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The Process of Art Creation Among Mothers from Ontario Who Have Experienced Gender-Based Violence

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Nursing

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ABSTRACT

Mothers who have experienced gender-based violence (GBV) face physical, mental, and social health implications. Participating in artmaking has the potential to reduce these consequences. An arts-based study including in-depth interviews was conducted with 13 mothers with histories of GBV. The creative processes involved in artmaking amongst mothers with histories of GBV were explored. Mothers demonstrated using symbols, thoughtful colour selection, and choice of artistic medium when creating their artforms. Moreover, mothers' experiences of storytelling experiences of GBV through art were examined. Mothers described using art as a means of communication, emotional processing and healing through art, and the process of concept development in artmaking. Overall, this study found that artmaking was beneficial for mothers who experienced GBV. Therefore, considerations for furthering an understanding of artmaking amongst mothers who have experienced GBV in nursing practice, education, policy, and research should be made.

***Keywords:* gender-based violence, artform creation, interpretive description, mothers, creative processes, storytelling experiences of gender-based violence**

SUMMARY FOR LAY AUDIENCE

Gender-based violence (GBV) is a human rights violation that is common in Canada. Approximately one-third of Canadian women have reported an experience of GBV in their lifetime. Gender-based violence includes acts of physical, sexual, emotional, and social violence targeted at women. Mothers can be uniquely affected by experiences of violence. However, experiences of violence and mothering are not well understood in current literature, making this an important topic to research. Gender-based violence impacts mothers' mental, physical, and social health. Furthermore, experiences of maternal GBV can impact children's mental health. The quality of maternal parenting received is an important protective factor for children who are exposed to GBV in their household. As such, protecting and supporting the wellbeing of mothers who have experienced GBV is important.

Novel support can be provided to mothers who have experienced GBV in the form of artmaking. Participating in creative activities such as art creation can have a positive impact on overall wellbeing. For example, research has found that when creating art, individuals are able to express themselves, experience personal growth, and process traumatic experiences. The purpose of this study was to explore the process of creating a visual art form for mothers who have experienced GBV. It was found that mothers went through various creative processes such as using symbols, thoughtful colour selection, and artistic medium choices. Mothers' experiences of storytelling their experiences of GBV using art were also explored and found that participants used art as a means of communication, experienced emotional processing and healing, and participated in a concept development phase of artmaking. The findings from this study indicate the

importance of employing arts-based activities with mothers who have experienced GBV. There is a need for further implementation of arts-based activities in nursing practice and nursing education. This suggests that further exploration of arts-based activities among mothers experiencing GBV is warranted.

CO-AUTHORSHIP STATEMENT

Contributions to this paper were made by the thesis committee: Drs. Kimberley Jackson and Tara Mantler from Western University. Any resulting publications from this thesis will recognize their contributions through co-authorship.

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List of Abbreviations

GBV	Gender-Based Violence
IPV	Intimate Partner Violence
JBI	Johanna Briggs Institute
PRISMA-ScR	Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews
TVIC	Trauma and Violence Informed Care
LOI	Letter of Information
IF	Intersectional Framework
ID	Interpretive Description
UNICEF	United Nations Children's Fund
U.S.	United States
AOM	Art of Mothering
WHO	World Health Organization
HCP	Health Care Provider

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CHAPTER 1

INTRODUCTION

Background and Significance

Gender-based violence (GBV) is described as violence directed towards an individual because of their gender and is a human rights violation (Dlamini, 2021; UNICEF, 2022). Gender-based violence is an issue of gender inequality, with women experiencing significantly higher rates of GBV than men (Radzilani-Makatu, 2019). Gender-based violence can include various acts of physical, emotional, sexual, and psychological violence (Dlamini, 2021). As such, GBV encompasses digital abuse, sexual assault, sexual harassment, intimate partner violence (IPV), female genital mutilation, financial abuse, physical violence, emotional abuse, stalking, child marriage, and human trafficking (Heise et al., 2002; Kahan et al., 2019; Rees et al., 2011). Moreover, GBV occurs among women of all ages, cultures, and incomes (Dlamini, 2021). Globally, GBV transcends geographic and social barriers with 35% of women worldwide experiencing GBV in their lifetime (Dlamini, 2021). According to Statistics Canada, in 2018 32% of Canadian women reported experiences of GBV (Statistics Canada, 2023). Comparatively, in 2018 the WHO estimated GBV by region with GBV being reported by 36% of women in African regions, 34% of women in North and South America, 33% of women in Eastern Mediterranean regions, 26 % of women in European regions, 34% of women in South-East Asia regions, and 25% of women in Western Pacific regions (World Health Organization 2018). These rates of GBV among women in both low-income and high-income regions demonstrate that GBV transcends income and impacts women and girls globally. Moreover, due to varying types “of oppression, such

as racism, colonialism, sexism, homophobia, transphobia and ableism”, experiences of GBV are most prevalent among women, girls, those that identify as Indigenous women, “Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual plus” (2SLGBTQQIA+), and “women living with disabilities” (Government of Canada, 2023d, para. 2).

Notably, women who have experienced GBV are at an increased risk of negative physical, psychological, and social health effects of violence (Kahan et al., 2019). Experiences of GBV can lead to negative physical health outcomes such as disability, injury, poor subjective health, weight gain, and pain (Heise et al., 2002). Additionally, experiences of GBV have been correlated to health behaviours such as smoking, alcohol and drug use, sexual behaviours, physical inactivity, and overeating (Heise et al., 2002; Oy et al., 2022; Sewalem & Molla, 2022). In circumstances of sexual violence, women are at an increased risk for unplanned pregnancy, sexually transmitted infections, reproductive and genitourinary disorders, unsafe abortion, high risk pregnancies, and miscarriage (Blanc et al., 1996; Cunningham et al., 1994; Golding, 1996; Heise et al., 2002). Moreover, pregnancy can act as a catalyst for, or can intensify the incidence or effects of some types of GBV; for example, IPV (Letourneau et al., 2007).

In addition to physical health challenges, experiencing GBV can have a profound impact on women’s mental health, which has long-lasting effects across the lifespan (Ford-Gilboe et al., 2009; Rees et al., 2011). Gender-based violence increases the risk for developing post-traumatic stress disorder, depression, generalized anxiety disorder, thoughts of self-harm, and suicidal thoughts or behaviours (Kahan et al., 2019). For example, a Brazilian study of women who had experienced GBV found that 50% of

women who experienced GBV reported having a mental health diagnosis (Ludermir et al., 2008). Furthermore, it has also been reported that suicidal ideation, post-traumatic stress disorder diagnosis, and depression were three to five times more likely in women who have experienced GBV (Canadian Women's Foundation, 2017). Due to the significant impact of GBV, over the past 20 years individuals have been advocating worldwide for actions to address GBV with little success (Heise et al., 2002).

According to the United Nations Children's Fund (UNICEF), GBV is considered the least obvious but most common form of human rights infringement in the world with significant health consequences, making it a prominent public health issue (UNICEF, 2022). Gender-based violence has become normalized in some societies due to the commonality of oppressive practices, making it more challenging for women to recognize and/or flee these dangerous situations (Sinko et al., 2022). As an issue of global significance, the United Nations seeks to target issues of GBV with their fifth sustainable development goal; gender equality (United Nations, 2022). Furthermore, target 5.2 of this goal aims to end all violence against women and girls (United Nations, 2022). Not only does GBV impact the individual, family, and community, but there are also broader societal impacts (Greaves et al., 1995). According to the World Bank, GBV can cost countries up to 3.7% of their gross domestic product (The World Bank, 2019). Furthermore, healthcare costs are said to increase significantly from the physical and mental illnesses women experience because of GBV (Radzilani-Makatu, 2019). Overall, the impact of GBV is vast, affecting women physically, psychologically, and socially.

Motherhood and GBV

Due to the significant impact of GBV on women, it is important to consider how GBV might impact unique groups of women such as mothers. For the purpose of this study, the term “mother” referred to women with children. This conceptualization was not meant to reduce women to their role as mothers but rather, was a simple and effective way to convey the population of interest. Literature regarding the experiences of GBV and its impact on mothering varies. In some instances, mothers who have experienced GBV are still able to have a positive mothering experience (Letourneau et al., 2007). For example, one study demonstrated that mothers who experienced GBV were more responsive and sensitive to their children’s needs than mothers who did not (Letourneau et al., 2007). Alternatively, this study also highlighted some negative impacts of GBV on mothering (Letourneau et al., 2007). Letourneau et al. (2007) suggested children exposed to violence in their homes were likely to suffer from significant mental and behavioural health consequences such as aggression and anxiety (Letourneau et al., 2007). In contrast, Lapierre (2008) reported that mothers who experienced GBV are falsely perceived to have poorer parenting skills than mothers who have not experienced GBV (Lapierre, 2008). For example, Lapierre (2008) purported that a causal relationship between mothers’ experiences of GBV and child developmental issues or perpetration of violence as an adult cannot be established. These studies demonstrated inconsistencies in the literature regarding GBV and mothering. Therefore, further research is needed to understand the relationship between experiences of GBV and mothering.

When considering issues of GBV in the context of mothering, the quality of maternal parenting received is a critical factor for how exposure to violence impacts children (Lapierre, 2010). Social supports, such as support groups, family, or clinicians,

are vital for mothers who have experienced GBV and have been shown to improve experiences of motherhood and overall mental health (Hooker et al., 2016). However, mothers can be hesitant to seek help after experiences of GBV due to perceived poor parenting and stigma associated with experiences of GBV (Sorsa et al., 2023).

Additionally, mothers fear that accessing supports might lead to the involvement of child protective services, acting as an additional barrier (Douglas & Walsh, 2010). In an Australia-based study on the impact of IPV on motherhood, Hooker et al. (2016) reported a positive correlation between the amount of social support received and reports of positive motherhood experience, meaning the more social supports the individual received, the more positive their motherhood experience was. In many cases, art creation and art therapy can be seen as a form of social support for individuals who have experienced GBV (Skop et al., 2022). This indicates the potential for participating in art creation as a social support to have a positive impact on motherhood and maternal/child wellbeing.

Gender-Based Violence and Art

Art creation has demonstrated a positive impact on mental wellbeing (Leckey, 2011). Creating art promotes relaxation and has a therapeutic effect by allowing individuals to express themselves (Leckey, 2011). Creating art has the potential to promote healing for women who have experienced GBV by allowing women to channel negative emotions into their art (Cardinal, 2014). For example, participation in clay art creation in a Canadian-based study demonstrated that women were able to physically channel their negative emotions surrounding experiences of GBV into their art (Cardinal, 2014). Creating art also provided space and time for women to process experiences of

GBV and accompanying emotions and facilitated reflection and reinterpretation of experiences (Furtado & Rechen, 2021).

Art creation has been recognized as a modality for generating personal change and growth in individuals who have experienced trauma (Mulvey & Egan, 2015). Participating in art creation allows individuals an opportunity to process their traumatic experiences in a safe, nonthreatening way (Perryman et al., 2019). Creating art also helps those who have experienced trauma to garner a deeper understanding of their experiences of trauma and of themselves (Perryman et al., 2019). Moreover, by participating in art creation, individuals are given the opportunity to express themselves, which is a critical human need (Perryman et al., 2019). In a United States (U.S.)-based quantitative study, individuals who had experienced trauma participated in drawing art-therapy which allowed them to transform their memories of negative experiences into something beautiful in the form of art, which invoked a sense of control over their experiences (Hass-Cohen et al., 2018).

Notably, instances of GBV can lead to the disempowerment of women, making them feel powerless, silenced, and isolated (Abiolu, 2022; Abrahams, 2017). Creating art can empower women who have experienced GBV and facilitate communication (Cohen, 2013). Through art, individuals can share experiences that may be challenging to verbalize (Cohen, 2013). Due to instances of GBV, women may feel scared or reluctant to share their experiences with others due to the self-doubt and insecurities they develop as a result of their experiences of GBV (Abrahams, 2017). Providing a non-verbal alternative through art has been shown to facilitate the safety and security women require to share their experiences with others (Skop et al., 2022). It is crucial for women with

histories of GBV to have safe spaces to share their experiences because it allows them to reclaim their power (Komentiani & Farmer, 2020). In addition, in Canada, many individuals still maintain gender biases which can impact the perception of GBV (Government of Canada, 2019). Therefore, speaking out about experiences of GBV is an important mechanism for generating social change (Abiolu, 2022). Creating art can challenge community perspectives on important issues such as GBV (Mulvey & Egan, 2015) and as a result, can create more inclusive communities (Mulvey & Egan, 2015). For example, in the U.S., public art exhibits using art that represented the lived experiences of women and girls brought together individuals of varying cultural and social groups and enhanced a sense of community amongst all who viewed the artwork (Mulvey & Egan, 2015). Overall, the benefits of art form creation such as self-expression, healing, and raising awareness were evident in literature regarding women with varying experiences of GBV, however, the literature was lacking studies that encompassed all forms of GBV as well as studies that focused particularly on mothers. As such, further exploration of art form creation among mothers who have experienced GBV is required.

Statement of Problem

Gender-based violence is a prominent public health issue and violation of human rights (UNICEF, 2022). The effects of GBV are often detrimental to women's mental and physical health, as well as society (Kahan et al., 2019). Experiences of GBV can be difficult to talk about due to feeling silenced and the insecurities developed as a result of GBV (Abrahams, 2017). However, art is a powerful medium through which women can express themselves and share their experiences of violence with others (Harman et al.,

2020). It is important for women to speak about their experiences of GBV because it aids in accessing services and support that can positively impact their wellbeing and reduce the impact of GBV (Nambi Ssanyu et al., 2022). Additionally, when using art as a personal means to share their experiences with others, women can experience self-growth and healing, and have the potential to generate social change in their communities (Abiolu, 2022; Cardinal, 2014). To this author's knowledge, no research has been conducted to understand the process of creating art among mothers who have experienced GBV. It is important to understand the process of women with histories of GBV creating art because art form creation is seen to positively impact individuals who have experienced trauma (Perryman et al., 2019). Moreover, it is important to provide mothers with supports they can access to improve their motherhood experience and the overall wellbeing of themselves and their children.

Research Objective

This study aims to understand the process for mothers in Ontario who have experienced any form of GBV greater than six months ago, independently creating a visual art form of their choosing as a reflection of their experience of GBV.

Research Question

The research question guiding this study was: "What is the process for mothers from Ontario of creating a visual art form as a reflection of their experience of gender-based violence?".

CHAPTER 2

LITERATURE REVIEW

Search Strategy

The following chapter presents the literature review used to guide this study. This includes the search strategy employed, the literature review findings, and a summary of the literature review.

A review of the literature was undertaken to identify current knowledge (Peters et al., 2020) surrounding the experience of creating art among women who have experienced GBV. This review did not focus specifically on mothers who have experienced GBV and art form creation because no such literature existed at the time of this writing. Instead, this review focused on women who have experienced GBV participating in art form creation. Initially described is the approach used for the literature review which follows the Johanna Briggs Institute (JBI) scoping review methodology (Peters et al., 2020) and is informed by Arskey and O'Malley's (2005) original scoping review methodology. Also incorporated are the scoping review methodology updates suggested by Levac et al. (2010). Next, the four themes which emerged from the literature are described. The research question guiding this review was, "What is the extent, range, and nature of research activity around the experiences of participating in art creation among women who have experienced GBV?".

Literature Review Method

A scoping review was undertaken to determine the extent, range, and nature of research activity pertaining to women who have experienced GBV and have participated in art form creation. The JBI scoping review methodology was used (Peters et al., 2020).

The JBI scoping review methodology adds to both Arskey & O'Malley's (2005) original scoping review methodology as well as the updated scoping review methodology by Levac et al. (2010). The changes made by the JBI were aimed to improve trustworthiness, rigour, and transparency, and therefore were important to incorporate into this review (Peters et al., 2020). Accordingly, this review was guided by the following steps: 1) define the research question, 2) create inclusion criteria which aligns with the research question, 3) describe search strategy, 4) search for evidence, 5) select relevant literature, 6) extract evidence, 7) analyze evidence, 8) present results, and 9) summarize evidence (Peters et al., 2020). The optional stage of consultation stage suggested by Arskey and O'Malley (2005) with women who have experienced GBV and participated in this study was excluded. This step was not feasible and was not the purpose of this scoping review. A quality appraisal of the literature was not performed. According to Powell and Koelemay (2022) it is not always necessary to publish reviews with strong quality appraisals when they are not helpful. Instead, they argue that the type of review, including the presence or absence of a quality appraisal, must fit the research question (Powell & Koelemay, 2022). Given the current state of the literature, a quality appraisal would not have added value to this scoping review. Lastly, the preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-ScR) checklist was utilized to enhance the quality of how data were reported (Tricco et al., 2018) (See Appendix A).

Identification and Study Selection

The databases searched included PubMed, Scopus, Medline (Ovid), Nursing and Allied Health (ProQuest), and CINAHL. To encompass all forms of GBV search terms

included *gender-based violence* OR *domestic violence* OR *violence against women* OR *intimate partner violence* OR *sexual assault* OR *sexual harassment* OR *digital abuse* OR *financial abuse* OR *emotional abuse* OR *physical violence* OR *stalking* OR *child marriage* OR *human trafficking* OR *female genital mutilation*. To capture varying forms of creative activities and art creation search terms included *art* OR *art therapy* OR *creative activities*. Lastly, to focus the population specifically on women, search terms included *women* OR *girl* OR *female*. There were no limits applied to date of publication nor geographic location. The most recent search was conducted in April of 2023. An initial search was conducted which also included the term *mother(s)* to specifically identify sources that focused on mothers, however no such literature existed and therefore the term *mother(s)* was excluded from the search terms and the review focused more broadly on women who have experienced GBV.

Sources were included for initial screening if they met the following inclusion criteria: 1) written in English language; 2) participants in the study identified as female; 3) participants were 18 years of age or older; 4) participants had experienced any form of GBV; and 5) participants took part in creating art. The art form creation purpose was not specified for this review in order to gain a multitude of perspectives. All sources that met the inclusion criteria were included in this review such as grey literature, books, primary research, and reviews. In this scoping review, GBV was conceptualized as encompassing any form of digital abuse, sexual assault, sexual harassment, IPV, female genital mutilation, financial abuse, physical violence, emotional abuse, stalking, child marriage, and human trafficking (Heise et al., 2002; Kahan et al., 2019; Rees et al., 2011). Studies were excluded if they combined art form creation with other established methods of

healing/therapy; for example, combining art creation and mindfulness into a single intervention. These studies were excluded because the findings were not solely attributed to art form creation but rather to both mindfulness and art. Mindfulness is an established method for improving wellbeing and therefore the findings of any study using both mindfulness and artform creation would not be useful in understanding the experience of artform creation alone. However, if the findings were presented separately for the art form creation and other healing/therapy methods, the study was considered for inclusion in this review. Furthermore, arts-informed research studies where the aim was to understand a phenomenon employing an arts-based method rather than understanding the experience of creating the art were excluded because the focus of these studies was not on art form creation. Arts-informed research methods are becoming increasingly popular in research for creating, understanding, and sharing knowledge of complex phenomena (Parsons & Boydell, 2012). However, these studies do not seek to understand the experience of creating the art, they seek to better understand the phenomenon they are studying (Parsons & Boydell, 2012). Lastly, articles where the full text was not available were excluded.

Covidence, a software program to manage data for systematic reviews, was utilized to organize the screening process (Covidence, 2023). A total of 713 articles were included for initial review and 191 duplicate studies were removed. There remained 522 studies for abstract and title screening. Two reviewers completed the article screening process for this review. Both reviewers were master's level students with expertise in women's health research, GBV, and qualitative research methodologies. Two reviewers were used to enhance rigour of the study because using two reviewers is critical for

discussing potential discrepancies and for consistency in source selection (Pollock et al., 2021). Following the inclusion and exclusion criteria, the reviewers independently completed the title and abstract screening. Any conflicts were discussed and resolved by consensus. Next, a full text screening of the remaining 88 articles was undertaken. Again, any discrepancies were discussed and then resolved among the reviewers. A total of 15 articles remained for analysis.

Analysis

Fifteen articles met the inclusion criteria for this review. See Appendix B for the literature review PRISMA diagram depicting article inclusion and exclusion. Articles that met the inclusion criteria were read and themes were identified and organized into a tabulated format following the JBI's data charting form format (Peters et al., 2020). Initially, two data charting forms were created in a Microsoft Word document. In the first table, data extracted included article title, location of study/research, population studied, type of GBV, type of art form creation, study design, experiences of GBV, study outcomes, and other (see Appendix C). This allowed initial data from each article to be summarized into a cohesive document. Following this, a second data charting form was created to sort preliminary themes which included self-expression, empowerment, healing, self-awareness, direct link to unconsciousness, and social change (see Appendix D). After data were sorted into the preliminary themes, the themes that were used in this scoping review were noted to be most prevalent and were further explored by re-reading each article included in the review. The findings were organized according to numerical and descriptive data. The numerical data for this scoping review are presented to demonstrate varying attributes of the sources included, whereas the descriptive data

described the themes found in this review. The descriptive data collected are presented below using the following themes: self-expression, emotional healing, empowerment, and social change.

Findings

Numerical Data

The sources varied in methodology, including seven case studies (Cardinal, 2014; Gregory et al., 2002; Hearn, 2009; Ikonopoulou et al., 2017; Kometiani & Farmer, 2020; Méndez-Negrete, 2013; O'Connor, 2018), three qualitative studies (Furtado & Rechen, 2021; Harman et al., 2020; Skop et al., 2022), two book chapters (Curtis, 2009; Kazmierczak, 2020), two mixed-method studies (one study employed a quasi-experimental pre-test/ post-test design as well as using descriptive data such as participant artwork and body language/facial expressions and the other was an intervention study that used a survey with open- and closed-ended questions to gather data) (Aktaş Özkafacı & Eren, 2020; Murray et al., 2017), and one quantitative quasi-experimental study (Zielona-Jenek et al., 2019). The sources also varied in geographical location with seven from the U.S. (Gregory et al., 2002; Hearn, 2009; Ikonopoulou et al., 2017; Kazmierczak, 2020; Kometiani & Farmer, 2020; Méndez-Negrete, 2013; Murray et al., 2017), three from Canada (Cardinal, 2014; Curtis, 2009; Skop et al., 2022), one from Poland (Zielona-Jenek et al., 2019), one from Portugal and England (Harman et al., 2020), one from Portugal (Furtado & Rechen, 2021), one from New Zealand (O'Connor, 2018), and one from Turkey (Aktaş Özkafacı & Eren, 2020). Eleven sources were based upon group interventions, meaning the women worked on individual art forms in a group setting (Aktaş Özkafacı & Eren, 2020; Cardinal, 2014; Curtis, 2009;

Furtado & Rechená, 2021; Gregory et al., 2002; Harman et al., 2020; Kazmierczak, 2020; Kometiani & Farmer, 2020; Murray et al., 2017; Skop et al., 2022; Zielona-Jenek et al., 2019). Alternatively, four were on individual art creation of which two participated in creating art at home and two participated in creating art in an institution/with a counsellor (Hearns, 2009; Ikonomopoulos et al., 2017; Méndez-Negrete, 2013; O'Connor, 2018).

The type of GBV experienced by participants varied throughout the sources. Twelve sources were based on IPV only (Aktaş Özkafacı & Eren, 2020; Cardinal, 2014; Curtis, 2009; Furtado & Rechená, 2021; Harman et al., 2020; Hearns, 2009; Ikonomopoulos et al., 2017; Kazmierczak, 2020; Méndez-Negrete, 2013; O'Connor, 2018; Skop et al., 2022; Zielona-Jenek et al., 2019), one focused on IPV and sexual assault (Murray et al., 2017), one was based broadly upon GBV (Gregory et al., 2002), and one specifically focused on women who have experienced human trafficking (Kometiani & Farmer, 2020). Art form creation also varied, with nine sources using multiple types of art form creation (e.g., drawing, sculpting, collaging, clay work, sewing, and creating music/singing) (Harman et al., 2020; Hearns, 2009; Ikonomopoulos et al., 2017; Kazmierczak, 2020; Kometiani & Farmer, 2020; Méndez-Negrete, 2013; Murray et al., 2017; Skop et al., 2022; Zielona-Jenek et al., 2019). Alternatively, six sources focused only on one art format (e.g., clay creation, painting, music creation, marbling art [a method of painting], t-shirt art, and digital 'net' art) (Aktaş Özkafacı & Eren, 2020; Cardinal, 2014; Curtis, 2009; O'Connor, 2018; Furtado & Rechená, 2021; Gregory et al., 2002). Ten of the sources specifically studied art therapy (Aktaş Özkafacı & Eren, 2020; Cardinal, 2014; Curtis, 2009; Hearns, 2009; Ikonomopoulos et al., 2017; Kazmierczak, 2020; Kometiani & Farmer, 2020; Murray et al., 2017; Skop et al., 2022; Zielona-Jenek

et al., 2019) and five sources discussed participating in creative activities generally such as digital 'net' art, t-shirt art, painting, drawing, and sewing (Furtado & Rechená, 2021; Gregory et al., 2002; Harman et al., 2020; Méndez-Negrete, 2013; O'Connor, 2018).

Descriptive Data

The findings of this scoping review initially depict an in-depth analysis of each theme: self-expression, emotional healing and sub-theme of improved mental health, empowerment, and social change. Next, there will be a discussion of the findings, followed by the limitations of this scoping review and conclusions.

Self-Expression

One overarching theme across all sources was women using art creation to express themselves, which was evidenced by women sharing their experiences of GBV through art (Cardinal, 2014; Hearná, 2009; O'Connor, 2018). For the purpose of this review, self-expression in the context of artform creation was defined as an individual's ability to express their emotions, thoughts, and experiences through art (Kim & Lor, 2022). All 15 sources discussed the presence of self-expression among women who have experienced GBV when participating in art form creation (Aktař Özkafacı & Eren, 2020; Cardinal, 2014; Curtis, 2009; Furtado & Rechená, 2021; Gregory et al., 2002; Harman et al., 2020; Hearná, 2009; Ikonomopoulos et al., 2017; Kazmierczak, 2020; Kometiani & Farmer, 2020; Méndez-Negrete, 2013; Murray et al., 2017; O'Connor, 2018; Skop et al., 2022; Zielona-Jenek et al., 2019). Using art to promote self-expression with individuals who have experienced GBV is critical because after experiences of GBV, self-expression becomes a low priority, with generating feelings of safety and security being at the forefront (Hearná, 2009; Thomas et al., 2015).

The literature suggested that self-expression through art allowed women to share their experiences of GBV with others by giving the women a non-verbal platform (Curtis, 2009; Méndez-Negrete, 2013). Four U.S. and two Canadian-based case-studies found that art facilitated women in sharing their experiences of GBV with others (Cardinal, 2014; Gregory et al., 2002; Hearn, 2009; Kometiani & Farmer, 2020; Méndez-Negrete, 2013; O'Connor, 2018). Furthermore, creating art provided an anonymous method for women to share their experiences of GBV leaving no direct link between themselves and the experiences depicted in their artwork (Gregory et al., 2002). This was critical because women can be reluctant to share their experiences of GBV with others due to potential threats from the perpetrator of violence; therefore, art allowing for anonymity made it easier for women to share their experiences (Gregory et al., 2002). Additionally, art was seen as a safe way for women to share their stories judgement-free (Kometiani & Farmer, 2020). One quasi-experimental study conducted in Poland and a case study from the U.S. reported that women were comfortable sharing their experiences through art, because art as medium provided a safe space for women to revisit their experiences and reduced the risk of re-traumatization (Ikonomopoulos et al., 2017; Zielona-Jenek et al., 2019). Using art to express experiences of GBV could prevent the re-traumatization that sometimes occurred from revisiting experiences of GBV in talk-based therapies because it gave the individuals time to focus on themselves and process their emotions (Binkley, 2013). From the literature included in this review, both a chapter from a book and a case study from the U.S. found that self-expression through art was beneficial to women who had experienced GBV because they felt heard (Kazmierczak, 2020) and validated, which was important for emotional healing (Hearn, 2009). Moreover, creating art helped women

overcome feelings of being silenced which facilitated them in sharing their stories with others (Murray et al., 2017). Often, experiences of GBV serve to silence women (Abrahams, 2017) and feeling heard was an important step towards healing after abuse (Hearns, 2009). Overall, art creation helped women share their experiences because it provided a non-verbal way to contextualize experiences that might have been challenging to verbalize (Harman et al., 2020; Kometiani & Farmer, 2020; Murray et al., 2017).

Emotional Healing

Emotional healing for the purpose of this review was defined as processing and acknowledging emotions and challenging life experiences, such as those of GBV (Blanchfield, 2022). All 15 sources discussed emotional healing through art creation in varying capacities (Aktaş Özkafacı & Eren, 2020; Cardinal, 2014; Curtis, 2009; Furtado & Rechen, 2021; Gregory et al., 2002; Harman et al., 2020; Hearns, 2009; Ikonopoulou et al., 2017; Kazmierczak, 2020; Kometiani & Farmer, 2020; Méndez-Negrete, 2013; Murray et al., 2017; O'Connor, 2018; Skop et al., 2022; Zielona-Jenek et al., 2019). Emotional healing after experiences of GBV was important because GBV can have long term mental health effects on women, can result in feelings of guilt and shame, and can impact the way women perceive themselves (Melgar Alcantud et al., 2021). An important step women took towards emotional healing after experiences of GBV was taking time to reconnect with themselves (Melgar Alcantud et al., 2021). According to two U.S.-based case studies, creating art facilitated women in reconnecting with themselves by helping them process emotions surrounding their experiences of GBV (Ikonopoulou et al., 2017; Kometiani & Farmer, 2020). Furthermore, similar findings resulted from a Canadian-based case study where one participant realized that by

processing her emotions when creating art, she realized that “life [was] not as bad as [she] thought” (Cardinal, 2014, p.25). Another participant described that creating art allowed her to better understand herself including her own character and thought processes (Cardinal, 2014). Additionally, two U.S.-based case studies (Gregory et al., 2002; Kometiani & Farmer, 2020), a qualitative study from Portugal (Furtado & Rechena, 2021), and a mixed-method study from the U.S. (Murray et al., 2017), found that creating art allowed women time to process their experiences in a safe space. For example, Furtado and Rechena (2021) highlighted how creating art allowed women an opportunity to reflect on their experiences of violence and reinterpret them, allowing for healing to take place.

Next, in three sources, art was seen to promote emotional healing because the women channelled negative emotions associated with their experiences of GBV into their artwork (Cardinal, 2014; Murray et al., 2017; Skop et al., 2022). Findings from an exploratory case study in Canada that examined the impact of participating in clay formation art therapy indicated that working with clay as a medium allowed women to physically channel their energy and emotions into their artwork and emotionally heal from their experiences of GBV (Cardinal, 2014). Additionally, in a mixed-methods arts-based intervention study from the U.S. and a qualitative art therapy study from Canada, women reported leaving their negative feelings surrounding issues of GBV behind with their art (Murray et al., 2017; Skop et al., 2022). Furthermore, a qualitative study from Canada reported art therapy to be more effective than talk-based therapies because it was hands-on, and participants were able to release their negative emotions into their artwork (Skop et al., 2022). Overall, emotional healing was prevalent in the literature because it

allowed women to reconnect with themselves, provided time to process emotions, and physically released their emotions into their artwork (Furtado & Rechen, 2021; Melgar Alcantud et al., 2021; Skop et al., 2022).

Improved Mental Health.

Throughout the literature, a prominent subtheme was improved mental health following art form creation among women who experienced GBV (Aktaş Özkafacı & Eren, 2020; Ikonomopoulos et al., 2017; Méndez-Negrete, 2013). Across two case studies out of the U.S. and one quasi-experimental study from Turkey, women reported experiencing lower levels of anxiety and/or depression after creating art (Aktaş Özkafacı & Eren, 2020; Ikonomopoulos et al., 2017; Méndez-Negrete, 2013). In a quasi-experimental study with women who had experienced IPV, marbling art was used as an intervention, and data were collected using a pre-test/post-test design (Aktaş Özkafacı & Eren, 2020). Eight women participated in 14 group sessions which consisted of creating marbling art: a painting method (Aktaş Özkafacı & Eren, 2020). Data were collected using the Beck Hopelessness Scale, Beck Depression Scale, and Beck Anxiety Scale (Aktaş Özkafacı & Eren, 2020). The post-test scores demonstrated a statistically significant difference in means when compared with the pre-test scores for hopelessness, depression, and anxiety (Aktaş Özkafacı & Eren, 2020). Next, Méndez-Negrete (2013) depicted how she turned to art as a self-help mechanism after her experiences of GBV. In her autobiographical case study, Méndez-Negrete (2013) self-reported reduced feelings of anxiety after participating in individual sewing, stating that sewing reduced the nervous energy she felt. Additionally, in a case study evaluating the effects of nine creative art therapy sessions on participants who experienced IPV, mental health needs were assessed

using the outcome questionnaire and resilience scores using the brief resilience scale (Ikonomopoulos et al., 2017). There were varying results for participants of this study because some participants were actively experiencing GBV whereas others had previous experiences of GBV. Those who had previously experienced GBV showed improved resiliency scores in addition to a decrease in mental health needs score, whereas those still experiencing GBV did not demonstrate a difference in scores (Ikonomopoulos et al., 2017). This suggests that in order for emotional healing to take place, individuals must no longer be experiencing acts of GBV (Ikonomopoulos et al., 2017).

Empowerment

The World Health Organization (WHO) defines empowerment as “the process by which people gain control over the factors and decisions that shape their lives” (World Health Organization, 2022, para. 1). Empowerment is important because experiences of GBV often serve to disempower women (Radzilani-Makatu, 2019). Furthermore, activities that promote empowerment, such as art creation, are important because empowerment can promote emotional healing and women who are empowered can raise awareness for issues of GBV in their communities (Furtado & Rechen, 2021; Kazmierczak, 2020). Ten of the sources in this review discussed women feeling empowered when creating art (Cardinal, 2014; Curtis, 2009; Furtado & Rechen, 2021; Gregory et al., 2002; Harman et al., 2020; Hearn, 2009; Kazmierczak, 2020; Kometiani & Farmer, 2020; Murray et al., 2017; Skop et al., 2022). In seven of the sources, empowerment occurred because art facilitated the sharing of experiences of GBV (Cardinal 2014; Curtis, 2009; Harman et al., 2020; Hearn 2009; Kazmierczak, 2020; Gregory et al., 2002; Skop et al., 2022). In their qualitative interpretive study surrounding

group art therapy, Skop et al. (2022) noted that women who experienced GBV felt empowered when sharing their thoughts, emotions, and experiences surrounding GBV through art. Furthermore, the literature found that women were empowered when they processed their experiences of GBV through art (Kometiani & Farmer, 2020; Skop et al., 2022). One piece of literature included in this scoping review was a book chapter written by Kazmierczak (2020) called “Engaging Communities through an Art Program at a Domestic Violence Shelter”. This book chapter presented a theoretical framework to highlight the importance of using art as a tool for empowerment with women who experienced GBV (Kazmierczak, 2020). The framework “Art for empowerment program: The feminist-based methodology” was developed with the understanding that GBV stems from societal power imbalances as well as power and control being maintained over women (Kazmierczak, 2020). Understanding societal structures of power is critical for issues of GBV because it highlights why empowerment is important for women who have experienced GBV (Kazmierczak, 2020). Women who participated in art creation empowered themselves by reflecting on and re-evaluating their experiences of GBV, resulting in healing (Kazmierczak, 2020).

Raising awareness surrounding issues of GBV in the women’s communities was also highlighted as a critical means of empowerment when creating art (Furtado & Rechen, 2021). In a case study by Gregory et al. (2002), women who experienced GBV created t-shirt art to express and share their experiences of GBV with their communities. Through sharing these experiences in a public space, women were empowered by the pride they had in their artwork and the hope generated by the thought that their artwork might challenge misunderstandings of GBV (Gregory et al., 2002). Moreover, in a

mixed-methods study by Murray et al. (2017) the women's art was showcased in an art exhibit to the public which also empowered the women by raising community awareness of GBV. According to Curtis (2009) in their book chapter surrounding music therapy with women who have experienced IPV, raising awareness of experiences of GBV through art fought oppression and strove for gender equality which was a critical means of empowerment for women who have experienced GBV.

Social Change

Lastly, the theme of social change was identified in this review, which was closely linked to the theme of empowerment. Social change was defined as any change occurring in a society that may impact laws, ideologies, language, etc. (Nordskog, 1960). Many of the sources reported that as a result of women feeling empowered when creating art, social change occurred. Seven sources included in this review discussed social change (Cardinal, 2014; Curtis, 2009; Furtado & Rechen, 2021; Gregory et al., 2002; Harman et al., 2020; Kazmierczak, 2020; O'Connor, 2018). A strong exemplar of how art facilitated social change was demonstrated in an article by Gregory et al. (2002) where they depicted the impact of the 'Clothesline Project'. This project was an initiative where women who experienced GBV shared their stories through creating t-shirt art (Gregory et al., 2002). The art was then displayed in major cities across the world in a moving art exhibit (Gregory et al., 2002). The public display of t-shirt art depicted women's experiences of GBV and brought public attention and awareness to the issue (Gregory et al., 2002). Moreover, the Clothesline Project stimulated a political conversation by bringing stories of violence against women to the forefront (Gregory et al., 2002). This project was seen as a form of political activism and the t-shirts acted as a form of public

education and served to challenge social norms (Gregory et al., 2002). Like Gregory et al. (2002) seven studies suggested that art could generate social change because it brought awareness to issues of GBV. In their case study, Cardinal (2014) stated that because of a new awareness of GBV, community change ensued and new perspectives on issues of violence against women were generated. Similarly, in their book chapter, Kazmierczak (2020) stated that art exhibits decreased the stigma associated with experiences of IPV. In a Portugal and England-based qualitative study, art enacted social change because it evoked emotions of empathy, raised awareness, and brought attention to issues of GBV (Harman et al., 2020). Moreover, art was defined by Harman et al. (2020) as being politically powerful, clearly evidenced by the studies included in this review. In summary, social change in some instances was a by-product of participating in art creation among women who have experienced GBV.

Discussion

The purpose of this review was to determine the extent, range, and nature of research activity pertaining to women who have experienced GBV and participated in art form creation. This scoping review included 15 articles. This review identified several benefits of participating in art form creation among women who have experienced GBV including self-expression, healing, empowerment, and social change. Self-expression through art was identified as a critical way for women to share their experiences of GBV with others (Cardinal, 2014; Gregory et al., 2002; Hearn, 2009; Kometiani & Farmer, 2020; Méndez-Negrete, 2013; O'Connor, 2018). Emotional healing occurred during art form creation and led to improved mental health symptoms in some instances (Aktaş Özkafacı & Eren, 2020; Cardinal, 2014; Curtis, 2009; Furtado & Rechen, 2021; Gregory

et al., 2002; Harman et al., 2020; Hearn, 2009; Ikonopoulou et al., 2017; Kazmierczak, 2020; Kometiani & Farmer, 2020; Méndez-Negrete, 2013; Murray et al., 2017; O'Connor, 2018; Skop et al., 2022; Zielona-Jenek et al., 2019). Women felt empowered when sharing their artwork with others (Cardinal, 2014; Curtis, 2009; Furtado & Rechen, 2021; Gregory et al., 2002; Harman et al., 2020; Hearn, 2009; Kazmierczak, 2020; Kometiani & Farmer, 2020; Murray et al., 2017; Skop et al., 2022). Moreover, sharing the artwork created by women brought issues of violence against women to the attention of community members, potentially generating social change (Cardinal, 2014; Curtis, 2009; Furtado & Rechen, 2021; Gregory et al., 2002; Harman et al., 2020; Kazmierczak, 2020; O'Connor, 2018).

Overall, the findings of this scoping review were novel because to this author's knowledge, no other scoping reviews have been conducted on women who have experienced GBV participating in art form creation. However, a systematic review of the literature by Leckey conducted in 2011 reported the impact of creative activities on mental wellbeing. This review found that although there appeared to be a link between creative activities and mental wellbeing there was not strong enough evidence to conclude that creative activities had a positive impact on mental wellbeing due to a lack of clarity of the concepts within the literature (Leckey, 2011). Leckey's (2011) results therefore differ from the findings of this scoping review.

Lastly, this review generated implications for further research. None of the articles in this review specifically focused on the experience of mothers who have histories of GBV participating in art form creation, highlighting a significant gap in the literature. The lack of studies focusing on mothers indicated a need for further research

with this population. Furthermore, ten of the articles included in this review depicted experiences of art therapy rather than simply participating in art form creation. Therefore, care must be taken when generalizing these findings to studies that are not explicitly art therapy because the majority (66%) of the articles in this review were based on art therapy interventions. Art therapy not only involves art creation but also entails working with an art therapist (Ikonomopoulos et al., 2017). Art therapists are trained in counselling psychology and during art therapy, facilitate clients in expressing and sharing their emotions and thoughts (Canadian Art Therapy Association, 2023). Therefore, the impact of art creation versus art therapy could be different due to the interactions between participants and art therapists. For example, in the case study by Ikonomopoulos et al. (2017), an art therapist specifically curated each art making session to target different areas of the psyche and promote wellbeing. For example, one session channelled their inner child when drawing and another session aimed to express anger through painting (Ikonomopoulos et al., 2017). Additionally, the case study by Kometiani and Farmer (2020) also utilized an art therapist to facilitate the artmaking sessions. In this study, the art therapist implemented trauma-informed care when working with participants and supported participants during their artmaking (Kometiani & Farmer, 2020). More studies focusing on art form creation outside of art therapy are needed to determine the experience of art form creation independent of art therapy. Lastly, there were only three sources included that were Canadian-based. This would indicate a further need for research in Canada.

Limitations

Search terms for this review included *art* OR *art therapy* OR *creative activities*. Perhaps including more search terms such as *art creation* OR *painting* OR *drawing* could have been included to gather a greater breadth of art-making activities. The sources in this review were not critically appraised prior to inclusion. Critical appraisal involves evaluating the trustworthiness and validity of published research (Umesh et al., 2016). Therefore, the quality of evidence used in this review could be considered a limitation due to the breadth of research considered for inclusion. However, including all types of literature is critical in a scoping review to identify gaps in the literature regarding poor quality research (Pham et al., 2014). Lastly, three studies had to be excluded because they were not in the English language and seven studies were excluded because full text options were not available. These studies could have had valuable insights and contributed to the findings of this review.

Conclusion

Overall, this scoping review generated new insights into the experience of participating in art form creation among women who have experienced GBV. It can be concluded that art creation may help with self-expression and healing among women who have experienced GBV. In addition, findings from this scoping review suggest that women might feel empowered by their art creation. Moreover, social change may be an outcome when issues of GBV are brought to the attention of community members through the sharing of art creation. Further research which focuses on the experience of mothers who have experienced GBV when participating in art form creation is essential because no sources were identified in this review that focused specifically on mothers' experiences. With a greater understanding of the experiences of art form creation among

mothers with histories of GBV, more resources can be created for this population to seek for means of support which could potentially improve their experience of motherhood (Hooker et al., 2016).

CHAPTER 3

METHODS

Design

This research is situated within a larger arts-based qualitative study entitled the “Art of Mothering” (AOM). This study was a secondary analysis that focused on the process for mothers with histories of GBV of participating in art form creation. The process of creating a visual art form as a reflection of experiences of GBV among mothers was studied using an interpretive description (ID) methodology (Thorne, 2016). Interpretive description is a qualitative methodology that embodies the epistemological underpinnings of the applied science being studied, in this case, nursing (Thorne, 2016). Interpretive description facilitates research grounded in the principles of nursing science and avoids the limitations of traditional qualitative methodologies (Thorne et al., 1997). Interpretive description is the framework of choice for the applied sciences because it allows for disciplinary logic to guide research (Thorne, 2016). Interpretive description seeks to answer real-world questions and generate insights that can translate into practice (Thorne, 2016). Moreover, ID looks beyond simply describing a phenomenon and aims to uncover relationships, patterns, and associations that might exist (Thorne, 2016). The insights generated from ID are used to guide practice relevant decisions that impact the lives of individuals (Thorne, 2016).

Interpretive description was the chosen methodology for this study because it can facilitate an understanding of the process of creating art among mothers with histories of GBV. By describing and interpreting the process of mothers when creating art, this ID study aimed to guide supportive programs and nursing practices for mothers who have

experienced GBV. Utilizing interpretive description will generate new knowledge and insights that are practice relevant and applicable to the lives of mothers who have experienced GBV.

Intersectional Framework

The Intersectional Framework (IF) as described by Crenshaw (1991) was used to guide this study. This framework highlights the relationship between gender and other personal demographics with the experiences of marginalization, exclusion, and violence against women (Crenshaw, 1991). Crenshaw's IF provides an explanation for why experiences of GBV can be considered inequitable and are amplified by factors such as ableism, sexuality, and race (Crenshaw, 1991; Government of Canada, 2023d).

Moreover, the IF focuses in on structural, political, and cultural barriers that women who experience GBV face (Crenshaw, 1991). Intersectionality-informed qualitative research aims to comprehend the complex experiences of individuals and how those experiences are influenced by context (Hunting, 2014). Context such as power plays an important role in the experiences of GBV as GBV is often perpetuated due to societal power imbalances between men and women (Abrahams, 2017). Similar to ID, intersectionality-informed qualitative research aims to generate research findings that have practical applications and are applicable to the lives of those being researched (Hunting, 2014; Thorne, 2016). This makes the IF and ID a methodologically sound pairing for qualitative nursing research in the context of GBV. Furthermore, the findings of intersectionality-informed qualitative research aim to promote social justice, which is critical when working with women who have experienced GBV (Hunting, 2014). Therefore, the IF is a good fit for this research because it seeks to highlight the disparities that women who experience

GBV face and how personal demographics can influence these experiences (Crenshaw, 1991).

Study Procedures

Participant Recruitment

Participants were recruited for the primary AOM study using *Kijiji* advertisements and posting flyers in two women's shelters in London, Ontario (see Appendix E).

Participants were recruited from April 2022 until November 2022. To recruit mothers from all over Ontario, approximately 300 *Kijiji* advertisements were posted in varying rural areas and cities throughout the province. Advertisements on *Kijiji* were posted in multiple categories such as “free stuff”, “hobbies and crafts”, “clothing”, “baby items”, etc. to target as many individuals as possible. Participants were asked to contact the research team via email if they were interested in participating in the study. A total of 70 participants expressed interest in the study; of those, 36 participants did not respond after initial contact was made. Upon emailing the research team, participants received a link to an online Qualtrics survey confirming eligibility for enrollment in the study and collecting demographic data. The study's eligibility criteria required participants identifying as female, be over the age of 18 years, be a mother, have experienced GBV greater than six months ago, speak English, and have access to the Internet. Following completion of this survey, participants received the letter of information (LOI), along with instructions for creating the art-form and corresponding journaling process. Once the participants received the art-form and journaling instructions they were advised to contact the researchers with any questions or concerns regarding the overall process. The participants were asked to complete their artwork within two months; however,

participants could complete their artwork beyond the two months if needed on a case-by-case basis until recruitment was completed in November of 2022. Six participants took longer than two months to complete their artwork. Fifteen participants completed the enrollment and baseline survey but did not continue with the study. Six participants completed their artwork but did not schedule an interview. Overall, a total of 13 participants completed the entirety of the study. See Appendix F for a diagram of participant participation. Most of the participants who did not complete the study simply did not respond to emails, however, two expressed that the study was too challenging for them to complete. Participants who made it to the artform creation step of the study received up to \$100 for the reimbursement of art supplies. Participants who completed the entire study also received a \$30 Amazon e-gift card as an honorarium to acknowledge their time. All participants were directed to resources for an assaulted women's helpline and a crisis text line due to the potentially emotionally challenging nature of participating in the study. Both interviewers were trained in trauma-and violence-informed care (TVIC) prior to the interview process to maintain participant safety. Additionally, the two participants that did not complete the study but expressed that the study was too challenging for them also received resources for an assaulted women's helpline and a crisis text line.

Participants

Thirteen participants were included in the primary study and met the eligibility criteria. Of these 13 participants, all 13 were included in this sub-study.

Sampling

Convenience sampling was used to recruit participants for the primary study. In convenience sampling, participants come forward and volunteer to participate as a result of recruitment efforts (Polit & Beck, 2018). The recruitment efforts used in the primary study included *Kijiji* advertisements and flyers which were posted in two women's shelters in London, Ontario. These recruitment efforts are an example of convenience sampling because individuals contacted the research team to express interest in the study. Convenience sampling is not a preferred sampling approach because it does not always obtain a representative sample of the population (Polit & Beck, 2018). However, convenience sampling was chosen for the primary study because it was a simple, cost-effective sampling strategy (Stratton, 2021). Furthermore, convenience sampling was used because reflecting on and discussing experiences of GBV can be challenging (Ellsberg & Heise, 2005), therefore the voluntary nature of convenience sampling was important for participants in this study.

Sample Size

The sample size was guided by the principles of ID. According to Thorne, ID can be conducted with a sample of almost any size (Thorne, 2016). However, research using ID typically has sample sizes of less than 30 participants (Thorne, 2016). A sample size in ID should be determined by how many participants the researcher feels are needed to answer the research question (Thorne, 2016). When considering the process of creating a visual art form among mothers with histories of GBV, an in-depth exploration of what this process was like for mothers was the goal of this research and therefore a small number of participants willing to share their experiences with the research team was sufficient to generate valuable findings. The primary AOM study was also guided by ID

and had a preliminary sample size of 10-20 participants. This sample size was chosen because ID typically uses small samples and seeks an in-depth exploration of phenomenon with the participants (Thorne, 2016). The sample size was also determined by reviewing similar research with women who had experienced GBV participating in art form creation. Two qualitative studies and two mixed method studies evaluating the impact of art therapy or art creation with women who had experienced GBV were reviewed and used sample sizes ranging from six to 22 participants (Aktaş Özkafacı & Eren, 2020; Harman et al., 2020; Murray et al., 2017; Skop et al., 2022).

Data Collection

This thesis was a sub-study of the large AOM study. Data collection for this thesis included an online Qualtrics survey, art form creation, and semi-structured interviews. After confirming eligibility, the survey collected participant demographic data. Following this, the participants were provided instructions and support for the art form creation (see Appendix G) and journaling aspects of the study (see Appendix H). Lastly, the participants engaged in a semi-structured interview. During the interviews, the researchers made fieldnotes where they practiced reflexivity and documented participant observations (Polit & Beck, 2018). The interviews were transcribed by a transcription service called “Transcription Heroes” and uploaded to a web-based server, Microsoft Teams, which was only accessible to the research team. A technology risk assessment form was completed for each of these platforms to ensure their ability to maintain participant privacy and confidentiality.

Demographics Survey

Participant demographic data were collected through an online Qualtrics Survey (see Appendix I). These data included gender, age, education level, Indigenous status, ethnicity, sexual orientation, marital status, geographic location, number of children, age of children, gender of children, children's living situation, and personal living situation. See Appendix J for participant demographic characteristics.

Art Form Creation

Participants were provided with detailed instructions regarding the art form creation process. The first suggested step was for the participant to decide upon their preferred medium and purchase their art supplies. Various examples of visual art supplies were provided as examples for the participants such as canvas, clay, paint, photography, and digital art software. Next, the participants were prompted to reflect on their experience of mothering in the context of GBV and encompass this in their artwork. The participants were given a two-month timeline to complete their art. In these instructions, the participants were also prompted to journal throughout their artwork process. Once completed, the participants were asked to schedule an interview with the research team. Lastly, for knowledge mobilization purposes and to facilitate discussion during the one-on-one interviews, the participants were asked to either send the research team a photo of their art, or the research team could arrange for pickup/shipping of the artwork. See Appendix K for participant artwork. Each piece of artwork corresponds with the participant identifier used in the overview of major findings section (P1, P2, P3, etc.).

Journaling

The participants were provided with guidelines on how to journal as they proceeded through the study. Step one prompted the participants to begin journaling

whenever it felt comfortable to them. Prompts were provided to stimulate journaling such as, “What came to mind as you started thinking about this art form?”, “Why are you choosing to create this type of art?”, and “What are you thinking about as you create this art?”. The participants were informed they may choose to share any thoughts they journaled during their interview. Aside from what participants chose to share from their journals in the semi-structured interviews, data were not collected from the journals and participants were able to keep their journals.

Interviews

For the primary AOM study, semi-structured interviews were conducted by two graduate research assistants, including the primary author of this thesis and another masters level student (see Appendix L). Both research assistants were trained in qualitative interviewing and TVIC prior to conducting the interviews. The semi-structured interview guide was developed by the two graduate research assistants as well as the research team of the primary AOM study. Questions specific to this thesis were generated by the primary author of this thesis, as one of the graduate research assistants, and included in the interview guide. Informed consent was obtained on the enrollment survey as well as prior to the semi-structured interviews. Each participant was provided with a LOI prior to consenting to the study (see Appendix M). Upon initiation of the interview, the participant and interviewer agreed upon a safety plan. Before the interviews started, the participants confirmed that they read the LOI and consented to being in the study. All interviews were conducted via Zoom and ranged from 30 to 105 minutes in length, with the average interview lasting 75 minutes. The audio recordings were then transcribed verbatim using the transcription service Transcription Heroes.

Data Analysis

Transcripts were entered into Quirkos, a qualitative data analysis platform, where they were then analyzed (Quirkos, 2023). Each interview transcript was read in full and preliminary codes were generated. After generating the preliminary codes, the transcripts were re-read multiple times, and the codes were refined. Once the final codes were determined, a rough draft of the analysis was written. Throughout the writing process, feedback was received from the advisory committee and the codes were further revised. This was an iterative process. Data analysis and coding were performed using an inductive approach, reading the raw data, and generating themes (Bradley et al., 2007). Using an inductive approach to coding allowed the codes to develop over time rather than jumping to any false conclusions at the start of the coding process (Bradley et al., 2007). Prior to organizing and sorting the data, time was spent immersed in the data to develop an understanding of the data as a whole (Thorne, 2016). The initial coding phase was kept broad to encourage patterns to emerge and to mitigate the risk of being too precise (Thorne, 2016). Inductive analysis was performed because it is important when using ID (Thorne, 2016). Inductive analysis is a bottom-up approach where the data are read as a whole and codes emerge throughout the analysis process (Thorne, 2016). Using inductive coding allows for experimentation with different codes which leads to interpretive thinking, a hallmark of ID (Thorne, 2016).

Quality Criteria

Ensuring high quality research is important amongst qualitative researchers (Tracy 2010). Tracy (2010) discusses steps that can be taken to ensure quality in qualitative research across the research paradigms, making these recommendations easily

adaptable to all qualitative methodologies. Previously, quality criteria were established using Lincoln and Guba's (1985) quality criteria for trustworthiness. Establishing trustworthiness is still considered important when conducting qualitative research (Polit & Beck, 2018), however, advancements have been made since these recommendations (Tracy, 2010). Trustworthiness in research is described as research that is truthful, applicable, consistent, and neutral (Lincoln & Guba, 1985). According to Thorne (2016), Lincoln and Guba's methods for trustworthiness can be used in ID studies, as long as they are being employed with the intention of achieving high-quality interpretive findings and go beyond simply achieving technical accuracy. Therefore, Lincoln and Guba's (1985) guidelines for conducting quality research will be utilized and will be further informed by Tracy's (2010) updated recommendations for quality criteria. Lincoln and Guba's quality criteria consist of four criteria including credibility, dependability, conformability, and transferability (Lincoln & Guba, 1985). Each of these criteria will be discussed and supported using Tracy's (2010) quality criteria which include, "1) worthy topic, 2) rich rigour, 3) sincerity, 4) credibility, 5) resonance, 6) significant contribution, 7) ethics, and 8) meaningful coherence" (Tracy, p. 839, 2010).

To begin, credibility is an important element of both Lincoln and Guba's (1985) and Tracy's (2010) quality criteria. Credibility refers to how reliable the data and its interpretations are (Polit & Beck, 2018). To enhance credibility, the research team participated in prolonged engagement with participants throughout the research process (Lincoln & Guba, 1985). Trust was built with participants through prolonged engagement because participants were able to contact the research team during the two-month artmaking process leading up to the semi-structured interviews as well as after

completion of the study (Lincoln & Guba, 1985). Thick participant descriptions were gathered to provide an in-depth understanding of the participant's experiences (Tracy, 2010). Additionally, findings were agreed upon by the advisory committee, preventing from internal bias affecting the results of the study (Lincoln & Guba, 1985).

Lincoln and Guba (1985) state that dependability refers to if the findings are reliable and could be repeated. Tracy (2010) does not discuss the concept of dependability but rather focuses on the concepts of rich rigour and sincerity. Rich rigour is described as having sufficient data to support the findings, significant time spent gathering and immersed in the data, appropriate context and sample, and appropriate procedures including data collection and analysis (Tracy, 2010). Rich rigour was achieved by maintaining an audit trail throughout the research process, allowing for the general research process to be repeated (Polit & Beck, 2018). Data were gathered over an eight-month period. Prolonged engagement occurred because participants were able to contact the research team during their two-month artmaking process as well as after completion of the study (Lincoln & Guba, 1985). The sample size was guided by the principles of ID and supported by other relevant literature indicating that the sample was adequate (Thorne, 2016). Lincoln and Guba (1985) suggest that findings are considered dependable if they can be repeated. However, data analysis in qualitative research is subjective, suggesting that findings might vary between researchers (Smith & McGannon, 2018). For this reason, sincerity was achieved through researcher reflexivity (Tracy, 2010). Reflexivity is the process of reflecting on one's values and beliefs, and how they might impact the research process and overall findings of the study (Tracy, 2010).

Confirmability and transferability are also discussed by Lincoln and Guba (1985). Confirmability refers to how much the data represents the information given by participants and ensures the data is not impacted by the researcher's bias (Polit & Beck, 2018). Tracy's (2010) quality criteria, of sincerity also encompasses confirmability through practicing researcher reflexivity. Researcher reflexivity helps to mitigate the risk of researcher bias impacting the study (Tracy, 2010). Confirmability was also achieved by reviewing themes with the advisory committee (Polit & Beck, 2018). Lastly, transferability refers to if the findings of the study are applicable in other settings (Lincoln & Guba, 1985). Tracy's (2010) quality criteria encompasses the concept of transferability within resonance, the research's ability to impact its readers. Thick participant descriptions were collected enhancing the richness of data collected and transferability of the findings (Lincoln & Guba, 1985; Tracy, 2010). Additionally, photos of participant artwork were included to elicit emotions within the reader, further enhancing the transferability of this research (Tracy, 2010).

It has been argued that having a standard set of quality criteria for all qualitative research can raise issues (Guba & Lincoln, 2005). However, having a standard guideline can also be helpful, especially for novice qualitative researchers (Tracy, 2010). Utilizing a general set of quality criteria, rather than specific criteria based on methodology, will prevent novice researchers from choosing the incorrect quality criteria to support their study (Tracy, 2010). For this reason, Tracy's (2010) qualitative quality criteria and Lincoln and Guba's (1985) criteria for trustworthiness were a good fit for this research.

Ethical Considerations

The primary AOM study was granted approval from the Non-Medical

Research Ethics Board at Western University (NMREB #120,675) (see Appendix N).

Ethical considerations were made for conducting research with women who have experienced GBV. Exploring issues of GBV can be challenging for the participants due to the traumatic nature of the topic (Ellsberg & Heise, 2005). To address concerns for conducting research with women who have experienced GBV, thoughtful steps were taken. To begin, each participant was informed of the mandatory reporting of abuse at the start of their semi-structured interview, therefore any disclosure of harm to themselves or a child would need to be reported. All data were de-identified and only unique participant identifiers were used throughout the study, to protect privacy and confidentiality.

Furthermore, because talking about experiences of violence can be triggering and/or distressing for women (Binkley, 2013), considerations were made such as providing resources for an assaulted women's helpline, crisis text line, and offering a post-interview debrief. The post interview debrief can be found in Appendix L, as it was included in the qualitative interview guide. Lastly, all participants were informed that they could drop out of the study at any time if they became uncomfortable with the research process.

CHAPTER 4

FINDINGS

Participant Demographic Characteristics

The participant demographic characteristics are outlined in Appendix J. All thirteen participants ($n=13$) identified as female. Two ($n=2$) were 25-35 years old, ten ($n=10$) were 35-45 years old, and one ($n=1$) was 45-55 years old. In response to education, one ($n=1$) had less than high school education, four ($n=4$) had some college/university, seven ($n=7$) had a college/university degree, and one ($n=1$) had an advanced degree. Regarding race and ethnicity, two participants ($n=2$) self-identified as Indigenous, seven ($n=7$) identified as Caucasian, one ($n=1$) as Hispanic/Latina, one ($n=1$) as Asian, and four ($n=4$) identified as “other”, and one participant preferred not to answer. For sexual orientation, two participants ($n=2$) identified as bisexual, eight ($n=8$) as heterosexual, one ($n=1$) as pansexual, one ($n=1$) as queer, and one ($n=1$) responded as “other”. Marital status was reported by three participants ($n=3$) as single, two ($n=2$) in a relationship but not married/common law/ or engaged, five ($n=5$) married/ common law/ or engaged, two ($n=2$) divorced or separated, and one ($n=1$) reported “other”. For places of residence, ten participants ($n=10$) reported living in a large urban center (100,000 people or more), one ($n=1$) in an urban center (30,000-99,000), and two ($n=2$) in a rural community (30,000 people or less). Regarding children and subsequent living situations, four participants ($n=4$) had one child, four ($n=4$) had two children, one ($n=1$) had three children, three ($n=3$) had four children, and one ($n=1$) had five children. Moreover, nine participants ($n=9$) reported their children lived with them fulltime, two ($n=2$) reported their children did not live with them, and two ($n=2$) responded “other”. Lastly, six

participants ($n=6$) reported living with their children, one ($n=1$) reported living with their partner, five ($n=5$) reported living with their partner and children, and one ($n=1$) reported “other”.

Overview of Major Findings

Two key themes were revealed that provided an understanding of the process of creating a visual art form in the context of mothers who have experienced GBV. The two emerging themes were: 1) creative processes, with subthemes a) using symbols, b) thoughtful colour selection, and c) choice of artistic medium; and 2) storytelling experiences of GBV through art, with subthemes a) art as a means of communicating, b) emotional processing and healing, and c) concept development in artmaking.

Creative Processes

The participants described the creative processes involved in the creation of their artforms. All participants were non-artists but enjoyed going through the creative process involved in creating their artform. There were three significant creative processes discussed by the participants which generated subthemes including using symbols, thoughtful colour selection, and choice of artistic medium. These subthemes and how they relate to the creative processes the participants described will be explored.

Using Symbols

Participants described using symbols in their artwork to share their experiences of GBV. Using symbols in art allows individuals to express themselves (Isserow, 2013). In art therapy, individuals utilize symbols as a means of interpersonal communication and emotional expression (Isserow, 2013). The creation of symbols in art is an innate process and accesses deep areas of an individual’s psyche (Swan-Foster, 2020). Moreover,

symbol use in art creation allows for meaning making (Skop et al., 2022). As such, creating art using symbols can promote healing (Swan-Foster, 2020). Many participants used varying symbols to represent their experiences of GBV. Symbols can promote the expression of unconscious thoughts and generate realizations (Swan-Foster, 2020). This was evident in the first participants artmaking experience. This participant painted an image of what they saw from their bedroom window as a child and utilized the river in their backyard as a symbol for the tears they cried after the loss of their late father. They described how this symbol related to their experiences of GBV:

I thought why did I do my bedroom window view? Why did I even redo this piece? And then as I was kind of looking at it from an analytical perspective, as a curator, I went oh, you are crying the river. You're crying the river, onto the soil of this loss. Because you would have never allowed yourself to be in an abusive relationship again if dad hadn't died. I mean, I had gone to counselling. I had gotten over it. It was not over it, but I thought I had gotten over it. [P10]

Not only did using symbols in their artwork generate realizations, but symbols allowed participants to share their experiences of GBV. Artmaking promotes a safe environment where individuals feel comfortable creating and sharing symbols as a form of self-expression (Ikonomopoulos et al., 2017; Swan-Foster, 2020). Furthermore, symbols in art can carry personal meaning and can represent individual experiences (Swan-Foster, 2020). The next participant utilized the symbol of a flower to encompass their experience of GBV. They described their experiences of GBV in the context of the life cycle of a flower through spring, summer, winter, and fall. The flower was also a symbol for their personal growth and change after their experiences of GBV:

So, like sometimes when like the petals start to drop, and you feel like the flower is going away, you feel like it's going to be gone forever, but it's not because it will bloom again next year. So, throughout my life I've been like you know depressed and then happy and then depressed and then happy, it never stays the same. You're not always under the snow and you're not always blooming. It's constantly changing. So, it kind of made sense that, you know, people can be kind of like the plant. And when you're buried under the snow, it might be cold and lonely, but you just have to remember that spring will come. [P12]

Similarly, the following participant used a symbol as the center of their artwork to describe their experiences of GBV. They used the symbol of an explosion to depict the moment they decided they needed to leave their abusive relationship. They described the moment they realized they needed to stand up to their abuser. Through their painting of an explosion, they were able to convey their experience of GBV. The participant stated:

And that's kind of why I thought the explosion was like a good choice because it's like – it could be really, really dark and then when there is an explosion or a fire it's very, very bright light. You know, so almost like – because before I wasn't taking care of myself, and I wasn't standing up for myself and then all of a sudden, I was. So, it's almost like this sudden effect of an explosion is the same as like the suddenness of my finally trying to take control of my life and standing up for myself and not wanting to be abused anymore if that makes sense. [P8]

Using symbols was described by participants as an important part of the artmaking process. Participants found that using symbols helped them share their

experiences of GBV with others and generated realizations about their experiences of GBV.

Thoughtful Colour Selection

The participants also discussed how they thoughtfully chose which colours they wanted to use in their artwork. Often, the colours were representative of emotions the participants were feeling during their experiences of GBV. One participant discussed contrasting dark and light colours to represent the positive and negative emotions they experienced during their experiences of GBV:

But at the same time, I also wanted to show that there was kind of hope despite kind of the emotions that I was feeling at that time. So that's why I kind of chose, like, both black and white in terms of kind of colouring and shading to show that there's darkness but there's also kind of pieces of hope. [P2]

This participant further shared how light colours represented the hope they felt during their experiences of GBV. In addition to using light colours to represent hope, in their drawing of a pregnant woman they discussed how they thoughtfully shaded their pregnant stomach with light colours to represent the excitement surrounding a brighter future to come. The participant shared:

The light beam kind of symbolizes that hope, despite all the darkness around. And then in terms of the different colours on the belly, it's lighter colours, just to show that there's kind of another human being coming, and there's a kind of like a more positive brighter sort of like the sun, like a brighter thing coming. That's why it's like a different colour than everything else. [P2]

This next participant also used light and bright colours to represent the positive emotions they focused on during their experiences of GBV. Similarly, they utilized light colours to represent their children and described the happiness that their children brought despite their experiences of GBV:

Just to go back to your question about the beautiful colours, I try to remind myself that there's still beauty, and especially in my children, and despite all the hardships, like they will live on. And you know they will thrive and they are a blessing. And they're beautiful, their lives are beautiful and I don't want to paint it otherwise, even despite our start. [P9]

Thoughtful colour selection was described by participants during their artmaking. Light colours were used by participants to represent positive emotions and memories whereas dark colours were used to represent negative emotions and memories.

Choice of Artistic Medium

Participants described their decision making regarding their choices of artistic medium when preparing to create their artforms. An artistic medium refers to what materials an artwork is made from (Internet Encyclopedia of Philosophy, 2023). Examples of artistic medium include canvas, clay, watercolour, oil paints, and drawing. The participants described how they turned to methods familiar to them from childhood or that carried positive memories. Most participants had a thoughtful reason for why they chose their specific artistic medium. For example, a participant who chose to represent their experiences of GBV in the context of the loss of their late father also chose to utilize an art medium that reminded them of their father. They shared:

I chose watercolour because my dad bought me a set when I was very young. And they just stuck with me. [P10]

Another participant described how they chose to use crayons to create their artwork because it reminded them of their youth and because they often used crayons with their own children. Like the previous participant quote, this participant also focused on positive memories when choosing their artistic medium:

So, yeah, it's just like crayon which doesn't seem too exciting, but you know, on the other hand I have a lot of memories of doing things with my kids with crayons. So, I have more memories of using crayons with my kids that I ever used crayons when I was a kid. So, maybe it's good that I used crayon. [P12]

In addition to choosing an artistic medium that reminded the participants of positive memories from their past, the participants also chose an artistic medium that they used as a child. The next participant described choosing an artistic medium that they used when they were younger when they described:

So with this these are literally – they're little bunnies that I've been making since I was a little kid. You make them out of a square of fabric and then you just kind of sew it together; so really simple. [P1]

Participants described choosing artistic mediums based off their personal positive memories associated with their medium of choice. Participants also recalled interacting with and using their chosen artistic medium as a child.

Storytelling Experiences of GBV Through Art

In addition to describing the creative processes involved in creating their art forms, participants also described the process of storytelling experiences of GBV through

art. During the process of creating art which shared their experiences of GBV, participants highlighted three subthemes including: art as a means of communicating, emotional processing and healing, and concept development in artmaking. These three subthemes will be discussed in turn.

Art as a Means of Communicating

Participants described ways in which art facilitated them in communicating their experiences of GBV. They expressed how using art to represent their experiences made it easier for them to discuss these experiences with the research team and with others. One participant described how with their son they were able to communicate about their previous experiences of GBV using their artwork:

So, I talked about it in a different way. Yeah, but to then hear him sort of understand what I was trying to say, when he said, “yeah, this last painting you do is just going to have all these hearts exploding out of your chest” or whatever he said, something like that, I was like, “yeah, exactly.” I think it was really neat to sort of kind of see him understanding what I was trying to get across without going into all the detail with him, yeah, I think that’s pretty neat. [P11]

Another participant explained how using art as a visual portrayal of their experiences communicated emotions that they wanted to evoke in the viewers of their art. They also described how their artwork communicated their experiences of GBV better than they felt they would be capable of communicating verbally when they shared:

I can’t imagine that it would have been able to connect – I could have told you about my dad, I could have told you about loss. I could have told you about my mother, but to express it visually, and then to see it, to sort of validate, like oh

right. Almost a -because I'm a visual person. And the whole picture is worth 1000 words concept, I can show you the picture. And my emotions have poured into it through the paint, or through the media in general, whatever people use, it's always autobiographical in some level. And I realised that from an academic perspective. But for myself to look at my own stuff, and once I put the critic asides to say, wow, that sounds like a journey. And then to have myself be surprised by my own artwork. And to sit back and question, why did I do that? And then to realise, to become more critiquing or analytical of what I did, and then having this sort of awareness. It really connected for me, and I could have never shown that to you. I could have never told you that the same way as showing it to you. [P10]

Another participant discussed how, due to their disability, they struggled to find words to express themselves. For them, creating art was a liberating way to communicate their story and experiences of GBV with others. This participant created a three-dimensional sculpture to share their experiences of GBV. They described how they wanted to create something tactile that people could interact with to best share their experiences of GBV with others:

So, I think because words often fail me now as part of my disability, having something so concrete and so 3-D, I think I was trying to do it flat, and I couldn't capture sort of the feeling that I wanted to invoke in people. And I think the 3-D and people being able to touch it and I don't know; I think it conveys it in a way that I couldn't with words. Or maybe it makes people think in a way that – my story very often just invites people to shut down because they're like, “no, I can't

entertain that one [laughs.] That doesn't fit with the rest of my vernacular." So, this way it sort of invites more of a questioning rather than a statement that challenges people. [P5]

Lastly, the same participant shared that they feel art is a good way to communicate about subject matter that is challenging to discuss, such as experiences of GBV. They stated:

I was so excited that you guys were investigating this link and that it was going to be done through art, which I think is a fabulous medium to say things that are hard to say. [P5]

Creating art acted as a means of communication for the participants. Participants shared how they utilized art to portray their experiences of GBV. Additionally, they suggested why art may have acted as a vehicle for communication.

Emotional Processing and Healing

When sharing their experiences of GBV through art, participants discussed the emotional processing and healing that occurred. Creating artwork that represented their experiences of GBV allowed participants to confront their experiences of GBV and spend time reflecting on them, allowing for emotional processing. In turn, some participants shared that this reflection and emotional processing of experiences of GBV led to healing because they were able to view their experiences in a new light. Additionally, many participants expressed that realizing and reflecting upon their personal growth since their experiences of GBV was healing for them. One participant discussed that taking time to process their experiences of GBV when creating their artwork was important because

they had not previously taken time to sit with their emotions surrounding their experiences. They shared how creating their artwork impacted them:

Well, I learned that it's OK to, you know – I learned that it's OK to have a chance to process those emotions. It's not always good to avoid them all the time, it's good to just deal with them, yeah. Because I feel better, honestly, yeah. [P3]

The same participant further described how taking time to process their emotions surrounding their experiences of GBV when creating their artwork allowed them to revisit these experiences without the same emotional weight. They stated:

I'm so grateful. I feel like I've been able to process those emotions now well, and I don't have to avoid them – to avoid those thoughts anymore. Because I feel like I'm OK now, even thinking about them, it doesn't make me feel the kind of emotions I used to get when I think of those things, or those days. Yeah, now I just look at them as something I had to go through, you know, to become better. Like the way, you know, gold has to go through a fire, you know, to become gold, to become pure, yeah. So I feel like it's something – an experience I had to go through to become a better person, and maybe to become someone that can encourage someone somewhere, someone that's – someone going through something, you can talk to, and would be understood, you know? Yeah. So I'm so grateful. [P3]

Similarly, another participant described how they typically would not reflect on their experiences of GBV, however, taking the time to emotionally process their experiences when creating their artform was beneficial. They described how their artwork

not only helped them process their emotions, but also represented their growth since their experiences of GBV:

I mean it's not something I would think about on a regular basis, right. It's something you kind of want to forget more or less, like you never do but you want to. And then when you actually think about it logically and you're putting it down on paper and you're looking at it, it's like wow, I can't believe I really overcome some of this, like wow. It's more of an a-ha moment right. [P13]

Another participant described how the emotional processing of their experiences of GBV when creating their artwork led to realizations about their experiences that they had not previously considered. Similarly, this participant described how taking time to emotionally process their experiences of GBV led to profound discoveries that positively impacted them. This participant was surprised when they realized that their artwork which was meant to embody their experiences of GBV in the context of mothering reflected the safety and security they felt as a child under the care of their late father.

They shared:

But it really has been profound, that these little pieces that I was so certain that I would develop into representations, is this gaslighting bastard, this person who hurt me, this woman who allowed really crappy stuff to happen to herself. And ended up becoming about my childhood, pre-abusive relationships. When I did this painting at 14 years old, when I did this, I had never been with a man, I had never been kissed. I had never – I was a little girl. I was my dad's little girl. I was just, I did it for my dad. And I was that – I was still that little person, I was. And I still am. I'm still safe and loved. And it's time–to be OK about crying about that.

And I mean tears of joy and tears of sadness, right. It's been incredibly profound.

And I thank you for allowing you to participate in it, truly, I do. [P10]

Alternatively, one participant depicted the healing power of not only reflecting on and emotionally processing their experiences of GBV but also the physical act of creating their artwork. They described how the repetitive motions of knitting allowed them to physically release and "seal off" the negative emotions and memories associated with their experiences of GBV. The participant described that sealing off their emotions in their knitted bunnies helped them to move past their experiences of GBV and work towards healing by expressing their repressed memories:

So it was like, yeah so it was like one stitch at a time, you know, so like sitting there watching TV and I was knitting these guys. So they really didn't take a long time to make which I know sounds – because I did it really quickly but I'm fast at knitting. But like each one has, you know, a lot of stitches, a lot of love in it as well as what happened to it. And I think there's a way in which I was using them to also seal off these feelings to go like I don't have to feel this anymore, like it's in there now. And yeah – but there was – I honestly – I was surprised how much it challenged me. I was surprised how much was inside of me that came out. I was surprised how many memories because I have a lot of repressed memories from stuff, but anyway I was surprised how many memories like came out. [P1]

Lastly, one participant described how creating art facilitated healing because they were able to emotionally process and view their experience of GBV as a whole. By creating an artwork that portrayed their experiences of GBV the participant was able to reflect on and process their overall experiences of GBV. They described:

I think healing would be a word, yeah. Yeah, so I mentioned a couple of years ago I found out I was sort of ruminating around this time of year and this year I'm not doing that. And yeah, I just think the timing is very interesting and maybe not a coincidence but yeah, I think it's pretty neat, it's a healing process I think. Yeah and I think using art as a form, again it's not really my go to, I feel like my brain probably works more on the science and math, that sort of end of it. But as you can see there's been a couple of points in my life where I have kind of created something, sometimes it was something I did because of a school project or an art class, sometimes it was just things I did on my own because I felt like I wanted to do something on my own, which is kind of neat. But there's not a lot of art in my life I created but I put it altogether in one place and see yeah and see the growth and the progression I guess that's happened and know that it's not all linear, I think it's all pretty a healing thing. [P11]

Emotional processing and healing were described by participants as a by-product of their artmaking. Participants shared that creating art allowed them time to process their experiences of GBV as well as their emotions. The participants shared that reflecting on their experiences of GBV helped them view their experiences in a new light and ultimately led to emotional healing.

Concept Development in Artmaking

In addition to discussing art as a means of communicating and the emotional processing and healing that occurred during artmaking, participants also shared the importance of wanting to represent and share their experiences of GBV in a powerful way. Many participants described the concept development process involved in creating

their artwork. They took time to reflect on their experiences of GBV and decided how they wanted their artwork to be impactful. One participant described how they chose to share the moment they felt like they could no longer hide their experiences of GBV from others. They stated:

I don't know why I chose that one. I couldn't get the McDonald's one onto the paper in a way that made sense to me, and that one – the time when he broke the front window was really embarrassing to me. Because usually I could hide a lot of the abuse by closing the windows – or I thought I could, anyways – and keeping it inside. But that time I definitely couldn't, because our very front window on our house was broken. [P4]

Likewise, another participant struggled with deciding how to represent their experiences of GBV through art. Overall, the participants felt a large responsibility when creating their artwork, knowing that it would be shared with the public and other women who may be experiencing or have experienced GBV. This participant described how they wanted to both represent their emotions during their experiences of GBV but also their journey overall, and the time they spent developing their concept to represent their experiences:

So, I had just written down that I had lots of ideas for an art project, too many, in fact, so I didn't know which one to do. I just wanted something that would represent my state of mind during the domestic violence, but I really think it's better to go with something that sums up the whole experience, you know. [P8]

One participant described that when they were developing the concept for their artwork, they wanted to consider not only their own experiences of GBV, but also, the

experiences of others. This individual wanted their artwork to be impactful by encompassing everyone's experiences of GBV. Their artwork involved knitting "bunnies". Each bunny was stuffed with a different item that they felt defined experiences of GBV. One bunny represented the experiences of everyone this individual knew who had experienced GBV because it was stuffed with excuses given by perpetrators of GBV. They described:

So when I thought about like gender-based violence like I said I thought about friends of mine and family members of mine who struggled a lot more than I do and suffered a lot more than I do. I wanted to create something that was tactile that people could hold in their hand and then they could truly feel like what I felt when I was creating it, and that's why I went with these guys because they're so cute first of all and you can like pick them up, you know, fluff the little tails. But what they're stuffed with is incredibly disturbing. [P1]

One participant described how they struggled with how to represent their experiences of GBV through art. Ultimately, they decided to use multiple old art pieces that they had previously created during specific times in their life when they were experiencing GBV. As their final artwork and a representation of their current self, they used a blank canvas. This blank canvas represented that they were unsure how to represent their experiences of GBV in relation to mothering and how they felt about them now. The participant wanted the blank canvas to represent that it is ok to not know how to represent your experiences and to not be ready to completely share those experiences with others. They said:

And I really struggled about what I wanted to create as part of this, as part of this prompt, as part of this art project that you guys had given to me. I really struggled with what I wanted to create, I had all these different ideas. And then I realized I guess I came to realize the reason why I incorporated this is I realized it's OK not to know right now what that's going to be and I'm just going to leave it like this [laughs]. I'm actually not ready, I think. In fact I'm not even ready to take the packaging off the canvas, so I left the packaging on on purpose because that's just where I'm at today and that's OK. Yeah and it's there and it's there when I'm ready but I'm just not quite there yet. [P11]

Concept development in artmaking was described by participants as an important step in storytelling their experiences of GBV through art. The participants spent time developing concepts that would represent their experiences effectively and would be impactful.

Summary of Findings

Overall, there were two prominent themes that described the process for mothers of creating a visual artwork as a representation of their experiences of GBV. Initially, the participants described the creative processes involved in creating their artwork. These processes included using symbols, thoughtful colour selection, and choice of artistic medium. The use of symbols, colours, and artistic medium were all conscious choices made by the participants. When using symbols, the participants described their ability to share their experiences of GBV with others in an indirect way. The use of symbols such as a flower, an explosion, and a river allowed the participants to represent their experiences through their artworks which carried a deep underlying meaning. The

participants also described the significance behind the choice of colours and artistic medium. When choosing colours, the participants highlighted the contrast between dark and light colours which represented their positive and negative emotions and memories surrounding their experiences of GBV. When discussing their choice of artistic medium, the participants shared why certain mediums and supplies were significant to them, connecting them to their childhoods. Overall, the creative processes described by participants were thoughtful choices the participants made.

The participants also described the process of storytelling experiences of GBV through art. The participants highlighted how they used art as means of communication to convey their experiences. They also shared the emotional processing and healing that took place when portraying their experiences through art. Lastly, they shared how they deliberated the best way to represent their experiences of GBV through art. During this process, participants shared that using art as a means of communication was a valuable way to share experiences of GBV because sometimes it can be hard to verbalize these experiences. They further shared that creating their artwork allowed time to reflect on and process their experiences of GBV which ultimately led to healing in some instances. Finally, the participants shared the importance and challenge of developing concepts that would best represent their experiences of GBV through art. Participants described the process of deciding which experiences they wanted to portray and why. Ultimately, the process of creating art as a representation of experiences of GBV for mothers was a complex experience that was broken down into creative processes and storytelling experiences of GBV through art.

CHAPTER 5

DISCUSSION

Discussion

The goal of this study was to gain an understanding of the process of creating a visual artform amongst mothers with histories of GBV. The findings from this study contribute to further knowledge and understanding of this phenomenon including how to support mothers in the creative processes of artmaking and some of the potential benefits stemming from the process of artmaking among mothers who have experienced GBV.

This study generated new insights surrounding the creative processes involved in artmaking amongst mothers with histories of GBV. An important finding of this study was that participants often used symbols as a creative means to express their experiences of GBV. This finding was similar to the findings from a Turkey-based study that examined art therapy with women who had experienced IPV (Aktaş Özkafacı & Eren, 2020). In this study, individuals were seen to use symbols to communicate their experiences of GBV in a safe space (Aktaş Özkafacı & Eren, 2020). Knowing that instances of GBV can be challenging to verbalize (Abrahams, 2017), it is important to note that using symbols to express oneself might be a way for individuals with histories of GBV to feel safe sharing their experiences with others.

This study also generated insights surrounding the thought process behind colour selection in artmaking with mothers who have experienced GBV. It was found that most participants based their colour choice off the emotions that they wanted to portray in their artwork. For example, participants shared that dark colours represented negative emotions and memories surrounding their experiences of GBV and in contrast, light

colours were used to represent positive emotions and memories. This finding was similar to an Ontario-based study which evaluated the emotional interpretation of colours used in art creations which found that colours were often used effectively to express emotions in art creations by non-artists (Damiano et al., 2023). The Ontario-based study found that light colours represented positive emotions and dark colours represented negative emotions, similar to the findings of this research (Damiano et al., 2023).

A finding from this study was also that some participants chose their artistic medium based on mediums that reminded them of their childhood. For example, one participant chose to use watercolour because their late father had gifted them a set as a child. Choice of artistic medium can be critical when working with individuals who have experienced trauma because artistic medium acts as a vehicle for self-expression and reflection (Clukey, 2003). In the United Kingdom, a qualitative study found that art therapy artistic medium choice was based off the participants perceived capability of successfully creating the artform, however, it did not discuss the significance of choice of artistic medium in relation to art mediums used in the participants childhood (Millard et al., 2021). Furthermore, in a U.S.-based descriptive study evaluating choice of artistic medium amongst adults with histories of sexual abuse, the findings focused on which art supplies allowed for greater control of the medium and which allowed for greater self-expression, rather than personal reasons for choosing a given artistic medium (Clukey, 2003). Often in art therapy, art therapists choose simple artistic mediums such as drawing or painting because they allow for greater self-expression and are less structured than other artistic mediums such as clay pot creation or mandala making (Rubin, 1984). Moreover, simple artistic mediums are commonly chosen because they are easy to create

and interact with, often referred to as artistic mediums that could be used by a child (Rubin, 1984). This might suggest why participants in this study were drawn to artistic mediums that reminded them of their childhood. Overall, choice of artistic medium based on childhood memories of art creation is a novel finding of this study and might be explained by research that indicates individuals are drawn to artistic mediums that are easy to engage with.

In addition to developing an understanding of the creative processes involved in artmaking among mothers with histories of GBV, this study also discovered some potential benefits of participating in artmaking. An important finding from this study was that creating art seemed to facilitate emotional processing and healing with respect to experiences of GBV. Specifically, this study found that emotional processing and healing might take place because the participants spent time reflecting on their experiences of GBV, discovered the personal growth they have made since their experiences of GBV, and left negative emotions associated with their experiences of GBV behind with their art. This finding was similar to the findings of a Canadian-based case study which found that women participating in art therapy experienced emotional healing when reflecting on their experiences of GBV and left their negative emotions behind in their clay creations (Cardinal, 2014). Similarly, these findings were supported by an art therapy study with sex trafficking survivors which found that creating art allowed women to process their experiences of GBV in a safe space (Kometiani & Farmer, 2020). Processing experiences of GBV is important because it allows individuals to reconnect with themselves, which is important for healing after experiences of GBV (Melgar Alcantud et al., 2021). Lastly, an art therapy workshop with women who had experienced IPV found that artmaking helped

women discover their personal growth since their experiences of GBV (Murray et al., 2017). Alternatively, art therapy can be less effective with individuals still experiencing GBV (Ikonomopoulos et al., 2017). For example, Ikonomopoulos et al. (2017) found that individuals no longer experiencing GBV showed improvements in mental health symptoms when participating in art therapy and individuals still experiencing GBV did not (Ikonomopoulos et al., 2017). Overall, the findings of this study are similar to existing research regarding the emotional processing and healing as a result of artmaking with women who have experienced GBV, but this research provides a unique perspective from the experiences of mothers.

This study also found that art could be used as a means of communicating experiences of GBV. Participants stated that art helped them share their experiences of GBV because often experiences of GBV are challenging to verbalize and art offered a different way to express their experiences. These findings are similar to current literature which states that art can be used with women who have experienced GBV as a non-verbal platform for sharing their experiences with others (Curtis, 2009). For example, an art therapy study with women who experienced IPV found that participants were more comfortable sharing their experiences of IPV using art rather than verbally (Murray et al., 2017). Another study reported that approximately 70% of women who have experienced GBV share their experiences with others or seek help (Melgar Alcantud et al., 2021). The findings from this study suggest that offering activities such as art creation might help women share their experiences of GBV with others. Environments that are non-supportive or blame women who have experienced GBV are a significant barrier to sharing experiences of GBV (Melgar Alcantud et al., 2021). Victim blaming is prevalent

in Canada (Statistics Canada, 2023). According to Statistics Canada, a 2018 survey on GBV reported that 20% of women who experienced sexual assault, a prevalent form of GBV, also experienced victim blaming (Statistics Canada, 2023). Sharing experiences of GBV with others is important because supports can then be offered to individuals (Melgar Alcantud et al., 2021). In a systematic review by Melgar Alcantud et al. (2021) it was found that women sought out both formal (shelters or healthcare professionals) and informal (family or friends) supports after experiences of GBV. Therefore, the findings of this study indicate that artform creation with mothers who have experienced GBV can facilitate communication of experiences of GBV and subsequently might help women access supports.

This study described how participants engaged in a process of concept development with respect to their artmaking, during which they determined how to represent their experiences of GBV through art. During this concept development phase, the participants described wanting their artwork to share a powerful message. Most participants wanted their artwork to be impactful, knowing that members of their community would be able to view the artwork as a means of knowledge mobilization. Currently, there is no literature surrounding the process of concept development in art creation amongst women or mothers who have experienced GBV, making these contributions to research novel. In a study of the experience of elementary and secondary school students when developing concepts in artmaking, the term ‘concept development’ was also used to refer to the process of thinking about artwork creation (Marshall & Vashe, 2008). The findings of Marshall and Vashe’s (2008) study indicated that concept development in artmaking consisted of three phases: mining, bridging, and making.

Mining was described as finding meaning in symbols/objects, bridging was described as connecting ideas to images/symbols, and making was the process of creating an artwork that embodied the ideas and symbols discovered in the mining and bridging phases (Marshall & Vashe, 2008). Likewise, the participants of this study also engaged in these three phases of concept development when creating their artwork. The participants described creating symbols that were meaningful and connected these meaningful symbols to their experiences of GBV. In summary, further research is needed to garner a stronger understanding of concept development in artmaking with mothers who have experienced GBV.

Discussion Summary

Overall, the findings from this study contribute new knowledge surrounding the process of artmaking amongst mothers with histories of GBV. Novel findings of this research include the process of concept development when creating art amongst mothers with histories of GBV and the thought processes behind artistic medium choices. No other research has been conducted examining the thought process behind artistic medium choices when sharing experiences of GBV. This study demonstrated that participants were thoughtful when selecting their artistic medium, often turning to mediums that were reminiscent of childhood. Likewise, there is no existing research surrounding the process of concept development during artform creation for mothers who have experienced GBV.

Alternatively, knowledge surrounding the use of symbols and colors in art creation was enhanced due to the findings of this research. Existing research indicates that art offers a powerful means of communicating through both the incorporation of symbols and colours (Aktaş Özkafacı & Eren, 2020; Damiano et al., 2023). This study

provides an in-depth analysis of how mothers used colours and symbols to share their experiences of GBV through art. This research also adds to existing knowledge surrounding artform creation and emotional healing/processing, however, this research provides a unique point of view as it specifically focuses on a population of mothers who have experienced GBV. Overall, the findings of this research make significant contributes to the existing body of knowledge surrounding the topic of artmaking and GBV among mothers.

Limitations

The findings of this study contribute to further knowledge surrounding artform creation amongst mothers who have experienced GBV greater than six months ago. Only individuals with experiences of GBV occurring greater than six months ago were included in this study. Therefore, the findings of this study are limited to mothers who have previously experienced GBV and not mothers who are currently or have recently experienced GBV. This sample restriction may have led to excluding mothers who are currently experiencing GBV, which may have resulted in different findings. For example, art therapy can be less effective with individuals still experiencing GBV (Ikonomopoulos et al., 2107). Additionally, the participants were given a two-month time frame to complete their artform creation. This time constraint could have potentially impacted the participants creative and emotional processes. A longer time period may have allowed for the discovery of different phenomenon. Typically, art therapy utilized to improve mental health is most effective when practiced for eight to fifteen weeks, indicating that prolonged periods of art creation may be more beneficial and would have subsequently yielded different results (Regev & Cohen-Yatziv, 2018). Finally, this study used

convenience sampling, whereby the participants approached the research team if they were interested in participating in the study. This may have impacted the population sample obtained because only participants who felt prepared to discuss their experiences of GBV came forward to participate in the study. This may have impacted the findings because women who were not ready to share their experiences of GBV may have generated different findings than the participants included in the study. For example, women who were not prepared to share their experiences of GBV may have found the artmaking component more valuable than the participants who were ready to share their experiences because art offers a unique way to safely share experiences of GBV with others (Aktaş Özkafacı & Eren, 2020).

Implications

The following implications section will depict the implications for nursing practice, education, policy, and research.

Implications for Nursing Practice

The findings from this study have generated multiple implications for nursing practice. Gender-based violence can have a profound impact on mothers' physical, psychological, and social health, therefore it is important for nurses to support mothers who have experienced GBV (Kahan et al., 2019). Community health nurses and social services in Canada are positioned to effectively support mothers who have experienced GBV. After experiences of GBV, approximately 70% of women tell someone about their experience of GBV or seek formal (shelters or healthcare professionals) and informal (family or friends) supports (Melgar Alcantud et al., 2021). In Canada, there are community supports and social services available to women who have experienced GBV.

For example, supports such as shelters, hotlines, housing, mental health crisis supports, and victim services are all accessible from the Government of Canada website (Government of Canada, 2023a). Community health nurses place an emphasis on health promotion and protection activities (Community Health Nurses of Canada, 2011). The findings from this study indicate that art has the potential to promote emotional processing and healing as well as communication. Therefore, potentially implementing art creation through existing community supports, such as shelters and mental health crisis supports, might be beneficial for mothers who have experienced GBV. Additionally, in instances where nurses interact with mothers who are seeking out supports, it might be beneficial for nurses to suggest that women participate in art creation at home. Participants in this study expressed that art creation was a valuable exercise that assisted them in emotional processing and healing after their experiences of GBV, therefore implementation of art creation with mothers who have experienced GBV should be considered.

Implications for Nursing Education

Nursing education surrounding artmaking with individuals who have experienced GBV is missing from the current nursing curricula in Canada. The National Nursing Education Framework developed in 2022 by stakeholders from multiple post-secondary facilities in Canada highlighted the learning outcomes for baccalaureate nursing programs in Canada (Canadian Association of Schools of Nursing, 2023). In this framework there was no mention of education surrounding art-based activities or creative activities as a means of health promotion (Canadian Association of Schools of Nursing, 2023). Art making is an important holistic health intervention that can be employed by nurses to

improve patient wellbeing (Kim & Lor, 2022). A literature review called “Arts-based interventions in healthcare education” was undertaken by Osman et al. (2018) to understand the implementation of arts-based activities in healthcare. This review described that arts-based interventions were employed by nurses in only 2% of the studies included in the review, and 15% by nursing students (Osman et al., 2018). Additionally, a scoping review found that nurses were the third most common group of HCPs to employ artmaking activities after the disciplines of art therapy and medicine (Kim & Lor, 2022). It is clear from this study that women benefited from the artmaking process. Therefore, there is a need for further education surrounding artmaking as a nursing intervention.

Implications for Policy

From this research, there is the potential for policy development surrounding artmaking with mothers who have experienced GBV. Currently, the Canadian Government has a strategy to end GBV and support individuals who have experienced GBV called, “It’s Time: Canada’s Strategy to Prevent and Address Gender-Based Violence” (Government of Canada, 2023c). This national strategy includes three pillars; supporting individuals and families who have experienced GBV, preventing GBV, and promoting an equitable justice system (Government of Canada, 2023c). As part of pillar one, support for individuals and families who have experienced GBV, the Canadian Government recognizes the importance of accessible community supports for those affected by GBV (Government of Canada, 2023b). The findings from this study indicate that art creation might be beneficial in facilitating emotional processing and healing, as well as communication of experiences of GBV, and therefore policies that support

artmaking with women who have experienced would be beneficial. The largest portion of healthcare dollars are currently spent on hospitals, physicians, and drugs (Canadian Institute for Health Information, 2023), however, approximately 44 million dollars of government funding per year is allocated to the efforts to end GBV and support individuals who have experienced GBV (Government of Canada, 2023c). This indicates a desire and need for policies that will support women who have experienced GBV, such as artmaking. Since this research is relatively novel, it is important for nurses to continue exploring the experience of art creation amongst mothers who have experienced GBV. If nurses continue to explore the experience of art creation amongst women who have experienced GBV, further policies can be created that support art creation with women who have experienced GBV.

Implications for Research

Currently, there is limited research that aims to understand the process of artmaking for women who have experienced GBV and no research that aims to understand the process for mothers. In the scoping review conducted for this thesis, only 15 sources were found that depicted the experience of artmaking amongst women who had experienced GBV. Furthermore, in the scoping review “Artmaking as a Health Intervention”, studies evaluating artmaking amongst any patient population 18 years old or greater were included and still only seven Canadian studies were identified (Kim & Lor, 2020), highlighting the need for further Canadian research in this area. Therefore, further Canadian research that is aimed at understanding the process of artmaking amongst mothers who have experienced GBV would be beneficial. Further research would strengthen the evidence to support artmaking with mothers who have experienced

GBV in Canada. This study only included mothers who have previously experienced GBV greater than six months ago, therefore further research that also includes individuals who are currently experiencing GBV would also be valuable.

Conclusion

Overall, this study generated important information surrounding the process of art creation among mothers who have experienced GBV. Using an interpretive description approach, knowledge was gained surrounding the creative processes and storytelling ability of artmaking with this population. Participants expressed the creative processes of using symbols, thoughtful colour selection, and choice of artistic medium. Understanding these processes will help HCPs employ arts-based activities with mothers who have experienced GBV. Furthermore, an understanding of the process of storytelling experiences of GBV through art was generated. As part of the storytelling experience, women elaborated on art as a means of communication, emotional processing and healing, and concept development in artmaking. This new knowledge supports the benefits of art creation with this population. Further education of artmaking is needed in nursing curricula to ensure nurses feel comfortable employing arts-based activities with clients. Additionally, further research is needed to examine the experience of art creation with mothers who have histories of GBV because to this authors knowledge, this is the first study examining mothers' experiences.

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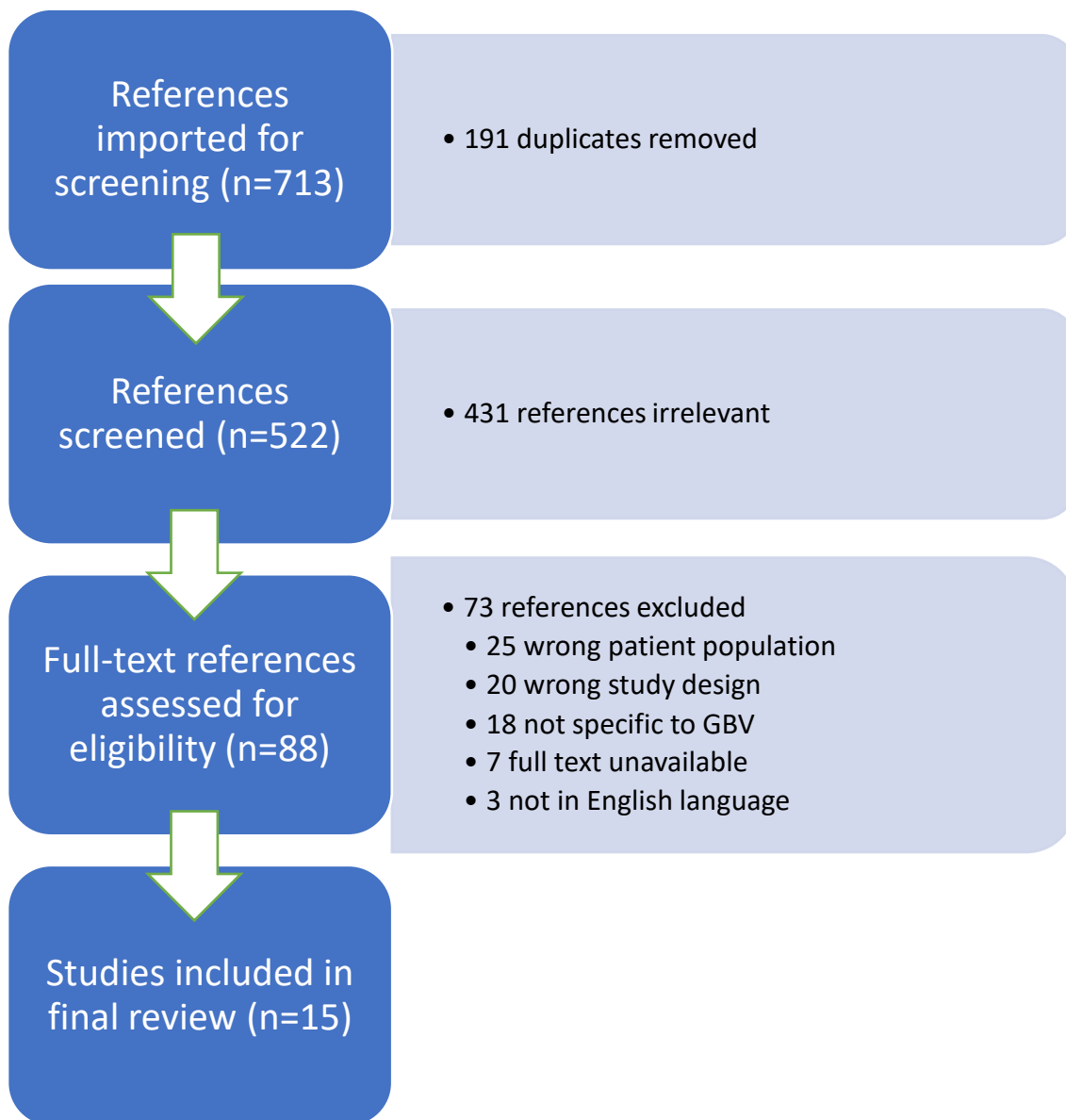
Appendix A

PRISMA-ScR Checklist

Section	Reported on page number
Title	As part of a larger thesis currently there is no scoping review title.
Structured summary	As part of a larger thesis there is no scoping review abstract.
Rationale	#1-7
Objectives	#9
Protocol and registration	#9-10
Eligibility criteria	#11
Information sources*	#10-11
Search	#10-11
Selection of sources of evidence	#11-13
Data charting process	#13-14
Data items	#10-13
Critical appraisal of individual sources of evidence	N/A
Synthesis of results	#13-14
Selection of sources of evidence	#84
Characteristics of sources of evidence	#14-16
Critical appraisal within sources of evidence	N/A
Results of individual sources of evidence	#85-103
Synthesis of results	#16-24
Summary of evidence	#24-26
Limitations	#26-27
Conclusions	#27-28
Funding	N/A

Appendix B

Literature Review PRISMA Diagram



Appendix C

Literature Review Data Extraction Table: General Overview

Article	Population and Location	Type of GBV	Type of Art Creation	Study Design	Experience of GBV	Study Outcomes	Other
<p>A journey through ashes: One woman's story of surviving domestic violence.</p> <p>Hearns (2009)</p>	<p>Lisa's story (she was part of "finding voice")</p> <p>USA</p>	IPV	Music, song, poetry, and art; music therapy	Personal story of transformation through music therapy	<ul style="list-style-type: none"> • Feelings of betrayal from community when not being seen as a victim • Self-harm, anxiety, depression, panic attacks • Silenced by society 	<ul style="list-style-type: none"> • Participant felt she found her voice through poetry and was able to share her experiences • After trauma, one must "reorganize and reintegrate oneself" to achieve harmony within oneself. After experiences of trauma, safety and security are more pertinent demands and can put self-expression on the back burner. Expressive arts can be used to bring "conscious awareness" to all elements of oneself, achieving this balance. P.119 • Through drumming she realized that she too was a victim of abuse, not just her children • Found voice again, work through 	<ul style="list-style-type: none"> • Music is therapeutic and can be used for self-expression of emotions. • Allowed women to share their stories through creating music and performing. Women stated they wanted to educate the public on their experiences of violence • Highlights the importance of participants feeling safe in order to share • Creating a mandala can unveil the unconscious areas of strength • The lived experience can be shared through creative activities

						<p>experiences of abuse and start on healing journey</p> <ul style="list-style-type: none"> • Develop consciousness and allowed for healing to begin • Felt validated when others reacted to and heard her words/experiences • Reclaimed autonomy, power, and voice 	
<p>The personality tea pot: The effects and future application in art therapy</p> <p>Cardinal (2014)</p>	<p>Women in women's shelters in Ontario, Canada 2 participants</p>	IPV	<p>Personality tea pot clay creation; art therapy</p>	<p>Case study</p> <p>Group art therapy over 4 months. Ended with an art exhibit.</p>	<ul style="list-style-type: none"> • Feeling broken • Severe mental and physical health consequences 	<ul style="list-style-type: none"> • Helped acknowledge depression and create a new identity • Externalization of negative emotions, no longer needing the hold onto them • Art exhibit was used to generate awareness of violence against women • The clay formations represented the women's stories; helped women express themselves and share their story. The women found their voices. • The art exhibit made it a community issue that 	<ul style="list-style-type: none"> • Person centered therapy: art allows the participant to develop self-awareness. Develops awareness of emotions and experiences. • Energy can be 'channelled' into the clay • More physical form than drawing/painting because it can be touched

						<p>needed to be addressed. Initiated social change.</p> <ul style="list-style-type: none"> • New perspectives on their experiences of violence. • Sense of achievement • Meaning making • Resulted in greater awareness of one's thoughts, feelings, and emotions. • Garner greater self-understanding of one's trust issues, comfort, and understanding of one's self • Developed ability to regulate emotions 	
<p>Art gives a voice to women who have experienced family violence</p> <p>O'Connor (2018)</p>	<p>Barbara's story</p> <p>New Zealand</p>	IPV	Painting	Personal story	Fear, PTSD, suicidal, mental distress	<ul style="list-style-type: none"> • Raised money to bring art supplies to a women's safe house; she then used the art in an art exhibit. • Humanitarian artist after her experiences of abuse • Speaking up about violence against women through art • Money donated to support survivors of violence • Hospital educated 	

						<p>staff on how to treat victims of assault</p> <ul style="list-style-type: none"> • Art to cope with loss • Gives voice to emotions, creates a narrative • speaking for those who are silenced with their art 	
<p>Evaluating the effects of creative journal arts therapy for survivors of domestic violence</p> <p>Ikonomopoulos et al., 2017</p>	<p>3 participants 19-46 y/o</p> <p>One participant witnessed DV, this participant's findings were omitted from this review, this was possible because all findings were separate for each participant</p> <p>USA</p>	IPV	<p>Multiple forms of art creation for all participants</p>	<p>Case study</p> <p>9-session creative art therapy</p> <p>Individual sessions</p>	<p>Affects all gender, ages, race, etc.</p> <p>Trauma, anxiety, depression</p>	<ul style="list-style-type: none"> • Participant 2 experienced no change in resiliency, not effective for reducing mental health symptoms, not effective for reducing distress, not effective for improving interpersonal relationships or social role • Participant 1 experienced improve resiliency, decrease in mental health symptoms, decreased distress, improved interpersonal relations, inconclusive if it impacted her social role • Researchers suggest lack of impact for participant 2 could be due to her ongoing relationship with her abuser • Concluded this intervention might be effective but no definitive 	<ul style="list-style-type: none"> • It is challenging to talk about these experiences of violence • Emotional expression and communication through art • Decreases the risk of retraumatization when art is utilized • Poetry and visual art might improve wellbeing by decreasing anxiety and depression

						answer gained.	
Music therapy for abused women: Chapter 8 in book; The use of creative activities with survivors of domestic violence (Curtis, 2009).	Book, not a research study Ontario, Canada Present findings from a single case study at the end of a 27 y/o female who experienced IPV she received 12 sessions	IPV	Feminist music therapy Group setting	Book discussing IPV and feminist art therapy	Human rights issue, often occurs within the home, rooted in inequality Women's experiences differ Underreported due to feelings of shame Violence against women due to inequity of power therefore a societal issue	<ul style="list-style-type: none"> • Cites that previous research indicates music therapy to be effective in women who have experienced IPV • Identifies music as being able to help women find their voice • Prior to the writing of this book only four studies of music therapy with women who have experienced GBV were conducted • Case study participant experienced increased self-confidence. 	<ul style="list-style-type: none"> • A targeted approach for women who have experienced IPV • Goals of feminist music therapy empower women, increasing independence, free of stereotypes; understand power and gender-role; social change, reduce oppression, and achieve health and happiness
Restoring the body- Changes in body self in the course of a focusing and arts-based therapy program for female interpersonal trauma survivors (Zielona-Jenek et al., 2019).	Poland Quasi experimental study 21 women age 28-60 y/o with PTSD- not currently experiencing IPV	IPV	Drawing, painting, sculpting clay, plaster body casts.	Four two- day Gestalt Art Therapy Sessions Group sessions Art exhibition after	Trauma might impact body experience	<ul style="list-style-type: none"> • Better able to regulate emotions and identify physical needs • Happier with physical appearance • Identified more areas of their body in a positive manner 	<ul style="list-style-type: none"> • Involved focusing training and artistic expression • Art helps people creatively express themselves • Allowed women to reimagine themselves without retraumatizing
Using Visual Art Workshops with Female Survivors	Portugal and England	IPV	Drawing and painting	Workshops over a period of 6-months, visual art creation with an art researcher	<ul style="list-style-type: none"> • IPV can lead to relocation, the study seeks to understand women's 	<ul style="list-style-type: none"> • The art produced by participants represented hope. 	<ul style="list-style-type: none"> • Art-based research has demonstrated the ability to enhance self-confidence,

<p>of Domestic Violence in Portugal and England- A Comparative Reflection</p> <p>(Harman et al., 2020)</p>	<p>Participants are not described.</p>			<p>Followed by one on one interviews after the project was complete</p> <p>Group setting</p> <p>Qualitative</p>	<p>perceptions of their possessions</p>	<ul style="list-style-type: none"> • Art represented women moving towards their futures and leaving violence in the past • Women drew alcohol as a negative thing as it often led to violence. • “Displaced” an art exhibit held in London and Portugal to showcase women’s art. Used participant quotes alongside art to show their perspectives • Participants stated they valued and enjoyed creating their art forms together • They were able to attend a private showing of the art work, discussing it’s impact and taking photos of the exhibit. • Gathered ‘deeper’ more emotional data than interviews would have generated • People viewing the art exhibit said it was visceral • Researchers suggest the use of a diary along with 	<p>motivate goal attainment, and ‘overcome isolation’.</p> <ul style="list-style-type: none"> • Talking about IPV can promote social change • Visual art creations represented possessions of the women • Participatory research methods have the ability to engage participants from marginalized communities and share their voices • Art can share views of ethnicity, gender, and class as well as challenge these views • Arts-based methods were used rather than traditional methods such as interviews allowing participants to communicate in a different way • Arts-based methods can even power dynamics between researchers and participants • Art as data can be impactful and politically powerful. • For viewers of the art, it can evoke emotions of empathy, raise awareness, and bring to the consciousness issues of GBV
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						the art work creation so that participants can write the meaning behind their art as they create it; this will generate insight for their emotions and thoughts during the process.	
Exploring resilience through case studies of art therapy with sex trafficking survivors and their advocates (Kometian i & Farmer, 2020).	USA Women aged 23-42 Also researched trafficking advocates, these findings are presented separately from trafficking survivors.	Human trafficking	Various visual art methods; painting, collage, mandalas	Malchiodi's method of trauma informed art therapy Group setting Case studies	Victims of sex trafficking experience loss of control over their lives. Are forced into drug use, sex, and experience constant violence. Health outcomes include unwanted pregnancies, STIs, PTSD, anxiety, depression, guilt, shame, etc. Feeling disconnected from their body, helplessness	<ul style="list-style-type: none"> • Data was also collected on participants reflections about their art. • Participants felt supported by one another in a group therapy setting • Art is a form on non-verbal expression that allows one to come in touch with their inner self • Art allowed the participants to discover hidden emotions • Fostered communication of emotions • Built trust, improved wellbeing • Reclaimed their power, identified their successes. • Generated relationships and built trust with 	<ul style="list-style-type: none"> • Art allows individuals to express themselves and not feel judged. It helps people discover their deepest emotions and feelings. • Art therapy allows for "the processing of trauma" • Art allows for experiences which are challenging to express verbally to be shared • Meaning making

						<ul style="list-style-type: none"> • fellow participants • Increased self-worth and self esteem • Empowerment, ability to revisit trauma in a safe space 	
Effect of art psychotherapy using marbling art on depression, anxiety, and hopelessness in female survivors of domestic violence with PTSD (Aktaş Özkafacı & Eren, 2020)	8 women diagnosed with PTSD 39-45 y/o Istanbul Turkey	IPV	Marbling art 14 sessions of group art psychotherapy over 4 months	Mixed methods Quasi experimental	Vast mental health issues	<ul style="list-style-type: none"> • Positive impact of symptoms of depression, hopelessness, and anxiety. • Self-expression • Garner new perspectives • Reclaiming power resulting in increased sense of hope • Shared experiences of violence through art form creations • Displayed suppressed emotions 	<ul style="list-style-type: none"> • Art has been shown to decrease depression and lead to healing • It is challenging to verbally discuss trauma • Creates a way to communicate
Engaging Communities through an Art Program at a Domestic Violence Shelter (Kazmierczak, 2020).	In general, discusses women who have experienced IPV. One small segment on adolescents and sexual violence presented separately from the rest of the content. USA	IPV	Drawing, painting, sculpting, and collaging	Book regarding an art therapy program at a women's shelter. Discusses impact of these methods and structure of the program. Group settings	Feminist-based methodology in art with women who have experienced IPV; sees IPV as due to gender inequalities and social structures, societal oppression <ul style="list-style-type: none"> • "Power and control over women as a social group" p. 1373 	<ul style="list-style-type: none"> • Self-expression, reflection, communication • Art exhibits generate awareness of issues of violence against women within a community. Brings issues to the forefront for people not usually reached. Promotes the healing powers of art, reduces the stigma 	<ul style="list-style-type: none"> • The unconscious expressed through art. • Goals to empower individuals using art, advocate to end GBV. • Emancipation, transformation, self-expression, resiliency • Art is used as a method to heal oneself, art as a treatment • Do not interpret participants art, they hold personal meanings

						<p>surrounding GBV, and increases self-esteem of the creators of the art.</p> <ul style="list-style-type: none"> • Creators of the art are speaking for all women who have experienced violence and aren't ready to share their stories. • Participants feel validated when their art is shared. 	<p>which are to be shared and discovered by the individual.</p> <ul style="list-style-type: none"> • Speaking to their art allows them to feel heard.
<p>See the Triumph Healing Arts Workshops for Survivors of Intimate Partner Violence and Sexual Assault</p> <p>(Murray et al., 2017).</p>	<p>22 women, average age 35.8 years, no range provided</p> <p>North Carolina USA</p>	<p>IPV and sexual assault</p>	<p>Mask making, Creative journaling , Strengths and challenges drawing inside and outside of a circle</p> <p>Multiple sessions with varying group sizes 1-4 workshops</p> <p>Art therapy</p>	<p>Mixed methods pilot study on arts-based interventions</p> <p>Group based</p>	<p>Impacts all aspects of life; social, mental and physical health, finances, education PTSD, depression, and anxiety</p>	<ul style="list-style-type: none"> • Self-expression, introspection , and exploration • Reflect on internal and external aspects of oneself using mask making • Art as healing • Participants enjoyed participating in the study • Participants noted personal growth and self-expression of emotions • Self-growth • Enjoyed being able to express their experiences non-verbally through art • Expression and healing • Participants stated leaving the negative feelings behind and 	<ul style="list-style-type: none"> • Identifies that there is a need to target interventions that help individuals overcome experiences of abuse • Art helps individuals share their experiences of violence; abuse silences individuals; it is challenging to verbalize these experiences • Art creation can help with emotional processing and provides time for reflection of experiences • Promotes healing • Time to focus on oneself; self-care • Group approaches allow for social connections to be made and reduced isolation

						<p>leaving them with their art</p> <ul style="list-style-type: none"> • Further research needed regarding arts-based interventions with IPV/sexual assault survivors 	<ul style="list-style-type: none"> • Art exhibits bring attention to issues of violence, allowing participants to choose if they want to participate promotes empowerment • Might help participants move past abuse • Allow participants to interpret their own art
<p>Expressive Creativity - Narrative Text and Creative Expressions as a Healing Praxis</p> <p>(Méndez-Negrete, 2013).</p>	<p>Self-story</p> <p>USA</p>	<p>IPV</p>	<p>Singing, sewing, painting, dancing, poetry, clay</p>	<p>Retrospective case example of oneself</p>	<p>Power and authority perpetuate violence</p>	<ul style="list-style-type: none"> • Sewing and poetry reduce anxiety • Dance, music, and poetry were also an expression of culture • Reclaimed voice through art • Singing improved loneliness • Reflect on emotions and experiences of violence through art creation; understanding for how these experiences shaped oneself. • Putting back together the broken pieces of oneself • Documents experiences of violence and survival/moving beyond. 	<ul style="list-style-type: none"> • Art as healing • Art as expression

<p>Body Politics with Feeling the Power of the Clothesline project</p> <p>(Gregory et al., 2002).</p>	<p>Participants share their own story or someone else's story of violence against women</p> <p>A global initiative Written in USA</p>	<p>GBV</p>	<p>Art on shirts "Clothesline project"</p>	<p>A review of the clothesline project Case study?</p> <p>Group setting</p>	<p>GBV resultant of issues of power</p>	<ul style="list-style-type: none"> • As a whole, the display generates a political conversation • Breaks silence • The project is seen as a form of political activism • T-shirts carry meaning and communicate stories of participants • Allows women to anonymously share their experiences • When creating shirt, women must reflect on their experiences of violence which can help them move past their fear • Healing • Social action and change • Education for the public on GBV • Closure • Self-expression as a form of healing • Participants feel supported by other women participating in the project • The collective display of multiple women's art is powerful • Challenges status quo • Generates public awareness 	<ul style="list-style-type: none"> • T-shirt art created to share stories of GBV survivors • Public displays of experiences of GBV, bringing public attention to this issue • A moving art exhibit that can be set up in public spaces that are high pedestrian traffic areas • No guidelines are given to participants for creating their t-shirts, they can write, draw, etc. • ** some clothesline projects allow men to participate in t-shirt creation- the project still only represents violence against women • Art helps individuals express themselves in a way that verbal language cannot express • Art makes the viewer feel things that language cannot
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						<p>and understanding of GBV</p> <ul style="list-style-type: none"> • Survivors find their voice and use it to make a change • The t-shirt art causes viewers to feel emotions, making the message more impactful 	
<p>MIRAGE - The social function of artistic practice as a tool for empowerment. Creative net art projects with women in shelters.</p> <p>(Furtado & Rechená, 2021)</p>	Portugal	IPV	<p>Virtual art museum of art created by women from a women's shelter "net art"</p> <p>Group setting</p>	<p>Qualitative Participatory art methodology Project proposal,</p>	<p>Gender equality and raising awareness of violence against women</p>	<ul style="list-style-type: none"> • Goals for emancipation • Increase awareness of GBV • Goals for social change • Reflection on experiences of abuse and reinterpretation of these experiences 	<ul style="list-style-type: none"> • Participatory art as a form of empowerment and research tool • Social justice
<p>Exploring intimate partner violence survivors' experiences with group art therapy</p> <p>(Skop et al., 2022)</p>	<p>Brantford, Ontario Canada</p> <p>6 women age 34-65</p>	IPV	<p>Group art therapy- 12 week program</p> <p>Qualitative interpretive study primary study</p> <p>Person centered approach to art therapy</p>	<p>Charcoal, clay, and watercolour</p>	<p>Human rights problem Easier to communicate through art than talk based therapies</p>	<ul style="list-style-type: none"> • Study results- four themes creating connections in a safe space, using visual metaphors in their art pieces, reclaiming the empowered self, building resilience. • Expression of emotions through art • Physically releasing emotions into clay • Ability to access old 	<ul style="list-style-type: none"> • Theme overall-transformative healing • Empowerment • Resilience building through art • Growth • Emphasis on a safe space to create artwork

						<p>memories when creating art generating a new insights about experiences</p> <ul style="list-style-type: none">• Meaning making• Reclaimed self after being suppressed from abuse• Increased self esteem• Increased positive emotions-peace and happiness	
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Appendix D

Literature Review Data Extraction Table: Themes

Source	Self-Expression	Empowerment	Healing	Self-awareness	Direct links to unconsciousness	Social Change
<p>A journey through ashes: One woman's story of surviving domestic violence.</p> <p>Hearns (2009)</p>	<p>Hearns (2009) depicts a personal story of how participating in art form creation allowed her to find her voice and share her experiences of GBV. Self-expression becomes a neglected aspect after experiences of violence because feelings of safety and security are brought to the forefront of priorities (Hearns, 2009). Feelings of validation when others acknowledged her art (Hearns, 2009).</p>		<p>Through finding her voice and discovering aspects of her unconscious self, she was able to begin healing (Hearns, 2009).</p>		<p>Art can awaken consciousness (Hearns, 2009).</p> <p>Mandalas can lead to discover of unconscious strengths (Hearns, 2009)</p> <p>Can achieve balance by awakening areas of the unconscious (Hearns, 2009)</p> <p>Acknowledging all aspects of the conscious and unconscious self can lead to healing</p>	
<p>The personality tea pot: The effects and future application in art therapy</p> <p>Cardinal (2014)</p>	<p>Clay formations (personality tea pot) represented the women's stories; helped women express themselves and share their story. The women found their voices (Cardinal, 2014).</p>		<p>Cardinal (2014) identified that using clay allows individuals to channel their negative emotions and energy into the art and leave it behind.</p> <p>Creating the clay pot helped her process and understand her emotions and thoughts, and reflect on how she feels about herself</p>	<p>Art allowed for the acknowledgement of feelings of depression and for the creation of a new identity after experiences of abuse (Cardinal, 2014). Greater self-awareness of one's thoughts, feelings, and emotions (Cardinal, 2014).</p>		<p>An art exhibit was created using the women's art creations leading to increased awareness of violence against women (Cardinal, 2014). The art exhibit led to the initiation of social change in their community (Cardinal, 2014). It generated new perspectives surrounding violence against women.</p>

			Learned how to regulate and process emotions through creating art. Learned about herself			
Art gives a voice to women who have experienced family violence O'Connor (2018)	Art can give voice to emotions (O'Connor, 2018). Share stories		Painting brought feelings of love back (O'Connor, 2018). Used art to cope with loss (O'Connor, 2018).			Used art exhibits to bring awareness to issues of violence against women (O'Connor, 2018). O'Connor is known as a humanitarian artist because she sells her art which depicts her experiences of violence against women and uses the money to support women's shelters (2018).
Evaluating the effects of creative journal arts therapy for survivors of domestic violence Ikonomopoulos et al., 2017	Emotions can be expressed and communicated through art (Ikonomopoulos et al., 2017). Thinking about experiences of violence when creating art reduces the risk of retraumatization (Ikonomopoulos et al., 2017). Share experiences through art		Decreased feelings of anxiety and depression after participating in art form creation (Ikonomopoulos et al., 2017). One participant experienced increased resiliency and improved mental health symptoms whereas another did not. The authors potential explanation for this was that the participant who did not experience a change was still in her abusive relationship (Ikonomopoulos et al., 2017).			
Music therapy for abused women: Chapter 8 in book; The use of creative activities with survivors of domestic violence	Music can help women find their voice (Curtis, 2009).	A goal of music therapy is to help empower women and generate social change (Curtis, 2009). To generate equality for	Increased self-confidence (Curtis, 2009).			

(Curtis, 2009)		women (Curtis, 2009).				
Restoring the body- Changes in body self in the course of a focusing and arts-based therapy program for female interpersonal trauma survivors (Zielona-Jenek et al., 2019).	Art is a form of creative self-expression (Zielona-Jenek et al., 2019). Allows women to reflect on their experiences without retraumatizing themselves (Zielona-Jenek et al., 2019).		Women were happier with their physical appearance following art therapy (Zielona-Jenek et al., 2019).	Art increased participants' ability to identify physical needs and regulate emotions (Zielona-Jenek et al., 2019).		
Using Visual Art Workshops with Female Survivors of Domestic Violence in Portugal and England- A Comparative Reflection (Harman et al., 2020)	Art can share views of gender, ethnicity, and class as well as challenges these views (Harman et al., 2020). Art allows for individuals to communicate in a different way than verbal communication (Harman et al., 2020).	The women's art was used in an art exhibit. Their art was accompanied with quotes to demonstrate their perspectives (Harman et al., 2020). Viewing the artwork was a 'visceral' experience for the audience and evoked emotions (Harman et al., 2020).	Art creation enhances self-confidence and helps women socialize with others and become less isolated (Harman et al., 2020).			Talking about experiences of IPV can initiate social change (Harman et al., 2020). Art as data can be impactful and politically powerful (Harman et al., 2020). For viewers of the art, it can evoke emotions of empathy, raise awareness, and bring to the consciousness issues of GBV (Harman et al., 2020). Art exhibit
Exploring resilience through case studies of art therapy with sex trafficking survivors and their advocates (Kometiani & Farmer, 2020).	Art allows individuals to express themselves judgement free (Kometiani & Farmer, 2020). Art helps women express experiences that are challenging to verbalize. Art helps women make meaning from and of their experiences (Kometiani & Farmer, 2020).	Creating art about experiences of violence can help women reclaim their power (Kometiani & Farmer, 2020). Working with art empowered the women and helped them revisit their trauma in a safe environment.	Art creation helps women process their trauma (Kometiani & Farmer, 2020). Creating art can unveil hidden emotions (Kometiani & Farmer, 2020). Artwork creation generated increased self-esteem and self-worth. Meaning making	Art can uncover the inner self (Kometiani & Farmer, 2020).		
Effect of art psychotherapy using marbling art on depression,	Art creation can be seen as a form of communication and self-	Participating in art creation can help women reclaim their	Art creation led to decreased feelings of depression, anxiety, and		Art form creation helps display repressed emotions (Aktaş	

anxiety, and hopelessness in female survivors of domestic violence with PTSD (Aktaş Özkafacı & Eren, 2020)	expression (Aktaş Özkafacı & Eren, 2020).	power (Aktaş Özkafacı & Eren, 2020).	hopelessness (Aktaş Özkafacı & Eren, 2020).		Özkafacı & Eren, 2020).	
Engaging Communities through an Art Program at a Domestic Violence Shelter (Kazmierczak, 2020).	Art works hold personal meanings for the creator, when others view there are the creator feels heard (Kazmierczak, 2020). Feelings of validation when others see their art and hear their stories (Kazmierczak, 2020).	Art empowers women to share their stories and advocate for change (Kazmierczak, 2020).	Art creation can lead to emancipation, transformation, and resiliency (Kazmierczak, 2020). Creating art can be seen as a form of treatment and healing (Kazmierczak, 2020).		Art creation helps people express their unconscious mind (Kazmierczak, 2020).	An art exhibit was used to generate awareness of issues of violence against women (Kazmierczak, 2020). Brings issues to the attention of the public (Kazmierczak, 2020). Art exhibits can reduce the stigma surrounding IPV (Kazmierczak, 2020).
See the Triumph Healing Arts Workshops for Survivors of Intimate Partner Violence and Sexual Assault (Murray et al., 2017).	Experiences of abuse can silence women, using art allows them to express themselves and no longer feel silenced (Murray et al., 2017). Marbling art allowed women to express their emotions (Murray et al., 2017). Women stated they enjoyed expressing themselves non-verbally (Murray et al., 2017).	Choosing to show their art in an art exhibit can empower women to share their stories (Murray et al., 2017).	Art creation can help with emotional processing and provides time for reflection of experiences, this can lead to healing (Murray et al., 2017). Art creation is a time for self-care (Murray et al., 2017). Creating art might help women move past their experiences of abuse (Murray et al., 2017). Women stated they were able to leave their negative emotions behind with their art.			
Expressive Creativity-Narrative Text and Creative Cultural Expressions as a Healing Praxis	Ability to reclaim voice through art (Méndez-Negrete, 2013).		Sewing and poetry were seen to reduce feelings of anxiety (Méndez-Negrete, 2013). Art creation		Art form creation facilitates consciousness (Méndez-Negrete, 2013).	

(Méndez-Negrete, 2013).			<p>allowed for reflection on traumatic experiences and how they shaped the individual generating and understanding of the impact of her experiences (Méndez-Negrete, 2013). She identified art form creation and a self-therapeutic intervention used to heal (Méndez-Negrete, 2013). She used art to put back the broken pieces of herself (Méndez-Negrete, 2013).</p>			
<p>Body Politics with Feeling the Power of the Clothesline project (Gregory et al., 2002).</p>	<p>T-shirt art was used to share experiences of GBV with the public (Gregory et al., 2002). Participants were able to express themselves in a way that they could not express verbally (Gregory et al., 2002). The t-shirts carry meaning for those who created them (Gregory et al., 2002). It allowed women to anonymously share their experiences (Gregory et al., 2002). Creating t-shirts helped survivors find their voice.</p>		<p>When creating their shirts, women must reflect on their experiences of violence which can help them move past their fears leading to healing (Gregory et al., 2002). Creating the t-shirts can generate feelings of closure for the participants (Gregory et al., 2002). Self-expression as a form of healing.</p>			<p>Public displays of t-shirts depicting experiences of GBV to bring attention to this issue (Gregory et al., 2002). The Clothesline Project was a moving art exhibit that was strategically placed in highly trafficked pedestrian areas. Art can make the viewer experiences things in a more impactful and powerful way than language (Gregory et al., 2002). The Clothesline Project stimulates a political conversation by bringing stories of violence against women to the forefront (Gregory et al., 2002). The project is seen as a form of political activism (Gregory et al., 2002). The</p>

						t-shirts act as a form of public education and challenged social norms (Gregory et al., 2002).
MIRAGE - The social function of artistic practice as a tool for empowerment. Creative net art projects with women in shelters. (Furtado & Reचना, 2021)	Art based on their life stories	One goal of the study was to empower women through participating in art creation (Furtado & Reचना, 2021).	Creating art would allow women to reflect on their experiences of abuse and reinterpret them (Furtado & Reचना, 2021).			Plans to create a virtual art museum that will raise awareness for violence against women and result in social change (Furtado & Reचना, 2021).
Exploring intimate partner violence survivors' experiences with group art therapy (Skop et al., 2022)	Women were able to express their emotions through creating art (Skop et al., 2022).		Creating artwork developed resiliency and helped the women grow (Skop et al., 2022). Women felt that they were able to physically release their emotions into clay creations (Skop et al., 2022). Creating the art helped women access old memories and generated new insights about their experiences of abuse (Skop et al., 2022). Meaning making. Increased self-esteem and reclaimed self (Skop et al., 2022). Increased feelings of peace and happiness (Skop et al., 2022).			

Appendix E

Recruitment Advertisement



Participants Needed

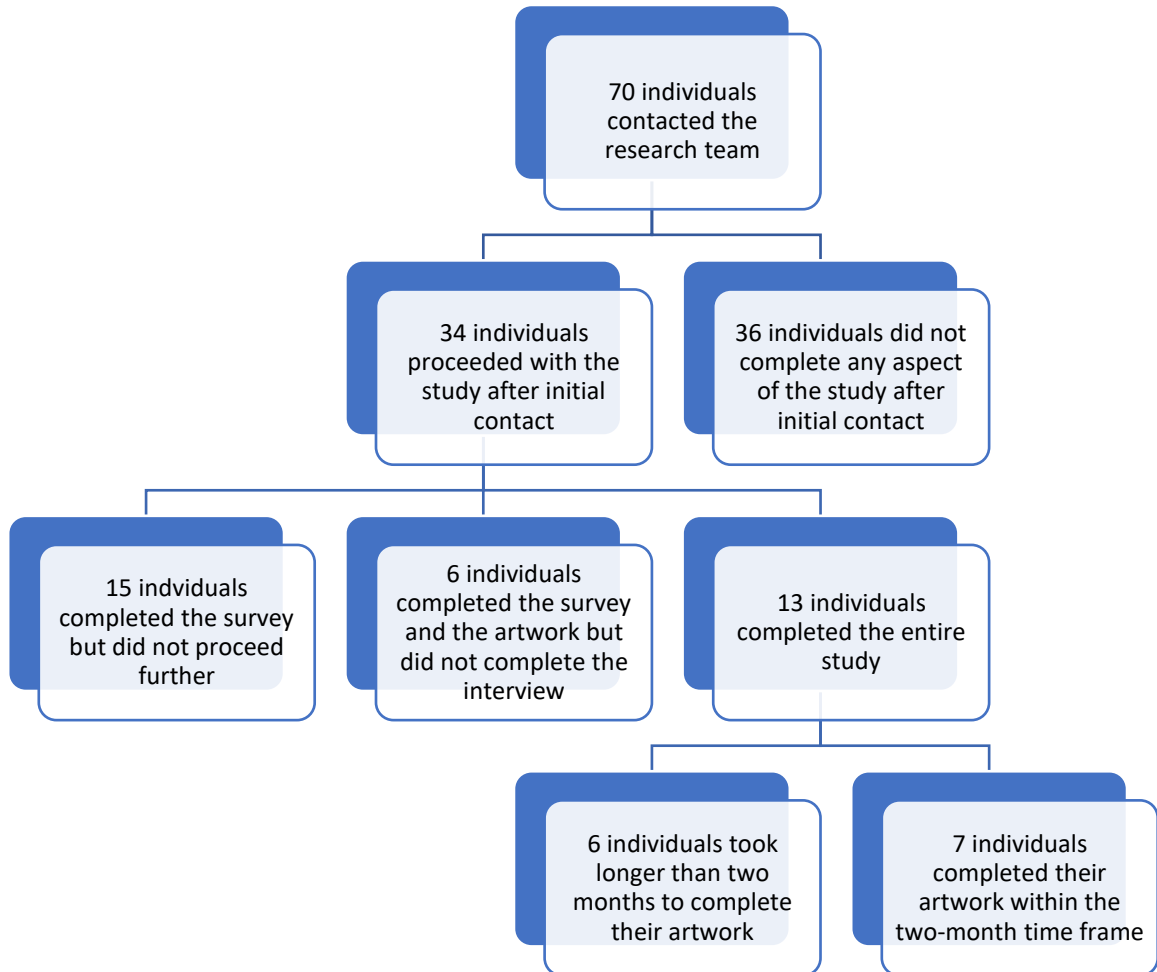
- Are you a mother?
- Do you live in Ontario?
- Do you speak English, with access to the internet?
- Have you experienced gender-based violence in the past? (greater than 6 months ago)

EMAIL:
[REDACTED]
Western HealthSciences

*Gender-based violence is defined as "harmful acts directed at an individual based on their gender, including digital abuse, intimate partner violence, sexual harassment, sexual assault, financial abuse, emotional abuse, physical violence, stalking, child marriage, human trafficking, and female genital mutilation"

Appendix F

Participant Participation



Appendix G

Artform Creation Instructions

Art of Mothering: An Arts-Informed, Qualitative Exploration of the Experience of Gender-Based Violence Among Women with Children**Art Creation Instructions**

Thank you for your continued participation in the Art of Mothering study. This handout includes instructions to guide the creation of your chosen art form. If at any time you have questions about the creation of your art form, you may contact the research team at [REDACTED]

The purpose of this art form creation is to facilitate the reflection and expression of your experiences through a new medium.

Steps

1. Purchase the art supplies of your choice and forward the receipts to [REDACTED]. We will reimburse you up to \$100 CAD. Some ideas of items you may consider include, but are not limited to:
 - a. Canvas
 - b. Clay
 - c. Paints (oil, watercolour, acrylic, etc.)
 - d. Brushes and palettes
 - e. Journal
 - f. Pens or markers
 - g. Charcoal
 - h. Photography
 - i. Digital art software
 - j. *Anything else that will facilitate your creative creation!*
2. Begin to create your art, reflecting on your experience of mothering in the context of gender-based violence. You have approximately 2 months to create. If you are having a hard time deciding what to create for your art form or have questions regarding the process, you may contact the research team at any time at [REDACTED] for support.
3. Begin journaling whenever you feel comfortable after beginning to create your art and continue throughout the creative process. There are no rules about what you should or shouldn't journal about; we want you to write about what feels comfortable and important for you.
4. Set up an interview with the research team [REDACTED] to discuss your art and experience of creating it during a 60–90-minute interview.
5. Art can provoke thought, stimulate social action, and communicate in a unique way. Your art form will be used as a type of knowledge mobilization to raise awareness of the experience of mothering in the context of gender-based violence with the public and research team. Through sharing your art with the research team, your experiences can be shared with others. Your art

form will be kept anonymous at all times. The research team intends to share your art form during an art exhibit ‘tour’. Share your art through one of two mediums:

- a. Provide the research team with a high-resolution, clear photo of your art piece. Use good lighting and ensure the photo is good quality. Use a plain background.
- b. Allow the research team to pick up your art piece at the location of your choice. The piece may be displayed (anonymously) at public exhibitions aiming to raise awareness of the lived experience of mothering in the context of gender-based violence, at research conferences and/or in research publications arising out of this study.

Note: If at any time during the process of creating your art form you feel distressed, we invite you to call the Women’s Helpline [REDACTED]

Appendix H

Journaling Instructions

Art of Mothering: An Arts-Informed, Qualitative Exploration of the Experience of Gender-Based Violence Among Women with Children

Journal Instructions

Thank you for your continued participation in the Art of Mothering study. This handout includes instructions to guide your journal entries.

Steps

1. Begin journaling whenever you feel comfortable. You can start journaling before you create your art piece or at any point during the creation of your art piece. We encourage you to journal about any thoughts or feelings that you have as you work through the creation of your art form. There are no rules about what you should or shouldn't journal about; we want you to write about what feels comfortable and important for you. Some examples of things you can write about include:

- *What came to mind as you started thinking about creating this art form?*
- *Why are you choosing to create this type of art?*
- *Why are you choosing the colours/textures/shapes that you are?*
- *What are you thinking about as you create this art piece?*
- *How does creating this art piece make you feel?*

Note: You do not need to write about any of these prompts if you do not choose to. Keep notes about what is important to you and what things you might wish to share with the research team during the interview process.

2. If you have time and feel comfortable doing so, review your journal entries prior to your interview. This will allow you to remember key points you may want to share during your interview.

3. The journal is yours to keep – the research team will not ask to collect it. However, we encourage you to have your journal with you during your interview. We will encourage you to share any thoughts, feelings, or entries from your journal that you wish to share.

Note: If at any time during the process of creating your art form you feel distressed, we invite you to call the Women's Helpline [REDACTED]

Appendix I

Participant Demographics Survey

1. What is your gender?
 - a. Androgynous
 - b. No gender
 - c. Trans woman
 - d. Two-spirited
 - e. Woman
 - f. None of these options describe me. I identify as: _____
 - g. I prefer not to disclose
2. What is your current age in years?
3. What is highest certificate, diploma, or degree you have completed?
 - a. Less than high school
 - b. High school
 - c. Some college/university
 - d. College or university degree
 - e. Advanced degree (i.e. a Master's or Doctoral degree)
 - f. Other (please specify): _____
4. Do you identify as Indigenous to Canada (First Nations, Metis, Inuit, Aboriginal)?
 - a. Yes
 - b. No
 - c. I prefer not to answer
5. What is your ethnicity? Please specify as many ethnic and/or cultural backgrounds as you like, each separated by a comma. For example: Canadian, French, Mi'kmaq, Jewish, etc.
6. What is your sexual identity?
 - a. Bisexual
 - b. Gay
 - c. Heterosexual
 - d. Lesbian
 - e. Pansexual
 - f. Queer
 - g. You do not have an option that applies to me. I identify as: _____
 - h. I prefer not to answer
7. What is your marital status?
 - a. Single
 - b. In a relationship, but not married/common law/engaged
 - c. Married, common law, or engaged
 - d. Divorced or separated
 - e. Widowed
 - f. Other (please specify) _____

- g. I prefer not to answer
8. What best describes the type of community you live in?
- a. Large urban center (100,000 people or more)
 - b. Urban center (30-99,000 people)
 - c. Rural (30,000 people or less)
 - d. Unsure
 - e. I prefer not to answer (5)
9. How many children do you have?
10. What is/are the age of your child(ren)? Please separate each child's age by a comma.
11. What is/are the gender of your child(ren)? Please separate each child's gender by a comma.
12. What is/are the living situation(s) of your child(ren)?
- a. Living with me full-time
 - b. Living with me part-time
 - c. Do not live with me
 - d. Other (please specify): _____
 - e. I prefer not to answer
13. What is your living situation?
- a. I live alone
 - b. I live with my child(ren)
 - c. I live with my partner
 - d. I live with my partner and my child(ren)
 - e. Other (please specify): _____
 - f. I prefer not to answer

Appendix J

Participant Demographic Characteristics

Demographic Categories	Frequency	Valid Percentage (%)
Gender		
Woman	13	100%
Age		
25-35	2	15%
35-45	10	77%
45-55	1	8%
Highest Level of Education		
Less than high school	1	8%
High school	0	0%
Some College/University	4	31%
College/University Degree	7	54%
Advanced Degree	1	8%
Other	0	0%
Self-Identify as Indigenous		
Yes	2	15%
No	10	77%
Prefer not to answer	1	7%
Ethnicity		
Caucasian	7	54%
Hispanic/Latina	1	7%
Asian	1	7%
African Canadian	0	0%
Other	4	31%
Sexual Orientation		
Bisexual	2	15%
Gay	0	0%
Heterosexual	8	62%

Lesbian	0	0%
Pansexual	1	7%
Queer	1	7%
Other	1	7%
I prefer not to answer	0	0%
Marital Status		
Single	3	23%
In a relationship but not married/ common-law/ or engaged	2	15%
Married, common-law, or engaged	5	38%
Divorced or separated	2	15%
Widowed	0	0%
Other	1	8%
Community		
Large urban center (100,00 people or more)	10	77%
Urban center (30,000-99,000 people)	1	8%
Rural (30,000 people or less)	2	15%
Unsure	0	0%
Number of Kids		
1	4	31%
2	4	31%
3	1	8%
4	3	23%
5	1	8%
Kids Living Situation		
Living with me full-time	9	70%

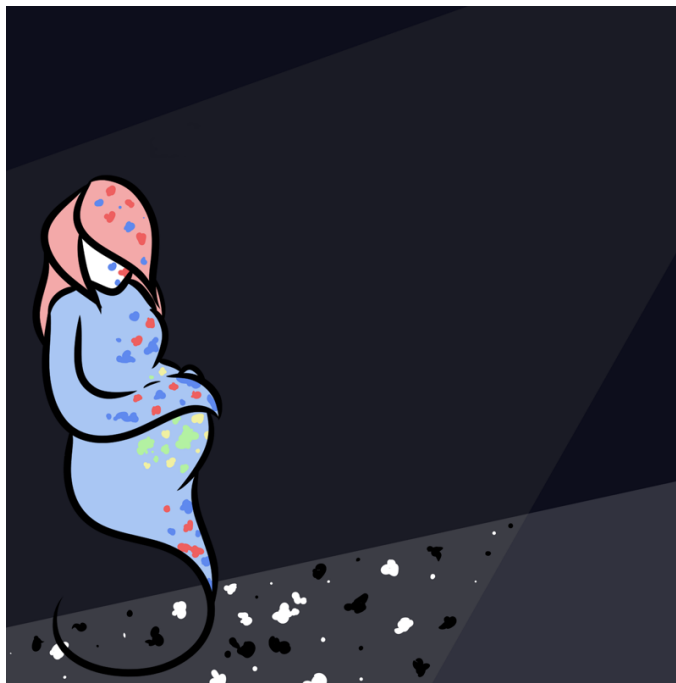
Living with me part-time	0	0%
Do not live with me	2	15%
Other	2	15%
Participant Living Situation		
I live alone	0	0%
I live with my children	6	46%
I live with my partner	1	8%
I live with my partner and my children	5	38%
Other	1	8%

Appendix K
Participant Artwork

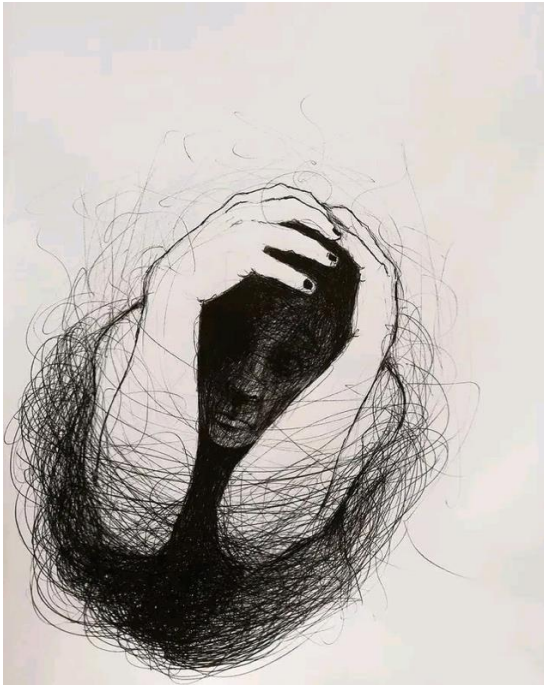
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P2:



P3:



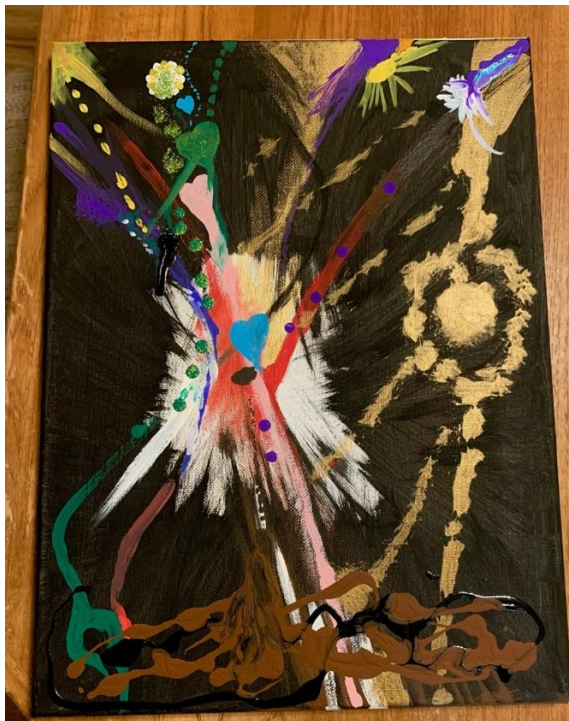
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P5:



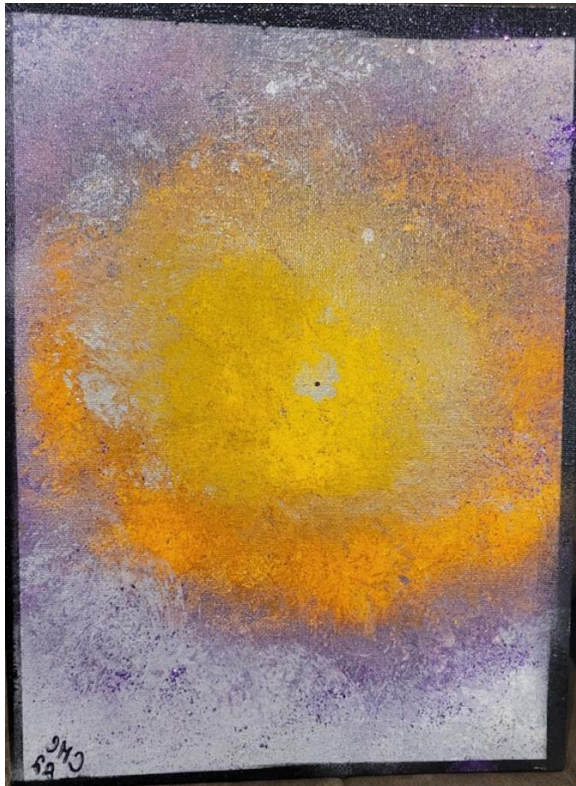
P6:



P7:



P8:



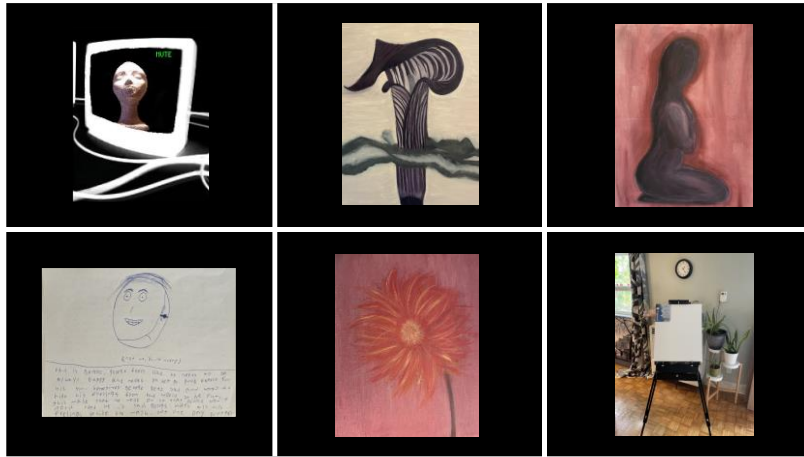
P9:



P10:



P11:



P12:



P13:



Appendix L

Qualitative Interview Guide

**Art of Mothering: An Arts-Informed, Qualitative Exploration of the Experience of
Gender-Based Violence Among Women with Children
Interview Guide**

Pre-Recording:

- *Ask participant how they are doing & establish rapport*
- Thank you so much for your participation in this study and taking the time to meet today. I want you to know that there are no right or wrong answers, we are simply interested in what is true for you. Your participation is entirely voluntary, and all information will be de-identified.
- To thank you for your time and contributions, you will receive a \$30 Amazon e-gift-card, which I will send via email immediately following the interview.
- I'm going to start the recording momentarily, and I will ask you a few questions to consent you into the study, but before I start, I want to let you know that I will be saying a little blurb to make the research identifiable. I will also be taking notes, just so I can remember things.
- If you, for whatever reason, need to terminate the interview, you can either hang up the phone or you can start to talk about the weather. If you start speaking about the weather, I will know that it is no longer safe for you to conduct the interview and I can either stay on the line until it is safe, or we can end the call.

Start Recording: Consent

What is your participant ID? As a reminder, this is composed of the last two letters of your last name, the last four numbers of your phone number, and the first two letters of your birth month.

Have you read the letter of information and had any questions about the study, or your participation answered? YES NO

Do you agree to participate? YES NO

Do you agree to be audio-recorded? YES NO

Do you consent to me taking notes during the interview? YES NO

Do you consent to the use of unidentified quotes obtained during the study in the dissemination of this research? YES NO

Do you consent to the release of the created art form (or a high-resolution image of same) for the purposes of knowledge mobilization (e.g., conference proceedings, research meetings, publications, etc.) resulting from this research study? YES NO

Do you consent to a follow up phone call, if I have additional questions after data analysis? YES NO

I am also required to tell you that if you disclose that you are a harm to yourself, a harm to others, and/or child in danger – I am legally required to report this. However, if this were to happen, I would talk to you about it before proceeding.

Continue Recording: Interview

This is interview with [ID in master list] on [date/time].

There are a few things we are hoping to discuss with you today.

- We are hoping to dive a bit more into your experiences of mothering & gender-based violence and talk about your art piece and how these experiences are reflected in your artwork. Does that sound okay?

For all mothers

To start off, I was hoping to get a general understanding of you and your family. Can you tell me a bit about yourself and your family/children?

- What was the experience of creating the art piece like for you? (Reflecting)?
 - *Probe: Difficulty level, emotional experience, new thoughts you had, control/identity*
 - *What does this art piece represent to you and what motivated you?*
 - *How does this piece encompass your experience as a mother?*
 - *How does this piece encompass your experiences of gender-based violence?*
 - *What, if anything, is not represented in your art piece that you think is important?*
 - *How did this art-form facilitate open sharing or make it more difficult to share?*
 - *In what way has this art-form created a new way to talk about your experience?*
 - *What materials did you use to create this piece?*
 - *Probe: Colour, shape, design, medium, etc.*
 - ii. *Significance to the choice of medium used*
- Did the creation of this art form affect you in any way?
 - *What did you learn about yourself as a mother?*
 - *What did you learn about your experience of GBV?*
- What would you like the impact of this art-form to be?
 - *What do you want decision makers, other women who have experienced or are experiencing GBV, and the public to learn from your art-form?*
 - *Probe: raise awareness, thought provoking, inspire action*
 - *How do you feel about your work being shared as a means of promoting awareness?*
 - *Probe: emotions (excited, nervous, apprehensive, empowered).*
 - *What personal meaning does this creation have for you now? What meaning may it hold for you going forward?*
- How did you feel about this process overall?
- Would you recommend this activity for other mothers who have experienced GBV?

Concluding Remarks / Debriefing

1. Is there anything we didn't have a chance to discuss today that you would like to share?
2. Do you have any questions for me?

3. Do you have any questions or concerns about what we talked about today?

End Recording: Thank You + Check-In

Thank you again for taking the time to speak with me today. We spoke about some potentially heavy topics, so I want to check in with you to see how you're doing. How are you feeling?

If not distressed: I'm glad to hear you're doing well. It is possible that you may start to experience some difficult emotions over the coming days and wish to access some supports. I would like you have knowledge about available resources in case this happens. Would it be okay if I provided you with some contact information for community resources? *If distressed:* I'm hearing that you're feeling some stress after our conversation- this is completely normal, and I would like to support you as you sort through these difficult emotions. Can I share some community resources with you?

If yes: If you are in crisis, consider contacting the Crisis Text Line (free to access and available 24/7) by texting HOME to [REDACTED]

For those with IPV: The Assaulted Women's Helpline (toll-free) is available to you at [REDACTED]

For those with mental health concerns: If you would like to access mental health support, consider accessing Crisis Services Canada via phone [REDACTED] or text ([REDACTED]; text messaging rates apply).

I can also share webpages with you that include provincial/territorial resources for gender-based violence and mental health with you. Do I have your permission to email these to you?

If no: I respect your decision. If you change your mind, please do not hesitate to reach out via email [REDACTED] and I would be happy to connect you with community supports. Thank you again for your time today.

Appendix M

Letter of Information and Consent

**Art of Mothering: An Arts-Informed, Qualitative Exploration of the Experience of
Gender-Based Violence Among Women with Children
Letter of Information: Survey, Interview, and Art-form**

Research Team:

Kimberley T. Jackson, RN, PhD, Assistant Professor, Western University (Primary Investigator)

Tara Mantler, PhD, Assistant Professor, Western University

Cara Davidson, PhD Student, Western University

Emma Butler, MScN Student, Western University

Madison Broadbent, MScN Student, Western University

Letter of Information

Thank you for your interest in participating in The Art of Mothering Study. Before you decide whether to participate, the researchers would like you to read some important information about the study.

Invitation to Participate

You are invited to participate in a study that explores your experiences of mothering in the context of gender-based violence (GBV). GBV is defined as "harmful acts directed at an individual based on their gender, including digital abuse, intimate partner violence, sexual harassment, sexual assault, financial abuse, emotional abuse, physical violence, stalking, child marriage, human trafficking, and female genital mutilation". This study will include participation in a survey, the creation of an art form, journal keeping, and a 60-90 minute interview.

Purpose of the Letter

The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this study.

Purpose of the Study

The principal aim of this study is to explore experiences of mothering in the context of GBV. We hope to use this information to begin to understand women's lived experiences of mothering in the context of GBV. In addition, a secondary analysis will be undertaken where the research team seeks to understand the effect of COVID-19 on intimate partner violence as well as the experience of art form creation among women who have experienced gender-based violence.

Who is eligible to take part?

You are eligible to participate in this study if you:

- Are a mother
- Have experienced GBV in the past (not within the past 6 months)
- Live in Ontario
- Speak and read English
- Have access to the internet
- Agree to participate in the creation of an art form

- Agree to participate in an interview about creating said art form
- Agree to the researchers having access to this art form as a means to disseminate knowledge about mothering in the context of GBV to the public. This will involve the researchers either a) collecting the art form at a time and location that is convenient for you, or b) requesting a photograph of the art form on a smart phone.

Study Procedures

Survey

If you agree to participate, you will be asked to set aside approximately 15-25 minutes to enroll in the study and complete a virtual survey. You will be able to complete the survey on your own time at a location of your choice (where internet is available). Implied consent will be recorded at the start of the survey by selecting “Yes, I consent” after reading the Letter of Information and confirming that you meet eligibility criteria. During the survey, you will be asked about your demographics, experiences of gender-based violence, experiences of mothering, and mental health.

Art Form

If you agree to participate, you will be asked to create an art form of your choice. After you have completed the survey, instructions for the creation of the art form will be emailed to you by a member of the research team to inform your creative process. Your art form can be created from anything you want. Some examples include canvas, clay, paints, brushes and palettes, journals, pens or markers, charcoal, photography, digital art software, or anything else that will facilitate your creative creation. You will have approximately two months to create this art form. If at any time during the process of creating your art form you have questions or concerns, please contact the research team at [REDACTED]. You will be reimbursed for your art supplies, up to a total of \$100 CAD, by emailing the receipts to the researchers at [REDACTED]. This reimbursement will be sent to the safe email address that you provided during the initial enrollment survey, via e-transfer. If you do not complete the study for any reason, you will still be compensated 100\$ for your art supplies. During the creation of your art form, you will be asked to journal about your experience using the method and materials of your choice (i.e., your phone’s Notes app, a paper notebook, etc.). We will not ask to collect your journal. After the study is complete, we will ask to utilize your art form in our exhibit tour or ask for a photo of the piece you have created. The purpose of collecting your art form is to use it to disseminate knowledge about mothering in the context of GBV to the public. Art has the ability to provoke thought, stimulate social action, and communicate in a unique way. Through your art, your voice will be heard. Your art form will remain anonymous at all times. If we collect your art piece in person, the collection will be arranged at a location and time of your choice. Your art form will be stored in the Primary Investigator’s office at Western University, in a locked building, behind a locked door. Your art form will occasionally be publicly displayed to help depict your experience of mothering in the context of GBV. The community will be able to view your art form when the study is complete, therefore it is advised to avoid the inclusion of any potentially identifying information in your art form.

Interview

If you consent to participate in this study, you will be asked to complete an audio-recorded interview via Zoom, which will take approximately 60-90 minutes at a time that works for you. The interview will be conducted after the completion of your art-form. Verbal consent will be audio recorded at the start of the interview. Audio recording is mandatory for participation. The Zoom recording function will be used to record all interviews. You may decide to either turn your camera off or leave it on for the interview. If you choose to keep your camera on during the interview know that this data will also be recorded and stored on Zoom. If you do not wish to be visible during the interview you may leave your camera off. During the interview, you will be asked about your experiences of mothering, GBV, and decision making. This interview will serve to understand your experience of creating an art form that is representative of your experiences of mothering in the context of GBV. During the interview, you will be asked about your experiences of mothering, the creation of your art-form, and your journal entries from the experience. A member of the research team will email you the information for your Zoom meeting. You may choose to join via the internet or call-in via telephone.

At the start of the interview, we will read you the letter of information and you will have the opportunity to have all your questions answered. You will be asked to provide your verbal consent to participate, which will be audio recorded. You will be asked questions pertaining to our findings from the survey data (i.e., you will be verifying the findings). If for any reason you do not complete the study, it is important to acknowledge that you will still be compensated for your participation with a \$30 e-gift-card in addition to compensation of up to 100\$ for your art supplies.

Potential Risks and Benefits

The risks of taking part in this study are small. It is possible you may find it distressing to respond to questions about your experiences of mothering and/or violence. If this occurs, we encourage you to connect with the Assaulted Women's Helpline at 1-866-863-0511. Several safety precautions have been included in the survey. A safe browsing protocol will be provided to you at the beginning of the survey if you wish to use it. Also, an "Exit Survey" button is presented at the bottom of each survey page and can be clicked at any time to redirect you to a blank Google page.

The time required to complete the interview represents a potential inconvenience for participants. In addition, it is important to note that when personal identifiers are collected, there is always the risk of breach of privacy. However, no identifying personal information (name, email, etc.) will be present in the audio recording.

By participating in this study, you are contributing to our efforts to understand how women experience mothering in the context of GBV. However, it is possible that you may not directly benefit from participating in this research.

Compensation

A \$30 e-gift-card is offered as an honorarium to those who participate in an interview and the creation of an artwork. E-gift-cards will be delivered to you via email. You will also receive up to 100\$ reimbursement for art supplies.

Voluntary Participation

Participation in this study is completely voluntary. If you feel hesitant or uncomfortable answering some questions, you can refuse to answer those specific questions or end the interview at any time. Additionally, if you feel hesitant or uncomfortable answering

survey questions you can refuse to answer those specific questions or end the survey at any time. You may choose to withdraw from the study at any time prior to the completion of data analysis, and your data will be destroyed if you wish (with the exception of consent forms which must be kept as a record of your participation). You will be able to withdraw your data up until the point that data analysis is underway because your statements will be integrated with the other data at the time of data analysis. There are no limitations to withdrawal before data analysis is reached. You can withdraw your data by emailing [REDACTED] and asking that your data be removed by providing your unique identifier.

Confidentiality

Your survey responses will be collected through a secure online survey platform called Qualtrics. Qualtrics uses encryption technology and restricted access authorizations to protect all data collected. In addition, Western's Qualtrics server is in Ireland. The Qualtrics privacy statement can be viewed at <https://www.qualtrics.com/privacy-statement/>. The data will then be exported from Qualtrics and securely stored on a Western University server behind institutional firewalls. Study data will be de-identified in the study database and direct personal identifiers will be retained in a master list, stored separately from the study database. Any identifiable study information (e.g., master list, email addresses, etc.) will be stored on an institutional drive and will be accessed remotely (via Western's Microsoft Teams) by the research team. All data collected will remain confidential and accessible only to the investigators of this study. While we do our best to protect your information, there is no guarantee that we will be able to do so. We are collecting some sensitive information. For example, email addresses are being requested to provide the arts creation instructions. We are also collecting demographic information (e.g., age, sex, gender, ethnicity, geographic area, marital status, employment status, income, etc.). These identifiers will be collected for the purposes of descriptive statistics and understanding the population/cohort that is being studied.

Interviews will be conducted using Zoom, a third party. Zoom's privacy statement can be viewed at the following link: <https://explore.zoom.us/en/privacy/>. Zoom states "personal data may be transferred to or stored in the United States where we are established, as well as in other countries outside of the EEA, Switzerland, and the UK". Transcripts and audio files will be saved on a secure password-protected server at Western University behind institutional firewalls. Study data will be de-identified in the study database and direct personal identifiers will be retained in a master list, stored separately from the study database. Any identifiable study information (e.g., master list, email addresses, etc.) will be stored on an institutional drive and will be accessed remotely (via Western's Microsoft Teams) by the research team. Furthermore, like online shopping, teleconferencing/videoconferencing technology has some privacy and security risks. It is possible that information could be intercepted by unauthorized people (hacked) or otherwise shared by accident. This risk can't be completely eliminated. We want to make you aware of this.

After a minimum of 7 years, all data will be destroyed, including the master list of participant IDs. By participating in this research, you agree that the results may be used for scientific purposes, including publication in scientific journals. No individual information will be reported unless you agree to the use of unidentified quotes obtained

during the study to be used in the dissemination of this research. Only group-level and aggregated data will be reported.

Any electronic data not stored on Western servers will be encrypted, including any de-identified transcripts sent offsite for transcription. Interview transcripts will be shared with a third party called Transcription Heroes, a transcription service, by being uploaded to a secure, password-protected folder on Sync.com. Expert transcribers will convert the de-identified audio file to a transcript shared with the research team. Transcription Heroes produces transcripts compliant with the Health Insurance Portability and Accountability Act (HIPPA) standard to remove personal identifiers from your data. Only your voice recording will be shared with Transcription Heroes and no other personal information will be attached to your audio file. The audio files will be permanently deleted from the shared folder after transcription. If direct quotes are used to highlight certain findings, any potentially identifying information will be removed. Participants will be identified in study results by assigned pseudonyms. Please see Transcription Heroes privacy statement at the following link: <https://transcriptheroes.ca/privacy-policy/>. Transcription Heroes stores all data in a server located in Montreal, Canada. It is also important to identify that nothing over the internet is ever 100% safe/confidential therefore when agreeing to participate in this study you acknowledge this risk.

Your email address and phone number will be stored on a master list and will strictly be used for contact purposes (i.e., it will not be linked to study data). While we do our best to protect your information, there is no guarantee that we will be able to do so. Your email address will be deleted from our records after interview completion and sending of the e-gift-card to protect your identity.

Eligibility and Consent

Prior to completing the survey, implied consent will be obtained by selecting “Yes, I consent” after reading the Letter of Information and confirming that you meet the eligibility criteria. Prior to participating in the interview, you will be asked to give verbal consent. If you do not provide consent, we will not conduct the interview. Prior to participating in the creation of your art form, you will be asked if the research team can utilize the art form to disseminate knowledge to the public about the experience of mothering in the context of GBV via an exhibit tour. Alternatively, you may provide the research team with a photograph of your art form. You will still be compensated for your art supplies if you do not consent to allowing the research team to utilize your art form. Further, the creation of your art form is an indication of your consent to participate in this portion of the study.

Questions About the Study

If you have any questions regarding this study or would like additional information to assist you in reaching a decision about participation, please contact Dr. Kimberley Jackson [REDACTED]

If you have any concerns about the conduct of this study or your rights as a research participant, please contact The Office of Human Research Ethics at Western University:

Phone: [REDACTED]

Email: [REDACTED]

VERBAL CONSENT FORM

Study Name: The art of mothering: An arts-informed, qualitative exploration of the experience of gender-based violence among women with children.

Kimberley T. Jackson, RN, PhD, Assistant Professor, Western University (Primary Investigator)

Tara Mantler, PhD, Assistant Professor, Western University

Cara Davidson, PhD Student, Western University

Emma Butler, MScN Student, Western University

Madison Broadbent, MScN Student, Western University

You will be asked to verbally respond to the following questions at the beginning of your interview:

Have you read the letter of information and had any questions about the study, or your participation answered? YES NO

Do you agree to participate? YES NO

Do you consent to me taking notes during the interview? YES NO

Do you consent to the use of unidentified quotes obtained during the study in the dissemination of this research? YES NO

Do you consent to a follow up phone call, if I have additional questions after data analysis? YES NO

Do you agree to the release of your art-form to the researchers following the completion of the study? YES NO

Participant Name

[To be completed by researcher]

I have explained the study to the participant named above and answered all questions. The participant provided the above responses verbally.

Your Name (please print)

Signature

Date

Appendix N

Ethics Acceptance: Art of Mothering



Date: 29 April 2022

To: Dr. Kimberley Jackson

Project ID: 120675

Study Title: The art of mothering: An arts-informed, qualitative exploration of the experience of gender-based violence among women with children

Short Title: Art of Mothering

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 01/Apr/2022 12:30

Date Approval Issued: 29/Apr/2022 08:54

REB Approval Expiry Date: 29/Apr/2023

Dear Dr. Kimberley Jackson

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. **All other required institutional approvals and mandated training must also be obtained prior to the conduct of the study.**

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Jackson NMREB 120675 Baseline Survey_Mar_14_2022	Online Survey	14/Mar/2022	1
Jackson NMREB 120675 Recruitment_Poster_April_19_2022	Recruitment Materials	19/Apr/2022	2
Jackson NMREB 120675 Art-Form Instructions_April_19_2022	Other Data Collection Instruments	19/Apr/2022	2
Jackson NMREB 120675 Journal Instructions_April_19_2022	Other Data Collection Instruments	19/Apr/2022	1
Jackson NMREB 120675 Kijiji Ad Script_April_19_2022	Recruitment Materials	19/Apr/2022	2
Jackson NMREB 120675 Kijiji_Ad_April_19_2022	Recruitment Materials	19/Apr/2022	2
Jackson NMREB 120675 Enrolment Survey without LOI_April_19_2022	Online Survey	19/Apr/2022	2
Jackson NMREB 120675 Verbal Debrief Script_April_27_2022	Debriefing document	27/Apr/2022	2
Jackson NMREB 120675 LOI Interview, survey, and art-form_April_27_2022	Verbal Consent/Assent	27/Apr/2022	3
Jackson NMREB 120675 Enrolment Survey with LOI_April_27_2022	Implied Consent/Assent	27/Apr/2022	3
Jackson NMREB 120675 Interview Guide_April_27_2022	Interview Guide	27/Apr/2022	3

Documents Acknowledged:

Document Name	Document Type	Document Date	Document Version
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Jackson NMREB 120675 Eligibility Criteria_Mar_14_2022	Screening Form/Questionnaire	14/Mar/2022	1
Jackson NMREB 120675 TRA cover letter QUALTRICS_April_19_2022	Technology Review document	19/Apr/2022	2
Jackson NMREB 120675 TRAC Reponse Template - Qualities - 2021 renewal_April_19_2022	Technology Review document	19/Apr/2022	2
Jackson NMREB 120675 TRAC Response Template - Transcript Heroes_April_19_2022	Technology Review document	19/Apr/2022	2
Jackson NMREB 120675 Transcription Services Recommendation Document_April_19_2022	Technology Review document	19/Apr/2022	2
Jackson NMREB 120675 ZOOM - Technology Risk Assessment Position Statement_Final_April_19_2022	Technology Review document	19/Apr/2022	2
Jackson NMREB 120675 Acceptance of Risk - Medium Risk_JC signed_April_19_2022	Technology Review document	19/Apr/2022	2

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

CIRRICULUM VITAE

MADISON BROADBENT, RN, BScN, MScN**EDUCATION**

Doctor of Philosophy in Nursing

September 2023- August 2027

The University of Windsor, Windsor, ON

Master of Science in Nursing

September 2021-August 2023

The University of Western Ontario, London, ON

- Under the supervision of Dr. Kim Jackson, thesis work involving a qualitative arts-informed research study exploring the experience of mothers when creating a visual art form as a reflection of their experience of gender-based violence

Bachelor of Science in Nursing

September 2015 – April 2019

The University of Windsor, Windsor, ON

- Dean's Honours List, Academic Distinction

RESEARCH EXPERIENCE

Graduate Research Assistant

January 2022-August 2023

The University of Western Ontario, London, ON

- Working under the supervision of Dr. Kim Jackson. Experience in conducting a qualitative arts-based research study.

TEACHING EXPERIENCE

- Teaching Assistant at Western University Fall 2022

CERTIFIED TRAINING

- Foundations in Coding and Interpretation: Western University E-learning modules
- Arts-Based Research: Western University E-learning modules
- Trauma and Violence-Informed Care Foundations
- Tri-Council Policy Statement: Ethical Conduct for Research Involving

EMPLOYMENT EXPERIENCE

Graduate Research Assistant, Western University, London, ON

January 2022-Present

- Interviewed women who have experienced varying forms of gender-based violence and actively listened to their stories
- Conducted a research study following appropriate ethical conduct

Teaching Assistant, Western University, London, ON

September 2022-December 2022

- Provided guidance to and mentored students from varying years of study
- Assisted in marking of student work