

A Preliminary Exploration of Arab Older Immigrant and Refugee Women Experiencing Intimate Partner Violence in Canada: Experiences, Service Utilization, and Support Needs

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Abstract: Intimate Partner Violence (IPV) is a global public health concern affecting women across all societies, regardless of race, socioeconomic status, or age. Beyond gender, other social identities—such as immigration status, race/ethnicity, and legal standing—intersect to increase women's risk of IPV and shape their experiences of violence and access to services. With the rising number of immigrant and refugee women globally, coupled with an aging population, both age and immigration status create additional layers of vulnerability. This study aimed to explore the experiences, service utilization, and support needs of Arab older immigrant and refugee women who have experienced IPV in Canada. Semi-structured individual interviews were conducted with one older Arab immigrant woman with lived experience of IPV and three individuals who provided support to Arab older women in either paid or unpaid roles (N=4). Interviews were analyzed using inductive thematic analysis. Participants indicated that Arab older immigrant and refugee women underutilize available IPV services for multiple reasons, including stigma, lack of awareness about existing resources, fragmented services, and language barriers. A unique finding was a strong preference for services to be provided by female healthcare and social service providers, reflecting cultural and religious considerations. Trust and culturally sensitive care were identified as essential for supporting disclosure and access to services. To improve service utilization among Arab older immigrant women experiencing IPV, organizations must engage in targeted outreach and awareness campaigns, using linguistically and culturally appropriate strategies. Partnerships with Arab community leaders and organizations are critical for building trust and reducing stigma. Additionally, whenever possible, offering services through female providers should be prioritized to respect cultural and religious preferences and enhance women's comfort and safety.

Keywords: Arab; Canada; intimate partner violence; older women; services

Résumé : La violence entre partenaires intimes (VPI) est un enjeu de santé publique mondial qui touche les femmes de tous les pays, quel que soit leur âge, leur race ou leur statut socio-économique. Au-delà du genre, d'autres identités sociales, notamment le statut d'immigration, la race ou l'origine ethnique et le statut juridique, s'entrecroisent, augmentent le risque de VPI chez les femmes et déterminent leur expérience de la violence et leur accès aux services. L'augmentation du nombre de femmes immigrantes et réfugiées dans le monde, combinée au vieillissement de la population, fait en sorte que l'âge et le statut d'immigration constituent des facteurs supplémentaires de vulnérabilité. Cette étude vise à explorer les expériences vécues, le recours aux services et les besoins en matière de soutien des femmes âgées arabes, immigrantes et réfugiées, ayant été victimes de VPI au Canada. Plusieurs entretiens individuels semi-structurés ont été menés avec une femme âgée arabe immigrante ayant subi de la VPI ainsi qu'avec trois personnes ayant apporté leur soutien à des femmes arabes âgées, à titre rémunéré ou bénévole (N=4). Les entretiens ont été analysés à l'aide d'une analyse thématique inductive. Selon les commentaires recueillis, les femmes âgées arabes immigrantes et réfugiées sous-utilisent les services accessibles de lutte contre la VPI pour plusieurs raisons, notamment la stigmatisation, la méconnaissance des ressources existantes, la fragmentation des services et les barrières linguistiques. Un constat particulier a mis en évidence une préférence marquée pour les services dispensés par des inter-

venantes des secteurs de la santé et des services sociaux, en raison de considérations culturelles et religieuses. La confiance et la prestation de soins adaptés à la culture ont été reconnues comme des éléments essentiels pour favoriser la divulgation et l'accès aux services. Pour accroître le recours aux services chez les femmes âgées arabes immigrantes victimes de VPI, les organismes doivent mener des campagnes ciblées d'information et de sensibilisation, fondées sur des stratégies adaptées à la langue et à la culture. Les partenariats avec les dirigeants et les organismes communautaires arabes sont essentiels pour instaurer la confiance et réduire la stigmatisation. De plus, dans la mesure du possible, il faut privilégier la prestation de services par des femmes afin de respecter les préférences culturelles et religieuses et de renforcer le sentiment de confort et de sécurité des femmes.

Mots clés : Arabes; Canada; violence entre partenaires intimes; femmes âgées; services

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Introduction

Intimate Partner Violence (IPV) is recognized as a significant public health issue affecting newcomers, including refugees and immigrants, in many Western countries, including Canada (Njie-Carr et al. 2021; Okeke-Ihejirika et al. 2020; Sanz-Barbero et al. 2019). It is projected that by 2036, nearly 30% of the Canadian population will be immigrants or refugees, reflecting Canada's growing cultural diversity (Statistics Canada 2022). *For clarity and readability,*

the term “immigrants” will be used throughout this paper to refer to both immigrants and refugees. The majority of these newcomers originate from Asia, Africa, and the Middle East (Statistics Canada 2022).

Immigrant women in Canada often face multiple challenges that increase their vulnerability to IPV and influence their ability to seek help (Okeke-Ihejirika et al. 2020). The immigration process itself can be stressful and may lead to changes in gender roles and power dynamics within families. These roles may be re-evaluated or even rejected during resettlement (Ahmad et al. 2005; Alaggia et al. 2009; Cainkar and Sandra Del Toro 2010). Women who adapt to Canadian cultural norms more quickly than their partners may experience marital conflict, as this shift can be perceived negatively by their husbands, increasing the risk of IPV (Hyman et al. 2004; Okeke-Ihejirika et al. 2020).

Post-migration life for many older immigrant women can be further complicated by several intersecting factors, including limited language proficiency, transportation barriers, extreme weather conditions, challenges in adapting to a new cultural environment, and difficulty securing employment due to non-recognition of foreign credentials. These barriers often lead to financial dependency on partners. When combined with experiences of racism, sexism, and ageism, they can significantly heighten vulnerability to IPV (Guruge et al. 2010; Guruge et al. 2008). Importantly, research shows that the length of stay in Canada is associated with increased IPV risk. Hyman et al. (2006) found that women who had lived in Canada for more than five years were at a significantly higher risk of IPV than recent arrivals. Additionally, immigrant women from non-Western countries were identified as particularly vulnerable to IPV (Hyman et al. 2006).

Financial dependency, systemic inequities, and the lack of culturally sensitive services have been linked to increased IPV risk among older immigrant women (Ahmad et al. 2005; Baobaid and Hamed 2010; Kulwicki et al. 2010). Despite their heightened risk, many immigrant women face multiple barriers when reporting IPV or seeking help. These barriers include fear of deportation, unfamiliarity with available health and social services, language differences, and gender-based discrimination (Guruge et al. 2010).

In response to Canada’s increasing immigrant population, researchers have explored IPV experiences among women from diverse cultural backgrounds, including Portuguese (Souto et al. 2019), Chinese (Fong 2010), Sri Lankan (Guruge et al. 2010), Ethiopian (Hyman et al. 2004), and Nigerian communities (Nwosu 2006). These studies consistently emphasize that immigrant women are not a homogenous group. Key factors such as age at immigration, country of origin, language proficiency, and length of stay shape their IPV experiences and help-seeking behaviours (Hyman 2002; Hyman et al. 2006).

Only two Canadian studies have specifically focused on older immigrant women. Guruge et al. (2010) included women aged 49–85, examining their experiences of neglect and violence from intimate partners and other family members. Souto et al. (2019) studied Portuguese older women and highlighted their diverse experiences, concluding that some women sought support not to leave abusive relationships but to repair them. This finding underscores the importance of respecting women’s individual choices and cultural contexts when providing care. Collectively, these studies highlight the critical research gap surrounding IPV among older immigrant women from other cultural groups

Arab Immigrants in Canada

Arabs represent one of the fastest-growing immigrant populations in Canada, comprising 7% of the visible minority population (Statistics Canada 2022). The 2021 census reported 694,020 individuals of Arab descent living in Canada, a substantial increase from 523,235 in 2016 (Statistics Canada 2017; 2022). Arabic is also among the most commonly spoken immigrant languages in several provinces, including Quebec, New Brunswick, and Nova Scotia—the setting for this study (Statistics Canada 2017).

Despite this growth, there is a notable lack of Canadian research examining IPV among Arab immigrant women, particularly older women. However, US-based studies provide valuable insights. Abu-Ras (2003; 2007) explored cultural beliefs and service utilization among Arab immigrant women aged 18–50 and found that those holding tradi-

tional patriarchal beliefs were significantly less likely to access available services. Barriers identified included shame, fear of social stigma, and distrust of service providers. These findings suggest that similar barriers may exist among Arab women in Canada and warrant investigation.

Relevance of Nova Scotia as a Study Setting

Nova Scotia, located on Canada's Atlantic coast, has experienced a notable increase in Arab immigration in recent years, particularly among families and older adults. However, services in smaller provinces such as Nova Scotia are often limited and fragmented, creating additional challenges for newcomers navigating health and social support systems. Understanding the IPV experiences of Arab older women within this specific context is crucial for identifying service gaps and informing targeted interventions.

Purpose of This Study

The present study aims to explore the experiences of older Arab immigrant women with IPV in Canada, specifically in Nova Scotia, focusing on their patterns of service utilization and unmet needs. It is part of a larger, multi-site project examining the support needs of diverse older women experiencing IPV across Canada (Weeks et al. 2021).

By gaining a deeper understanding of the unique challenges faced by Arab older women in disclosing IPV and seeking support in Nova Scotia, this study seeks to generate actionable insights for social service providers, healthcare professionals, and policymakers. The findings will inform the development of culturally sensitive, accessible interventions and policies that better meet the needs of this vulnerable population. Furthermore, this exploratory work aims to lay the foundation for future research, advancing knowledge of IPV experiences among older immigrant women more broadly and guiding improvements in nursing practice and health policy at both provincial and national levels.

Theoretical Framework

This study was guided by the feminist theory of intersectionality, which provides a lens to examine how overlapping and interconnected social identities shape women's experiences of oppression and privilege (Adams and Campbell 2012). Intersectionality emphasizes that individuals do not experience forms of discrimination, such as sexism, racism, ageism, or xenophobia, in isolation. Instead, these factors interact simultaneously, creating unique and compounded experiences of marginalization.

Applying an intersectional framework was particularly relevant for this study because Arab older immigrant women occupy multiple marginalized social positions. Their experiences are shaped by the intersections of 1) gender, as women in patriarchal family and community structures, 2) age, which may lead to increased dependency and vulnerability; 3) cultural and religious identity, as members of a minority group within the broader Canadian context; and 4) immigration status, which can involve power imbalances, language barriers, and systemic discrimination. These intersecting factors not only influence women's risk of IPV but also affect their responses to violence, including help-seeking behaviours and service utilization. For instance, a woman's decision to disclose IPV may be shaped simultaneously by cultural expectations around family honour, language barriers that hinder communication with service providers, and age-related health or mobility challenges. Intersectionality allows these complex realities to be examined holistically rather than as separate, unrelated factors. Using this framework enabled the researchers to explore how structural, cultural, and personal factors converge to shape women's lived experiences. This perspective was critical for understanding why IPV may remain hidden within certain communities and why services often fail to meet the needs of Arab older immigrant women.

Methodology

Study Context and Participants

This study was part of a larger research project exploring the support needs of diverse older women experiencing intimate partner violence (IPV) in Canada (Weeks et al. 2021). The broader study aimed to better understand the complexity of services required to support older women, particularly those from visible or language minority groups living in rural or urban settings.

For this paper, we focused specifically on Arab older immigrant and refugee women aged 50 years or older who experienced IPV, as well as individuals providing them with paid or unpaid support. Ethics approval was obtained from Dalhousie University (#2018-4433), the University of New Brunswick (2018-007), and the Université de Moncton (#1718-070), and data collection took place in 2019.

Culturally sensitive recruitment strategies were used, including bilingual flyers placed in Arab community spaces and outreach through social media, particularly a WhatsApp group of more than 250 Arab women living across Nova Scotia. Despite 12 weeks of intensive efforts, four participants were recruited: one Arab woman with lived experience of IPV (AW), a healthcare professional, and two social service providers (AS1, AS2, AS3). The survivor was in her 50s, while the other participants ranged from their late 30s to late 50s. All participants were Arab, Muslim, and Arabic-speaking. Three had immigrated to Canada and one had arrived as a refugee, with time in Canada ranging from two months to ten years (mean of six years). All were married, except the survivor, who was divorced. See Table 1 (appendix) for participants characteristics.

Semi-structured, face-to-face interviews were conducted in settings convenient for participants (e.g., homes, offices, cafés). Two interviews were conducted in Arabic, transcribed, and translated into English by the first author. Interviews explored experiences with IPV, service utilization, and support needs. The survivor provided detailed, first-hand insights into her experiences with IPV, while the other three participants shared their perspectives as service providers and supporters.

Data were analyzed using inductive thematic analysis (Fereday and Muir-Cochrane 2006). Two authors independently coded the transcripts and reached consensus on final themes. The themes captured the lived experiences of Arab older women with IPV, their patterns of service utilization, and support needs, including the close circle of abuse, barriers to service utilization, and specific support requirements for this population.

Results and Discussion

This study is the first exploratory research to examine IPV among Arab older immigrant women living in Nova Scotia. By focusing on this local context, our findings shed light on the unique cultural, social, and structural factors influencing IPV experiences and service utilization in the province. While some patterns reflect national trends observed across Canada, the Nova Scotia context is distinctive due to its smaller immigrant population, geographic distribution of services, and limited culturally tailored resources. This section presents the key findings organized by major themes, emphasizing Nova Scotia first and then connecting to broader Canadian literature.

Theme 1: The Closed Circle of IPV

The narratives of participants highlighted that IPV among Arab older immigrant women in Nova Scotia exists within a persistent and closed cycle. The survivor reported that her experience with IPV began in her country of origin and continued after immigrating to Nova Scotia. She shared, “I have lived with abuse since I was married” (AW). This emphasizes that immigration did not protect her from IPV; instead, social isolation and lack of family support in Nova Scotia contributed to the continuation of abuse. Locally, these findings underscore that immigrant women may

face compounded vulnerabilities when they lack extended family and community connections. This aligns with previous research conducted in Nova Scotia, which highlighted that immigrant women often experience social isolation that limits their ability to seek help and disrupt cycles of violence (Tañafranca 2020). Similar findings were reported by Sri Lankan older immigrant women in Toronto (Guruge et al. 2010). Conversely, Portuguese older immigrant women described migration to Canada as protective, attributing it to improved opportunities to report IPV and access services (Souto et al. 2019). These differences emphasize that immigrant women are not a homogenous group and they may face distinct barriers shaped by local resources, culture, and community structures.

The survivor's story also revealed multiple forms of IPV, including psychological, financial, verbal, and physical abuse. She highlighted that psychological and financial abuse became more pronounced as she aged. While studies nationally have noted psychological abuse increases with age (Sanz-Barbero et al. 2019), limited data exist on financial abuse, which may be a growing issue in immigrant populations.

Theme 2: Barriers to IPV Disclosure and Service Utilization

Stigma

Stigma was identified by all participants as the most significant barrier preventing Arab older immigrant women in Nova Scotia from seeking help for IPV. The survivor vividly illustrated the depth of this stigma, stating, "Shame for women to be divorced. Shame for women to seek help. Everything is a shame" (AW). This reflects how feelings of shame discourage women from disclosing abuse, whether to formal support services or to informal networks such as friends and relatives.

Participants described how stigma directly influenced service utilization within Nova Scotia. For instance, some women felt judged and ostracized after using housing services such as shelters. As one supporter explained, "The shelter was not a success because the women that went to the shelter were themselves stigmatized" (AS3). These experiences highlight the challenges in a smaller province like Nova Scotia, where close-knit communities can intensify fear of exposure and public judgment. Similarly, Fong (2010) reported that Nigerian immigrant women in Toronto perceived shelters as unwelcoming due to judgmental attitudes from staff and other residents.

Tañafranca (2020) reported that cultural barriers, particularly stigma and patriarchal norms, are major obstacles for immigrant women in Nova Scotia when it comes to disclosing IPV or seeking help. Their study also highlighted that some immigrant communities actively discourage women from reporting IPV in order to protect family reputation and preserve social standing. When compared to the broader Canadian context, similar patterns are evident. For example, Okeke-Ihejirika et al. (2020) identified stigma as one of the most powerful barriers to help-seeking among immigrant women nationally. However, in Nova Scotia, the smaller population and limited culturally tailored services amplify these barriers, making women feel even more visible and vulnerable.

Taccini and Mannarini (2023) conceptualize stigma as a phenomenon involving stereotypes that lead to prejudice and discrimination against women experiencing IPV. Public stigma manifests externally through societal stereotyping and discrimination, while internalized stigma occurs when women adopt these negative views, leading to self-blame and shame. This creates a closed cycle of self-stigma, victimization, and trauma. Such psychological effects can be severe, with stigma contributing to depression, anxiety, and post-traumatic stress disorder (Taccini and Mannarini 2023). Our findings emphasize that stigma in Nova Scotia is not merely an individual issue but a community-wide barrier. Addressing stigma through education, awareness campaigns, and culturally sensitive interventions is essential for improving service access and encouraging disclosure of IPV among Arab older immigrant women.

Lack of Awareness

Lack of awareness about available IPV services emerged as a significant barrier to service utilization among Arab older immigrant women in Nova Scotia. All participants emphasized that many women are unaware of the types of services

offered, how to access them, and how these services could provide support. This lack of knowledge directly hinders their ability to seek help. The survivor described how her silence was partly due to not knowing that services existed, stating, “He was physically abusing me, and I was silent. If I knew at that time that there were services to help me, I would run to them. I swear I would run” (AW). This highlights a critical local gap in service outreach and education.

Our findings are consistent with research conducted in Nova Scotia. Tañafranca (2020) reported that immigrant women in the province frequently lack information about IPV services and how to navigate the support system. This lack of awareness reflects both limited dissemination of information and language barriers, which together create significant obstacles to accessing care. It underscores the urgent need for targeted educational campaigns and outreach initiatives in Nova Scotia, specifically within immigrant communities.

Similar trends are evident in a broader Canadian context. National studies have found that racialized and immigrant populations often have limited knowledge about available IPV services (Okeke-Ihejirika et al. 2020; Waldron et al. 2021). Previous studies have linked lack of social connections, language proficiency, and willingness to disclose IPV to lower levels of awareness about services (Abu-Ras 2003; Finfgeld-Connell 2014; Souto et al. 2019). However, these challenges may be more pronounced in Nova Scotia due to its smaller immigrant population and limited culturally tailored services.

Interestingly, differences exist among immigrant groups across Canada. For example, Sri Lankan older women were able to learn about services through strong social networks (Guruge et al. 2010). These findings emphasize the importance of local, culturally sensitive strategies to increase awareness of IPV-related services in Nova Scotia. Community outreach must prioritize immigrant populations to ensure women not only know about these services but also feel empowered to access them.

Police Involvement

Participants reported that Arab older immigrant women in Nova Scotia engaged police services only in extreme situations, such as when they feared for their own lives or the safety of their children. At the same time, many women hesitated to contact the police due to fear of deportation and concerns about potential negative consequences for their families. One survivor explained: “All I knew was that if your husband hit you or abused you, you call the police. I didn’t do that because he was the father of my children. My children would not love me because they would say you brought a police officer for our father” (AW). These local narratives reflect a complex relationship between immigrant women and law enforcement in Nova Scotia. Tañafranca (2020) highlighted that the province’s justice system often relies heavily on criminalization, which can discourage women from reporting IPV. Fear of authorities, shaped by previous negative experiences or immigration-related concerns, contributes to a reluctance to involve police even when abuse is severe.

Okeke-Ihejirika et al. (2020) found in their scoping review that immigrant women across Canada often avoid contacting police because of fears linked to policies such as mandatory spouse arrest. Hyman et al. (2011) reported that length of stay in Canada influences police service use, with recent immigrants being more likely to engage police than those who have lived in the country longer. While these findings resonate with the Nova Scotia context, our study suggests that local factors, including smaller communities and limited culturally informed policing practices, may intensify fear and mistrust.

Language Proficiency

Lack of English language proficiency was another major barrier highlighted by all participants. A supporter emphasized the importance of bilingual services, stating, “If we are talking about here in the context of Nova Scotia, I think it should be bilingual. So Arabic and English” (AS3). Tañafranca (2020) also identified language barriers as a critical issue in Nova Scotia. While services related to IPV exist, they are often offered exclusively in English.

This mismatch creates challenges for Arab older women, who may not fully understand the resources available or how to access them. Importantly, no data were found regarding the availability of IPV services specifically in Arabic within the province, highlighting a significant service gap.

On a national level, language barriers have been repeatedly documented as a major obstacle to accessing IPV services (Okeke-Ihejirika et al. 2020; Weeks et al. 2021). Weeks et al. (2021) found that most services for older women in Canada are provided in English, with very limited availability in other languages such as French. The lack of translation and interpretation services in Nova Scotia, combined with its smaller immigrant population, makes the issue particularly acute locally. To improve accessibility, Tañafranca (2020) recommended offering linguistically appropriate IPV services and proactively reaching out to immigrant communities in multiple languages. These steps are essential to ensure that Arab older immigrant women can access the information and support they need without facing linguistic barriers.

Fragmented Services

Participants highlighted that Arab older immigrant women in Nova Scotia often require multiple types of support, including medical, social, legal, and mental health services. However, these services are frequently fragmented, leaving women to navigate a complex and disconnected system on their own. One supporter described the challenge, stating: “It was not that effective, I would say. It could have been, but it was not that effective because also it was not comprehensive. So, if the woman needed economic support, or needed health services, or needed marriage counseling or mediation services, there was no referral system” (AS3). This lack of coordination creates significant barriers to timely and effective care.

Tañafranca (2020) documented similar issues in Halifax, noting that IPV services are shaped by multiple policies and institutional mandates, including immigration regulations, legal systems, and organizational protocols. Because these sectors often operate independently, women encounter gaps and inconsistencies when seeking help.

National research reflects similar challenges, with immigrant women across Canada reporting difficulties in navigating disjointed health and social service systems (Okeke-Ihejirika et al. 2020). However, in Nova Scotia, the smaller scale of services and limited availability of culturally responsive care amplify these barriers. There is a pressing need for a well-coordinated referral network in the province, where healthcare providers, social workers, and other agencies work together seamlessly to address immigrant women's needs in a timely and holistic manner.

Theme 3: Service Needs of Arab Women with IPV

When asked about the types of services and supports Arab older women need in Nova Scotia, all participants emphasized that these services should ideally be delivered by women. Considering the conservative nature of the Arab community, and the perception of IPV as a private family matter, Arab older women may feel more comfortable discussing IPV with female service providers, particularly when physical examinations are involved. Although this may be challenging to implement, participants stressed that it should be facilitated and respected whenever possible. Interestingly, this need was not reported among other immigrant women experiencing IPV in Nova Scotia (Tañafranca 2020) or in Canada more broadly (Fong 2010; Okeke-Ihejirika et al. 2020), underscoring the heterogeneity of immigrant women's support needs and the importance of recognizing diverse experiences.

Trust also emerged as a critical theme. A participant working as a family physician explained that Arab older women are more likely to visit their primary healthcare providers when experiencing physical or mental health concerns. Female physicians and nurse practitioners, in particular, were seen as well-positioned to detect IPV and provide appropriate interventions and referrals. However, participants noted that Arab women may not disclose IPV directly, and that trust and long-term relationships with healthcare providers are essential for recognizing subtle cues. As one participant explained, “Sometimes even she [a woman experiencing IPV] cannot come directly to say I have something

wrong in my life. So, because we are family physicians, we know our clients, we know our patients. From the first look, you can say she has something wrong in her life" (AS2).

Implications for Policy, Practice, and Research

This exploratory study highlights the urgent need for culturally sensitive and coordinated strategies to address IPV among Arab older immigrant women in Canada. Based on the findings, several implications emerge for policy-makers, practitioners, and researchers.

Recognizing IPV as a Hidden Public Health and Human Rights Issue

Intimate partner violence among Arab older immigrant women remains largely hidden, shaped by stigma, cultural norms, and systemic barriers. IPV must be framed as a human rights issue, not a private family matter. To achieve this, policymakers should support prevalence studies to better understand the scope of IPV within this population. Larger-scale qualitative and mixed-methods research is needed to explore how intersecting factors—age, gender, immigrant status—affect experiences of IPV and coping strategies. These data are essential for developing targeted interventions and policies.

Further studies are needed to explore financial abuse as a distinct form of IPV among older immigrant women, examine the experiences of service providers working directly with Arab women to identify systemic challenges and opportunities, and evaluate the effectiveness of culturally tailored interventions and outreach strategies. These efforts will expand the evidence base and inform sustainable solutions to IPV within immigrant communities.

Reducing Stigma and Creating Safe Spaces

Stigma was the most powerful barrier identified in this study. Building a culture that normalizes disclosure of IPV requires multi-level, community-based efforts. Stigma can be reduced by: 1) increasing community engagement with Arab community leaders, religious leaders, and grassroots organizations to create safe, non-judgmental spaces where IPV can be discussed openly; 2) increasing education and awareness campaigns to develop culturally relevant educational materials in Arabic and English that frame IPV as a violation of human rights, emphasizing that seeking help does not compromise family values or religious beliefs; and 3) increasing youth involvement as to engage younger generations of Arab Canadians, who may hold different beliefs about gender roles and IPV, as allies in reducing stigma and promoting change.

Increasing Awareness and Accessibility of Services

Many Arab older women lack awareness of available IPV services and how to access them. Service providers should use multiple outreach strategies and disseminate information through printed materials, social media, WhatsApp groups, and local Arab community centres. Service providers can also provide materials in Arabic and other relevant languages to ensure that women fully understand the services available and how to navigate them. Finally, service providers can partner with trusted community figures as building relationships with local Arab organizations can improve outreach and foster trust. These strategies will not only increase awareness but also empower women to seek help earlier and more safely.

Offering Gender-Appropriate and Culturally Tailored Care

Participants expressed a strong preference for female service providers, especially for services involving physical examinations or sensitive discussions. Healthcare organizations and social services should prioritize recruiting and training female providers where possible, offer cultural competency training to all staff to ensure services are respectful and responsive to Arab women's values and preferences, and develop care pathways that recognize the central role of trust and long-term provider relationships in disclosure.

Coordinating Fragmented Services

The lack of coordination among health, social, legal, and mental health services was a major barrier. A comprehensive referral network is urgently needed in Nova Scotia and similar provinces. Policymakers should support integrated systems where service providers collaborate seamlessly across sectors, navigation support is available to guide women through complex systems, and policies and institutional mandates align to ensure consistent, culturally sensitive care.

Study Limitations

While this study provides valuable insights, several limitations should be considered. Recruitment was challenging, resulting in a small sample size of four participants. This may reflect cultural factors, as older Arab women may view IPV as a private family matter that should not be disclosed to outsiders (Abu-Ras 2007; Okeke-Ihejirika et al. 2020). Future research should explore strategies to improve recruitment and engagement, possibly through community partnerships or trusted intermediaries. The survivor in this study had limited direct experience with IPV services in Canada due to a lack of awareness. As a result, her perspectives on service quality were limited. Some supporters shared insights based on their work with Arab women in their home countries rather than exclusively in Canada. This may affect the transferability of findings to the Canadian context. Finally, as this was a preliminary exploratory study, findings are not generalizable, however, they provide a critical starting point for understanding the unique challenges faced by Arab older immigrant women and for shaping future research and interventions.

Conclusion

This exploratory study is, to our knowledge, the first to examine IPV among Arab older immigrant women in Nova Scotia. The findings reveal that Arab older women face multiple, intersecting barriers to disclosing IPV and accessing support, including stigma, language difficulties, lack of awareness, and fragmented services. A unique and culturally significant finding was the strong preference for female service providers, highlighting the need for gender-sensitive care models. The study also reinforces that immigrant and minority women are not a homogenous group; interventions must reflect their diverse experiences and needs.

To effectively support Arab older immigrant women, awareness campaigns, culturally tailored services, and integrated care systems are essential. Partnerships with local Arab communities and organizations are crucial for building trust, reducing stigma, and improving service utilization. By centreing the voices of Arab older women and acknowledging their unique cultural and social contexts, this study provides a foundation for future research, policy development, and practice innovations aimed at preventing IPV and promoting safety, dignity, and well-being for this vulnerable population.

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Appendix

Table 1 Participant Characteristics

Participant ID	Gender	Status	Immigration status	Years in Canada
AW	Female	Survivor	Immigrant	10 years
AS1	Male	Paid supporter: Personal trainer	Refugee	5 years
AS2	Female	Paid supporter: family physician	Immigrant	7 years
AS3	Female	Paid and unpaid supporter: social worker	Immigrant	2 months