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Chapter

Remodeling the Web: Supporting the Needs of Older Women Experiencing Intimate Partner Violence in Rural Contexts

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Abstract

Researchers and health care providers know little about older, diverse women who experience intimate partner violence (IPV) within rural contexts and their service and support needs. In addition, rural older women experience significant geographic disparities in health status and outcomes, socioeconomic inequities, and access to appropriate services, creating unique challenges. In this study, we sought to contribute knowledge and innovative approaches to conceptualize and respond to identified specific needs and challenges older women experiencing IPV in rural contexts face. This study draws on the thematic analysis of 14 interviews with diverse rural New Brunswick and Nova Scotian women who experienced IPV or service providers supporting older rural women who experienced IPV. Findings from this study culminated in the following themes: *retaining the traditional web, breaking threads, spinning new connections, and remodeling the web*. All these patterns played out within rural contexts where identified supports and challenges encouraged or hindered older rural women's agency and supportive workers' abilities to spin supportive connections and create innovative solutions to meet the needs of older, diverse rural women experiencing IPV. These findings will serve to inform future person-centered, supportive, and collaborative approaches and strategies for future and relevant service provision, education, and research for this population.

Keywords: intimate partner violence, older women, diverse women, rural, Canada

1. Introduction

Within Canada, women are victims in approximately 80% of reported intimate partner violence (IPV) cases [1]. IPV "refers to any type of abusive behavior that occurs between intimate partners, such as spouses or common-law partners" [2]. While researchers and service providers have paid more attention to IPV in younger women, a global aging population warrants a closer look at IPV rates in older women [3]. While accurate prevalence data is challenging to obtain, global data suggests that 16.5–54.5% of women over 45 years of age may experience IPV [3]. Researchers

suggest that older women may experience IPV differently than younger women due to an increased likelihood of comorbidities and dependency on a perpetrator for physical care and financial support [3]. Our knowledge of IPV rates and experience in a diverse cohort of women remains inadequate [2].

What complicates the matter even further is that in many rural and remote areas in Canada, including those in Atlantic Canada, women comprise a higher proportion of the rapidly aging residents [4]. New Brunswick (NB) and Nova Scotia (NS) are credited as two of the oldest Canadian provinces. Researchers estimate that almost half of the population of New Brunswick (NB) and over two-thirds of the people in Nova Scotia (NS) live in rural areas, and many who live in these places are older women with different languages, ethnicities, and comorbidities [5–8]. Across Atlantic Canada, many of these diverse older rural women live alone, are widowed, married, or live with a common-law partner, experiencing significant differences from those living in urban areas in terms of illness burden, mortality, and socioeconomic status [5–8].

IPV incidence between rural and urban Canadian women exists in Atlantic Canada, with rural women experiencing the highest overall rates of IPV compared to their urban counterparts in recent years [9]. Many older rural women live in low-income situations with poor health outcomes [10] with experiences of geographic isolation, inaccessibility to healthcare services, and unique sociocultural characteristics that may shape decisions, self-esteem, and health behaviors [10, 11]. However, such statistics often do not capture diverse groups of women at different phases of their lifespans or in various contexts in which these women live [12, 13]. Often, researchers describe women who have experienced IPV as a homogeneous group in reports and studies, leading to the development and implementation of supports and resources that may not meet the unique needs and circumstances of older and diverse groups of women living in rural settings [2, 11, 14].

Many define rural areas in terms of population or distance from the closest urban center, implying, to some degree, social isolation and inaccessibility to healthcare services and resources [15, 16]. These significant geographic disparities in health status and health outcomes, socioeconomic inequities, and limited technological and transportation access to appropriate services create unique challenges to providing supportive services [17]. The literature suggests that factors such as a lack of human and material resources and large geographical distances between communities [17] can create unique challenges for supporters working with this population. To address rural healthcare resource availability and accessibility issues, researchers have called for the formation of comprehensive rural health frameworks, recommendations, and innovations among critical stakeholders in the community, rural communities, and healthcare providers [17]. However, what remains are struggles with funding, housing, and culturally appropriate care [18].

From a geographical standpoint, "rural" was defined in this study as an area with fewer than 10,000 people [19]. However, rurality embodies more than population density and geographical distance to the nearest urban center. Within these geographically defined and designated areas exist eclectic ways of life created and maintained by patriarchal family structures, resilient attitudes, cultural and religious values, and stereotypes [20, 21]. Such attitudes, values, and ways of life may shape self-worth, purpose, and behaviors [11] in older, diverse rural women in Atlantic Canada and their attitudes, behaviors, and supportive needs in response to IPV experiences. Within this rural context, one can experience being embraced or "othered," depending on the degree to which one identifies with valued and revered ways of rural life and membership [14].

Researchers and healthcare providers know little about how older women experience IPV in rural contexts and their service and support needs. In addition, rural older women experience significant geographic disparities in health status and health outcomes, socioeconomic inequities, and limited technological and transportation access to appropriate services, creating unique challenges to providing supportive services [10]. While it is clear that intimate partner violence can occur with women in any context and at any stage of their lifespan, older women's experiences of intimate partner violence are both a significant and understudied phenomenon [3, 22–25]. In addition, little is known about the needs of diverse older rural women aged 50 years or older who are living in rural contexts [26]. Without such knowledge, it is very difficult to understand how rurality and living within a rural geographical area facilitate or create barriers for older, diverse women seeking support for intimate partner violence and to determine what supports are needed to address gaps within rural contexts for women living with IPV that are different than what may be required in urban settings.

Our research team identified the need to understand how rural contexts facilitate or create barriers for these women and their service providers, who supported them in a paid or unpaid capacity. Thus, this study aims to gain insights into the needs of rural, diverse older women who had experienced IPV.

2. Methodology and methods

As part of a study funded by the Justice Partnership and Innovation Program-Family Violence Initiative by Justice Canada, "Identifying and Responding to the Needs of Diverse Older Women Who Experience Intimate Partner Violence: The RESPOND Study," [27, 28], team members conducted interviews with diverse and older NB and NS women who experienced IPV and service providers supporting these women who had experienced intimate partner violence (IPV). The research team accessed interviewed participants by extending invitations to surveyed service providers in the project's second phase and distributing created study recruitment posters through organizations that provide services to women with IPV [28]. Also, women who experienced IPV could find these recruitment posters on public bulletin boards (e.g., health centers) and social media (e.g., Facebook and Twitter) [28]. Within these interviews and for this study, the research team identified the need to understand how rural contexts facilitate or create barriers for these women and their service providers, who supported them in a paid or unpaid capacity.

The inclusion criteria for participants included: (a) individuals who identified as a woman, including transwomen and femmes, (b) individuals who self-identified as a member of a visible minority or identify as an official Francophone language minority, (c) women who experienced IPV in midlife or older who are not currently in an abusive relationship or residing with an abusive individual, (d) women who were currently residing within a New Brunswick or Nova Scotia rural community and not a care facility, and (e) those who could be interviewed in French or English. Data collection resulted in a thematic analysis of 14 interviews (2 women and 12 supporters of older women who have experienced IPV in rural NB or NS) (**Table 1**). The study sample included six bilingual service providers from New Brunswick and six supporters of older women in Nova Scotia who supported older women who had experienced IPV in a rural setting. In addition, 1 NS Arabic woman and 1 NB Francophone woman, who both experienced IPV, participated in interviews.

Participant pseudonym	Description of participant
Denise	An outreach worker from NS
Nathan	A counselor at a shelter in NS
Pat	A worker at a shelter in NS
Britney	A worker with police and victim services in NS
Katelyn	A staff nurse who works with IPV victims in NS
Irene	A support worker with black women in NS
Cathy	An IPV outreach worked from NB
Penelope	A victim service worker from NB
Lenore	An NB victim services coordinator from NB
Harriett	An executive director for a rural women's resource center in NB
Linda	A community social worker from NB
Janice	A manager at an adult program in NB
Mary	A 48-year-old NB Francophone woman who experienced IPV
Raj	A 53-year-old NS Muslim woman who experienced IPV

Table 1.
Description of interview participants.

A feminist theoretical perspective informed this qualitative research analysis, supporting participants' involvement in the knowledge co-creation process and providing a lens to observe and consider how factors and structures within the rural context facilitate or create barriers for study participants. It was also rooted in constructivist approaches, which support relativist ontological views (e.g., different observers may have different viewpoints about what counts as truth) and underpinnings of pragmatism (e.g., human knowledge and values are situated in events and services to address practical issues in the everyday world), symbolic interactionism (e.g., subjective meanings of and realities through constant social interaction, language, and communications) and constructivism (e.g., truth and knowledge are constructed by humans as they engage with the world they interpret [29–31].

Inductive thematic analysis is a highly flexible method amenable to a range of epistemologies and research questions. Themes, often defined as abstract entities, capture or unify individuals' experiences into meanings and patterns [32], offering a rich and detailed account of participant voices by highlighting similarities, differences, and surprising insights within the data. Using Braun and Clarke's six-phased iterative [32] and reflexive process, the research team initially read through interview data stored in well-organized and labeled archives. In biweekly research meetings, phone conversations, and a couple of workshops, the research team annotated data items in the interviews to document ideas of potential codes and then refined these codes further in team meetings and discussions. The research team used the initial codes to organize meaningful concepts found within the data. Then, the research team interpreted the codes to develop data themes and subthemes, with the aid of theoretical and reflexive memos and field notes about potential codes and themes within the data. Finally, the research team organized the themes, subthemes, and codes into a thematic map to visualize relationships and patterns among the data. Themes were continually reviewed and refined by the research team (collapsing or breaking apart
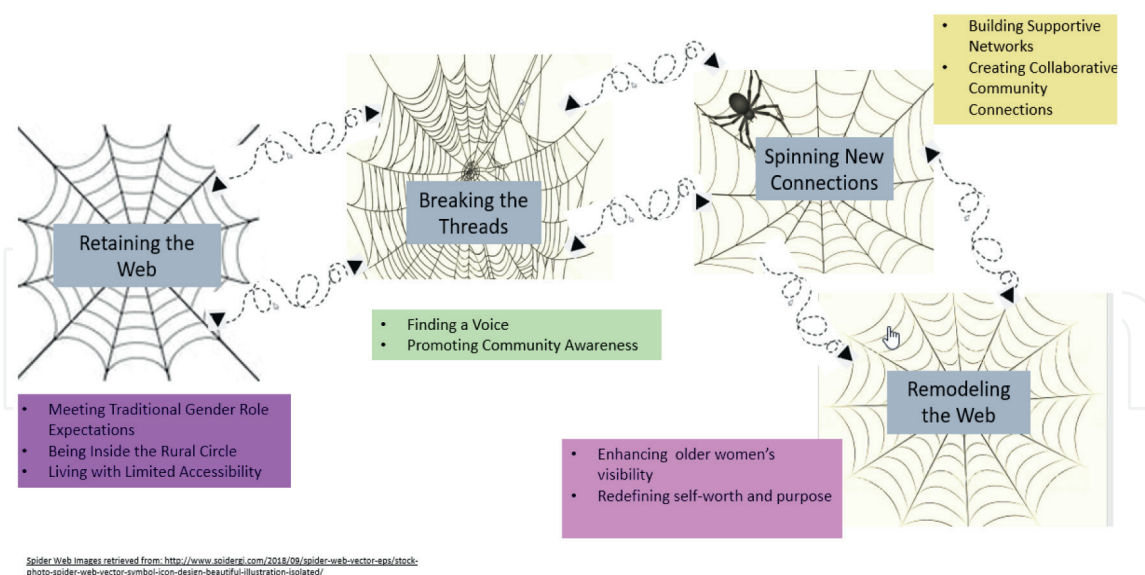
Figure 1.
Remodeling the web: the experiences and needs of older diverse women who had experienced IPV and unpaid and paid support workers.

some themes) for referential adequacy to the raw interview data and written observations and field notes during the interviews, leading to the final definition and naming of themes. The completed thematic diagram (**Figure 1**) tells the story of the data. One-third of the interview transcripts were in French, so the expertise of two bilingual research team members took the lead in documenting English translations of the French transcripts, using detailed memos to capture inherent meanings and patterns relevant to the francophone culture. In the interview with the Arabic woman, an Arabic interviewer included notes and explanations in the transcript to clarify aspects of Muslim culture. A research member on the team offered insight and expertise during discussions about interview content shared by black Canadian support workers.

Due to time limitations, the research team did not complete member checking during the data analysis. However, member checking was sought during the presentation of findings at national and international conferences. In summary, according to Lincoln and Guba's [33] trustworthiness criteria, many members of the diverse research team were involved with prolonged engagement with the data and data analysis process, interview translation, as well as peer debriefing at regular research team members and retreats, leading to logical, detailed, traceable and clearly documented analysis processes supporting interpretations and findings derived from the interview, data analysis decisions, personal reflections and insights from the interview data.

The Research Ethics Boards granted ethical approval for this study at Dalhousie University, the University of New Brunswick, the Université de Moncton, and the University of Prince Edward Island. All participants provided informed consent before the interviews began and received a $25 honorarium.

3. Results

Four overarching themes emerged during the data analysis process. Themes of "Retaining the Web," "Breaking the Threads," "Spinning New Connections," and

"Remodeling the Web,", and related subthemes (**Figure 1**) provide an interpretation of diverse older women's as well as paid and unpaid supporters' experiences, challenges, needs, and opportunities regarding IPV support and service needs within complex and ever-changing rural settings within Atlantic Canada. These findings and a diagram (**Figure 1**) evolved from secured interviews between members of the research team and study participants, as well as researcher memos during an analysis process guided by Braun and Clarke's [32] six phases of thematic analysis. **Figure 1** depicts the relationship between these themes and subthemes.

3.1 Retaining the Web

"Retaining the Web" (**Figure 1**) is a theme that represents the chronic barriers faced by study participants. The perceived present reality for participants in Atlantic Canada is living or working in a contained and restraining web. Societal structures, stigma, trauma and invisibility, discriminatory and oppressive gender roles and hierarchies, age, racial, and language stereotypes, and inaccessible human and material resources to assist with IPV shape this web. This theme also captures the perceived barriers that older, diverse women experience when attempting to access IPV services in rural settings. This theme subdivides into the subthemes, 'meeting traditional gender role expectations,' 'being inside the rural circle,' and 'living with limited accessibility.'

3.1.1 Meeting traditional gender role expectations

Many study participants described older, rural women as entrenched within a present-day web of power inequity shaped by patriarchal ideals and the need to meet traditional gender role expectations. Denise, an outreach worker from NS, reveals, "For older women, the kind of deal was the husband is the breadwinner, and the wife took care of the home." This division of roles and responsibilities within the home places older, rural women in a vulnerable and dependent physical, emotional, social, and financial position within their relationships, a reality that may promote and escalate feelings of helplessness, isolation, and oppression. Mary, a 48-year-old francophone woman who experienced IPV, echoes these sediments, saying, "If you can't beat him, keep quiet, so you don't upset the boat."

Meeting traditional gender roles means accepting and upholding a climate of self-sacrifice for older, rural women in preference to others' needs. Within such an atmosphere, older, rural women's potential physical and emotional isolation may escalate when IPV occurs within the home. Reflecting on her IPV experience, Mary remembers such feelings, saying, "I realized how my life was going to go. You can insult me and beat me to the point of killing me if you want. I accept it, I love you, but you must never get your hands on one of our children." Compatible cultural and religious beliefs can further reinforce patriarchal ideologies and gender role expectations. Denise comments, "Certain religions encourage couples to work out things no matter what … such a damaging power differential. And I think there is a lot of shame and stigma". Raj, a 53-year-old Muslim woman who experienced IPV, shares, "in my religion, when a wife is patient and tolerates whatever happens with her in the marriage life, she will go to heaven" (Raj). Raj further describes what toleration entails, sharing,

> We [the wives] allowed our husbands to trampling and stepping on our dignity. Trampling on our emotions. Trampling on our comfort and trampling on you [the wife] … If not, you will lose your life and your children and family

Also, older women's feelings of self-worth align with meeting traditional gender role expectations within rural contexts. Cathy, an IPV outreach worker from NB, explains, "They [older women] are often told [by their husbands or partners] that they can't make it on their own." Denise agrees, considering the older, rural woman who has been a caretaker and homemaker "might not have any savings at all." This limited ability to make it on their own may also come from little formal education and work opportunities.

3.1.2 Being inside the rural circle

Penelope, a victim service worker from NB, describes the rural context as comprised of "little cliques which define a degree of acceptance of how you will be treated." Lenore, an NB victim services coordinator, reveals, "The level of secrecy here is huge ... senior women have the burden of the well-being of the family on their backs; the honor of the family ... We mustn't break up the family." The health and supportive benefits of living in a rural context apply if one is part of the inner circle that ascribes to and embraces these gender role expectations, beliefs, and secrecy related to IPV. Nathan, a counselor at a shelter in NS, reflects, "Diverse women face additional challenges in a rural community. They feel shamed when discussing their case with anyone, and many do not understand their culture ... they suffer a lot" (Nathan).

Discussion and acknowledgment of IPV happening in rural households are subject to stigma and discrimination. Older, diverse women can erode the rural culture of secrecy by speaking out about IPV experiences. In that case, they risk stigma, racism, potential rejection and isolation from family, friends, and the community, and social exclusion from membership and support offered to those within the rural circle. Lenore shares, "There were horrible rumors out in the community about who was accessing the shelter." Such stories spread throughout a rural community not only threaten older women's self-esteem and how they will be viewed and accepted by others but also create a barrier to their comfort level in accessing services. Therefore, for an older, diverse woman to be outside the circle in a rural community because exposing the secret of IPV means risking rejection from supportive networks, cultural groups, relationships, financial security, dignity, and personal safety. Harriett, an executive director for a rural women's resource center in NB, believes that such aspects of a rural way of life hinder older, diverse women's sense of security. She indicates that these vulnerable women must have the "ability to feel safe in reaching out both within the community and outside the community as they [older, diverse rural women who experienced IPV] have a real lack of anonymity and a lack of privacy."

3.1.3 Living with limited availability

Within the rural context, Linda, a community social worker from NB, reveals that paid and unpaid support workers continually strive to find culturally relevant human and healthcare resources for older, diverse women experiencing IPV from "a pool that is getting shallower and shallower." Many study participants shared that IPV services in rural communities were directed "mostly towards younger women ... those are the women that suffer domestic violence the most" (Harriett). It was not common among study participants to consider older women with IPV as a distinct population requiring unique resources and services because "they [older women] do not want to go to where they are known" (Linda). Janice, a manager at an adult program in NB, spoke about the lack of specific IPV services for older women. She

explains, "There are no services specifically for older women ... we don't see them. Young women are open to different services ... older women are the opposite ... they want to keep everything a secret." The lack of visibility and attention to older women with IPV in rural contexts resulted in the development of generic programs and the construction of shelters that did not consider modifications such women with illnesses or disabilities may need. Pat, a worker at a shelter in NS, discloses, "We do not have a lot of staff or facilities or the money to put equipment in for or care for older women with illnesses and disabilities... They can try to get a room on the main floor to avoid stairs."

Moreover, Harriett comments, "It is difficult to find someone who wants to work but also speaks French at the same time. It's a constant, constant battle." While NB is a bilingual province, Francophone providers and resources are often in short supply. Mary claims, "services are not as available to Francophone women everywhere, and that affects who I go talk to and if I decide if it is worth the time to go through that to try and find someone who understands." Linda expands further on language issues for immigrant women in rural contexts who speak neither French nor English:

> *Speaking neither English or French makes it a big challenge and unfortunately, in this case, it was not the priority to deal with the violence she [a client] was experiencing. We could not do therapy with this person, you understand, because the language barrier was just too big ... We couldn't understand each other enough.*

In rural contexts, there exists limited accessibility to providers, services, and resources to meet the specific needs of older, diverse rural women and for those who are trying to help them from a counseling, treatment, supportive, or legal perspective. Linda shares, "We have to contact many people to help with translation ... it's a big challenge, and most times we can't get the help, and we can't offer the help and support we usually offer to other clients." In addition, study participants raised concerns about older, rural women's limited accessibility to centrally located and distant IPV services in rural contexts and support workers' ability to access them in their homes. Linda divulges, "Isolation is a big obstacle. Transport and isolation in the region [rural settings]. There is nothing close, and there are no other services here [rural town] that offer domestic violence services." Therefore, Linda discloses that older, diverse women must rely on others within the rural circle for support, even if they are the perpetrators of abuse. She shares, "There are no buses in Kent County. A client of mine had to depend on a taxi where, at one point, it was the abuser driving her. The fact that we had a client, and it was her ex-spouse."

Janice spoke about the "lack of protection and privacy for the elderly in rural areas from the eyes of rural residents if they are made to access local programs and shelters." Linda expands on this point, saying, "Adult protection can do nothing to help them [older women] as long as they understand what is happening ... there is nothing they can do. Police services are also the same thing." Mary, an older Francophone woman, claims, "Without any care of the hard time to find help and get there, no one comes to me." This need for service within the home environment may be an important consideration for older, diverse women in rural settings who have, as Janice asserts, "lived in their homes for decades, and it is all they have ever known." It may not always be easy for older women to relocate to another place, such as a nursing home, when, as Linda notes, "You've been through 60 years of abuse, and there is no counseling offered there." What also makes it hard for rural, older women to leave their homes, families, and communities to access outside services and alternative housing arrangements is to leave their animals. Linda acknowledges, "We can't have

animals at our shelter, you know … there are other services for animals, but it is not good for their [older women] dog or cat or horses to go to the other side of the province or for women to leave them behind."

3.1.4 Summary

"Retaining the Web" represents how older, diverse rural women and unpaid and paid supporters continue to live, work, and exist within a societal structure shaped by patriarchal ideals and traditional gender role expectations that are accepted and supported inside the rural circle. These ideologies, as well as cultural practices and religious beliefs that align with them, permeate and influence healthcare provision and planning, family and community relationships, and political and legal systems. With the rural inside circle being a primary means of support, older, diverse women with IPV risk isolation, alienation from their home, family, and community, further poverty, stigma, and shame in a rural context that provides limited access to outside services and resources supportive of language and cultural needs, as well as financial and legal protection.

3.2 Breaking the Threads

"Breaking the Threads" (**Figure 1**) is a theme that captures actions identified by study participants that are needed to fracture the retained web in rural settings, such as the patriarchal societal structures, traditional gender role expectations, stereotypes, and age, racial, and language discrimination. The theme subdivides into two subthemes, 'finding a voice' and 'promoting community awareness.'

3.2.1 Finding a voice

Within present-day rural contexts, study participants have found that older, diverse women who have experienced or are experiencing IPV have been silenced and oppressed within their homes and communities. Britney, a worker with victim and police services in NS, observes, "Older women do not often realize that they have been abused … they think that is just the way life is … so they accept it as the norm." Linda concurs that "the elderly more than the young do not realize it is violence."

To 'break the threads' that perpetuate this silence and oppression requires re-awakening and reflection before an onslaught of education. There is a need for these women to 'find a voice' through storytelling with a trusted healthcare provider, family member, friend, or cultural representative in a safe and secure place. Raj recommends, "Don't be silent … Women should share their pain with someone and get someone they trust involved." However, Cathy cautions, "It's just taboo… they [older women] want to hide more … they want to keep everything secret to avoid backlash, embarrassment, loss of home, and hurting others" (Cathy). Denise agrees, "Women might feel too embarrassed to tell their story to someone that's so close in the community, or they might not trust that privacy will be kept." In addition, Lenore, an NB victim services coordinator, agrees, "It's an obstacle to go and show them they have the right to be someone, to be understood, to be loved and to have support." To address these concerns, Katelyn, a staff nurse from NS, shares, "I listen to their story. I hear what they have to say … reading between the lines, looking at their gestures. I always leave the door open for them to share and express." Linda believes trust can be gained by:

> *Sending them messages and assuring them [older women] they are beautiful, intelligent, and strong ... asking them to write in a journal or share pictures to discuss ... encouraging them to tell a bit of their story and taking the time to listen ...*

Furthermore, in a rural context, Linda proposes, "attention to a location, like beside a hospital or connected to a business, would not let others see them come into my office, and it ensures client confidentiality." However, other study participants felt that a primary consideration of gaining trust in older, diverse women with different cultural backgrounds and languages was to advocate for more support workers and care providers who could identify with their background and lived experiences. Irene, a support worker with black women in NS, recommends "Having people that look like those individuals who are providing service ... making sure they are culturally relevant, making sure they're grounded in that person's culture." Nathan expands on this point, noting, "It is also important to have providers of the same generation as the victim ... the same age range ... which may help with trust for victims to tell the story to someone relatable."

3.2.2 Promoting community awareness

When questioned about specific IPV services and supports for older, diverse women in rural contexts, many study participants indicated that there were few or none. Penelope shares, "We offer the same services as we can, regardless of age group." Denise agrees, saying, "First of all, we just do all the same things that we do with all women." Nathan discloses, "I find that we never treat anyone of any age difference, but I find there are more resources allocated for younger women experiencing violence or intimate partner violence than older women." Older, diverse women experiencing IPV were generally not thought of by participating support workers as a group with unique needs and were invisible. Mary divulges, "I feel many have turned their backs on me ... You fall on your own" (Mary). To 'break the threads,' there need to be ways to channel older, diverse women's voices so that community members can be informed about intimate partner violence and change some previous mindsets. Denise suggests:

> *There needs to be changes to support this population in general, I think that other service providers like doctors, nurses, lawyers, judges, social workers, community leaders, like everyone in the public needs to be trained and aware of intimate partner violence needs in all groups within the older generation ... like generational and cultural competence.*

Harriett, an executive for a rural women's resource center in NB, believes community awareness starts with "a lot of social media, going out and talking about it and getting information out ... We have to widen our scope and try to get the word out in these ways." While older, diverse women are less visible on social media, Penelope reflects:

> *Awareness, our young people have it. Older women are less on social media ... but this mustn't stop us all from getting their words and messages out. We must keep going because putting out the message can narrow the gap between the generations in our rural communities.*

While such actions to educate and inform others in the rural community are essential, Irene implies the message is more complex. She cautions that in rural contexts,

"it is important to acknowledge that systemic racism has impacted how other people outside the community interpreted the community of black older women where intimate partner violence is an issue." The training and messages to healthcare providers and rural community members must also be authentic. "Whenever there is a type of forum that's organized within the community, talks about community experience or community needs with intimate partner violence, they [older, diverse women] need to be there to participate and give those first voice stories" (Irene). Katelyn stresses the need also to "get the information down or getting research, having research guide the messages for the community and even having focus groups … getting it down accurately on paper. Getting it written and shared." Nathan outlines a role for himself in this process, saying, "As a man, I feel there need to be support groups with men to raise awareness with men about violence… stand up against violence, … support the cause … to balance the process."

3.2.3 Summary

"Breaking the Threads" represents an initial starting point to unravel the constraints of the present-day web to help older, diverse women in rural contexts reawaken and 'find a voice' to help them recognize and understand they are victims of IPV and to feel comfortable and safe to share their stories with trusted health care providers and, preferably, with those who look like and can identify with their cultural backgrounds and generation. The rural community, and public, including health care providers, men groups, and community leaders, may need to participate in training as well as research and knowledge dissemination of first-hand stories from older, diverse women to raise community awareness that they experience intimate partner violence and systemic racism in rural communities.

3.3 Spinning New Connections

"Spinning New Connections" (**Figure 1**) is a theme that represents the study participants' perceptions of the need for the creation of new threads and connections within their immediate surroundings, as well as with local and distant communities and intersectoral and healthcare partners. Participants suggest that such innovation, re-imagination, and creativity are required to build a new foundation for future initiatives and models of care that better meet their needs to cope, live with, and address IPV in rural settings. The theme subdivides into two subthemes, 'building supportive networks,' and 'creating collaborative community connections.'

3.3.1 Building supportive networks

In present-day rural settings in Atlantic Canada, study participants spoke of the social and geographic isolation experienced by older, diverse women who had experienced or are experiencing IPV. Linda observes, "the elderly often have nobody. You know we see that often." Mary shares, "It is so important for me to be well surrounded with whom I share strong bonds like family and friends and others who can understand you… it is amazing how good it makes you. It reassures you."

What complicates social and geographical isolation with the need for informal, supportive networks is that many IPV services and resources for women are outside the home and local, rural community. Denise shares, "Many services providers are stretched too thin in rural areas and prefer women meet them where they are for

service regardless of if they [older women] live far out of town and have no vehicle." For these reasons, Harriett imparts, "they [older women] need someone they trust, like family or friends or a support person, to kind of lead them to services and resources or come with them … or learn do this on the Internet." On the other hand, older women uncomfortable with technology or with no support persons may require healthcare providers also travel to meet these women where they live or steer them in a direction where they can meet others with similar interests and backgrounds. Denise discloses, "Specifically with the older population, I find I do more home visits than meeting in the office" (Denise). Nathan suggests that "it would be great if a group from an institute goes to where those older women are in their home and supports them to stay there." Social support networks make older and diverse women feel more connected and closer to home in rural settings. Groups within the local community can be found in places such as "within churches to pray, sing, or hum" (Katelyn) or homes. Irene, a supporter of black women in NS, elaborates further, sharing:

> *We have done women's circles, where it gives them the Opportunity to share resources that have helped them. We have also had long kitchen table talks, specifically about being a survivor, what that looks like, and providing some peer support.*

Older and diverse women who do not speak French or English could create informal support networks using "apps and writing and non-verbal communication to get to the place with others who do not speak their language" (Irene). Irene further elaborates, "social networking can involve something as simple as a senior's group or women's circles in the community where they [older diverse women] can crochet and knit and talk and eat … incorporate mental health." Also, Raj feels that building supportive networks with older and diverse women in rural settings needed to incorporate culturally based rituals and practices of expression to bring people together. She states:

> *I want to say rituals. A lot of women use their rituals … Like one of the ladies did henna on her hands and feet. And it was around her coming through her journey. There are things like Bollywood dancing and activities from the Muslim community. They get together and talk about their experiences, but it's through dance, and expression of creativity like plays and different things like that (Raj).*

3.3.2 Creating collaborative community connections

To 'spin new connections' requires forming and nurturing collaborative partnerships between older, diverse rural women who have experienced or are experiencing IPV, their advocates, community organizations, and the justice system. The strength of community connections in rural settings is imperative to offset the issues surrounding limited accessibility to others and resources. Within rural contexts, Raj believes, "Partnership is power!!! I think civil society and the government need to work together hand in hand with us without any hierarchy or power struggle for change."

A key priority identified by study participants is to be "part of reworking the puzzle of resources within the community" (Katelyn). The involvement of older, diverse women and their advocates to streamline and connect multiple IPV referral processes, healthcare providers, resources, and related services in private yet accessible, "central multiservice locations, satellite clinics, mini prevention offices and virtual programs across and between rural contexts" (Denise). Also, it is imperative to educate older, diverse women and advocates about their availability and how to

access healthcare resources and services, as well as to "understand legal statutes and navigate judicial processes" (Britney). Irene sees "huge barriers to older women when there is a lack of knowledge about where services are, who providers are, and what can be offered in rural communities." Lenore suggests:

> *We need to reach them [older diverse women] more ... for discussion and education. Perhaps, ... going to their homes to offer them little presentations on supports and services, laws, policies, and healthy relationships.*

In rural contexts, there are diminished RCMP services, communication, and safety concerns. Denise mentions, "There's often only one RCMP officer patrolling like a rural area ... it takes police what seems like forever to them [older women] to get there." Lenore reveals, "Older women are very sensitive to police comments... bad attitudes of police regress women in their efforts to make statements or press charges." Linda expands on such experiences, sharing, "Women can be vulnerable as laws and judicial processes often punish the victim and put all the responsibility on the victim." More work is needed to "improve laws, policies, and justice for vulnerable victims and populations of IPV crime and helping judges understand the issues of complexity and violence." Lenore contends, "We all work for the people" (Lenore). Katelyn reveals, "There's not a lot of trust with agencies and organizations.... most of the time they are not staffed with black people." Irene asserts:

> *I think some of the recommendations would be we need more people in support roles that look like us, that are trained to... Because I mean the thing about it is that we know the African-Nova Scotian experience. But having the supports through that experience are lacking.*

Therefore, older, diverse women and their advocates must work toward forming collaborative partnerships with Multicultural Associations, diverse elected counselors, healthcare providers, and the judicial system in developing more culturally appropriate IPV healthcare, police, and judicial services, as well as language translation and educational resources.

Other forms of health care delivery from health care providers and support workers could involve case-based management approaches and partnerships with local church organizations. Denise reveals," A lot of times older women are more connected with church organizations... like in a counseling capacity, a friendship capacity, and for food, shelter, transportation, and financial aid." However, Harriett maintains, "What we are noticing with older women ... is that there is no affordable housing for them to meet their needs, including mobility issues .... they are on Income Assistance." Older women, often in more dire financial situations, do not have the means to work. Without provided secondary housing, there are only the "shelters with the bare minimum with no special beds, and not very accessible at times with ... at our place having to walk up at least 6 stairs to get into the building itself" (Nathan). For older women who choose to stay in their homes, Lenore indicates, "They [older, diverse women] should continue to receive services ... as well as resources to equip them to be safe and to defend themselves."

On a positive note, to address financial aid needs, Denise insists, "Older women so a really good job with fundraising initiatives and getting their name out in rural communities ... using social media platforms more." Harriett shares, "Some of us [support workers] have really good fundraising campaigns ... like toonie draws and ... a Chase

the Ace champaign raising $300,000.00 … and a safer pets program … Not one penny of government funding." Linda advocates for "more subsidized funding for programs for older women from the government." In particular, Linda indicates, "If we had subsidies, we could have more specific IPV programs for older, diverse women … to touch more on the problems they are experiencing."

3.3.3 Summary

"Spinning New Connections" represents and addresses mechanisms and strategies to facilitate building eclectic informal, supportive networks and creating multiple collaborative community connections. Both will thread together as a solid foundation for creating a new web that better serves the unique needs of older, diverse women who have experienced or are experiencing IPV and paid and unpaid support workers in rural Atlantic Canada. There is a need to facilitate and strengthen meaningful informal networks with family, friends, and groups of older women that share experiences and support generational and cultural roots within the home, local rural settings, and between rural settings. The involvement of community churches, judicial, multicultural, and fundraising organizations, government subsidy funding, police, and health care providers and support workers in partnership with community leaders and advocates, and older, diverse rural women who experienced or are experiencing IPV is paramount to facilitating a collaborative, inclusive, and connected approach that serves to dismantle previous power and oppressive hierarchies that serve to silence and isolate these women within their rural communities.

3.4 Remodeling the Web

"Remodeling the Web" is a theme that represents the study participants' vision for a new, supportive web. This remodeled web, created in partnership with older and diverse women and support workers, has a supportive infrastructure more attuned to the needs of the study participants. This unique and evolving web supports transparency, equitable voices, preventative and meaningful services, appropriate human and material resources, and connections that meet the needs of diverse older women and support workers in rural Atlantic Canadian settings. The theme subdivides into two subthemes, 'enhancing older women's visibility,' and "redefining self-worth and purpose."

3.4.1 Enhancing older women's visibility

In the present-day web, older and diverse women are invisible and devalued within the family and rural context. Denise observes, "While all services welcome access by older women … Like you see people taking in cutsie voices to older women, or like infantilizing them." Irene feels:

> *It is not appropriate for me to assume I know the answers for them … I ask permission, and I encourage them to self-advocate or play an engaged role in our talk, so the real person in front of me appears in a space of conversations that are the bigger picture.*

Older and diverse women who have experienced or are experiencing IPV should be visible at the center of the remodeling web. Traditionally, there has been a "top-down" approach to developing resources and services for women experiencing IPV, with little attention to older and diverse women in rural contexts. Irene reasons

that "women end up accessing and receiving services and even kind of controlling what those services are by influencing what those services are is by having someone endorse that service." The people that favor these services are, as Harriett describes, "Government officials and a community board … who imply what they do is what this the community wants. But it doesn't mean that they are representing the women themselves." Instead, opportunities for "dialogue and different understanding with older and diverse women is needed, asking a lot of questions … and exploring all the possibilities of choices and resources and services to follow" (Irene).

It is also essential to have, as Irene states, "Diversity on our board of directors …. and advocates available for women of color … diversity of service.. with opportunities to expand and grow and learn and to reach out in new ways." Raj says, "I advise the bigger society to seek the truth. To see women and return and maintain women's right." Katelyn believes, "People who understand this population [older and diverse women] have an understanding then, some insight into their IPV experiences, community concerns, and needs." Irene also contends, "They [older and diverse women] need to be seen and at the center making sure the resources are relevant to their experiences, generation, making sure they're culturally relevant … grounded in their culture."

What is also really important is to show respect to the older and diverse women who have taken the steps, with the support of their advocates, informal, supportive networks, and community partners, to become visible in rural settings. In a remodeling web, let resources and services "center around the women who are IPV victims, not the abusers" (Katelyn). Katelyn thinks, "These women should be honoured … there needs to be respect and admiration … not stigma, shame, or discrimination." Linda advocates:

> *We need to from their [older and diverse women] resourcefulness and sense of caring*
> *for people who have been through a similar situation … making visible themselves*
> *and sharing the information and experience they received.*

3.4.2 Re-defining self-worth and purpose

Within a remodeled web of resources and support with the older and diverse rural women at the visible center, there is a renewed opportunity for them to redefine a sense of self-worth and purpose for the future. Raj recalls, "He made me weak and not trusting myself. He was always humiliating me. He let me feel that I am a weak woman, and I am nothing." Mary pleads for others like her to "Run! Run! Get out of it! Because it never gets better" (Mary). Denise feels that a supportive, collaborative approach with this population in a remodeled web can help these women realize "it's me first, it's my health first. And I need to be here to be present for the rest of my family." Harriett agrees, saying:

> *We could see their strength, but they [the older, diverse women] don't see it. I think*
> *they could see it; it would make much more of a difference. If there was a way we*
> *could help them see that, it could give them a sense of worth and purpose. Because*
> *they really have gotten to this point, they are by being strong (Harriett).*

A remodeled web allows these women to recognize their resilience and resourcefulness and use those strengths to move forward after "so much shock and heartbreak." Denise contends, "Finding themselves [older and diverse women] after IPV means kind of coming out on the other side of that and developing self-esteem and self-love." Within the remodeled web that is forever changing, these women have the

opportunity to "recreate themselves after thinking like it's too late for that … inspiring others like them of what resiliency truly is" (Denise). Katelyn shares that this process is "peeling away the layers and seeing a purpose … and saying, 'I'm going to do for myself'" (Katelyn). Linda shares, "We [support workers] can bring out their [older and diverse women] by bringing out their qualities that don't see themselves, you know … with tools to boost their self-esteem." Katelyn agrees, saying:

> *Giving women the empowerment or letting them know that, yes, you do have power, yes, you can do something, you're not a victim, you've overcome much, you know … I honour you … You have a part in this too … there's some things you can do … receive the help you need to build up the self-esteem and to build up the self-worth.*

3.4.3 Summary

"Remodeling the Web," represents the supportive and openly changing environment that centrally locates, shapes, and gives visibility to older and diverse women's presence within rural communities, their role as partners with advocates, health care providers, support workers, community organizations, stakeholders, and leaders. From a grassroots versus "top-down" approach, older and diverse women are at the center of their IPV program and service development, research, and mentorship of others with similar experiences and their continual personal self-growth journey.

4. Conclusions

This study aimed to understand how rural contexts facilitate or create barriers for older and diverse women and their service providers, who supported them in a paid or unpaid capacity. The results of a thematic analysis of 14 interviews (2 women and 12 supporters of older women who have experienced IPV in rural settings of Nova Scotia or New Brunswick, provinces located in Atlantic Canada. Four overarching themes, "Retaining the Web," Breaking the Threads," Spinning New Connections," and "Remodeling the Web," and related subthemes (**Figure 1**) emerged. These findings interpret study participants' experiences, challenges, needs, and opportunities regarding IPV support and service needs within complex and ever-changing rural settings within Atlantic Canada. The study findings suggest future practice, education, and research considerations for further discussion and attention.

4.1 Practice implications

The study's findings support the need to change or augment present-day ways that healthcare providers, resources, and community supports can be aligned and accessed for older, diverse rural women who have or are experiencing IPV. Previous study findings suggest that, for older women, geographic isolation, patriarchal and religious values, mistrust of health care and service providers, and traditional gender role expectations may complicate leaving an abusive relationship [34]. Study findings suggest that health care, support providers, and trusted community leaders may be vital in facilitating social networking, mentoring, multidisciplinary, intersectoral, and rural community partnerships with populations of older and diverse women who have experienced IPV in rural contexts.

First, there needs to be more recruitment of culturally diverse healthcare providers and a partnership with community leaders and organizations who represent older, diverse women, whether in language or cultural differences. Past research findings on older and diverse women experiencing IPV suggest mixed reactions to trusting the genuineness of health care and service providers and police, particularly if they did not look like or come from the same cultural background [34, 35]. Second, social networking strategies need to encompass cultural traditions and creative and innovative expressions which resonate with this diverse population. Health care and service providers may need to meet older and diverse women's needs where they are located instead of expecting them to travel to them. Often travel to centrally located facilities, such as known shelters within rural settings, may compromise older and diverse women's anonymity, confidentiality, and privacy. Research findings support that older women in rural locations face significant challenges in leaving IPV relationships, such as social and geographic isolation and fear of consequences of retribution by the abuser if they access services in their hometown [2, 27, 34].

Third, service providers need to engage more with these women to determine how to ensure their safety in their homes with their animals and decide which type of housing, financial, cultural, educational, and support are required if they must relocate. Study participants also preferred to have IPV services and resources, as well as other accessible services, under one roof in a confidential location. Researchers have uncovered similar suggestions in previous studies where older women in rural settings fear leaving IPV relationships and the only way of life they have known [2, 27, 34]. Fourth, there needs to be the development of more local rural collaborative forums and workshops for healthcare providers to understand rural life's unique challenges and benefits, including the additional challenges older, diverse women face in these areas. Past researchers confirm this to be an understudied area in literature [27]. Fifth, there needs to be further discussion of how older, diverse women access translation services in health care and the justice system and knowledge about what services or not qualify them if they are not Canadian citizens. Again, past researchers have identified that research and intervention in this subject area have yet to be widely studied [27].

Sixth, there also needs to be programmed to promote self-worth in women, not only at their stage of life now but for future generations of women, which includes men's supportive voices. Past research on the engagement of rural Nova Scotian women in physical activity behavior post-myocardial infarction suggest that the level of self-worth may significantly impact health behavior decisions of putting oneself first [11]. Seventh, study participants suggested there need to be better accommodations for older women with disabilities in shelters, which did not have wheelchair ramps and safety measures or assistance with disabilities and medications, and secondary affordable and accessible housing options. This lack of attention to providing adequate support for women in the design of affordable and accessible housing may be due to previous study findings that support little attention has been paid to older women in creating IPV interventions [27].

Eighth, service providers need to advocate for changes in safety, transportation, legal services, laws, and policies to support the victim versus the abuser. Past researchers have shared similar findings related to rural women's hesitancy to approach police officers to report IPV for fear that the judicial system will have further victimized them and that they will have severe consequences from their abuser [34]. Finally, healthcare and service providers, community leaders, government officials, and researchers need to direct future efforts toward discovering flexible employment options and re-examining needed financial aid, safety and protection,

affordable housing, and resources to help diverse and older women remain in the home, including considering animal and pet support.

4.2 Education implications

Study findings suggest that health care and service providers should work with community partners, government officials, and stakeholders to develop, fund, and include more rural content in professional education curriculums and increase rural preceptorship opportunities for students. In particular, study findings suggest a need to educate health service providers and promote community awareness of the incidence and unique service and resource needs of older, diverse rural women who have experienced or are experiencing IPV. To date, government, and community IPV services and resources have primarily focused on younger women and children inside and outside rural areas [27, 34]. Consistent with previous research findings, study participants expressed little awareness that older and diverse women who had experienced or were experiencing IPV represented a unique group with specific service and resource needs [34].

Study findings suggest that support workers perceived older and diverse women who had experienced IPV to be more dependent on their partners. Study participants felt that older and diverse women were not always aware that they had been abuse victims and were unacquainted with what resources and services were available and how to access them. Also, they shared that these women often did not have a lot of educational social support, and financial resources. They shared that these women were more at risk of being victimized by the legal system and socially isolated, especially if they were required to relocate from their homes in rural areas due to IPV. Study participants felt that more healthcare providers must conduct in-person educational sessions at centrally located places in the rural community or within their homes to overcome financial and transportation obstacles and ensure anonymity, dignity, and safe spaces. However, part of these educational sessions should involve asking questions about what is contextually and culturally relevant for women, including issues about safety and protection and how to access supportive healthcare and legal resources in and outside rural contexts.

4.3 Research implications

In this study sample, there was less representation of older and diverse women who had suffered IPV than support providers. However, there is a need to develop trusting relationships with community and organization leaders who identify or have access and trust with older and diverse women who have experienced IPV to avoid exploiting these women in the research process. Therefore, chosen research designs and methods to study IPV should centrally locate older and diverse women's voices and perspectives. Future research studies are needed using socio-ecological approaches and participatory research methods, such as photovoice and art ensure participants' visibility, engagement, and empowerment throughout the research process. Such research may help develop, implement, and evaluate future rural programs and services that reflect diverse women's voiced needs.

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Conflict of interest

The authors declare no conflict of interest.

Appendices and nomenclature

Please refer to **Table 1** for participant pseudonyms and descriptions.

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