions. Gender & Society, 3(4), 489-505.

Lam, Y.K. (2007). Improving health care for victims of abuse in British Columbia. British Columbia Conversation on Health. Retrieved October 2009 from www.povnet.org.

Luken, P.C. (1983, November). *Aspects of the aging stigma*. Paper presented at the 36th annual scientific meeting of the Gerontological Society of America, San Francisco, CA.

Martz, D.J.F, & Saraurer, D. B. (2000). Domestic violence and experiences or rural women in east central Saskatchewan. Prairie Women's Health Centre of Excellence: Research, Policy and Community. Retrieved January 2008 from http://www.pwhce.ca/

MacDonald, B., & Rich, C. (2001). *Look me in the eye: Older women, aging and ageism.* (2nd ed.). San Francisco, CA: Spinsters Ink.

Martel, L., & Malenfant, E.C. (2008). 2006 census: Portrait of the Canadian population in 2006, by age and sex: Provincial/territorial populations by age and sex. (97-551-XWE200601). Ottawa, ON: Statistics Canada.

McKibben, M. (1988). Programming issues regarding older battered women. Unpublished report, Wisconsin Bureau on Aging, Madison.

Mears, J. (2003). Survival is not enough: Violence against older women in Australia. *Violence Against Women*, *9*(12), 1478-1489.

Mears, J., & Visher, C.A. (2005). Trends in understanding and addressing domestic violence. *Journal of Interpersonal Violence*, *20*(2), 204-211.

McGrechie, H. (2007). Family-related homicides against older adults. Family violence in Canada: A statistical profile. (85-224-XIE). Ottawa, ON: Statistics Canada.

Moracco, K.E., Brown, C.L., Martin, S.L., Chang, J.C., Dulli, L., & Loucks-Sorrell, M.B., & et al. (2004). Mental health issues among female clients of domestic violence programs in North Carolina. *Psychiatric Services*, *55* (9), 1036-1040.

Morgan Disney & Associates & Leigh Cupitt Associates (2000). Two lives-Two worlds: Older people and domestic violence. A Partnerships Against Domestic Violence Project. (vol. 2).Commonwealth of Australia. Retrieved January 5th, 2009 from http://catalogue.nla.gov.au/Record/2546793.

Mouton, C.P. (2003). Intimate partner violence and health status among older women. *Violence Against Women*, *9*(12), 1465-1477.

Mouton, C.P., Rodabough, R.J., Rovi, S.L.D., Hunt, J.L., Talamantes, M.A., Brzyski, R.G., & et al. (2004). Prevalence and 3-year incidence of abuse among postmenopausal women. *American Journal of Public Health*, *94*(4), 605-612.

National Clearinghouse on Abuse in Later Life (NCALL) (2006). Abuse in later life wheel. Received January 5th, 2009 from http://www.ncall.us/.

National Clearinghouse on Family Violence. (2004). Transition houses and shelters for abused women in Canada. No. H71-21.

National Clearinghouse on Family Violence. (2008). Transition houses and shelters for abused women in Canada. No. HP20-9. Ottawa ON: Public Health Agency of Canada. Retrieved July 10th, 2008 from http://origin.phac-aspc.gc.ca/ncfv-cnivf/.

National Clearinghouse on Family Violence. (2008). Resources and Services. Retrieved July 10th, 2008 from from http://www.phac-aspc.gc.ca/ncfv-cnivf/resources-eng.php.

Ockleford, E., Barnes-Holmes, Y., Morichelli, R., Morjaria, A., Scocchera, F., Furniss, F., & et al. (2003). Mistreatment of older women in three European countries. *Violence Against Women*, *9*(12), 1453-1464.

O'Donnell, V, Almey, M., Lindsay, C., Fournier-Savard, P., Mihoream, K., Charmant, M., & et al., (2006). Women in Canada: A gender-based statistical report. (5th ed.). (89-503-XWE). Ottawa, ON: Statistics Canada.

Older Women's Network. (1998). Study of shelter needs of abused older women. Retrieved February 5th, 2009 from http://www.olderwomensnetwork. org/own_research_projects.htm.

Older Women's Project. (2007). Why is ageism an older women's issue? Retrieved February 5th, 2009 from http://www.oldwomensproject.org/ageism.htm.

Paschal, P. (1998, November). Do seniors have it too good? *The Halifax Commoner.*

Penhale, B. (2002). Older women, domestic violence and elder abuse. The Ontario Society for the Prevention of Elder Abuse. Retrieved from February 5th, 2009 from http://www.onpea.org/.

Penhale, B. (2003). Older women, domestic violence, and elder abuse: A review of commonalities, differences and shared approaches. *Journal of Elder Abuse and Neglect*, *15*(3/4), 163-180.

Phillips, L.R. (2000). Domestic violence and aging women. *Geriatric Nursing*, *21*(4), 188-193.

Polozzi, K.G., & Millikin, R.J. (2002). Attitudes toward the elderly: Identifying problematic usage of ageist and overextended terminology in research instructions. *Educational Gerontology*, *29*(3), 197-216.

Public Health Agency of Canada (2002). Canada's Aging Population. A report prepared by Health Canada in collaboration with the Interdepartmental Committee on Aging and Senior Issues. Retrieved January 16th, 2009 from http://origin.phac-aspc.gc.ca/seniors-aines/publications/.

Rennison, C.M. (2001). Intimate partner violence and age of victim, 1993-1999. Bureau of Justice Statistics. Special Report. Retrieved January 16th, 2009 from http://bjs.ojp.usdoj.gov/.

Rennison, C., & Rand, M.R. (2003). Nonlethal intimate partner violence against women: A comparison of three age cohorts. *Violence Against Women*, *9*(12), 1417-1428.

Ristock, J.L. (1995). The impact of violence on mental health: A guide to the literature. Discussion Papers on Health Family Violence Issues. Ottawa, ON: Public Health Agency of Canada.

Rivers, C. (2000). Mockery of Katherine Harris shows double standard. Retrieved January 21st, 2009 from http://www.womensenews.org/article.cfm/dyn/aid/356/context/archive.

Samantaraya-Shivji, L., & Habafy, N. (2007). Older women's long-term survival program: Resisting a lifetime of abuse. Retrieved January 21st, 2008 from www.calgarywomensshelter.com/file/searchablefile/original/00000017.

Sandelowski, M. (2000a). Combining qualitative and quantitative sampling, data collection, and analysis techniques in mixed-method studies. *Research in Nursing and Health*, *23*(4), 246-255.

Sandelowski, M. (2000b). Whatever happened to qualitative description. *Research in Nursing & Health, 23*, 344-340.

Saucier, M.G. (2004). Midlife and beyond: Issues for aging women. *Journal of Counselling & Development, 82*(4), 420-424.

Seaver, C. (1996). Muted lives: Older battered women. *Journal of Elder Abuse & Neglect, 8*(2), 3-21.

Sedger, R. (2001, July). Is it aged abuse or domestic violence? *Australian Domestic & Family Violence Clearinghouse Newsletter.*

Seff, L.R., Beaulaurier, R.L., & Newman, F.L. (2008). Non-physical abuse: Findings in domestic violence against women study. Journal of Emotional Abuse, 8(3), 355-374.

Sontag, S. (1997). The double standard of aging. In Pearsall (Ed.), *The other within us: Feminist explorations of women and aging* (pp.19-24). Boulder, CO: Westview Press

Spangler, D., & Brandl, B. (2007). Abuse in later life: Power and control dynamics and a victim-centered response. *Journal of American Psychiatric Nurses Association, 12*(6), 322-331.

Statistics Canada (2009). Family violence in Canada: A statistical profile. (85-224-X) Ottawa, ON: Author.

Stein, M.B., Walker, J.S.R., Hazen, A.L., & Forde, D.R. (1997). Full and partial post-traumatic stress disorder: Findings from a community survey. *American Journal of Psychiatry, 154*, 1114-1119.

Straka, S.M., & Montminy, L. (2006). Responding to the needs of older women experiencing domestic violence. *Violence Against Women*, *12*(3), 251-267.

Straka, S. M., & Montminy, L. (2008). Family violence: Through the lens of power and control. *Journal of Emotional Abuse*, *8*(3), 255-279.

Straus, M., Gelles, R., Steinmetz, S. (1980). *Behind closed doors: Violence in the American Family*. Garden City NY: Anchor/Doubleday.

Thorne, S. (1991) Methodological orthodoxy in qualitative nursing research: Analysis of the issues. *Qualitative Health Research*, *1*(2), 178-199.

Thorne, S. (2008). Interpretive description. Walnut Creek, CA: Left Coast Press.

United Nations. (1993). Declaration of the elimination of violence against women. General Assembly, 85th plenary meeting 20 December 1993. Retrieved January, 2009 from http://www.un.org/documents/ga/res/48/a48r104.htm.

United Nations. (1995). Fourth World Conference on Women, Beijing, China. New York, NY. September 4-15 1995. Retrieved February 9th, 2009 from http://www.un.org/esa/documents/ga/conf177/aconf177-20add1en.htm.

Vinton, L. (1992). Battered women's shelters and older women: The Florida experience. *Journal of Family Violence*, *7*(1), 63-72.

Vinton, L. (1998). A nationwide survey of domestic violence shelters' programming for older women. *Violence Against Women*, *4*(5), 559-571.

Vinton, L. (1999). Working with abused older women from a feminist perspective. *Journal of Women and Aging*, *11*(2/3), 85-100.

Vinton, L., Altholz, J.A., & Lobell, T. (1997). A five-year follow up study of domestic violence programming for battered older women. *Journal of Women & Aging, 9,* 3-15.

Voelker, R. (2002). Elder abuse and neglect a new research topic. *Journal of the American Medical Association, 288*(18), 2254-2256.

Walsh, C.A., Ploeg, J., Lohfeld, L., Horne, J., MacMillan, H., & Lai, D. (2007). Violence across the lifespan: Interconnections among forms of abuse as described by marginalized Canadian elders and their care-givers. *British Journal of Social Work, 37*(3), 491-514.

Weeks, L.E., Richards, J.L., Nilsson, T., Kozma, A., Bryanton, O. (2004). A gendered analysis of the abuse of older adults: Evidence from professionals. *Journal of Elder Abuse & Neglect,* 16(2), 1-13.

Whittaker, T. (1995). Violence, gender and elder abuse: Towards a feminist analysis and practice. *Journal of Gender Studies, 4*(1), 35-45.

Whittaker, T. (1996). Violence, gender and elder abuse. In B. Fawcett & B. Featherstone (Eds.), *Violence and gender relations: Theories and interventions.* (pp.147-160). Thousand Oaks, CA: Sage.

Wilke, D.J., & Vinton, L. (2005). The nature and impact of domestic violence across age cohorts. *Affilia, 20*(3), 316-328.

Winterstein, T., & Eisikovits, Z., (2005). The experience of loneliness of battered old women. *Journal of Women & Aging, 17* (4), 3-21.

Wolf, M.E., Ly, U., Hobart, M.A., & Kernic, M.A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18*(2), 121-128.

Wolkenstein, B.H., & Sterman, L. (1998). Unmet needs of older women in a clinic population: The discovery of possible long-term sequelae of domestic violence. *Professional Psychology: Research and Practice*, 29(4), 341-348.

Woolf, L. (1998). Ageism: An introduction. Retrieved from http://www.webster.edu/~woolflm/ageismintro.html.

World Health Organization. (2002a). Missing voices: Views of older persons on elder abuse. Geneva: World Health Organization. International Network for the Prevention of Elder Abuse.

World Health Organization (2002b). World report on violence and health. Geneva: World Health Organization.

World Health Organization (2005). Multi-Country study on women's health and domestic violence against women: Initial Results on prevalence, health outcomes, and women's responses. Retrieved September 2008 from http://www.who.int/wormcontrol/documents/en/.

Yodanis, C.L. (2004). Gender inequality, violence, against women, and fear. *Journal of interpersonal violence*, *19*(6), 655-675.

Young, T.K., & Katz, A. (1998). Survivors of sexual abuse: Clinical, lifestyle and reproductive consequences. *Canadian Medical Association Journal*, *119* (4), 329-334.

Zink, T., Fisher, B.S., Regan, S., & Pabst, A. (2005). The prevalence and incidence of intimate partner violence in older women in primary care practices. *Journal of General Internal Medicine*, *20*(10), 884-888.

Zink, T., Jacobson, C.J., Pabst, S., Regan, S., & Fisher, B.S. (2006). A lifetime of intimate partner violence: Coping strategies of older women. *Journal of Interpersonal Violence*, *21*(5), 634-651.

Zink, T., Jacobson, C.J., Regan, S., Fisher, B., & Pabst, S. (2006). Older women's descriptions and understandings of their abusers. *Violence Against Women*, *12*(9), 851-864.

Zink, T., Jacobson, J., Regan, S., & Pabst, S. (2004). Hidden victims: The healthcare needs and experiences of older women in abusive relationships. *Journal of Women's Health*, *13*(8), 898-908.

Zink, T., Regan, S., Jacobson, C.J., & Pabst, S. (2003). Cohort, period, and aging effects: A qualitative study of older women's reasons for remaining in abusive relationships. *Violence Against Women*, *9*(12), 1429-1441.

Appendix A: Survey Questions (Phase 1)

Please Note:

The terms "older abused women" and "abused women in midlife and beyond" are used interchangeably to define a woman who is normally past childbearing years and who is abused by her spouse or common-law partner.

1. During the previous year (2007-2008), approximately how many women have stayed at your transition home?

_____

2. During the previous year (2007-2008), approximately how many women who stayed at the transition home are in midlife and beyond?

_____

3. In the last 5 years, how many women who stayed at the transition home were in midlife and beyond?

_____

4. The transition home is located in a(n):

A. Urban Area

B. Rural Area

* Please Note:

Rural areas, defined by Statistic Canada's 2006 Census, are "small towns, villages and other populated places with less than 1,000 population".

Urban areas, defined by Statistic Canada's 2006 Census, have as a "minimum population concentration of 1,000 persons and a population density of at least 400 persons per square kilometre".

5. If the transition home resides in an urban area, do you serve rural women?

A. Yes

B. No

6. If the transition home has a board of directors, in the previous year how many were female AND were in midlife and beyond?

_____

7. In the previous year, how many staff members/volunteers were female AND were in midlife and beyond?

_____

8. Last year, were women in midlife and beyond more likely to stay at the transition home longer than younger women?

A. Yes

B. No

9. In the previous year, how many women stayed at the transition home more than once?

_____

10. In the previous year, how many women in midlife and beyond stayed at the transition home more than once?

_____

11. Do abused women in midlife and beyond have different shelter and service needs than younger women?

A. Yes

B. No

12. Do you offer special programming and/or services to women in midlife and beyond?

A. Yes

B. No

13. Does the physical layout of the shelter accommodate the possible mobility/privacy/and health needs of women in midlife and beyond?

A. Yes

B. No

14. Do you experience challenges in meeting the needs of older abused women?

A. Yes

B. No

15. In the last five years, have transition home personnel participated in media campaigns or public education that included information that domestic violence can occur at any age?

A. Yes

B. No

16. Have transition home personnel made any attempts to let older women know that they can make use of the services offered at your shelter?

A. Yes

B. No

17. Have you ever applied for any type of funding or other form of assistance in order to make the transition home and the services provided more suitable for older women?

A. Yes

B. No

18. In the last five years, have you or your staff/volunteers ever received any training in the area of older women and intimate partner violence?

A. Yes

B. No

19. In the last five years, have you ever provided any training to other individuals and/or organizations in the area of older women and intimate partner violence?

A. Yes

B. No

20. In the last five years, have you ever sought consultation with organizations or individuals who specialize in senior's issues?

A. Yes

B. No

21. If given the opportunity, would you be interested in attending conferences or workshops which discuss how transition homes can meet the needs of women in midlife and beyond who experience intimate partner violence?

A. Yes

B. No

22. What are the issues that older abused women face in your community?

_____
_____
_____
_____
_____
_____
_____

23. How is the transition home funded and do your funders stipulate in what areas the money should be spent.

24. May I contact you to see if you would be possibly interested in participating in the interview portion of the study?

A. Yes

B. No

Appendix B: Recruitment Email (Phase 1)

Hello,

My name is Kristal LeBlanc and I am a Master's student at the University of Prince Edward Island in Applied Health Services Research. I am currently conducting a study on domestic violence shelters in Atlantic Canada. More specifically, I am interested in how shelters are meeting the needs of abused women in midlife and beyond. Abused women in midlife and beyond and/or older abused women refers to women who are, for the majority, past childbearing years who suffer from violence by their spouse or common-law partner. This study is being done under the supervision of Dr. Lori Weeks, a professor at UPEI.

I am seeking information from the director of the transition home or a person in authority. This letter is to inform you of the current study and what your participation would involve. This study is in two phases. The first phase involves an online survey which will take no more than 15 to 20 minutes of your time. The survey questions focus on background information regarding the transition home as well as questions surrounding women in midlife and beyond. Even if you do not serve any women of this age group, the completion of the survey is still valuable to me. Based on responses provided during the survey and interest in the topic area, approximately 8 directors will be invited to volunteer to participate in a telephone interview.

For more information, I invite you to click on the link below which will provide you with an information letter as well as the consent process. This link will also take you to the survey. However, by clicking on the link for more information, you are under no obligation to participate in the survey.

I hope that you decide to participate in this study. Your thoughts and ideas on both the transition home and on abused women in midlife and beyond who suffer from intimate partner violence are important to me.

(Link goes here which provides them the information letter, consent process, and online survey).

Sincerely,

Kristal LeBlanc

B.A., MAHSR (c)

UPEI

Appendix C: Letter of Information and Consent (Phase 1)

To the Director,

As explained in my email message, my name is Kristal LeBlanc, and I am a Master's student at the University of Prince Edward Island. I am conducting a study on stage 1 transition homes in Atlantic Canada in order to determine if and how they are meeting the needs of women in midlife and beyond. Abused women in midlife and beyond and/or older abused women refers to women who are, for the majority, past childbearing years who suffer from violence by their spouse or common-law partner. This study is being done under the supervision of Dr. Lori Weeks, a professor at the University of Prince Edward Island.

This study involves two specific parts. The first part involves an online survey that includes questions regarding the shelter as well as questions surrounding women in midlife and beyond who experience intimate partner violence. All of the shelter directors, a total of 37, across Atlantic Canada will be invited to participate in the first phase of this study. In order to take part in this study you must be a director or in a position of authority at a stage 1 transition home. The second part of the study is a telephone interview with approximately 8 directors from across Atlantic Canada. If you do choose take part in the online survey, you are under no obligation to take part in the interview. The online survey:

- Involves 24 multiple choice and open-ended questions
- Will take 15 to 20 minutes to complete.

Your participation in this study may not benefit you directly; however, this information will contribute important knowledge regarding stage 1 transition homes and

how they are currently meeting the needs of women who experience intimate partner violence in later life.

Whether or not you take part in this study is completely up to you and you can end your participation at any time without there being any consequences to yourself. You can also choose to not answer certain questions. Your participation in this study will be kept completely confidential. Your name will not be used in any reports and no identifying information will be used. Responses to the online survey are password protected. Only Kristal LeBlanc and Dr. Lori Weeks have the password and can access the survey data. All files containing the survey data will be contained in a password protected computer and any printed or written documentation will be kept in a locked file cabinet.

The data will be kept securely for 5 years. All data will be secured for this period in a locked file cabinet and/or in a password protected computer. Only the researcher Kristal LeBlanc and her thesis supervisor Dr. Lori Weeks will have access to the data. After the 5 year period, paper copies will be shredded and electronic information will be deleted by Dr. Lori Weeks.

If you have any concerns, questions or comments about this study, feel free to contact Kristal LeBlanc at 506-384-1410 or by email (kdmurray@upei.ca). You can also contact my supervisor, Dr. Lori Weeks at 902-566-0528 or by email (lweeks@upei.ca). This research project has been approved by the University of Prince Edward Island Research Ethics Board. If you have any questions about the ethical conduct of this study, you may contact the UPEI Research Ethics Board, for assistance at (902)566-0637, lmacphee@upei.ca.

If interested, you will receive a summary copy of the study results.

Sincerely,
Kristal D. LeBlanc

Consent Form

By clicking on "next page" I am consenting to participate in the online survey portion of this study.

- o I have read and understood the information letter.
- o I understand that my participation is voluntary, that I can end my participation at any time.
- o I understand that I am under no obligation to answer each question.
- o I understand that my information will be kept confidential within the limits of the law.
- o I understand that I am under no obligation to take part in both parts of this study.
- o I understand that if I have any questions or concerns about the ethical conduct of this research project, I can contact the UPEI Research Board at 902-566-0637 or by email at lmacphee@upei.ca.

Appendix D: Debriefing Information (Phase 1)

** Please note: This appeared as the last page on the online survey**

Thank you for taking time to complete the survey. The purpose of the first phase of this study was to collect demographic information on the stage 1 transition home as well as to ask specific questions regarding older women who experience intimate partner violence.

As stated earlier, the information provided in the online survey is completely confidential. All information will be stored in a locked filing cabinet and on a password protected computer. Only Kristal LeBlanc and Dr. Lori Weeks will have access to your interview responses.

This research project has been approved by the University of Prince Edward Island Research Ethics Board. If you have any difficulties with, or wish to voice concern about, any aspect of your participation in this study, or the ethical conduct of this study, you may contact the UPEI Research Ethics Board, for assistance at (902)566-0637, lmacphee@upei.ca.

Thank you again for taking the time in filling out the survey. Your responses are greatly appreciated. I will be sending a summary copy of the results to all stage 1 transition homes in Atlantic Canada as soon as they are available.

Sincerely,

Kristal LeBlanc

B.A., MAHRS (c)

UPEI

Appendix E: Follow-up Call Script (Phase 1)

Hello,

My name is Kristal LeBlanc and I am a Master's student at the University of Prince Edward Island who is currently conducting a study on stage 1 transition homes in Atlantic Canada. About two weeks ago I sent you an email seeking your participation in the online survey portion of the study. I was wondering if you in fact received the email and if you have any questions about the survey?

Appendix F: Interview Guide (Phase 2)

1. If they responded a very low percentage or no older women had stayed at the shelter:

Prompts: Can you think of reasons that a woman in midlife and beyond might be reluctant to turn to a transition house for assistance?

2. If they responded yes to the shelter being located in an urban center:

Prompts: Have you attempted any form of outreach for women, especially those in midlife and beyond, who reside in rural areas? If so, what kind of outreach? If not, can you explain how you would accomplish this if given the resources to do so?

3. If they responded that age played a role in how long women stay at the transition home:

Prompts: Based on your experience how do you think age influences length of stay in a stage 1 transition home?

4. If they responded that older abused women have different shelter needs and service needs than younger women:

Prompts: What service and program needs do older women require that differ from their younger counterparts?

5. If they responded that they experienced challenges in working with older abused women:

Prompts: What are your experiences and challenges that you have encountered in working with abused women in midlife and beyond?

6. If they responded that they offer special programming and/or services to older women:

Prompts: You stated in your survey that you offered special programming for older women, would you mind explaining these services?

7. If they responded that the physical layout of the shelter accommodates the possible mobility/privacy and health needs of women in midlife and beyond:
Prompts: Are there any other ways in which the transition home is accommodating the needs of women in later life?

8. If they answered that transition home personnel participated in media campaigns or public education on older abused women:
Prompts: I was wondering if you could provide information on the media campaign(s) and public education that discussed the issues of abuse in later life.

9. How do older women who have been abused identify themselves?
Prompts: Do they see themselves as a battered woman or an abused elder?

10. Could you explain whether domestic violence services or elder abuse services or both should be providing assistance to women in midlife and beyond?

11. What do you think could be done to better serve the needs of older abused women in the future?
12. What resources do you think that your shelter requires in order to better meet the needs of older women who experience intimate partner violence?
13. Is there anything else you would like to share with me about older women and intimate partner violence?

Appendix G: Recruitment Phone Script (Phase 2)

Hello,

My name is Kristal LeBlanc and I am a Master's student at the University of Prince Edward Island. Thank you for completing my survey on transition homes in Atlantic Canada and the needs of abused women in midlife and beyond.

On your survey, you indicated that I could possibly contact you to participate in the interview portion of the study. I am calling today to seek your interest in participating in a telephone interview. I was wondering if I could send you an information letter and a consent form which provides details on the telephone interview. Just as a quick explanation, the interview lasts between 45 minutes to 1 hour and will cover questions that were discussed in the survey as well as some new items. These news items include such topics as your understanding of how older abused women identify themselves as well as your opinions on current services and how they can be improved upon.

Would you like some more information on the interview and to possibly participate in the study? By sending you the information letter and consent form you are in no way obligated to participate in the study.

If you are interested, how would you like this information sent? (ie. email, mail, fax).

**Please note: If director agrees to participate on the telephone, I will send the information letter and consent form as per usual, however, if they wish, we will set up an interview time during the call.

Thank you again for participating in the survey and, if you are interested, I look forward to discussing this topic with you in the near future.

Appendix H: Letter of Information (Phase 2)

Hello,

This letter is in response to our telephone conversation in which you indicated your interest in participating in the second phase of a study on services for abused women in midlife and beyond in domestic violence stage 1 transition homes in Atlantic Canada. Abused women in midlife and beyond and/or older abused women refers to women who are, for the majority, past childbearing years who suffer from violence by their spouse or common-law partner. As such, I invite you to take part in the second phase of this research study being conducted by Kristal LeBlanc who is a graduate student at the University of Prince Edward Island as part of her Master's in Applied Health Services Research degree program and who is under the supervision of Dr. Lori Weeks a professor at the University of Prince Edward Island. Approximately 8 directors of stage 1 transition homes in Atlantic Canada will participate in the interviews.

This interview involves a one-on-one telephone conversation about your stage 1 transition home. I will ask questions about services provided and how these services are meeting the needs of older women as well as how they can be improved upon. Interviews will:

- last between 45 minutes to 1 hour.
- be conducted via the telephone at a time convenient to you
- be audiotaped with your permission

Your participation in this study may not benefit you directly; however, this information will contribute important knowledge regarding stage 1 transition homes and how they are currently meeting the needs of women who experience intimate partner violence in later life.

Whether or not you take part in this study is completely up to you and you can end your participation at any time without there being any consequences to yourself. In addition, the audiotape can be stopped and destroyed at any point in time. You are free to answer the questions in as much or in as little detail as you feel comfortable, or you may choose not to answer certain questions at all.

Your participation in this study will be kept completely confidential. Your name will not be used in any reports and no identifying information will be used. Once the interviews have been completed the responses will be coded and stored in a locked filing cabinet and on a password protected computer in which only the researcher has access. The audio recordings prior to transcription along with any written materials will be locked in a file cabinet. Once transcribed, the audiotapes will be destroyed immediately. It is also the policy of the University of Prince Edward Island that the data be securely maintained by the institution for 5 years. All data will be secured for this period in a locked file cabinet and/or in a password protected computer and this data will not contain any identifying information. Only the researcher Kristal LeBlanc and her thesis supervisor Dr. Lori Weeks will have access to the data. After the 5 year period, paper copies will be shredded and electronic information will be deleted by Dr. Lori Weeks.

If you have any concerns, questions or comments about this study, feel free to contact Kristal LeBlanc at 506-384-1410 or by email (kdmurray@upei.ca). You can also contact my supervisor, Dr. Lori Weeks at 902-566-0528 or by email (lweeks@upei.ca). This research project has been approved by the University of Prince Edward Island Research Ethics Board. If you have any questions about the ethical conduct of this study, you may contact the UPEI Research Ethics Board for assistance at (902)566-0637,

lmacphee@upei.ca.

If interested, you will receive a summary copy of the study results.

Thank you for your time and I look forward to talking to you at your earliest convenience.

Sincerely

Kristal D. LeBlanc

B.A., MAHSR (c)

Appendix I: Consent Form (Phase 2)

I _____ consent to participating in the interview portion of a research project about how domestic violence stage 1 transition homes in Atlantic Canada are meeting the needs of women in midlife and beyond who suffer from intimate partner violence.

- o I have read and understood the information letter.
- o I understand that my participation is voluntary, that I can request to end my participation at any time, and that I can request that the audiotape be stopped and subsequently be destroyed.
- o I understand that I am free to answer the questions in as much or as little detail as possible or to not answer some questions at all.
- o I understand that my information will be kept confidential within the limits of the law.
- o I also understand that I can keep a copy of the signed and dated consent form.
- o I understand that if I have any questions or concerns about the ethical conduct of this research project I can contact the UPEI Research Board at 902-566-0637 or by email at lmacphee@upei.ca.

☐ I consent to the use of quotations in the final report that will not contain any identifying information.

☐ I consent to the audio recording of the interview.

_____ _____

Signature Date

Appendix J: Debriefing Script (Phase 2)

As stated earlier, the information provided during your interview is completely anonymous and confidential. All personal identifying information will be coded and there is no way to link your name with your responses. All information will be stored in a locked filing cabinet and on a password protected computer. Only Kristal LeBlanc and Dr. Lori Weeks will have access to your interview responses.

This research project has been approved by the University of Prince Edward Island Research Ethics Board. If you have any difficulties with, or wish to voice concern about, any aspect of your participation in this study, or the ethical conduct of this study, you may contact the UPEI Research Ethics Board, for assistance at (902)566-0637, lmacphee@upei.ca.

I want to thank you for taking the time to talk with me. This interview has provided rich information which will be most useful for this research project. I will be sending a summary copy of the results to all stage 1 transition homes in Atlantic Canada as soon as they are available.

Appendix K: 15 Point Checklist for Thematic Analysis

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analyzed- interpreted, made sense of- rather than just paraphrased or described.
	8	Analysis and data match each other- the extracts illustrate the analytical claims,
	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written Report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done- ie. described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as active in the research process; themes do not just 'emerge'.

Appendix L: Final Coding Tree

1. In the home/community

1.1 Their understanding of women in midlife and older experiencing IPV	1.1.1 immediate context of the abuse	1.1.1.1 Type of relationship: Long-term relationships and newer relationships in later life.
		1.1.1.2 Type of abuse: Mental abuse most frequent. Physical during early years,
	1.1.2 Identifying/ understanding abuse	Misunderstanding of what constitutes abuse and a belief that emotional abuse is less severe
	1.1.3 Barriers to help-seeking	1.1.3.1 Internal barriers: Generational values and assumptions as well as traditional gender roles.
		1.1.3.2. External barriers: Included such factors as adult children and family, church, clergy, family physicians, criminal justice system, lack of transportation as well as residing in a rural area.
	1.1.4 Views of the shelter	Assumptions about appropriateness of shelter and anxieties surrounding being judged and believed by personnel.
1.2 Shelter response/Issues with	1.2.1 Rural outreach	Not always a consistent outreach effort and lack of budget to transport rural women to shelter
	1.2.2 Media campaigns	Media materials designed to target young women and young mothers.
	1.2.3 Public Education	A continued focus on high school outreach. Groups visited determined by financial donations
1.3 Looking towards the future	1.3.1 Adjusting media campaigns	1.3.1.1 Modify message: Include images of women across the lifespan.
		1.3.1.2 Create separate message: Development of separate campaign. Hire specific personnel for the creation of media campaigns for women in midlife and older.
	1.3.2 Public education	1.3.2.1 Modify message: Create public presentations with a focus on IPV across the lifespan.
		1.3.2.2 Target older groups: Increase presentations to groups with older adults including church groups, senior living facilities, and senior activity centers.
	1.3.3 Specialized outreach worker	Create separate personnel or department to focus on outreach of older couples.

2. Living in the shelter

2.1 Their understanding of women in midlife and older experiencing IPV	2.1.1 Physical structure	2.1.1.1 Mobility limitations: Stairs, small rooms, lack of safety bars, lips in entrances and heavy doors
		2.1.1.2 Privacy/Space: Often shared accommodations, no quiet room or separate area for women without children
	2.1.2 Chaotic environment	Other individuals also in crisis, many young children, interrupted sleep due to new intake, and conflicts with parenting styles.
	2.1.3 Emotional shock/ Bewilderment	Realization of long-term abuse, anger, sadness of a life lost, and shock that this is occurring at an older age.
	2.1.4 Lack of external support	Loss of friendship and community network shared with partner. No support system to encourage older women to start a new life.
	2.1.5 Caring environment	2.1.5.1 Motherly role: Supportive of younger women, trying to fix problems of younger generation thereby neglecting own healing.
		2.1.5.2 Accepted/Supported: First time that older women felt accepted and loved.
2.2 Shelter response/Issues with	2.2.1 Accessibility	2.2.1.1 Inside shelter: Few shelters were entirely accessible. Due to older buildings or lack of funding it was often difficult to make renovations needed.
		2.2.1.2 Outside services: Lack of transportation made it particularly difficult for older women to get to services in the community such as family doctors, legal aid, and mental health services.
	2.2.2 Support	2.2.2.1 Individual/Group: Group counseling not always appropriate for older women who do not connect with younger generation.
		2.2.2.2 Age/Knowledge of staff: Older women struggled to relate to younger staff.
	2.2.3 Admittance /Med policy	Policies not always appropriate for older women such as admittance and medication.
	2.2.4 Funding applications	Applications often too lengthy and complicated.
2.3 Looking towards the future	2.3.1 Community to shelter	Have outside services come to the shelter on a monthly basis.
	2.3.2 Staff training/Consultations	Provide training to staff on the topic of older women and IPV and consult/collaborate with senior organizations and elder abuse services.

	2.3.3 Adapting physical structure	2.3.3.1Accessibility: Modify existing physical structure to include accessible rooms, elevators or lifts for stairs. Purchase phones for the hearing impaired.
		2.3.3.2Privacy/Space: Create private rooms for older women and quiet rooms for adults only.
	2.3.4 Adjusting support	Tailor group and individual support so that it meets the needs of older abused women.

3. Starting a new life

3.1 Their understanding women in midlife and older experiencing IPV	3.1.1 Unemployment /Poverty	Many have never worked or have only worked part-time.
	3.1.2 Housing crisis	3.1.21 Availability: Rarely any provincial housing units since most are built with multiple units for women with children.
		3.1.2.2 Affordability: Difficult to pay rent and to have funds for daily living expenses.
	3.1.3 New relationships	New long-term relationships are often complicated for this age group.
	3.1.4 Lack of social support	Older women lost their informal support. Isolation makes it difficult to form new friendships.
	3.1.5 Divorce process	Process is intimidating and overwhelming for older women.
3.2 Shelter response/Issues with	3.2.1 Job assistance	Shelter staff try and help older women with interview and resume building but do not have the time to consistently do so.
	3.2.2 Housing assistance	Staff shortages do not always allow for help with house hunting. Provincial housing wait lists are long and do often place older women in distance communities.
	3.2.3 Outreach	Hard to stay connected to older women once they leave the shelter.
3.3 Looking towards the future	3.3.1 Transition assistance	Offer such services as first months rent and groceries and someone to assist in getting herself settled in new life.
	3.3.2 Supportive job assistance	Provide help with looking for employment without the pressure to find something while in crisis.
	3.3.3 Specialized housing	Create second staged housing and other long-term housing specifically for older abused women.

SIGNATURE PAGE

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