

“The support that is out there is not adequate”: Key findings from the AIM Study and implications for future research and practice

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and Trauma- and Violence-Informed Health Promotion: A
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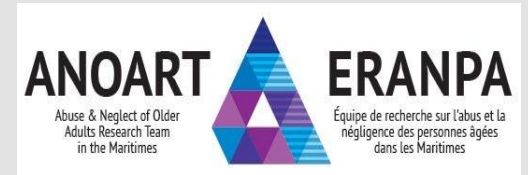
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The AIM Study



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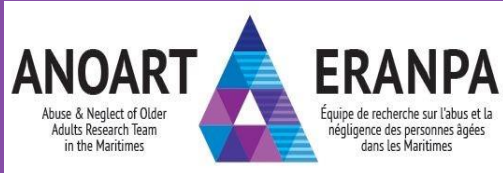
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Acknowledgements



The AIM Study

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Intimate Partner Violence Among Older Women



The AIM Study

- There is less emphasis/research/services devoted to older women experiencing abuse vs. younger women experiencing abuse
- There is ageism in domestic violence/family violence research and services
- There is sexism in elder abuse research and services

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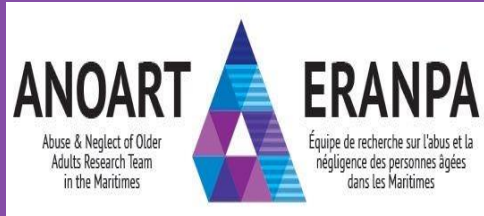
Intimate Partner Violence Among Older Women



The AIM Study

- Abuse of all forms is underreported, including the abuse of older adults.
 - Older women are even less likely to report abuse than younger women.
- Abuse can occur in many forms, and often a person can experience more than one form.
- For older women, intimate partner violence could be experienced in many ways:
 1. A long-term abusive relationship
 2. Abuse in a new relationship that began in later life
 3. Abuse experienced throughout many different relationships
 4. A long-term relationship that became abusive over time

AIM Study Background



The AIM Study

- Call for proposals from the Public Health Agency of Canada in the summer of 2022: preventing and addressing elder abuse.
 - Deliver and test health promotion programs and interventions designed to address elder abuse in the context of family violence
- While completing a systematic review (Weeks et al., 2024), we identified a promising program developed by Tiwari and colleagues (2010) that we modeled the AIM program after
- The AIM program is highly individualized and tailored (e.g., Doherty, 2017; Ford-Gilboe et al., 2017) to meet the diverse needs of older women in the Maritime provinces

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Research Study Overview



The AIM Study

Design: Randomized controlled trial with a qualitative component

Goal: To test the effectiveness of the Advocacy Intervention for women in Midlife and older who have experienced intimate partner violence (IPV) and to learn from the experiences of those who implemented and participated in the program.

Research Questions:

1. What is the impact of the 2 components of the program on older women's knowledge about IPV?
2. What is the impact of the 2 components of the program on changes in behaviours (e.g., developing safety strategies)?
3. What is the impact of the 2 components of the program on IPV well-being (e.g., physical and mental health)?
4. What are the experiences of the community-based researchers who implemented the program and the women who participated in the program?

The AIM Program



The AIM Study

Information Sharing Component: A 1-hour virtual information sharing session focusing on: information about older women and abusive relationships, awareness raising, safety planning, decision making, problem solving and providing information about local resources

Social Support Component: 12-weekly virtual social support sessions lasting approximately 20 minutes per session, designed to provide encouragement and support and to answer questions the woman may have, no specific or scheduled topics that were planned for each session. These sessions were to be individualized to women's needs.

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Participants



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Eligibility criteria:

- Self-identify as a woman
- Are in midlife or older (about age 50 or older)
- Live in the Maritime provinces
- Can participate in English or French
- Currently in an abusive relationship and/or are in the process of leaving an abusive partner
- Can already be accessing help/services

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Data Collected



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Quantitative data:

Baseline data

3-month follow-up

9-month follow-up



Qualitative data:

Interviews with Program participants

Interviews with Program facilitators

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Participant Characteristics

Diverse backgrounds

Francophone	7.5%
New immigrants	9%
Visible or racialized minority	11%
Sexual or gender minorities	4%
Living rurally	38%

Province of residence

New Brunswick	43%
Nova Scotia	47%
Prince Edward Island	9%

Ages

Midlife (44-59)	83%
Older (60+)	17%

Education

Less than High school	4%
High School	15%
College Diploma	30%
Some university	11%
Bachelors Degree	19%
Degree beyond Bachelors	19%

Marital Status

Married or common law	20%
Separated or divorced	57%
Widowed	4%
Single	17%

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Survey instruments

1. Decisional Conflict Scale (DSC)
2. Women's Experiences of Battery Scale (WEB)
3. Interpersonal Support Evaluation List (ISEL)
4. Intimate Partner Violence Strategies Index (IPVSI)
5. Centre for Epidemiological Studies-Depression Scale (CES-D)
6. Short Form Health Survey (SF-12)

Quantitative Results

1. Reduction in decisional conflict (favoured intervention)
2. Reduction in IPV severity (favoured control)
3. Improvement in perceived social support (no differences between groups)
4. Increase in the update of safety strategies (favoured intervention)
5. Improvements in depressive symptoms (favoured control)
6. Reduction in physical health-related quality of life (favoured intervention)
7. Improvement in mental health-related quality of life (favoured control)

Qualitative interviews

Purpose: To explore women's perceptions of the AIM Program and to explore recommendations for further development of the program.

Key Questions:

1. Describe any family violence services you have used in the past to help deal with abuse from your partner.
2. Tell me about your experiences in participating in the AIM program.
3. What were the most positive aspects of the AIM program?
4. What were the least helpful aspects of the AIM program?
5. Tell us about any suggestions you have to further improve the AIM program.

Sample

- 20 participants were interviewed from June 2024 – January 2025
- Interviews were 18 to 98 minutes (mean = 36 minutes)
- Mean age = 53.8 (45-69)

Qualitative Results

Theme 1: Women's Support Needs:

1. Financial/Housing
2. Legal
3. Safety/Protection
4. Social

Theme 2: How the AIM Program met women's needs:

1. Helping women recognize and process abuse
2. Supporting women through the separation process
3. Helping women heal and move forward with their lives
4. Providing tailored information and resources to women

Theme 3: How the AIM Program can be further improved:

1. A longer program with follow-ups
2. A peer support component

Women's Support Needs

Financial/Housing

I still don't have a license, I've been putting it off because I need to pay bills, I can't afford the renewal fee, I left with a bag, the things on my back, I didn't have my wallet, nothing (#14).

There's no place to transfer me to and she put me in a normal apartment right now, I wouldn't be able to afford the rent, right? I go to bed every night in the place that this [abuse] happened in (#12).

Women's Support Needs

Legal

I have to wait to get into court because he's been holding my kids for 4 weeks and this is not the first time this has happened...And I don't have a court date until next Tuesday, that's how long I have to wait, how long I have to go without seeing my kids (#09).

He's run up well over 65 thousand of debt in both of our names, just since I left, this is all just in the last few months... I'm basically losing money hand over fist right now while things are being kind of sorted out on the legal front (#01).

Women's Support Needs Safety/Protection

And I kept getting let down one after the other, like the police said we'll give you, you know, a 24-hour call button and then they never gave me that (#12).

I have been in an extremely dangerous situation, parole has been violated, weapons. So, while he has been released on conditions, the RCMP have been terrified because they can't protect us, we're too far out, I'm virtually living in prison, I have the security, I have taken advice from everyone that I could, I have alarms, cameras, security lighting, I have an escape plan. I need information, I need to know when this person's being released, how, when, what is the impact, what conditions? I don't consider that to be wrong for us [referring to her and her children] (#17).

Women's Support Needs

Social

One of the things that I struggle with is the loneliness aspect of it because I feel super alone so it felt good that there was someone and it was the same person each time checking in on me (#16).

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How the AIM Program met women's needs

Helping women recognize and process abuse

She [facilitator] really, really helped me understand that emotional, psychological, spiritual abuse is a real thing and what it looks like and how it affects you and that it's normal to feel the way I felt that... and knowing that I wasn't alone, that this was a thing that a lot of women experience, and to see it for what it was and to say like, oh my God, that makes so much sense now, like going back 20 years, going back 10 years, going back 5 years, it was like I can see it now (#08).

How the AIM Program met women's needs

Supporting women through the separation process

During the trial for the assault against me, it was nice to have chats before and after just kind of processing everything, it was a huge help (#05).

How the AIM Program met women's needs

Helping women heal and move forward

That was the big thing, she worked hard to teach me this [boundaries] because when I sat down with her for the first time, I had no clue what a boundary was.... Like I was totally ignorant to what boundaries meant and now I realize how important it is for me to respect other people's boundaries, and I realize how important boundaries are (#03).

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How the AIM Program met women's needs Providing tailored information and resources to women

She was awesome, I liked her, if I said that I don't have information on this, and it's been driving me crazy. She would go out of her way to find it for me and send it to me (#12).

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How the AIM Program can be improved

A longer program with follow-ups

I felt like we never got to complete a thought, the sessions were just a little bit too short. I think probably maybe 45 minutes to an hour would have been a better amount of time. And I definitely would have liked the program to go on longer. Yeah, it was an abrupt cut off. And we both felt it, you know, like, we knew it was coming. I kept asking “how many more sessions do we have?” (#15).

How the AIM Program can be improved Peer Support Component

The other thing I might suggest is having a peer-to-peer mentor who's at a different phase who would be willing to talk to women who are in earlier phases and kind of give them their perspective....because nobody knows more about this situation than someone who was in it and managed to get out of it (#06).

Implications for practice



The AIM Study

- Our findings suggest that women in midlife and older who have experienced IPV in the Maritimes value socio-emotional support, specifically for feeling **heard/believed, validated**, and for helping to **process and heal** from trauma and abuse.
- Our findings highlight the importance of providing **flexibility, consistency, and sensitivity** when providing supportive programming and the importance of using **a trauma- and violence-informed approach**.
- It is important to consider virtual programs that offer a **continued relationship** with a facilitator and a **peer support** component.
- Training service providers to deliver a health promotion program to promote empowerment and provide social support proved to be an impactful way to address family violence among ageing women in the Maritimes.

Research Implications



The AIM Study

- Future research is needed to examine the effectiveness of the AIM Program after adaptations are made, most notably with the addition of a **peer support component**.
- The AIM Program should be further adapted and implemented with midlife and older women who are marginalized in the Maritimes that may have unique needs, such as Black Nova Scotians, Indigenous women, newcomer women, Francophone women, and women with disabilities.
- Future research should focus on the scale-up and spread of the AIM Program across Canada and to make the training program publicly accessible to service providers.

Conclusions



The AIM Study

1. Women in midlife and older in the Maritimes who have experienced IPV have complex support needs including financial and housing, legal, safety and protection, and social and emotional needs.
2. Despite enduring many barriers and long-term impacts of abuse, participants displayed resiliency by striving to maintain a life free of abuse.
3. The AIM Program provided women with instrumental socio-emotional support that positively impacted their life.
4. Efforts to sustain this virtual programming format could benefit women across several jurisdictions.

References

Doherty, D. (2017). Rethinking safety planning: A self-directed tool for rural women who are abused. In T. Augusta-Scott, K. Scott, & L. M. Tutty (Eds.). *Innovations in interventions to address intimate partner violence: Research and practice*. (pp. 18–32). Routledge/Taylor & Francis Group. doi: 10.4324/9781315532776-2

Ford-Gilboe, M., Varcoe, C., Scott-Storey, K., Wuest, J., Case, J., Currie, L., Glass, N., Hodgins, M., Macmillan, H., Perrin, N., & Wathen, C. (2017). A tailored online safety and health intervention for women experiencing intimate partner violence: The iCAN Plan 4 Safety randomized controlled trial protocol. *BMC Public Health*, 17(1), Article 273. doi:10.1186/s12889-017-4143-9

Tiwari, A., Fong, D. Y. T., Yuen, K. H., Yuk, H., Pang, P., Humphreys, J., & Bullock, L. (2010). Effect of an advocacy intervention on mental health in Chinese women survivors of intimate partner violence: A randomized controlled trial. *Journal of the American Medical Association*, 304(5), 536–543. doi: 10.1001/jama.2010.1052

Weeks, L E., Stilwell, C., Rothfus, M., Weeks, A. J., Macdonald, M., Jackson, L., Dupuis-Blanchard, S., Carson, A., Moody, E., Helpard, H., Daclan, A. (2024). A review of intimate partner violence interventions relevant to women during the COVID-19 pandemic. *Violence Against Women*. 30(4), 981-1021. doi: 10.1177/10778012221150275

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