

Implementation Research with Expressive Arts Therapy (EAT) to Support the Newcomer Survivors of Gender-based Domestic Violence (GBDV) in Toronto

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Abstract: *Context:* Canada hosts thousands of newcomers from disadvantaged economies. Because of cultural non-essentialism and stigma, newcomer women in Canada embrace multi-level barriers to express their everyday discrimination and trauma experienced at home. Language creates another level of challenge. To understand the under-expressed domestic violence and the level of their trauma, this study added an arts-based evidence-generation technique followed by healing strategies by expressive arts modalities for this implementation research. *Methodology:* This mixed-method implementation research adopted an outcome-harvesting approach. Peer researchers conducted a collaborative review of the literature to find the best arts practices for identifying violence (type, bases, frequency, and severity), sort out the best modalities of expressive arts therapy (EAT) for such a vulnerable population group, and efficient measures to evaluate the intervention findings. *Intervention:* After screening for eligible participants (not in a crisis state) and their preparedness, a series of twelve sessions of EAT were conducted by a registered therapist on a closed group of newcomer participants. In a pilot phase, therapies are completed with three linguistic newcomer women groups- Arabic, Farsi/Dari, and Bengali. Three more groups (women speaking Tigrinya, newcomer women living in a shelter, and members of the LGBTQ2S+ communities) are selected for the next therapy sessions. The three sequential modalities were movement and discussion, storytelling and cognitive, and visual art and journaling. The key procedures were psychoeducation, self-regulation, co-regulation, strength-based, cognitive/tactile, and collective painting. The peer researcher conducted a 1-to-1 telephone interview with every participant for wellness and vulnerability checks three months after the last session. A Focus Group Discussion (FGD) is done for every group six months after the last session to assess sustainability and emerging challenges. *Call into action:* After triangulation of quantitative, qualitative, and arts-based evaluation findings, the study team prepares a scalable culturally appropriate practice guideline, a resource navigation toolkit for the survivors, and a policy advocacy document for necessary legislative amendment.

Keywords: Arts-based therapy, Co-design, Intimate partner violence, Mental health, Outcome-harvesting, Peer researcher.

1. Introduction

Canada hosts thousands of immigrants (as newcomers) every year and has the highest rate of immigrants per population (almost 20% of the total Canadian population). Every year about 500,000 immigrants come to Canada, and nearly half of them are women (Statista, 2024). A culture of gender-attributable essentialism and stigma prevails in many economies that the newcomer women carry to Canada with immigration. Essentialism refers to the perception that some properties of a woman are necessary for family dynamics, while other qualities are “merely accidental” (Mikkola, 2017). In the context of traumatic experiences by gender violence, essentialism is considered to ‘rob them of agency’ and is harmful (Skidmore, 2019). Language creates another level of challenge for newcomer women from non-English speaking countries for open communication against any abuse or violence (Anisef et al. 2012). The Collectivist cultural beliefs and practices support women not to disclose any domestic violence (Tabibi et al., 2018). The newcomer immigrant women embrace multi-level barriers, such as immigration and structural factors, to express their everyday discrimination and trauma experienced at home (Kershaw et al. 2016).

To address this community-felt issue, Access Alliance Multicultural Health and Community Services (Access Alliance) designed this Hubs of Expressive Arts for Life (HEAL) implementation research project that involves and weaves together the expertise of settlement, healthcare, and expressive arts therapy to provide a holistic approach towards trauma recovery for newcomer women survivors of domestic violence. This program consists of three main intervention phases, i) Safety and Stabilization, ii) Identity, Culture, and Community, and iii) Towards Hope, Resilience, and the Future; and culminates in a collective celebratory event. Studies have confirmed that in addition to the psychotherapeutic healing effects, expressive arts groups provide survivors with many other benefits including breaking social isolation, strengthening community connections, raising awareness of their rights and available supports, promoting self-autonomy, self-care, and ultimately helping to restore the whole self (Malchiodi, 2020).

The HEAL program: The program is piloted as an implementation study on six different newcomer groups in two phases: 1) Arabic, Bengali, and Farsi-speaking newcomer women groups; and 2) newcomer members of LGBTQ+ community self-identifying as women, Tigrinya-speaking, and women living in shelters. Due to the unique experiences and needs of each newcomer group, the study team instrumentalized peer researchers as cultural consultants to tailor program activities, scope, and facilitation to meet the specific needs of each subgroup. To inform every iteration, the changes after intervention are thoroughly documented using a comprehensive pre-, during, and post-program evaluation cycle of the program with engaged participants and facilitator teams. The goal of the study team is to recognize the added benefits that evolve during the implementation phases of the project and will harness new learnings and findings to respond to the research questions- an outcome-harvesting approach (Wilson-Grau and Britt, 2012).

The research questions are: What are the needs of newcomer survivors of gender-based domestic violence? Which modalities of Expressive Art Therapy (EAT) implementation can improve their health and well-being? What are the outcomes of the EAT intervention?

2. Methodology

This was a mixed-method (Creswell, 2013) implementation research incorporating arts-based techniques with quantitative and qualitative approaches for identifying baseline needs and evaluating the intervention outcomes. The study team exploited the 'strategies to adopt and integrate' evidence-informed EAT interventions into community settings to improve individual outcomes and benefits in population health (Binagwaho et al., 2020). The research team conducted a collaborative review of the literature (co-design) to find the best arts practices for expressing violence (type, bases, frequency, and severity) by newcomer residents who may have language or cultural barriers (Malchiodi & Miller, 2012; Malankov & Mooney, 2022; Kalaf & Plante, 2019; Uddin et al, 2022; Ugurlu et al., 2016), decided together on the most appropriate modalities of expressive arts therapy (EAT) for such vulnerable population groups (Murphy, 2021; Luzzato et al., 2022; Cohen, 2013; Hannigan & McBride, 2011; Epp, 2013; Allen & Wozniak, 2010b), and efficient measures to evaluate (Burruss et al., 2021; Buckles, n.d.; Daykin, n.d.; Kowitt et al., 2016; Simons and McCormack, 2007; Tool, n.d.) the intervention findings. Peer researchers with support from immigrant insight scholars screened eligible participants following the inclusion and exclusion criteria. The study included newcomer women in Toronto having experienced gender-based domestic violence. The team also screened their preparedness (availability to attend 12 sessions, mental health status, and family dynamics or consequences with participation) to participate in the study program. Culturally appropriate registered expressive arts therapists facilitated twelve EAT sessions with a closed group of participants.

The facilitation guide was prepared in a co-design session with academics and experts, service providers, peers, researchers, and university students who participated in literature reviews. The principal investigator of this research (AA) is certified by the Canadian Institutes of Health Research (CIHR) after completing all three structured modules of the course "Integrating Sex and Gender in Health Research" (CIHR, 2023). All members of the research team completed the Tri-Council Policy Statement CORE 2 course on research ethics TCPS 2 CORE, 2022) and the training on data security protocol, particularly when they had to deal with Personal Health Information (PHI).

Considering the language barrier and a cultural newness environment in a new country for the women, the study adopted a poststructuralism approach (more than constructivism) meaning more focus on performativity, painting, singing, written text, and discourse as storytelling. Ugurlu et al. (2016) reported that an individual can express their thoughts, emotions, and feelings by drawing, colouring, and reflecting in a creative way through visual arts. The EAT facilitator supported by the peer-researcher, for activities and evaluation, implemented three mixed modalities in a sequence- movement and discussion, storytelling and clay work, and visual art and journaling followed by a culminating celebratory session.

2.1 Evaluation Framework

The evaluation framework (Table 1) started by creating a Theory of Change and a Program Logic Model; and involved the outcome-harvesting approach (Wilson-Grau and Britt, 2012) to capture all yields including the unintended but value-added ones. That means the logic of the research was neither 'inductive' nor 'deductive', rather 'abductive', which is Peirce's reasoning philosophy to engender 'new ideas, explanatory hypotheses, and scientific theories' (Levin-Rozalis, 2009).

Table 1: Evaluation design of the project

Needs Assessment & Intake Screening	Formative Evaluation			Summative Evaluation	
Recruitment & Screening for eligibility	Pre-Program Survey (in-person)	In Program Feedback Survey (in-person)	Post-Program Survey (in-person)	Follow-Up Call Interview (virtually)	Focus Group Discussion (in-person)
Before the start of the Expressive Arts Therapy program	Implementation of the 12-Week Expressive Arts Therapy Program The co-facilitators conduct surveys during sessions. Real-time reflective journals of the facilitators are included			3 – months following the end of the program (Well-being & vulnerability check)	6 – months following the end of the program (Adherence & sustainability check)

The peer researcher (PR) and the immigrant insight scholar (IIS) fellow conducted a baseline survey of the participants in the first session for situation analysis and identifying the needs. The baseline survey included a 9-question demographic questionnaire (for intersectional analysis). The PR and the IIS fellow evaluated the implementation outcome at the end of each of the three facilitated modalities (Post-test). The comparison is designed to be for an individual following the interpretive phenomenological analysis (Smith & Osborn, 2015) model and also to compare the changes as a group. The evaluation framework had quantitative, qualitative, and arts-based evaluation tools. After completion of three months after the last EAT session, the PR conducted a one-to-one virtual interview through Zoom with every participant for their wellness and vulnerability checks. Considering the individual unique storyline, the study adopted. A Focus Group Discussion (FGD) was done for all three completed groups six months after the last EAT session (3 months after the 1-1 telephone interview). The FGD assessed the sustainability of the intervention and recorded any new emerging challenges.

The team evaluated the effectiveness of the process and the outcomes. The evaluation process included the impact on the participants, and examining the debriefing meetings of the facilitator and the peer researcher after ending a modality series.

3. Intervention

The HEAL program is an intervention to help improve the health and well-being outcomes of newcomer survivors of domestic violence. The program comprises five distinct components with three unique phases, see Figure 1, that guide participants through a progression of expressive arts activities with integrated evaluation activities to capture the changes in participants' attitudes, behaviour, and perspectives. The program is based on Judith Herman's framework that provides a model of recovery informed by the stages of reparative processes for individuals who have experienced interpersonal violence and related forms of trauma (Herman, 2002). The three phases of the program focus on the progression toward trauma recovery, as follows:

Welcome and Orientation. Participants are informed and mutually agree upon the objectives, commitments, and process of the program by completing a consent form. They are acquainted with the program space and facilitator team. They share their accommodation needs or concerns to ensure their retention for the full program duration.

Phase I: Safety and Stabilization. This phase focuses on knowledge and skill building of self-regulation and co-regulation to overcome dysregulation. It involves psychoeducation to help individuals understand the impacts of trauma on the body and cognitive self (Malchiodi, 2020). Safety and stabilization are achieved by creating a non-abusive environment to help the body feel soothed and calm therefore helping with the management of trauma reactions (Malchiodi, 2020). Somatic therapy is the foundation approach for self- and co-regulation techniques using movement through the main arts modality, dance ribbons, in combination with guided discussion (Levine, 2024). Somatic resourcing gives evidence of how the body communicates its trauma story through posture, gesture, movement, breath, and other somatic responses (Malchiodi, 2020). In this way, participants can experience and make connections between the mind and body to understand their mental well-being. This phase is crucial for participants to feel equipped to engage with phases II and III of the HEAL program.

Phase II: Identity, Culture, and Community. Once a foundation of regulation techniques is established, remembering and mourning painful memories using coping techniques to overcome fear can aid in trauma recovery (Hermans, 2002). Expressive Arts Therapist guides with cultural sensitivity and care through topics including migration, culture and community to reclaim an individual's sense of identity while allowing practicing

self and co-regulation techniques (Malchiodi, 2020). In this way, participants can explore their past, present, and future selves with tools they can harness to self-regulate. The main arts modality includes plasticine, storytelling, and sound.

Guest Speakers: Between phases II and III, guest speakers from four partner organizations, Nellie’s Shelter, Women’s Assaulted Helpline, OCASI, and Barbra Schlifer, are invited to facilitate topics including human rights, empowerment, self-defence, and healthy relationships. Subject matter experts increase the knowledge and awareness of participants and facilitator teams and provide direct avenues for referrals as needed. The HEAL project values partnerships as an added value to bolster the educational aspects of the program and to connect participants directly to referral staff for greater tailored support.

Phase III: Towards Resilience, Hopes, and Future. The final stage of Herman’s framework, used in this program, is reconnection and integration which focuses on the individual reinvention of the self, making meaning of past experiences, and envisioning the future (Herman, 2002 & Malchiodi, 2020). The main art modality used is visual arts and story-sharing to help foster a sense of restoration and reclaiming of one’s self. The individual is no longer defined by their traumatic past but reinvented a new self. The program produces two collective acrylic paintings by each group with themes determined by the respective group as the symbolic representation of solidarity that extends beyond the completion of the HEAL program making it a protective tool against social isolation, despair, and traumatic experiences (Malchiodi, 2020).

Ending and Culminating Event. All HEAL programs conclude with a culminating event bringing together participants, their friends, and families to witness the completion of the program. It is about honouring their dedication to the process of trauma recovery through a certificate ceremony, celebratory event, and sharing of collective paintings. Beyond the completion of the HEAL program, participants continue to be connected through arts and culture visits to sites across Toronto, engage in the three and six-month evaluation feedback sessions, attend art-based mental health workshops at Access Alliance, and/or become a peer champion facilitator part of OCASI’s gender-based violence project.

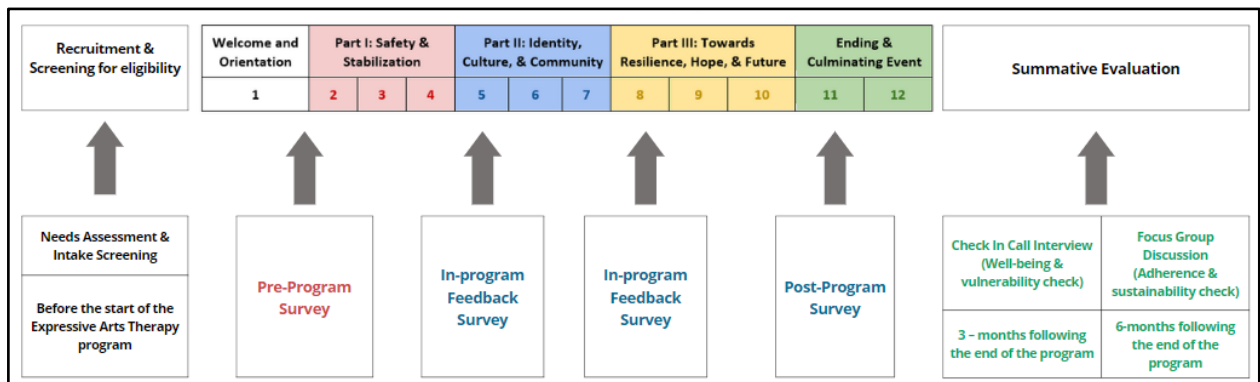


Figure 1: HEAL Program Diagram

4. Discussion

4.1 Community-Based Peer-Engaged Research Initiative

This study is designed as a peer-engaged community-based research initiative. The key criteria for community-based research are that the agenda originates in the community, is done by the trained members of the community (peer research model), and the benefit of the research is visibly implemented for making a change in the community. Therefore, the visible presence of the peers (with nested and vested interest in the population of interest) as engaged researchers is an important feature of this study. The community was present during the co-design process, the data collection process, the triangulation process of quantitative, qualitative, and arts-based evaluation findings, and the testing of the product by the community for accessibility, acceptability, appropriateness, effectiveness, and transferability.

4.2 Frameworks as the Scaffold of the Implementation Research

Access Alliance has adopted foundational frameworks that guide and ground the agency's excellence including trauma-informed practice, strength-based approach, client-centeredness, anti-violence and oppression, and

cultural humility. These parallel the principles the Gender-Based Violence Settlement Strategy Project (2024) set. Trauma and violence-informed approaches are policies and practices that acknowledge the connection between violence and trauma and aim to increase well-being, enhance the autonomy of choice, and collaborate with participants in their journey towards healing and resilience (Gender-based violence settlement strategy project, 2024). However, there were differences of opinion among studies for adopting a universal framework as the intervention design. Essentialism and Constructivism were the two constructs we considered as the basic scaffolds while working with newcomer women with low self-esteem and structural challenges in a new country. We adopted the strength-based approach that has its foundation in social work and builds upon the client's strengths, specifically seeing the client as resourceful and resilient when they are in adverse conditions (McCashen, Wayne, 2005). Similarly, client-centeredness enhances a client's self-efficacy by allowing them to be active participants in their journey to recovery, they become autonomous decision-makers (Mroz, T. M., Pitonyak, J. S., Fogelberg, D., & Leland, N. E, 2015). Anti-oppression refers to strategies and theories that inform our actions to challenge social and historic embedded inequalities and injustices that perpetuate vulnerable populations including newcomers (Gender-based Violence Settlement Strategy Project, 2024).

4.3 Intended Impact

As mentioned in the intervention section, this implementation study is assumed to have many intended and unintended outcomes at the individual level and also across all levels of society. The intended impacts include changes in engaged participants and facilitator teams, systematically for organizations, and broadly at a national and federal level. At its foundations, participants are central to the project, and the changes in participants' attitudes, behaviours, and knowledge are measures of the program's efficacy in enhancing the mental health and well-being of survivors. Interested participants are given opportunities to be connected to the mental health workshops at Access Alliance to further their knowledge and sustainability of healthy coping techniques for self and co-regulation. They are also equipped with an opportunity to lead in the area of domestic violence through a champion network of trained domestic violence peer facilitators as part of a partnership with the Ontario Council of Agencies Serving Immigrants (OCASI). There are multiple intersectionality's such as newcomer, language and culture barrier, navigation skills and availability, etc. For example, one study mentioned that music reduced anxiety including long-term PTSD in long-term IPV victims by symbolizing the survivor groups' positive affirmations and their plight (Hannigan & McBride, 2011)> But our participants have language and cultural barriers. Therefore, we had to select culturally (and linguistically) competent interventions.

Systemically, partner agencies are adopting art-based approaches for trauma recovery and healing as an unconventional practice for mental health programs and counselling. Organizations are expanding their knowledge on approaches of somatic resourcing, art for self-expression, and narrative meaning-making as power potentials to meet the mental health needs of their clients.

Overall, the intended impacts of the project are as mentioned, but the HEAL team foresees many additional benefits to emerge as the project findings are collated and analyzed. The project has the potential to have a ripple effect vertically and horizontally across all facets of society to inform practices and approaches to improve the mental well-being of newcomer survivors of domestic violence.

5. Limitation

The study occurs in an unprecedented pandemic and/or post-pandemic recovery period which may generate evidence in this unique context, a real challenge for generalizability. This empirical study paper describes the methodological framework of how we collated existing models to design an intervention research framework through a culturally sensitive lens. The program is still ongoing on three other subsets of population (we completed three already). Therefore, this paper may lack a holistic landscape. However, the richness of the composite intervention plan and the rigorous evaluation design may fulfill some aspects. This composite intervention plan is a blended co-designed model with a combination of existing EAT practices. Moreover, there are legal boundaries to ensure safety of the participants and nullify any further harm due to participation.

6. Conclusion

This synthesized approach comprises a composite intervention model which is scalable and culturally safe for the service providers and other end-users to support the vulnerable victims of gender-based domestic violence. These evidence-informed "best practices" can prevent or address family violence and support the health of survivors.

After screening, this study starts with a baseline needs assessment using quantitative, qualitative, and art-based tools (since the newcomer women have language barriers). An inclusive co-design approach was used to develop an effective and acceptable strength-based trauma-informed composite expressive-arts-based facilitation model incorporating psycho-education, self-regulation, and co-regulation attributes. The modules went through safety and stabilization, identity, culture, community, resilience, hopes, and future with a sense of belonging. These modules were reinforced by a separate guest speaker to speak on human rights (in Canada), women empowerment, and healthy relationships. The elements of process, outcome, and impact evaluation are woven as built-in components with the modules during sessions, after sessions, as well as after three and six months. These are the strengths of this composite model.

The next step is to prepare practice guidelines for newcomer survivors of GBDV, a resource navigation toolkit for the survivors, and a policy advocacy document for legislative amendment for system changes. The project validates evidence to attest to specific expressive arts activities that have increased mental well-being for the six distinct newcomer communities and contribute meaningfully to the growing knowledge of the Community of Practice (CoP). However, the findings from these pilot models will be extended to other populations to ensure the generalizability of the model effectiveness. This is accomplished by expanding the scope of expressive arts research to include its efficacy in preventing and intercepting family violence.

Acknowledgment

Thank you very much, the reviewer for your prudent opinion that improved the quality of the manuscript. The authors express gratitude to the participants in this study. We also acknowledge immigrant insight scholar fellows (Oeishi Faruquzzaman and Shangjucta Pooja), peer researchers, volunteers, placement students, and partner agencies for their support. The role of culturally-matched facilitators has been very critical for implementing the program. Other members of the Community-based Research Team at Access Alliance support the overall project.

Disclosure and Conflict of Interest

This article is a knowledge mobilization product of the project titled: "HEAL - Hubs of Expressive Arts for Life" funded by the Public Health Agency of Canada (Arrangement # 2223-HQ-000042) for Preventing and Addressing Family Violence for 4 years.

This project is approved by the REB of the Community Research Ethics Office (Canada) Corp., c/o Centre for Community Based Research, 190 Westmount Road North, Waterloo, Ontario, N2L 3G5 (CREO REB file # 277). Email: creo@communitybasedresearch.ca. Telephone: 1-888-411-2736.

Axelle Janczur is the champion of the project, Akm Alamgir is the research lead, and Christen Kong is the coordinator of the project. Akm and Christen are partly paid for their contribution to the study activity. We acknowledge the immense contribution of the survivors of gender-based domestic violence who participated in this implementation research.

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