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Health Policy and Social Change: Women's Advocacy Groups and Narrative Mobilization

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Abstract

The goal of this study is to systematically investigate the mobilization of co-created (storyteller and story-gatherer) narratives for policy and social change. A case study format investigated the mobilization of narratives by a women's health organization in Ontario, Canada. Semi-structured interviews resulted in transcripts from key actors. These transcripts were thematically coded and analyzed. All interview participants emphasized that from their perspective the organization did influence health policy or social change through their narrative use. Specific policy change examples were provided by participants, and social change was subjectively recognized as realized through the creation of awareness and affirmed through audience response. Limitations to change were recognized, such as systemic violence and an echo chamber affect. Ultimately, narrative use can create social and policy change, but is dependent on multiple factors specific to the organization, the storyteller, and the narrative itself.

Keywords

Narrative, storytelling, policy change, social change, advocacy, women's health

Summary for Lay Audience

Stories, or narratives, are used daily by groups such as corporations, political figures, non-profit organizations, activist groups, etc., to connect to audience members in order to deliver an idea surrounding a specific issue. I studied the ways in which a local women's health organization used stories to impact or influence health policy or social change by connecting to their audience members on an emotional level. The goal of this study was to see if the organization was able to create the intended change, and what limitations existed. It was found that targeted audience members, such as politicians and policymakers, were emotionally connected to the stories and these individuals went on to impact the intended policies. It was also found that the stories allowed those in the audience to understand and connect to the hardships that those within the stories described, creating social change. However, limitations were found, such that the audience members were usually those who were already interested in the topic, limiting the diversity of opinions and social values to be impacted or changed by the stories. Secondly, it was found that the political system and organization of this system inhibited real change from occurring, and this made it difficult for health policy to occur in a meaningful way, regardless of the story or who it impacted and inspired. Ultimately, this study highlights the challenges that a women's health organization has when using storytelling to influence health policy or social change. It also describes the ways in which the organization is successful in using storytelling to create change, and this adds to the growing literature surrounding storytelling use by organizations. This study may be used by similar organizations to understand and influence the way they use storytelling in the future.

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Thanks to my family for always supporting me. Mom, thank you for listening to me ramble on about the many topics I found interesting over the years (did you know!), and always taking care of me. Dad thank for you instilling in me a strong work ethic and the value of education. I'll always be your little girl. Erin, you almost finished school before me, so that was close. Thanks for always being a source of positivity.

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Chapter 1

1 Introduction

Over the past two decades, scholars from many disciplines have (re) discovered the narrative nature of human beings and embraced a multitude of narrative research approaches (Berman, 2000; Clandinin & Connelly, 2004; Gubrium & Holstein, 1999; Gubrium & Holstein, 2012; Mishler, 1986; Polkinghorne, 1988; Riessman 1993, 2008; Roberts, 2011; Sandelowski, 2001; Sarbin, 1986). By narrative, I mean the verbal, written, and visual stories as well as other representations, of individuals' life experiences and the meanings they attach to their experiences. The power of narratives to shape beliefs and actions extends beyond the academy and has been taken up by organizations that have increasingly begun to incorporate story-telling as a strategy for public and policy engagement.

Although organizations have been increasing their use of narratives and story-telling techniques, women's movements and feminist research has been employing this method since the early days of the women's movement, starting in the mid 1900s (Wing & Willis, 1999). The central role of story-telling and meaning-making has been a strategy used by women's health organizations to influence social and health policy change (Lehrner & Allen, 2008). However, while narrative has been claimed to have immense power and potential to inspire social action and policy change, there is limited research that evaluates how and whether women's health organizations current use of narratives, results in the desired outcomes. Using a case study approach and following the trajectory of a women's health organizations' use of story-telling, will provide insight and understanding into this phenomenon. Understanding the ways in which narratives impact societal

structures and processes is critical to creating effective strategies to translate and mobilize narrative knowledge into policy and social change.

Chapter 2

2 Literature Review

This chapter will be used to review literature that is relevant to the topics and themes discussed in this research, as well as providing background and contextual information specific to the case study. This literature review is comprised of two sub-sections, a review of Canadian healthcare and policy change, and social change and women's health issues.

2.1 Canadian Healthcare and Policy Change

This section will be used to explore and understand the Canadian healthcare system, policy change theories, narrative use by advocacy groups, and Canadian policy regarding women and violence. An understanding of Canada's healthcare system will allow for a critical evaluation of how healthcare policy change occurs. Furthermore, the literature on policy change, and theories explaining this type of change, will provide an understanding of how policy change occurs more broadly. As my research aims to understand specifically how narratives are used to mobilize policy change, an understanding of how narratives are used to create policy change by advocacy groups will be further explored. An overview of the history of women's advocacy, and the use of narratives to bring about policy change will be reviewed to understand how this group specifically uses narratives. Lastly, a review of Canadian policy decisions regarding women and violence will aid in understanding the context and policy climate in which this research is currently situated.

2.1.1 Canadian Healthcare: A Background

Canada has both a public and a private healthcare system. The public healthcare system is universal coverage for medically necessary healthcare services such as primary care, physicians, and hospitals, provided on the basis of need rather than the ability to pay (Government of Canada, 2018). The private healthcare system includes services such as dental services, optometrists, and prescription medications. The public healthcare system arose under the *Constitution Act of 1867*, which designated that the federal, provincial, and territorial governments would have different roles regarding healthcare funding, administration, and organization (Government of Canada, 2016). The federal government's role includes: setting and administering national principles for the healthcare system under the 1984 *Canada Health Act*; financial support to the provinces and territories; and several other functions, including funding and/or delivery of primary and supplementary services to certain groups of people (Government of Canada, 2016). These groups include: First Nations people living on reserves, Inuit, serving members of the Canadian Forces, eligible veterans, inmates in federal penitentiaries, and some groups of refugee claims. The federal government is also responsible for health protection and regulation, consumer safety, disease surveillance and prevention, and support for health promotion and research (Government of Canada, 2016).

The provinces and territories are primarily responsible for delivering most of Canada's healthcare services, which occurs through their individually designed health insurance plans (Government of Canada, 2016). These insurance plans are required to meet national principles as set out under the *Canada Health Act* and cover medically necessary hospital and doctor services

that are provided on pre-paid basis, without direct charges at the point of services. By pre-paid, this means that the government has already paid for this health care service, so the individual does not pay for these services at the time that they receive them. The provinces and territories are responsible for the planning and funding of care in hospitals and other health facilities, as well as services provided by doctors and other health professionals. Additionally, they are responsible for the planning and implementing of health promotion and public health initiatives, and negotiations of fee schedules with health professionals (Ontario MOHLTC, 2018).

Municipalities within Ontario are also designated certain roles and responsibilities regarding health care, such as providing public health units, and public health initiatives (Government of Ontario, 2011).

Health care in Canada is supported through a publicly funded health care system called Medicare. Instead of having a single national plan, there are 13 provincial and territorial health care insurance plans, which provide all Canadian residents with reasonable access to medically necessary, hospital and physician services without paying any out of pocket fees (Government of Canada, 2016). As mentioned previously, the federal government provides the funding support for the health care services to the provinces, through the Canada Health Transfer, and then the provinces use this money to support their internal health care system. Transfer of funds requires the province to follow the rules and regulations outlined in the *Canada Health Act* (Government of Canada, 2016).

In Ontario, the organization and implementation of the health care system is done through the Ministry of Health and Long-Term Care (Ontario Ministry of Health and Long-Term Care,

2018). The MOHLTC's mandate is: to establish the strategic direction and provincial priorities for the health care system; to develop legislation, regulations, standards, policies, and directives to support strategic direction; monitor and report on the performance of the health care system and health of Ontarians; and plan for and establish funding models and funding levels for the health care system (Ontario MOHLTC, 2018). Ontario has its own insurance plan, known as the Ontario Health Insurance Plan (OHIP), which is funded through the Employer Health Tax and the Ontario Premium which is linked to personal income earned (Government of Ontario, 2018).

The provincial health policy and legislation is administered by the MOHLTC, as provinces can have individualized laws regarding health care. This means that the province of Ontario can pass legislation that will only affect residents of Ontario. However, the MOHLTC is responsible for administering and supporting federal statutes first and foremost. For example, if a federal statute contradicted the provincial legislation, the federal legislation would be followed. In summary, the MOHLTC is largely responsible for health care within Ontario and relies on the federal government for funding and guidance (Ontario MOHLTC, 2018). As mentioned, the MOHLTC is led by a minister, as appointed by the provincial premier. Currently, Premier Doug Ford has appointed Christine Elliot as the Minister of the MOHLTC. Through this appointment, the premier outlines priorities for the minister to achieve. Broadly put, these priorities include: creating an integrated public health care system by coordinating the work of existing health agencies and programs to operate under one health agency, Ontario Health; improving system management and performance such as enabling innovation and improving quality of care; population-based programs and clinical and quality standards such as managing provincial population health programs; and back office support, such as managing supply chains

(Government of Ontario, 2019). First and foremost, the minister must provide leadership for the health care system, but these priorities are aimed to guide the minister during their term.

2.1.2 Policy Change Theory

The field of policy analysis has been tightly connected with a perspective that considers the policy process as evolving through a sequence of discrete stages or phases (Jann & Wegrich, 2007). A policy cycle framework, or perspective, has served as a basic template that allows one to systematize and compare the diverse debates, approaches, and models in the field and to assess the individual contribution of the respective approaches to the discipline (Jann & Wegrich, 2007). The first modelling of a policy process was put forward by Laswell, who in 1956, identified a model which comprised of seven stages, occurring in a cycle: intelligence, promotion, prescription, invocation, application, termination, and appraisal (Laswell, 1956). Although Laswell's model has been challenged and critiqued, it has served as a basic framework for the field of policy studies, with adaptations mainly focusing on different (sub-)stages (Jann & Wegrich, 2007).

The order of policy process today now generally consists of stages, and sub-stages, of agenda-setting, policy formulation, decision making, implementation, and evaluation (Jann & Wegrich, 2007). I will be using this policy process as the base from which to review policy processes as it is the accumulation of many policy theories and is comprehensive in nature. Although behavioral theory of decision making clarifies that real-world decision-making usually does not follow this sequence of discrete stages, the stages perspective still counts as an ideal-type of rational planning and decision-making (Jann & Wegrich, 2007). One of the reasons that this rational-

stages typology is still currently adopted is due to its appeal as a normative model for evidence-based policy making, which will be discussed later on (Jann & Wegrich, 2007).

The first stage of the policy cycle begins with a problem being defined and put on the agenda, next the policies are developed, adopted and implemented, and finally the policies are assessed against their effectiveness and efficiency and are either terminated or restarted (Jann & Wegrich, 2007). The once chronological cycle was transformed into a cyclical model, where Easton emphasizes feed-back (loop) processes between outputs and inputs of policy making, leading to the continual perpetuation of the policy process (Lehner & Allen, 2008). Outputs of policy processes have an impact on the wider society and will be transformed into an input to a succeeding policy process (Jann & Wegrich, 2007). The policy cycle has been developed into the most widely applied framework to organize and systematize research on public policy, as it focuses on generic features of the policy process rather than on specific actors (Jann & Wegrich, 2007).

2.1.3 The Stages of the Policy Cycle.

Agenda setting is the part of the policy process that recognizes a social problem and defined as in need of state intervention. This is then followed by the problem itself being put on the agenda for serious consideration of public action. The agenda is identified as a list of subjects or problems to which governmental officials, and people outside the government, are paying some serious attention at any given time (Jann & Wegrich, 2007). Actors outside and within government constantly seek to influence and collectively shape the agenda, by taking advantage of rising attention to a particular issue, dramatizing a problem, or advancing a particular problem

definition (Jann & Wegrich, 2007). Not all issues will end up on the policy agenda, highlighting that there are many strategies and instruments that shape the development of a policy (Jann & Wegrich, 2007). In this stage of the policy cycle, the main question for those who hope to create policy change, is how an issue gets on the agenda.

Policy formulation and decision-making is the next step where expressed problems, proposals, and demands are transformed into government programs, and objectives, as well as alternative actions are defined. The final decision of a specific policy remains in the realm of responsible institutions, (i.e. cabinet ministers, Parliament). This decision is preceded by an informal process of negotiated policy formation, with ministerial departments, organized interest groups, and elected members of parliaments and their associates as possible major players (Jann & Wegrich, 2007). Policy formulation proceeds as a complex social process, in which state actors play an important, but not necessarily decisive, role (Jann & Wegrich, 2007)

Implementation is broadly defined as what happens between the establishment of an apparent intention on the part of the government to do something, or to stop doing something, and the ultimate impacts in the world of action (O'Toole, 2000). Ideally the process of policy implementation would include specification of program details, allocation of resources, and decisions. This stage of the policy cycle has become the central field of policy research, looking at both top-down and bottom-up approaches to policy implementation and the consequences of both (Jann & Wegrich, 2007).

Evaluation and termination is the final stage of the policy process and during evaluation the intended outcomes of policies move into the center of attention. Evaluation studies are not restricted to a particular stage in the policy cycle; instead, the perspective is applied to the whole policy-making process and from different perspectives (Jann & Wegrich, 2007). This evaluation is far beyond being solely scientific in nature, as it is an integral part of the political process and debate. Political evaluation is carried out by diverse actors in the political arena, including the wider public and media. Policy termination is rather difficult to enforce under real-world conditions of policy making, but rather, large scale budget cuts, or windows of opportunity could trigger policy termination (Jann & Wegrich, 2007)

2.1.4 Evidence- Based Health Policy

As mentioned earlier, the stages typology of the policy process is still currently used due in part to its applicability and cohesiveness with evidence-based policy making (Jann & Wegrich, 2007). Evidence-based health policy emerged as medical practice adopted evidence-based medicine (EBM). EBM arose in the 1980s and 1990s, led by two Canadian researchers, David Sackett and Gordon Guyatt (Thoma & Eaves, 2015). They describe EBM as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients (Whitley, Rousseau, Carpenter-Song, & Kirmayer, 2011). In the beginning, use of EBM was devoted to developing the science of clinical epidemiology and improving the technical means of applying its principles and tools consistently and efficiently (Kelly, Heath, Howick, & Greenhalgh, 2015). Currently, it has been adopted by many governments as a desirable basis for health care services (Whitley et al., 2011).

Peer-reviewed, clinical research is the backbone of EBM and encompasses approaches such as health technology assessment, comparative effectiveness studies, and systematic literature reviews, and also ensures rigorous standards for reporting such studies (Kelly et al., 2015). The literature supporting EBM claims that through rigorous research and comparison of the best research available on that topic, informed, trustworthy medical practice will result. Evidence-based policy making is similar to EBM, as the goal is to create policy that is supported and informed by the best available research.

To make well-informed decisions about issues such as how to best provide universal and equitable access to health care, policymakers need access to robust evidence (Oxman, Lavis, Lewin, & Fretheim, 2009). Evidence-based policy making is an approach to policy decisions that is intended to ensure that decision making is well-informed by the best available research evidence and is characterized by access and appraisal of evidence as an input into the policymaking process that is both systematic and transparent (Oxman et al., 2009). As with EBM, the World Health Organization (WHO) and Government of Canada both recognize evidence-based policy as best practice (Government of Canada, 2017; World Health Organization, 2016).

The Government of Canada states, ‘evidence-based, evidence-informed, or knowledge-based policy development, refers to an approach that lavers the best available objective evidence from research to identify and understand issues,’ (Government of Canada, 2017). This objective evidence can then be used by decision makers to craft policies that will deliver the desired outcomes effectively, with a minimal margin of error and reduced risk of unintended consequences. (Government of Canada, 2017). Some of the claimed benefits of this approach is

that it is rigorous, comprehensive, and unbiased, which improves policy development (Government of Canada, 2017). Ultimately, the goal of using evidence-based decision-making is that the policy outcome is supported and resourced with the best available objective evidence and systematic research.

Evidence, in the case of EBM and evidence-based policy (EBP) is understood as concerning facts (actual or asserted) intended for use in support of a conclusion (Oxman, 2009). Evidence can help support a conclusion, but it is not the same as a conclusion; evidence alone does not make decisions (Oxman, 2009). However, not all evidence is ranked equally, as different types of research produce evidence with different levels of quality and strength. EBM, since its inception, has ranked quantitative methods as more rigorous and higher in quality, with systematic reviews and meta-analyses at the top of the evidence hierarchy. Archie Cochrane was the pioneer of EBM methods, arguing that researchers must systematically evaluate each and every intervention through randomized control trials (RCT) to determine their true efficacy (Cochrane, 1972). Interventions that then went on to produce significant and consistent effects on outcomes through accumulated RCTs would then be labelled evidence-based (Hutchison & Rogers, 2012).

This early ranking still resonates today, with systematic reviews as the gold standard of evidence. For example, the Oxford Centre for Evidence Based Medicine created a hierarchy of the likely best evidence, as to create a short-cut for busy clinicians, researchers, or patients to find the best evidence (Oxford University, 2011). Consistent among many researchers and organizations is their view that systematic reviews are at the top of the evidence hierarchy. In Ontario, it was

found that systematic reviews played a large part in developing new public health policy guidelines, and that public health decision-makers have very positive perceptions of the usefulness of systematic reviews in policy development (Dobbins, Thomas, O'Brien, & Duggan, 2004).

However, systematic reviews should not be the sole contributor to decision making. The Cochrane Collaboration, which promotes the use of systematic reviews, cautions that context plays an integral role in decision making. The results of a systematic review may not be applicable in certain contexts, and context should also be taken into consideration when making policy decisions. Policy decisions are always influenced by factors other than evidence, such as institution constraints, interests, ideas, values, and external factors (Oxman et al., 2009).

2.1.5 Critiques of EBM and EBP

Although EBM and EBP are seemingly universally adopted and valued amongst the scientific research community, there are also many critiques of this approach. Those who critique evidence-based approaches come from various backgrounds and disciplines, and many different aspects of the evidence-based approach have fallen under scrutiny (Palmer, 2004). Many critique the cornerstone of EBM methodology, the use of RCTs, and warn that vested interests and funding of such trials influence results of what should be unbiased research (Palmer, 2004). Studies have shown that between two-thirds and three-quarters of all RCTs in major journals are industry funded (Perlis, et al., 2005). It was further found that there is strong evidence supporting industry-funded studies produce results that differ from independently funded studies. Compared with independent trials, industry-sponsor trials exaggerate treatment effects in favour of the

products preferred by their sponsor (Leopold, 2003; Lexchin, 2003; Yaphne, 2001). Although RCTs and systematic reviews are deemed to be rigorous and tested, many are arguing that the research used in these methods may not always been free from bias and commercial influence.

Furthermore, many argue that the hierarchy of EBM and EBP limit meaningful research in the sociopolitical determinants of health, by narrowing the range of admissible research methods and the types, and sources of reliable evidence (Goldenberg, 2010). Evidence itself is a social product, influenced by the variable power and authority held by different stakeholders, such as patients, researchers, policymakers, in producing and determining parameters for what counts as evidence (Goldenberg, 2010). Qualitative data, a popular research method when looking at sociopolitical determinants, is often excluded in EBM reviews (Whitley, Rousseau, Carpenter-Song, & Kirmayer, 2011).

In regards to women's health policy, supporters of EBM argue that an evidence-based approach to women's health will improve health outcomes by critically analyzing the evidence base of women's health research (Goldenberg, 2010). However, historically women have been greatly underrepresented in clinical trials, which has drawn criticism to the validity and applicability of the results to women's health (Rogers & Ballantyne, 2008). Most RCTs are also gender blind, omitting the impact of gender on the results, which limits the applicability of this research to women's health policy specifically (Rogers & Ballantyne, 2008). Underrepresentation is not only limited to women, as many ethnic minorities are also not appropriately represented in clinical trials (Rogers, 2004).

Critics argue that much of the women's health policy that is created is not influenced by the best evidence available and is lacking holistic representation of research in this area (Rogers, 2004). As women's groups have a deep-rooted history in using qualitative methodologies, such as narratives, they are unable to contribute their evidence and research to many decisions that are made using an EBM approach. As health policy largely incorporates the practices and values of EBM, women's health advocates and researchers are at risk of lacking the ability to impact health policy change.

2.1.6 Health Policy Change in Canada

Health policy change in Canada is precluded by forces operating on two dimensions; the first set of forces is the dynamics of federal-provincial elite negotiations on governmental jurisdiction and financing (Davidson, 2004). These establish a framework for, and a set of constraints on the outcomes of interprovincial health-policy community interactions. Constraints for example, were seen in the 1970s and 1980s when Alberta and Ontario moved towards privatization, which was ultimately not achieved, and resulting in the return of a policy equilibrium (Davidson, 2004). The second set of forces is interprovincial and shapes policy within a community comprising of the provincial medical association, other health care provider unions and ministry officials (Davidson, 2004). Policy change occurs in multiple ways but requires the incorporation of new ideas and values into legal and organizational forms (Davidson, 2004).

The federal government has outlined their policy research process on their federal website (<http://www.horizons.gc.ca/en/content/appendix-policy-research-process>). This policy research process involves defining issues and research priorities. As the federal government is comprised

of various departments, e.g., Status of Women (now Women and Gender Equality), Health Canada, different policies created within these departments. The process of research agenda setting in some departments is well developed, with annual and sometimes three-year research plans, whereas in others it is ad hoc, and adapting to day to day requirement and supporting urgent needs of ministers (Government of Canada, 2017). The process to identify policy research is claimed to be evolving to an outward-looking, open, inclusive approach that is more in line with the independent and global nature of contemporary policy issues (Government of Canada, 2017).

Specific to the mandate regarding the development of legislation and policies, Ontario created a Patient and Family Advisory Council (PFAC), to advise the government on health policy priorities that have an impact on patient care and patient experiences in Ontario (Ontario Ministry of Health and Long-Term Care, 2018). The Ontario provincial government claims that involving patients, families and caregivers in the policy development process will help ensure that their needs and concerns are fully understood, and will help the health system become more responsive, transparent and accountable (Ontario Ministry of Health and Long-Term Care, 2018). In summary, the Patient and Family Advisory Council will help ensure patients, caregivers, and families have a stronger voice in health care policy decision-making; there will be more opportunities for coordinated and streamlined patient engagement through program areas across the ministry; and Ontarians will have the opportunity for sustained open dialogue with government on the implementation of high-profile reform initiatives (Ontario Ministry of Health and Long-Term Care, 2018).

2.1.7 Narrative Use and Policy Change

Narrative can be both the method and the phenomenon of a study (Creswell, 2007). Over the past two decades, scholars from many disciplines have (re) discovered the narrative nature of human beings and embraced a multitude of narrative research approaches. I adopted the definition of narrative of Le Ber (2016), which defines narratives as “the verbal, written, and visual stories as well as other representations, of individuals’ life experiences and the meanings they attach to their experiences” (n.p.). It should be noted that a narrative is different than a policy narrative. Policy narratives are the persuasive stories for some political end, include a setting, a plot, and characters, and is disseminated toward preferred policy outcomes (Jones & McBeth, 2010). Policy change is not decided upon by the evidence itself, it is the human decision that such evidence is convincing or compelling enough to support or lead toward an intended change. This human decision can be influenced by an array of outside factors; there is increasing persuasive empirical evidence to support claims that narratives are found to be a primary means by which individuals organize, process, and convey information (Jones & McBeth, 2010).

Additionally, it has been found that narratives are powerful in shaping beliefs and actions, as seen in the academic literature amongst communications, marketing, neuroscience and psychology (Jones & McBeth, 2010). Although there is mounting evidence of the apparent power in stories and their impact on public policy, policy studies themselves have largely remained on the sidelines of the empirical study of narratives choosing instead to leave this important topic to other disciplines (Jones & McBeth, 2010). Research involving narratives and public policy has been distinctively qualitative and post structural, generally very limited, and

has failed to connect to a larger audience of policy researchers (Jones & McBeth, 2010).

However, in 2010, McBeth and Jones created a widely adopted, and popular way of studying the impact of narrative on policy through a narrative policy framework (NPF) which has three levels on analysis, micro, meso and macro (see Table 1) (Jones & McBeth, 2010).

Table 1 Narrative Policy Framework

Level of Analysis	Micro	Meso	Macro
Unit of analysis	Individual (e.g., How do policy narratives shape individual opinion?)	Groups/Coalitions in a policy subsystem (e.g., How do policy narratives shape coalition formation in a policy subsystem [expand/contain] to influence policy outcome?)	Institutional/Cultural (e.g., How do policy narratives shape institutional/cultural rules and norms to influence policy outcome?)
Classes of variables	Narrative structure characters plot solution causal mechanism Narrative content identity affirming identity threatening Individual characteristics demographics ideology issue knowledge gender	Policy narrative elements characters plot solution causal mechanism Policy narrative strategy winning/losing stance expand/contain policy subsystem	Unspecified
Theoretical causal drivers	Congruence and incongruence Canonicity and breach Narrative transportation Narrator trust	Policy beliefs (H1) Policy learning (H2; H3) Public opinion (H4; H5; H6) Heresthetics Scope of conflict (H7; H8)	Unspecified
Types of actors (motivators of change)	Various models of the individual are applicable	Various models of group behavior are applicable	

Adapted from: Shanahan, E. A., Jones, M. D., & McBeth, M. K. (2011). Policy narratives and policy processes. *The Policy Studies Journal*, 39(3), 535-561.

The NPF is an attempt to position policy studies to better describe, explain, and perhaps predict a wide array of policy process and outcomes. This framework is informed by theories from a myriad of disciplines and academic fields, to construct a holistic framework designed to accurately capture and describe policy narratives, while also employing these theories to provide testable hypotheses that allow for the accurate assessment of the influence of policy narratives on public opinion, policy change, and policy outcomes (Shanahan, Jones, & McBeth, 2011). The elements of policy narratives, such as narrative elements and strategies, have been missing from empirical models of the policy process, in particular that of the well-defined and validated, Advocacy Coalition Framework (ACF) (Sabatier & Jenkins, 1993; Shanahan, 2011). Although the ACF has been an extremely popular framework and has influenced a generation of policy scholars, the NPF uses narrative elements and strategies, making it a more suitable framework for analyzing the use of narratives to create policy change (Shanahan, 2011).

The construction of the NPF and the attempt to understand how narratives impact policy processes are supported by a vast assortment and variety of literature that understands policy decision making to be influenced not only by facts, but by values and pre-existing beliefs (Weible, Sabatier, & McQueen, 2009). The NPF is one of many frameworks that assumes that individuals are boundedly rational, and that individuals are more likely to respond to narratives than to expert based information (Veselkova, 2017). Jones & McBeth (2010) employ an experimental design to test how narrative structure and content influence mass opinion on climate change, and results show that that narrative structure, specifically affect for characters, plays a powerful role in shaping opinion, as well as organizing their thoughts about climate change.

2.1.8 Narrative Use by Advocacy Groups

The power of narratives to shape beliefs and actions extends beyond the academy and has been taken up by organizations that have increasingly begun to incorporate story-telling as a strategy for public and policy engagement. Much of the research regarding organizations, advocacy groups, or civil society using storylines or narratives to impact policy decisions are focused on environmental policy and climate change. Findings from this research show that civil society actors use storylines in different ways to advance their own interpretations of environmental problems and policy-making processes (Dodge, 2014). Similar research shows that advocacy groups use storytelling and characterization of heroes and villains, and symbols to impact the policy process (McBeth et al., 2010). However, research that aims to understand advocacy groups and their use of narratives to impact health policy, is extremely limited and highlights the need for further research.

2.1.9 Women's Advocacy Groups, Narrative and Policy Change

Many social movements have attempted to define or re-define social phenomena as social problems and construct alternative understandings and meanings of social phenomena as a way to create meaning-making (Lehrner & Allen, 2008). Through the use of a shared narrative, or shared narratives, the social construction of the phenomenon of interest and shaping of a response is seen as central to change. Women's health advocates and feminists have a deep-rooted history in using narratives to create meaning, and as a means to educate and inform others. The domestic violence movement has attempted to re-frame the cultural understanding of domestic violence from an apolitical, individual problem to a profoundly social problem rooted

in structural systems of patriarchy and ideologies of gender inequality (Lehrner & Allen, 2008). Narratives have been used by the movement through the creation of counter-narratives and alternative interpretations of the dominant cultural narrative (Lehrner & Allen, 2008). Although health advocacy groups and social movements look to create narratives as a way to mobilize change, there is very limited research regarding the impact it has on health and social policy change.

2.1.10 Violence Against Women and Policy Change in Canada: Example Case

Within the past decade and a half, there has been a major shift in policies concerning violence against women. After the 2006 federal election that resulted in Conservative leader Stephen Harper becoming the Prime Minister, more than 30 women's organizations and research bodies experienced defunding or major cuts to their budgets, highlighting the limited federal support for women's issues (Porter, 2012). Prior to 2013, the Canadian government did not have a stand-alone policy that specifically addressed intimate partner violence or sexual assault, and there was no national action plan to address violence against women. During this time, the only policy that touched on violence against women was the *Family Violence Initiative*, but this initiative did not exclusively concern violence against women, as both elder abuse and child abuse were focuses of this policy (Porter, 2012). Furthermore, the Department for Women and Gender Equality, previously known as the Status of Women Canada, which is a designated department within the federal government with the mandate of promoting the equal participation of women in Canadian society, was largely inactive under this government. During the Harper administration, both the

Department for Women and Gender Equality and the *Family Violence Initiative* were restructured and experienced massive cuts to core funding, and in the case of the *Family Violence Initiative*, all online resources were erased (Mann, 2016).

The 2015 federal election resulted in the transfer of power from Conservative Party and PM Stephen Harper, to the Liberal Party leader and current PM, Justin Trudeau. This transition of power was the beginning of a shift towards policies that take a gender-based approach, including the renewal of funding for the former Status of Women agency as the Department for Women and Gender Equality, and many related organizations. The Department for Women and Gender Equality is currently one of the leading departments through which current federal policies regarding violence against women are carried out, as one of their mandates is ‘ending violence against women and girls’ (Status of Women Canada, 2017). Reflective of the department’s mandate, a new strategy was created in 2016 in response to gender-based violence.

The strategy to combat violence against women is called *It’s Time: Canada’s Strategy to Prevent and Address Gender-Based Violence* (Status of Women Canada, 2017). Through this strategy, the federal government acknowledged and stated that many Canadians across the country face violence due to their gender expression, spanning generations and leads towards cycles of violence and abuse (Status of Women Canada, 2017). Furthermore, the government estimated that the economic cost of IPV against Canadian women is \$4.8 billion, and the economic cost of sexual assault/other sexual offences against Canadian women are estimated to be \$3.6 billion annually, highlighting the economic cost of ignoring this issue. (Zhang, Hoddenbagh, McDonald, & Scrim, 2012).

The strategy is based on three pillars: prevention; support for survivors and their families; and the promotion of responsive legal and justice systems (Status of Women Canada, 2017). The strategy aims to address diverse and marginalized populations, which may include: women and girls, Indigenous people, LGBTQ members, gender non-conforming people, those living in northern, rural and remote communities, people with disabilities, newcomers, children and youth, and seniors (Status of Women Canada, 2017). This strategy included the formation of the Gender-Based Violence Knowledge Centre, which was created within the Department for Women and Gender Equality to better align government resources and enable the sharing and development of research into GBV and act as the focal point of the Gender-Based Violence Strategy (Status of Women Canada, 2017).

It's Time, includes new investment and funding towards the Department for Women and Gender Equality; the Public Health Agency of Canada; Public Safety Canada; the Department of National Defense; the Royal Canadian Mounted Police; and Immigration, Refugees and Citizenship Canada (Status of Women Canada, 2017). Additionally, the government's Budget 2017 announced 100.9 million over five years, and \$20.7 million per year ongoing, to establish a strategy to address GBV (Status of Women Canada, 2017). The government's Budget 2018 proposes to provide an additional \$86 million over five years, starting in 2018-2019, and \$20 million per year ongoing, to expand the Strategy (Government of Canada, 2018). Examples of new investments include: preventing teen violence, equipping health professionals to provide appropriate care to victims, and enhancing support for the National Child Exploitation Coordination Centre (funded through Public Health Agency of Canada and originally part of the

Conservative Government \$100M investment in 2015) to increase investigative capacity of the RCMP (Government of Canada, 2018).

In 2016, the federal government launched the National Inquiry into Missing and Murdered Indigenous Women and Girls, independent from the federal government. The mandate of this inquiry stated that the commissioners are required to examine and report on the systematic causes behind the violence that Indigenous women and girls experience, and their greater vulnerability to violence, by looking for patterns and underlying factors that explain why higher levels of violence occur (Government of Canada, 2016). The commissioners were mandated to examine the underlying historical, social, economic, institutional and cultural factors that contribute to violence, as well as examining practices, policies and institutions such as policing, child welfare, coroners and other government policies/practices (Government of Canada, 2016). This inquiry came after decades of advocacy groups urging the government to respond to this issue. In terms of financing, the commission was provided with \$53.86 million by the federal government over two years (Government of Canada, 2016).

The final report was created and “reveals that persistent and deliberate human and Indigenous rights violations and abuses are the root cause behind Canada’s staggering rates of violence against Indigenous women, girls and 2SLGBTQIA people” (National Inquiry into the Missing Murdered Indigenous Women and Girls, 2019). Furthermore, “the two volume report calls for transformative legal and social changes to resolve the crisis that has devastated Indigenous communities across the country.” and included “231 individuals Calls for Justice directed at governments, institutions, social service providers, industries and all Canadians” (National Inquiry into the Missing Murdered Indigenous Women and Girls, 2019).

2.2 Social Change and Women's Health Issues

This section will aim to highlight the literature regarding social change and women's health in Canada, specific to the issues of the case study organization. An understanding of the theoretical underpinnings of social change will help describe this phenomenon better and understanding the women's movement and social change will help give context for current efforts in this area.

Before reviewing the current research and issues facing women in Canada, an understanding of contextual factors, such as social determinants of health, and intersectionality theory will be examined as these are the lenses through which this research will be framed. Following this, a broad understanding of violence against women, women experiencing homelessness, and women experiencing mental health issues in Canada, will provide insight into the complexity of these interwoven issues. These areas of focus have been chosen for the literature review as they are the areas in which the case study organization chooses to focus their social and policy efforts.

2.2.1 Definition of Social Change

There are many definitions of social change, so for the purpose of this research I will be using de Lemus & Stroebe's (2015) definition that defines social change "as a change in intergroup relations to reflect greater social equality" (p. 442). It is proposed by these authors that social equality can be measured through the reductions on structural/material and status inequality, and a reduction in either of these would be considered as evidence of social change (Stroebe, Wang & Wright, 2015). For example, structural or material inequality refers to differences in opportunities, resources, wealth and other tangible outcomes, also known as objective disadvantages (Major & O'Brien, 2005). An example of social change at this level would be the

increase in women's pay to be that of the same as men. Status inequality is defined by less tangible indicators and refers to the perceived position and value of the low-status, in comparison to the high-status group (Stroebe, Wang, & Wright, 2015). An example of status inequality would be the broadly held stereotype that masculine characteristics are more valuable in the workplace (Stroebe, Wang, & Wright, 2015). Social change in this instance can be achieved when all genders are evaluated equally in the workplace. Although social change in this definition is measured through the reduction of inequality, Sweetman et al., (2013) note that social change also occurs when the opposite happens.

Social change can occur when there is an increase in positive and/or decrease in negative social value attached to those in non-privileged groups, what Sweetman et al., (2015) calls 'progressive' social change. For example, women achieving the right to vote would be an example of progressive social change. However, what Lemus & Stroebe (2015) do not evaluate is what Sweetman et al., defines as 'regressive' social change, which is the social change that can involve an increase in positive and/or a decrease in negative social value attached to those in privileged groups. An example of this would be African Americans in the United States under Jim Crow laws (Sweetman et al., 2015). Although slavery had been abolished in the United States, the Jim Crow laws enacted in the Southern States saw further racial discrimination and segregation against African Americans, based on the belief that they were inferior and that the American laws should reflect this. Although my research is focused on what would be considered 'progressive' social change, Sweetman's (2015) definition of 'regressive' social change and its implications will also be taken into consideration when evaluating social change.

Social change can be instigated by members of disadvantaged and advantaged groups, including actions at both the collective level and individual level (de Lemus & Stroebe, 2015). As this research aims to understand the mobilization of narratives by organizations to impact health policy and social change, I will be looking at social change through action at the collective level. Collective action is defined as any action that aims to improve the status, power, or influence of an entire group, rather than that of one or a few individuals (Tajfel & Turner, 1979).

Interestingly, even though a group may be structurally disadvantaged, they may not try to decrease this inequality through collective action (Zomeran & Iyer, 2009). To explain what motivates groups to seek social change, there have been various frameworks and theories developed. These include relative deprivation theory, which posits that only when individuals perceive their situation as relatively deprived, do they experience anger and resentment, which then leads them to seek improvement. Another theory, social identity theory, proposes that it is the individual's perceptions of sociostructural characteristics that determine their identification with the group, which then predicts the likelihood of their participation in social change strategies (Zomeran & Iyer, 2009).

2.2.2 Social Change and Women's Health

An example of collective action, and one that will be examined throughout this research, is the Women's Health Movement (WHM). This movement encapsulates decades of individual and collective activism that aimed to decrease health inequality between women and men, through both social change and policy change. The WHM began during the 1960's and the 1970's, alongside the second wave of feminism in both the United States and Canada. The WHM acknowledged and challenged many health issues that were important to women, with three

broad issues at the forefront: the health care delivery system, the development and analysis of the social determinants of health, and a commitment to increasing participation of women in all aspects of health care (Basen, White, Bourrier-Lacroix, Boscoe, & Alleyne, 2004). Generally speaking, women were critical of the health care system, and advocates sought changes that would reflect the vision of women-centered care (Basen et al., 2004).

During the time of the second wave of feminism, violence against women was brought into public discourse. Broadly speaking, the group believed that patriarchy and unequal power relations between men and women, were the root cause of violence (Khan, 2015). To bring about social change and influence policymakers the group employed tactics of consciousness raising, support groups, public marches and rhetoric, which all brought violence into the mainstream discourse (Khan, 2015). Throughout these approaches, there was an encompassing goal of ‘meaning-making’, which attempted to re-frame the cultural understanding of domestic violence from an apolitical individual problem to a profoundly social problem rooted in structural systems of patriarchy and ideologies of gender inequality (Lehrner & Allen, 2008).

Meaning-making employs the tactic of creating various narratives that provide competing analyses of general interpretations of a social phenomenon, in this case violence against women, in order to reconstruct the phenomenon and ultimately shape a response (Lehrner & Allen, 2008). These general interpretations and stereotypes told a story where domestic violence was the result of anger issues, dysfunctional couples, a spiritual or moral failing, or that the female provoked the male (Lehrner & Allen, 2008). Meaning-making was a way for advocates and those who were marginalized to challenge these stereotypes, by offering alternative narratives that

highlighted the ways in which women experienced violence and reshaping it to not an individual issue involving the moral failing of the women, but a social problem that needed to be addressed (Lehrner & Allen, 2008). Lehrner and Allen's (2008) study found evidence that these competing narratives did in fact aid in the de-politicization of domestic violence, as the narratives conveyed an apolitical, degendered, individual-level analysis of domestic violence. The method of meaning-making was used successfully by the WHM and continues to be used by organizations and advocates across multiple social sectors.

2.2.3 Intersectionality

Intersectionality refers to the critical insight that race, class, religion, gender, sexuality, ethnicity, nationality, ability, and age operate not as unitary, mutually exclusive entities, but as reciprocally constructing phenomena that in turn shape complex social inequalities (Collins, 2015). The concept of intersectionality as an analytical lens and metaphor was introduced and elaborated most notably by Black feminist legal scholar, Kimberlé Williams Crenshaw, one of the founders of critical race theory in the US legal academy (Carastathis, 2014). Crenshaw stated that "boundaries of sex and race discrimination doctrine are defined respectively by white women's and Black men's experiences" (p. 140) and she challenged this dominant frame by introducing a concept by which Black women are not only unilaterally impacted by sex or race discrimination, but how these concepts, as well as others, influence and compound one another to create an individual and unique experience (Crenshaw, 1989). Although Crenshaw was originally using intersectionality to highlight unjust and multifaceted discrimination against Black women, the theory has become accepted globally and is being applied to multiple areas of research and policy (Hankivsky & Christofferson, 2008).

By the early 2000's, heightened interest in intersectionality theory fostered a blizzard of journal articles, special editions to journals, edited volumes, and undergraduate anthologies (Collins, 2015). Intersectionality's rapid expansion has fostered a dynamism that has encouraged creativity within and across academic disciplines (Collins, 2015). However, the rapid expansion of intersectionality as a field of study, has resulted in a negative side effect of the term not being applied uniformly. Furthermore, contemporary narratives of the emergence of intersectionality rarely situate Crenshaw's work within a crucial historical juncture, linking knowledge projects from social movements advanced by women of color, with the institutionalization of race/class/gender studies (Guidroz & Berger 2009). Although there have been some negative results of the wide-reaching acceptance of intersectionality as a theory, intersectionality as a field of study has catalyzed a copious outpouring of new knowledge and its visibility in these venues provides scholars and laypeople alike access to its idea (Collins, 2015). Currently, many global feminist movements embrace and state their acceptance of intersectionality, using it as a buzz word, allowing those without an educational understanding of this theory to understand its impact. For example, the UK based newspaper *The Telegraph*, wrote an article about intersectionality as a buzz word, titled 'Intersectional feminism. What the hell is it? (And why you should care),' showcasing the theory's transition into mainstream dialogue (Vidal, 2014).

Another important aspect of using an intersectional lens in research, is the way in which different levels of power are highlighted amongst different groups, and how this power underlies and shapes intersecting systems of power; the power relations of racism and sexism, for example, are interrelated (Collins, 2015). Using intersectionality as a theory or guiding lens would be a short-sighted endeavor without the critical analysis of the crucial role that power plays in solidifying

systems of oppression. Intersecting systems of power catalyze social formations of complex social inequalities that are organized via unequal material realities and distinctive social experiences for people who live within them (Dotson, 2013). Therefore, researchers using intersectionality as a theory are encouraged to cast a self-reflexive eye on their epistemological assumptions of their own practice, in order to illuminate positions of power and power relations that may impact their work (Collins, 2015).

Many of the researchers and decision makers working within an intersectionality paradigm share the logic that marginalization at the individual and institutional levels creates stratifications that require research approaches and policy solutions that are attuned to the interactions of these realities (Hancock, 2007). Hancock (2007) also emphasizes that policy problems are more than the sum of mutually exclusive parts; they create an interlocking prison, disproportionately affecting those who are already marginalized. Therefore, a central goal of theorists and those seeking to apply intersectionality theory is the social inclusion of previously ignored and excluded populations, which provides a theoretical foundation for the pursuit of social justice (Hankivsky, Cormier, & de Merich, 2009). This is reflected as many researchers, especially those involved with critical theory, use intersectionality to better understand issues that are affecting those who experience marginalization.

Crenshaw's work in intersectionality was rooted in understanding violence against women. Crenshaw recognized that women are differently situated in economic, social and political worlds, and when reform efforts are undertaken on behalf of women, women of color are less likely to have their needs met than women who are racially privileged (Crenshaw, 1989). Hearn

et al., (2016) highlights that the violence against women movement has begun to address intersectionality, through analyzing the intersections of gender, race, class, nationality, sexuality, age, and disability. Intersectionality is a common theme found in women's health literature and is accepted as a necessary component of research by many feminist scholars. This is particularly important in women's health research where generalizing women as one singular, definable group, leads to erroneous results as women experience health very differently (Crenshaw, 1989).

2.2.4 Social Determinants of Health

The term, social determinants of health, is used to identify the specific nonmedical mechanisms by which members of different socioeconomic groups come to experience varying degrees of illness and health (Raphael, 2006). This term was first developed in the *Black Report* which was published in Britain in 1980 (Macintyre, 1997). This report outlined British concerns about socio-economic differentials in death, and suggested explanations as to why material conditions of life aided in determining health status (Raphael, 2006). Since this report, many developed countries have adopted this understanding to address their growing concerns surrounding the organization and distribution of economic and social resources. In Canada, the 1986 *Ottawa Charter for Health Promotion* identified prerequisites for health as peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity (Raphael, 2006). Raphael (2006) has since identified 11 key social determinants of health pertaining to Canada; Indigenous status, early life, education, employment and working conditions, food security, health care services, housing, income and its distribution, social safety net, social exclusion, and unemployment and employment security.

The social determinants of health approach moves away from the traditional biomedical model of health and assumes social influences impact an individual's ability to get well as well as exacerbate an ongoing illness. A popular way of understanding the social determinants of health is through the upstream/downstream metaphor. The upstream approach of social determinants refers to the fundamental causes that set-in motion the causal pathways leading to health effects through downstream factors (Braveman, Egerter, & Williams, 2011). The downstream social determinants are factors that are temporally and spatially close to health effects but are influenced by upstream factors (Braveman, Egerter, & Williams, 2011). For example, a downstream remedy to falling ill from contaminated water would be to recommend that individuals buy water filters, and as more affluent individuals could better afford filters, socioeconomic disparities in illness would be expected. An upstream approach would be to focus on the source of contamination, fixing the water source for everyone (Braveman, Egerter, & Williams, 2011). Figure 1 illustrates the conceptual framework that focuses on the factors that play a more fundamental causal role on improving health and reducing health disparities.



Figure 1 What Influences Health? Upstream and Downstream Determinants

Replicated from: Braveman, P., Egerter, S., & Williams, D. (2011). The Social Determinants of Health: Coming of Age. *Annual Review of Public Health*, 32, 381-398.

Gender as a social determinant of health has garnered a lot of interest and research amongst those in the health community. Gender highlights the importance of social determinants of health as women traditionally have longer life expectancies than men, with lower mortality rates (Ostrowaska, 2012). This is in contrast to data that show women's longer lives coexist with a worse state of health, and exposure to more severe and chronic diseases, resulting in the popular phrase, 'women get sicker, but men die quicker' (Ostrowaska, 2012). Much of the research shows that this disparity cannot be solely allocated to biological differences, but rather social factors, such as education, employment, and housing having a greater influence on health.

2.2.5 Women and Violence

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life," (The United Nations, 1993, p.14). As this definition is accepted internationally, it will be the definition used within my research when I refer to violence against women.

Violence against women occurs in many forms and includes violence by an intimate partner, sexual violence by someone other than a partner, trafficking, honor killings, and female genital mutilation (World Health Organization, 2013). Intimate partner violence (IPV) and non-partner

sexual violence account for a large portion of this violence (World Health Organization, 2013). IPV is defined by the WHO as any behavior within an intimate relationship that causes physical, psychological or sexual harm to those in the relationships (World Health Organization, 2012). Overall, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence (World Health Organization, 2013). This statistic, and any other measurement looking to quantify instances of violence, should be looked at as a conservative estimate. Statistics Canada reported in 2017 that 1 in 20 instances of sexual assault are reported to the police, resulting in modest reports of how many women are affected (Statistics Canada, 2018).

Violence against women is not a recent phenomenon but is now drawing international recognition that these events are not isolated, but rather form a pattern of behavior that violates the rights of women's and girls and limits their participation in society (World Health Organization, 2013). The health effects of violence are staggering and far reaching. World Health Organization (WHO) reports that IPV alone is a major contributor to mental health issues, such as depression and suicidality, as well as sexual and reproductive health problems, such as maternal health and neonatal health problems (World Health Organization, 2013). Violence also impacts women's social well-being, as it can impact financial security, ability to acquire housing, and job security (Meyer, 2015).

Violence against women is a pressing public health issue in Canada, with studies showing that every six days a woman in Canada is killed by her intimate partner (Statistics Canada, 2015). Furthermore, it is reported that in one year, 636,000 women aged 15 years and older reported they had been sexually assaulted (Statistics Canada, 2017). Indigenous women in Canada have

been identified as being disproportionately represented as homicide victims, and victimization data indicate that Indigenous women have higher rates of self-reported spousal and non-spousal violence (Brennan & Taylor-Butts, 2008; Statistics Canada, 2016). Findings have shown that Indigenous women in Canada are five times more likely than other women of the same age, to die as a result of violence. The rate of missing and murdered Indigenous women in Canada is a clear indication that women do not experience violence as a homogenous group, and further attention needs to be directed to understand differences that arise due to socio-demographic factors.

2.2.6 Race and Violence against Women

The traditional feminist perspective of violence against women holds that violence against women is a consequence of socially constructed and culturally approved gender inequality (Sokoloff & Dupont, 2005). The focus solely on gender has become challenged as conversations about the intersections of race, class, sexual orientation and oppression are being brought into the forefront of violence research. A critique of the women's movement and the use of a 'unified' women's voice is that women experience violence in different ways. To suggest that violence affects everyone equally trivializes both the dimensions that underlie the experiences of these particular abuse victims, and the ways we analyze the prevalence and impact of violence against them (Kanuha, 1996). As systems of oppression and privilege impact the way women experience violence, it is clear that women of different races experience violence differently. For example, African American women may fear that calling the police will subject their partners to racist treatment by the criminal justice system as well as confirm racist stereotypes of Black individuals as violent (Richie, 2000; Websdale 1999). Furthermore, there is considerable

empirical evidence suggesting that the most severe and lethal domestic violence occurs disproportionately among low-income women of color (Sokoloff & Dupont, 2005).

Although highlighting the common experiences women share has been a traditional approach to forging a strong feminist movement, a critique of the unification of women's experiences is that it underrepresents women of different races, i.e., Black and Latino women, and their unique experiences (Sokoloff & Dupont, 2005). The underlying assumptions and pillars of intersectionality theory are at the forefront when critiquing the unification of women's experiences, highlighting race as an intersecting factor that impacts the experience of violence. Furthermore, intersectionality highlights that antiviolenence movements must acknowledge and analyze class and race in order to achieve the transgressive and transformative potential of this movement (Richie, 2004). In order to radically disrupt various forms of social domination, intersectionality must be applied to expose different forms of systemic power and its impact on race and class. (Richie, 2004).

2.2.7 Indigenous Women and Violence

I will be using the term Indigenous, as it is encompassing of various groups, it is accepted internationally, and it is the term used in the United Nations and accompanying international legal documents. In Canada, Aboriginal is a term used by the federal government, referring to First Nations, Métis and Inuit people in Canada (University of British Columbia, 2016). This term will not be used as it has certain negative associations due to its use in Canadian government policy and does not encompass all Indigenous people (University of British

Columbia, 2016). Any reference to other terms will be only used for the sake of citing other authors correctly.

Violence against Indigenous women and girls in Canada has now become a public health concern, with studies highlighting that there is a high level of violence against Indigenous women and girls in Canada, putting Indigenous women at greater risk than non-Indigenous women (Daoud, Smylie, Urquia, Allan, & O'Campo, 2013). Although Indigenous women are given respected and valued roles with their families and communities, the General Social Survey in Canada found the prevalence of intimate partner violence was 12.6% among First Nations, Metis, and Inuit women, versus 3.5% among non-Indigenous; 25% of Indigenous women compared to 8% of non-Indigenous women were assaulted by a current or former partner; and homicide of Indigenous women was 8 times higher compared to non-Indigenous women (Daoud et al., 2013). The violence against Indigenous women and girls in Canada reflects the research that highlights how social and political contexts, and intersections of race, class, gender, and colonialism have created an intensity of violence for these women.

A recent study noted that low socioeconomic position was a strong predictor of violence against women, and identified historic and ongoing colonial policies, including the disruption of traditional economies and appropriation of Indigenous lands, as an underlying driver of poverty among indigenous peoples (Daoud et al., 2013). Other intersecting factors, such as the ongoing impact of historical colonialism and patriarchy, highlight the ways in which Indigenous women are at risk for violence (Daoud et al., 2013).

The Indian Act in 1876 resulted in Indigenous women in Canada being stripped of their Indian status and the benefits of band memberships, the eviction from reserve homes, and the denial of an equal share of matrimonial property (McIvor, 2004). Although this is not happening currently, the effect of these actions has had long lasting impacts on the Indigenous communities, particularly on Indigenous women (McIvor, 2004). McIvor (2004) describes that as previous government legislation, policies, and services, constantly reinforced this systematic patriarchy, many in the Indigenous communities now believe their traditions were originally patriarchal. The result of this is the denial of opportunities for Indigenous women to hold leadership positions within their communities and organizations, as well as the exclusion from high-level negotiations among Aboriginal and Canadian political leaders (McIvor, 2004). Where these community dynamics exist, they reinforce the alienation and vulnerability of women in violent relationships (Kuokkanen, 2015).

2.2.8 Same-Sex Intimate Partner Violence

Same-sex intimate partner violence (IPV) describes the abuse that occurs between partners involved in same-sex relationships (Freedberg, 2006). The existing research and literature on this topic reveal a large disparity in same-sex research when compared to heterosexual IPV research. Much of the research on IPV has focused on the male as the perpetrator and the female as the victim; this can be attributed not only to a high statistical correspondence but also to the heteronormative views and ideologies that associate masculinity with violence, and femininity with passiveness (Baker, Buick, Kim, Moniz, & Nava, 2013). This is also the result of feminist movements that sought to bring public and government attention to this issue through sharing common experiences of women who experience violence (Sokoloff & Dupont, 2005). Many

large IPV studies do not ask about gender or sexual orientation, leading to erasure of an already marginalized community (Baker et al., 2013). The heteronormative view of IPV has many impacts and has shaped many services such as health care practice, law, and social services.

Messinger (2011) challenged the heteronormative views of IPV in her study as she found that gay, lesbian and bisexual individuals were at further risk for violence. This study highlighted that IPV was twice as prevalent among gay, lesbian, and bisexual individuals than in heterosexual individuals and those identifying as bisexual were further at risk for IPV (Messinger, 2011). It was found that gay women were the perpetrators in IPV in more cases than heterosexual men, which challenges IPV theories regarding men as being more socialized to be violent (Messinger A. M., 2011). Messinger's (2011) study was the first of its kind to address this issue and brings invaluable information for the services aimed to aid those suffering from IPV.

Discrimination and a lack of understanding of same-sex IPV is a major issue for women who experience this violence. Adding to their marginalized status, those who are in a same-sex relationship have reported being further stigmatized by health care providers due to their homosexual status (Alhusen, Lucea, & Glass, 2010). Women also reported that their perception of service providers is that they would rather not deal with women who have experienced abuse in same-sex relationships (Alhusen, Lucea, & Glass, 2010). The absence of same-sex IPV services and training further impacts service provision, as many who are suffering same-sex IPV risk being identified as victims of violence.

2.2.9 Women and Homelessness

There is no commonly accepted definition or estimation of homelessness in Ontario, but for the purpose of this thesis, homelessness will be described as the "situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (Gaetz, Doaldson, Ritcher, & Gulliver, 2013). It is estimated that 200,000 Canadians experience homelessness in a given year (Gaetz et al., 2013). Of these 200,000 Canadians, it is estimated that women account for only 25% (Walsh, Rutherford, & Kuzmak, 2009). However, these statistics are misleading due to the erasure of homeless women in statistic accumulation, as many reports use data from homeless shelters to estimate the population. Many homeless women do not use homeless shelters, for fear of violence and abuse, so there is a strong reason to believe that there are a greater number of homeless women than reported. This group of women is diverse, and includes Indigenous women, children, elders, refugees, etc., (Ontario Women's Health Council [OWHC], 2002). In comparison to their male counterparts, homeless women have increased risks of homelessness due to their experiences with, and not limited to, poverty, violence and mental illness (Ontario Women's Health Council [OWHC], 2002).

Poverty is the largest contributor to homelessness, with women affected disproportionately more than men. The phenomenon, called the feminization of poverty, is reinforced as women make up a large portion of Canada's minimum wage workers, lone-parent families, and those unable to afford proper childcare (OWHC, 2002; Walsh et al., 2009). However, poverty is not the only condition for homelessness, as mental illness and violence are also risk factors for women. The fear or experience of domestic violence and sexual abuse contributes to homelessness with, for

example, 27% of women reporting this to be the reason for their stay at Toronto shelters (OWHC, 2002). However, once homeless they are at continued risk of violence and assault, sexual exploitation, and abuse (Gaetz et al., 2013). The violence experienced can trigger, or emphasize, pre-existing mental health issues.

There has been a shift in the service and delivery of mental health services, which has been linked to a rise in homelessness. Mental health service moved from a centralized, hospital-based intervention to a decentralized community-based approach (OWHC, 2002). As a result, psychiatric beds were reduced by 80% without a corresponding increase in community services. Thus, the demand for mental health services is not met, forcing more women onto the street and into shelters (OWHC, 2002). Three quarters of homeless women in Toronto reported a mental health issue, with clinical depression, post-traumatic stress disorder, and substance use disorders as the most common diagnoses (OWHC, 2002). It is clear that Canadian women face multifaceted factors when experiencing homelessness, and there is a need to address these gender specific concerns.

2.2.10 Intimate Partner Violence and Homelessness

Much of the literature reports that the antecedents of homelessness differ for men and women, with IPV as a risk factor being generally specific to women. Women who experience IPV are at an increased risk for poverty, as many women who are in an abusive relationship financially support their partner, or are financially dependent on an unreliable partner, both resulting in the victim being materially and economically vulnerable (Wesley & Wright, 2005). Ultimately, much of the literature reports that poverty is inescapable for many women who want to leave an

abuser (Daoud et al., 2013). Prevalence rates of homelessness related to IPV highlight the severity of the issue. Those who have experienced IPV have almost four times the odds of experiencing housing instability than women who do not, and this finding is echoed throughout much of the related literature (O'Campo, Daoud, Hamilton-Wright, & Dunn, 2015).

The issue of underreporting is common in the literature on homelessness as many women do not access shelters, a main source of data, due to fears of violence and for those who are abused, fears that their abuser has access to the shelter (Gaetz, Doaldson, Ritcher, & Gulliver, 2013). Until recently, homelessness has been examined within a gender-blind framework, or the experiences of homeless women have been subsumed within the larger context of homeless families (Hatty, 1996). This has serious policy implications as funding allocation reflects the needs of certain groups who are significantly statistically represented. The lack of an accurate numerical value to the number of women experiencing homelessness also influences whether women's shelters or similar services are successful in applying to grant or accessing more funds. This inability to capture funding means there are less services for women in need, pushing them back onto the streets and into unsafe environments, putting them at risk for further abuse.

Although the Canadian health care system provides free access for many services, this does not eliminate all barriers for those who experience violence and homelessness. In Canada, it was found that many homeless women who had experienced physical assault had many unmet health care needs, highlighting that finances could not be the only barrier in order to receive appropriate health care (Vijayaraghavan et al., 2012). The most popular form of health care access is the emergency department in a hospital, as most women wait until the issue has reached an extreme

state to get help (Reid, Berman, & Forchuk, 2005). This reliance on emergency departments can be explained when considering psychological and individual barriers resulting from discrimination.

2.2.11 Health Outcomes of Those Experiencing IPV and Homelessness

Women who have been exposed to homelessness and IPV are at a great risk for poor health outcomes, particularly when contrasted to the general population. In terms of health implications, IPV can affect an individual physically and psychologically, as well as put the individual at a greater chance to experience health risk behaviors, such as substance abuse and smoking (Ford-Gilboe et al., 2009). In terms of physical health outcomes, one study found that one third of homeless women who experienced IPV reported one or more diagnoses of cardiovascular risk factors, STI, or any psychiatric condition (Ford-Gilboe et al., 2009). These women are also at risk for an increased burden of acute and chronic disease. The cardiovascular issues experienced by this group presents an interesting dilemma for academics and healthcare providers.

As one study reported, cardiovascular issues may be caused by the recorded increased stress levels amongst these women, or it could be attributed to a higher smoking rate (Vijayaraghavan et al., 2012). For comparison, 19.3% of the general public reported smoking, and 54.8% of women who experienced IPV and homelessness reported smoking (Vijayaraghavan et al., 2012). The cardiovascular risks are especially troubling due to the young age and early presence of these risks, outlining the importance and need for proper healthcare interventions. As the major

physical health outcomes reported are chronic, it would be short-sighted to assume that once stable housing is maintained and violence was no longer experienced, that health would immediately improve, and this is reflected in the literature (Ford-Gilboe et al., 2009). In combination to physical health, women experiencing IPV and homelessness also suffered mental health challenges.

Mental health has been largely studied in regards to women who have experienced IPV and homelessness. Mental health can encompass a variety of symptoms and experiences, and specific to IPV, it has been found that post-traumatic stress disorder (PTSD), depression, anxiety and eating disorders are common (Ellsberg & Emmelin, 2014). Depression was one of the most prevalent mental health outcomes, as 34.7% of the total IPV disease burden was attributable to depression (Ellsberg & Emmelin, 2014). The severity of depression for these women is alarming, as the national average for the general US female population is 2.4% in the previous 12 months, compared to the 51.4% from the sample of women's shelter residents (Dillon, Hussain, Loxton, & Rahman, 2013). As noted by Ford-Gilboe et al. (2009) in regards to the connection between IPV severity and length of health outcomes, it was found that the severity of violence was associated with more severe depressive symptoms. What was interesting in the literature on depression and IPV, was that physical and emotional IPV were equally detrimental in regards to depressive symptoms (Ford-Gilboe et al., 2009). Additionally, women who experienced IPV were at risk of long-term mental health concerns, irrespective if they stay or leave the abusive relationship (Ford-Gilboe et al., 2009). Although depression is only one of many possible health outcomes, it highlights the need for health care providers to take a special interest in the mental health of those who they suspect are being abused or who have a past of history of abuse. This

information also underscores the need to look beyond physical evidence of partner violence, and as symptoms of depression may be just as telling.

Much of the literature reported that those who experience IPV and homelessness suffer serious health outcomes that extend beyond the period of housing instability and violence. Longitudinal studies have reported that both improvements and deterioration in specific health outcomes have been documented after leaving the abusive partner (Ford-Gilboe et al., 2009). It was found in one study that past IPV exerts direct negative effects on women's health on average of 20 months after leaving, and that the extent of this depends on the severity of abuse (Ford-Gilboe et al., 2009). For those that then experience housing instability, illness can reinforce and lengthen the time someone is homeless, emphasizing that it is a critical health concern that must be addressed. The negative health outcomes are worsened or alleviated by the level of resources the women may be able to obtain. The resources can include social support, social services, healthcare, employment, housing, and many more. The resources available for the women have the ability to negatively or positively impact health outcomes, and the availability of these resources will provide a deeper understanding and context to the health outcomes experienced.

2.2.12 Stigma and Resource Allocation

The availability of meaningful health and social services for a woman experiencing violence has a significant impact on her quality of life. However, much of the literature on access to services, such as health care, social support, housing and employment, have reported that discrimination against women experiencing IPV is a barrier to their access (Anderson, Fallin, & Al-Modallal, 2014; Barata & Stewart, 2010; Bent-Goodley, 2007; Ford-Gilboe et al., 2009). Discrimination is

defined as a negative behavior that is directed towards members of a socially defined group, and in context of IPV and homelessness, there are various negative perceptions that linger, regardless of the public attention to this problem (Barata & Stewart, 2010).

Alarming, those who have experienced IPV do not receive the same victim status, associated benefits, and supports, as those affected by other crimes (Meyer, 2016). Many perceptions of women who have been abused are that they are in some way responsible for the harm inflicted upon them, and their inability to end the abuse or leave (Meyer, 2016). To exemplify this idea of the 'unideal victim', it was found in national survey that 78% of Australians have a difficult time understanding why someone would stay in an abusive relationship, and 51% thought that the victim could leave their partner if they really wanted to (Meyer, 2016). The concept that the woman is to blame for the abuse, and for staying with the abuser, leads to discrimination and a lack of empathy that becomes rooted in social interactions, consequently affecting the quality of resources provided.

When considering the lived experiences of women who experience IPV and homelessness, discrimination, stigmatization, and a lack of trust have been reported as barriers to health care (Reid et al., 2005). Their marginalized status has led them to report feeling an "I-It" approach by health care professionals (Wen, Hudak, & Hwang, 2007). In this approach, the women felt that they were treated as an object. This lack of trust and discrimination can be reason enough for some homeless women to avoid seeking a variety of health services (Wen, Hudak, & Hwang, 2007). The underutilization of the health care system gives a greater context to the adverse health outcomes that women face. The stigma and discrimination they face is not only limited to health

care services, but also apparent when trying to secure housing and employment (Anderson, Fallin, & Al-Modallal, 2014; Barata & Stewart, 2010)

An essential need for those who experience IPV is safe and affordable housing. Housing is a major concern as the lack of adequate housing may be part of the decision-making process when planning to leave an abusive partner (Ponce, Lawless, & Rowe, 2014). The decision to leave becomes complicated as many who do not have access to housing must choose between becoming homeless and leaving the abuser. In 2015, the average wait time for subsidized housing in Ontario was 3-4 years, and in more urban and high demand areas of Ontario, the predicted wait times are as long as 14 years (Ontario Non-Profit Housing Association, 2016). This long wait for safe and affordable housing is further impacted by the negative perceptions and discriminatory actions by landlords (Tutty et al., 2009). In a study involving discrimination against abused women by landlords in Toronto, Canada, it was found that landlords were ten times less likely to indicate that a rental unit was available to a caller staying at a shelter for battered women (Barata & Stewart, 2010). Furthermore, one-third of landlords believed a woman who was/is abused was a risk and 23% admitted they would not rent to women with histories of violence (Barata & Stewart, 2010). This information is extremely alarming as the discriminatory rejection of women experiencing violence puts them at further risk for violence, either by living on the streets or moving back with their abusive partner.

Employment can be a critical resource for women who are living on the streets, as many women who suffer IPV are left financially vulnerable. A source of income through secure employment allows a woman to make more autonomous decisions, and a chance to acquire housing

(Anderson, Fallin, & Al-Modallal, 2014). However, those who experience IPV are vulnerable to unemployment as abuse affects the women's ability to perform in the workplace, and many are further abused by the perpetrator at work (Anderson, Fallin, & Al-Modallal, 2014). It was found that 64% of IPV victims reported adverse effects in the workplace (Anderson, Fallin, & Al-Modallal, 2014). Unfortunately, it has been found that many employers were not able to support the women in the workplace, and many women reported job loss due to the abuse (Anderson, Fallin, & Al-Modallal, 2014).

Although employers are ideally situated to support these women, the unideal victim bias is evident, as many still believe IPV is a problem of personal nature and the primary responsibility lies within the family (Anderson, Fallin, & Al-Modallal, 2014). Even for those who were sympathetic towards these women, a reluctance to intervene was prominent, with one author characterizing this group as, "sympathetic, but reluctant observers" (Reeves & O'Leary-Kelly, 2009, p. 8). As many of the women face material and economic vulnerability, employment is integral to their ability to economically sustain themselves. Although much of the literature on this subject recommends better workplace training and policies regarding IPV, the deeply rooted societal ideologies and perceptions of this group continues to put these women at risk.

2.2.13 Social Change and Women's Health

Social change can be difficult to recognize, measure and quantify. However, social change has led to many policy changes regarding women's health. As mentioned previously, the second wave of feminism had a large role in pressuring policymakers to acknowledge women's health and violence against women, by bringing it into the mainstream discourse. In the current context,

social change is still occurring due to larger groups coming together, and through organizations that aim to change attitudes, challenge assumptions, and create awareness surrounding women experiencing violence. There are multiple examples of social change occurring on the international, national and local level, such as the #MeToo movement, the Women's March, and the movement to bring attention and focus on the missing and murdered indigenous women, as discussed below.

On an international, as well as national level, social change is occurring in interconnected instances, through the Women's March and the #MeToo movement. The #MeToo movement became a global phenomenon in the past two years as the result of sexual harassment and violence in the workplace, from studios in Hollywood to the House of Commons (Gilmore, 2018). This movement originated in the United States in 2006 by activist Tarana Burke, who first created the movement to help young women of color who were survivors of sexual violence (Sherwood, 2019). Recently the movement has gone viral in the wake of sexual assault allegations against prominent Hollywood producers, and it is being represented in the mainstream media as a movement through which women of all races share their experiences of violence using the hashtag, #MeToo, on social media (Zarkov & Davis, 2018). This sharing of personal narratives has become a large social movement, resulting in women coming together, with many women (and men) identifying their abusers and telling their personal stories. The #MeToo movement is creating social change through igniting conversations about women and violence in the workplace, and challenging social norms and behaviors.

Another instance of social change on a national or international level is through the Women's March. Although the Women's March originated in the United States as a response to the rhetoric during 2017 election that resulted in Donald Trump becoming President of the United States, it also ignited activism and social change in Canada. The day following the inauguration of the President of the United States saw hundreds of organized marches occurring in the United States and worldwide, including London, Ontario. This March saw five million people come together, grounded in the nonviolent ideology of the Civil Rights movement, and resulting in the largest coordinated protest in US history and one of the largest in world history (Women's March, 2017). The goal was for people to come together and be counted as those who believe in a world that is equitable, tolerant, just, and safe for all, where human rights and dignity of each person is protected and respected, through influencing policy and creating social change (Women's March, 2017).

Indigenous women and groups have come together in Canada in response to their concerns over the many missing and murdered Indigenous women and girls. One group that has come together is the 'National Coalition for our Stolen Sisters', whose goal is public education and raising public awareness about women who have disappeared and are still disappearing (Diamond, 2003). The Coalition aims to expose the facts, and publicly highlight the realities of these women as daughters, mothers, aunts, friends, and citizens (Diamond, 2003). Action was taken through rallies on Parliament Hill, on Valentine's Day, to draw national attention both to the tragic stories of missing and murdered Indigenous women and to the urgency of the situation. After decades of various advocacy groups urging to the government to respond, the Canadian government has acknowledged this issue and is beginning to respond. In this instance, social

change and political change resulted from this group's advocacy.

There are also many examples of social change and advocacy for women's health at the local level, showing support at the grassroots levels for this cause. For example, in London, Ontario, there are many advocacy groups that aim to support those affected by violence against women. These include native healing services, women and family shelters, crisis centers, helplines, intercommunity health centers, and much more. These groups have responded to violence against women by providing resources to those in need, generating public education programs, and pressuring local and national government action.

The London Coordinating Committee to End Woman Abuse, has over 35 member organizations that aim to help women experiencing violence, as well as advocate for these women (London Coordinating Committee to End Woman Abuse, 2016). Many of the organizations that offer services to women in need also advocate for social and political change. For example, the London Abused Women Centre runs a campaign called 'Shine the Light on Woman Abuse', to raise awareness of men's violence against women by turning communities purple for the month of November. Another campaign that aims to create awareness in the community is organized by ANOVA and called 'Walk a Mile in Her Shoes'. For this event, men are asked to walk one mile in women's high-heeled shoes, with goal of getting the community to talk about gender relations and sexual violence (Anova, 2017). Both of these examples aim to change intergroup relationships, i.e., between men and the way they treat women, to reflect greater social equality.

Chapter 3

3 Methodology and Research Methods

This section will describe the way in which I conducted the research portion of this thesis. This section will describe my methodology, including the purpose of my research, my paradigm position, and the school of inquiry used. The methods portion of this section will go over ethical considerations, the sample selection and recruitment, data collection, and the data analysis, processes that I undertook. I will also include a review of reflexivity, exploring the ways in which my personal values and characteristics may have impacted or influenced the research process.

3.1 Methodology

This portion of the methodology and research chapter will examine my research purpose, paradigm position, and school of inquiry.

3.1.1 Research purpose

The objective of this study was to systematically investigate how forms of knowledge co-creation, such as storyteller and story-gatherer, can inform and lead to policy change.

Specifically, this study will explore the ways in which narratives are used by women's health advocacy groups, and the associated challenges and outcomes. The findings of this study will look at the impact of such methodologies and create new meaningful ways to evaluate and enhance change. The findings of this study will add to the growing literature regarding the use of

narratives by advocacy groups to impact policy and social change. Furthermore, this study will also contribute to women's advocacy groups by providing these advocacy groups with a critical analysis of narrative use in this area.

The research questions that I intend to investigate throughout this research project are:

1. How do women's advocacy groups use narratives in a way that creates social or health policy change?
2. What are the particular challenges that women's advocacy groups encounter in their advocacy initiatives that use narratives?

3.1.2 Paradigm Position

The theoretical framework that I used to explore the research question is critical race feminism. The term critical race feminism (CRF) is relatively new and finds its foundation in critical legal studies (CLS), critical race theory (CRT) and feminist jurisprudence (Wing, 2003).

Understanding general assumptions of these three theories is key to understanding the perspective of critical race feminist theorists. Firstly, CLS aims to expose the differential power relationships that exist through society in supposedly neutral concepts, and aims to understand the relationship between law, racism and white privilege (Wing & Willis, 1999). CRF draws from CLS studies, the idea of deconstruction along with critical analysis of the traditional legal canon (Wing & Willis, 1999).

Secondly, CRT was formed in an effort to focus the critical legal analysis on racial issues and provide new approaches to deal with racism and discrimination. CRF pulls from CRT in many

ways, namely the concept that racism is normal and ordinary in American society, and to critique a culturally constructed reality, critical race theorists employ a technique of storytelling and narrative analysis to construct alternative social realities (Wing & Willis, 1999). Critical race theorists are also wary of the dominant legal theories that support hierarchy, neutrality, color blindness, and single axis analysis (Wing & Willis, 1999). Much of the literature on CRF recognizes this theory as a branch of CRT (Wing, 2003)

Thirdly, CRF utilizes the basic principles of CRT and CLS to bring out the gendered aspects of injustice. CRF suggests that there is also a social and legal construction of the power of gender, enhancing CRT, which often assumes that experiences of women of color are the same as that of men of color (Wing & Willis, 1999). CRF also goes beyond traditional feminist approaches, which are historically based the experiences of white middle- and upper-class women and focuses on the intersection of race and gender (Wing & Willis, 1999). Critical race feminists are concerned with practice, not just theory, with a central goal of synthesizing and utilizing these bodies of knowledge in a theoretical analysis to create comprehensive and practical strategies to address the needs of communities (Wing & Willis, 1999). Table 2 outlines what CRF draws and rejects from the three theories mentioned.

CRF is a valuable theory to employ throughout this study as it critically examines law and reality in ways that highlights hierarchies of both sexism and racism. CRF uses narratives and storytelling techniques as method, which aligns with the method that I used. This theory helped shape my research by allowing me to critically examine narrative use by women's advocacy groups that take gender and race into critical consideration. This critical approach enabled my

research findings to take into consideration the unseen societal factors in narrative uptake and impact. Furthermore, as a central goal of CRF is to create comprehensive and practical strategies to address the needs of communities, this theory aligns well with the goals of my research.

Table 2: Aspects of Critical Legal Studies, Critical Feminism, and Critical Race Theory that Critical Race Feminism Accepts and Rejects

	Critical Legal Studies	Critical Feminism	Critical Race Theory
Concepts Aligned with Critical Race Feminism	<ul style="list-style-type: none"> • Progressive perspective on the role of law in American society • Critique conservative orthodoxies and legal liberalism • Challenge that law is neutral, objective and determinate • Use deconstruction methodology to expose how law has served to perpetuate unjust class, race, and gender hierarchies. 	<ul style="list-style-type: none"> • Focus on gender oppression within a system of patriarchy • Narrative methodology • Draws upon threads in feminism such as formal equality, socialism, dominance/inequality • Incorporates intersectionality theory 	<ul style="list-style-type: none"> • Social construction thesis; biological races do not exist • Racism is an ordinary and fundamental part of American society, not aberration that can be easily remedied with law • Reject that the legal system has ever been color-blind • Embrace color-consciousness and identity politics • Multidisciplinary approach to scholarship • Narrative and storytelling technique

Concepts	<ul style="list-style-type: none"> • Legal rights are indeterminate, vehemently disagree that rights are therefore not important 	<ul style="list-style-type: none"> • All women experience sexism the same regardless of class or race. The idea of all women being unified by ‘one voice’ 	<ul style="list-style-type: none"> • Racism’s worst effects can be eliminated
Critical			<ul style="list-style-type: none"> • Embrace critical race praxis as well
Race			<ul style="list-style-type: none"> • Men and women experience racism the same
Feminism	<ul style="list-style-type: none"> • CLS at times often excludes the perspectives of people of color and white women, not able to expand analyses beyond worldview of progressive white male elites 	<ul style="list-style-type: none"> • White supremacy does not have a central role or impact on women’s oppression and the system of patriarchy 	
Challenges			

Note. Data for table drawn from King (2003)

3.1.3 School of Inquiry

As this project aims to understand the mobilization of narratives by organizations in their attempt to create political and social change, it was clear at the onset of this research that a qualitative research method was the best fit. Qualitative methods refer to a broad class of empirical procedures designed to describe and interpret the experiences of research participants in context-specific settings (Ponterotto, 2005). To understand narrative mobilization, the voices and experiences of those involved with using the narrative are central to answering the research questions, making a qualitative method necessary.

There is limited, or nascent theory about narrative uptake and use prior to this study. In studies where theory is nascent or immature, such as this one, there is an uncertainty about what issues

may arise from the data, forcing one to avoid hypothesizing specific relationships between variables (Edmondson & McManus, 2007). As little is known, rich, detailed and evocative data is needed, and interviews, observations, and open-ended questions are methods for learning with an open mind (Edmondson & McManus, 2007). I believe that using narrative inquiry, through use of semi-structured interviews, allowed me as a researcher to understand how narratives are being utilized and this method allowed those involved in using narratives to voice their personal experiences and perspectives.

In a school of inquiry, narrative as a method begins with the experiences as expressed in lived and told stories of individuals, and it allows the researchers to explore the stories of the participants (Riessman, 2008). This focus on the individuals, and their stories of experience, is what makes a narrative approach different from other qualitative methods. Other qualitative methods, such as grounded theory or phenomenology, do not approach research through the stories of individuals, making narrative as a method the appropriate choice (Creswell, 2007). A semi-structured interview is a method used in narrative inquiry, and this is the specific method I used to conduct the research. The first-hand accounts of the organizational participants are valuable in understanding the mobilization of narrative methodologies as a way to impact societal structures and processes to create change. As there is limited research on effective narrative use, the ability to have more open-ended research questions allow the data collected in the field to strongly shape the developing understanding of this issue (Barley, 1990).

Furthermore, narrative inquiry complemented the CRF paradigms lens that I used to analyze this research. Criticalists use their research inquiry to help emancipate oppressed groups, and they

emphasize a dialectic stance on the researcher-participant interaction that aims to empower participants to work toward egalitarian and democratic change and transformation (Ponterotto, 2005). A narrative inquiry allows for a dialectic stance through means of meaningful and comprehensive investigation into the lived experiences of the participants. Conducting qualitative research based on a CRF paradigm position aligns with the research intentions of creating new and meaningful ways for community organizations, and academic researchers to mobilize narrative for greatest policy and social impact.

3.2 Research Methods

This portion of the methodology and research chapter will examine ethical considerations, sample selection and recruitment, setting, data collection, data analysis and reflexivity.

3.2.1 Ethical Considerations

Ethics approval was obtained from Western University's Research Ethics Board as submitted by the principal investigators for the overarching research project. The ethics approval and continuing ethics approval for research done after February 2019 can be found in Appendix A. This Master's thesis and I, as a study team member, are included in the ethics submission. It was important for me, as the researcher, to uphold the ethical standards as submitted. This research will not put any participants at risk for physical harm, and the study will not include any deception or withholding of key information. Group debriefing and publication will be the forms of communicating with participants and stakeholders regarding results. Participants were not selected based on culture, religion, race, disability, sexual orientation, ethnicity, linguistic

proficiency, sex or age. Participants had the right to leave the study, or interview, at any time, and their data could be deleted and removed from the study at any time as well.

The ethical considerations that I employed throughout this research study are those provided by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS)*. The following principles will be considered throughout the study: protecting the autonomy of the individual by seeking ongoing consent, protecting the welfare of participants by ensuring their privacy and confidentiality, ensuring fairness and equality between all participants (Canadian Institutes of Health Research [CIHR], Natural Science and Engineering Research Council of Canada [NSERC], & Social and Humanities Research Council of Canada [SSHRC], 2010).

3.2.2 Sample Selection and Recruitment

This research will contribute to a larger multi-case study whose objective is to determine the most effective strategies and conditions of mobilizing narratives to create social and health policy change. A strength of using a case-study approach is its ability to cover both a contemporary phenomenon and its context, as well as contributing to knowledge utilization (Yin, 2013). This study will be used as an initiative of a singular case in the overarching project, which will use a multi-case design to draw conclusions from the groups of cases (Yin, 1981). To ensure the successful use of multiple case studies, it requires that individual cases follow an explicit design, which can be articulated at the outset to ensure similarities (Yin, 1981). As this study is the initial effort within the larger project to implement the research design and collect data, it will act as a pilot and guide for the following case studies. As I was the first to implement the research design and collect data, this research is not influenced by the other case studies in the

larger research project and the data collected is solely mine. The methods as described in this proposal were decided upon at the outset of the research and are in line with methods to be used amongst the other case studies.

The organization recruited was collaboratively identified by the co-leads of the Marginalization, Violence and Discrimination team of the overall project. Inclusion criteria for the organization were that it had to use narratives or storytelling techniques as an advocacy initiative and it must be based in London, ON. The organization as represented by the Executive Director (ED) accepted being involved in the study. The ED was interviewed first and asked to identify an initiative that been most effective in achieving intended goals of policy and/or social change. The ED then passed on the information about the project to other staff who were involved with that identified initiative. Participants (staff at the organization) confirmed their interest and participation by contacting the Mobilizing Narratives Research Team by email. Participation was voluntary and confidential, and consent was acquired in written form, or verbal form if an online or telephone interview was conducted.

After the organization was identified, the way in which this organization uses narratives was then examined from a critical lens, and interviews with stakeholders, such as key organizers, politicians, and media contacts, were used to fully track and understand how this narrative was deployed and evolved. Questions were created by project members and are outlined on a semi-structured interview guide (see Appendix B). The questions were subsequently tailored for specific interviews with journalists and politicians in order to appropriately address and understand the topic and unique perspective of the participant. For example, there were certain

questions regarding journalism that I asked when interviewing a reporter, but these questions were not appropriate or within the scope of another participant's expertise, such as a politician who was interviewed.

The questions seek to understand how the narrative was chosen, for what reason, and how it was constructed. Questions also ask how the narrative was interpreted by the participant, and how hearing the narrative impacted them, through action or a change in attitude. The participants were asked for their subjective interpretations of the narrative use, any limitations or challenges they encountered, and their meaning and sense making of the events. As a semi-structured interview guide was used, this gave me as the researcher, the flexibility to ask questions specific to women's organizations and narrative use.

The questions employ a critical race feminist lens by asking questions about who made what decisions. Understanding the mobilization of specific narratives and decision makers in this process exposed and challenged power relations. The questions look to understand how violence against women, as a gendered issue, impacts the uptake and impact of narrative mobilization to create health and social policy change. How race and gender intersect, and the impact that each determinant has, was taken into consideration when adapting questions to understand in what ways they have impacted narrative mobilization.

3.2.3 Setting

The study was conducted in Ontario, Canada as the funding for the overall project was a SSHRC Partnership Development Grant to be located in London and surrounding area. Interviews were

done in person at various locations as decided upon by the participants and me. Interviews also occurred digitally through a team ZOOM account, and phone call conversations.

3.2.4 Data Collection

I collected in-depth descriptions of the narrative initiatives that were used, and the uptake of such. To begin the interview process, I started by asking whether or not they understood the nature of the study as outlined in the letter of information and answered any questions they had. I then obtained written consent from the participant, and as I started the tape-recording process, I received verbal consent so that there is both a hard copy and digital copy of consent.

By interviewing my participants, I was able to understand fully their thoughts and feelings in regard to the narrative initiatives. In this case study, the narrative initiative was a theatrical performance. These interviews were conducted one at a time, with each participant, using a semi-structured interview guide. The interview guide was decided upon by the project leads, although questions could change during the process of research to reflect an increased understanding of the problem (Creswell, 2007). I used this interview guide to provide structure to the interview, but I follow up with other questions that seemed relevant to the interview or in order to better understand what the participant was saying. The interviews lasted roughly one hour each and were audio recorded and transcribed by a professional transcription service. If I used ZOOM, the audio was recorded and submitted to the secure university network, OWL. Both recordings, either on recorder, or via ZOOM, were uploaded onto OWL to ensure privacy. From OWL, they were uploaded into a transcription service. The recordings were never sent over

email. I, as the researcher, also took note of any nonverbal forms of communication as part of my interview process.

At the outset of the research I anticipated to collect documents, which include any form, or medium, in which the narrative was presented in, i.e., photos, video, artwork, etc. I anticipated analyzing social media use and correspondence. Organizational data, such as archival materials and narrative drafts were also to be included. However, there were no documents, and very limited or nascent social media use, so this was not part of the data analysis. Furthermore, I also followed up on interviews with individuals, such as government officials, politicians, journalists, and other identified individuals, to have a comprehensive understanding of the mobilizing of the narrative or narrative use. It should be noted that I did not interview any individuals who accessed services provided by the organization.

3.3.5 Data Analysis

Critical narrative analysis was used to understand how themes amongst the narratives as told by the participants are connected to broader contexts. The data analysis comprised multiple steps (Fachin & Langley, 2018) and began with the transcription of interviews via audio recordings. These transcriptions were entered in NVIVO, a qualitative software analysis program after a coding structure was developed. The NVIVO computer software assisted me in organizing, analyzing and finding insights in the data, and was critical as it helps reduce the chance of error and makes the process more transparent (May, 2002). Prior to submitting the transcriptions to

NVIVO, I began to analyze the data through the process of open coding, which was then developed into themes.

In qualitative research, much of the thematic analysis begins with the identification of key themes and patterns, and after such themes are identified, the data is coded (Coffey & Atkinson, 1996). Thematic analysis is a method for identifying, analyzing and reporting patterns, or themes, within data (Braun & Clarke, 2006). A theme captures something important about the data in relation to the research questions and represents some level of patterned response or meaning within the data set (Braun & Clarke, 2006). Before starting the coding process, I created a flexible 'start list' of codes based on themes that I presumed would occur prior to reading and listening to the data. I took an inductive approach to analysis, which means that the themes identified are strongly linked to the data (Braun & Clarke, 2006). These themes are not set in stone and can be easily added to or adapted. It should be noted, that an occurrence of a singular theme in multiple instances does not necessarily mean the theme itself is more crucial (Braun & Clarke, 2006).

Following this, I organized my thoughts regarding each theme and approached this through a critical lens. This was supported by conducting the thematic analysis on a latent level, which goes beyond the semantic content of the data, and starts to identify, or examine, the underlying ideas, assumptions and conceptualizations that are theorized as shaping or informing the semantic content of the data (Braun & Clarke, 2006). Connecting interviews through series of themes contributed to a better understanding of themes and challenges presented in creating health and social policy change, through the use of narratives.

After the themes were identified, the data was coded. Coding is generally used to break up and segment the data into simpler, general categories and is used to expand and tease out the data, in order to formulate new questions and levels of interpretation (Coffey & Atkinson, 1996). The coding process allows the researcher to recognize and re-contextualize data, allowing for a fresh view of what is there. Once coding was achieved, the data was interrogated and systematically explored to generate meaning, transforming coded data into meaningful data (Coffey & Atkinson, 1996). Although coding is an integral part of the thematic analysis, there is a chance that this process will remove the sense that the data comes from personal accounts. It was important for me, as I categorized and broke down the information, to pay attention to the storied quality of the data (Coffey & Atkinson, 1996).

3.3.6 Reflexivity

Reflexivity is closely connected to the ethical practice of research and comes into play in the field, where research ethics committees are not accessible. Reflexivity requires researchers to take stock of their actions and their role in the research process and subject these to same critical scrutiny as the rest of their data (Guillemin & Gillam, 2004). The process of reflexivity took place from the beginning of the research process. I began by reflecting upon my interest in the research topic itself. Although I have no formal volunteer or work experience with organizations or advocacy groups involved with women and violence, it is a particular interest of mine.

I am interested in women's issues and specifically women's health issues as it became clear to me through my studies, that in healthcare, a field rooted in 'objective' traditional biomedical processes, women experience health differently than men. As I dug further into this topic, issues of race, power, neoliberalism and patriarchy were apparent throughout the literature and I became critically aware that health equity amongst women and men was far from reality. The issues of inequality amongst women also interested and disturbed me, as this was not part of a reality that I had experienced. This recognition taught me how easy it was to be naive to these issues, as a middle class, white woman. Upon the onset of research, I perceived myself as being well informed as I had immersed myself in the literature prior to starting this project.

This prior research had shaped my assumptions surrounding narrative use, women's health and violence and discrimination. However, as a white, middle class woman, I do recognize the power and privilege that I hold, and that my assumptions and understandings of women experiencing violence and discrimination are influenced and limited by this. I believe that through continuous review of current literature regarding women and violence and discrimination, and narrative mobilization, I was better informed and had a more holistic understanding not only of the literature but also the reality in which these women live.

I aimed to use a critical lens when evaluating my interactions with the participants, who were more similar to me than their clients, by critically examining their assumptions and their positions of power. I had preconceived notions about those who work with non-profit organizations, as having a higher educational background, as well as being particularly caring and sympathetic. I also had a preconceived notion that those who work in these organizations do

believe that they are doing the best that they can, with the information and funding that they have for these women, even if this does not have the intended result. I challenged myself to maintain a critical lens throughout this process, and not let my assumptions lead my analysis.

In my role as a researcher, I was determined to be reflexive as I aimed to evaluate any power imbalances between myself and the participants that may have arisen. I also was intentional in being self-reflexive in my data analysis, critically reviewing the way in which I personally understood and evaluated the data, to ensure my personal assumptions and values did not shape the data analysis. I sought information or literature that challenged my perspective or the data that I collected, to ensure that I was thoroughly investigating and taking into consideration other perspectives. At times I found myself looking for relevant literature through the references provided in research I already used, and I actively adjusted this as to make sure that I was not re-establishing the perspectives and information I already had.

This part of self-reflexivity was difficult, as it required me to question the ways in which I viewed and understood the information provided, but it was very beneficial to ensuring rigor and quality within my research. I attempted to maintain neutrality as best as possible and communicated with my supervisor, Marlene Janzen Le Ber, to help ensure that neutrality was maintained. Ultimately, self-reflexivity was a crucial part of the research process, and I used it to address and acknowledge the ways in which my personal assumptions, values, and privilege influenced the study.

Chapter 4

4 Findings

This chapter explores the findings that were the result of the data analysis portion of this research. This includes an outline of the thematic coding used and an overview of the data yielded. First, a description of the specific case study investigated in this paper will be provided. Following this will be an overview of the data collection and the results from the interview process, including tables that will better outline the coding structures, and results of the coding process. This chapter will also delve deeper into the findings from the data collection and look extensively at the ways in which the organization used narratives, and the results of this.

4.1 Context: Open Arms

Open Arms (OA) is a pseudonym for a non-profit organization based in Ontario, Canada. OA is a program within the Canadian Mental Health Association, and it is a “safe, welcoming, and inclusive centre that supports women and girls through drop-in and wrap-around services” (Canadian Mental Health Association, 2019). OA is “developed with input from women of lived experience, offering a comprehensive multi-disciplinary support system with the capacity to deliver practice needs, specialized services, and education/skills development under one roof” (Canadian Mental Health Association, 2019). OA not only offers programs and services to women in need, but also empowers and supports the women who access their services in advocating for women’s issues by participating in house meetings, speaking engagements, and theatrical productions (Canadian Mental Health Association, 2019). Narrative use is integral to

OA as all of the women who access their services play a central role in the advocacy work and they use their collective stories to raise awareness, both on a social and policy level.

The organization was contacted through the *Mobilizing Narratives for Policy and Social Change* project Principal Investigator as a potential organizational participant/community partner, which they accepted. I, as a graduate student researcher, was then put in contact with the executive director (ED) at the time to begin the research project. Through my initial interview with the ED, they highlighted the ways in which narrative was used by the organization. The ED highlighted that the Expressions group at OA had both successful and ‘unsuccessful’ uses of narrative to create social and health policy change. I use the word unsuccessful very loosely, as unsuccessful is only meant to highlight that the intended impact or result may have not been obtained, through a subjective evaluation by the ED. The Expressions group is a theatre group based out of OA, that performs various vignettes and theatre performances to a variety of audiences, exploring the personal experiences of the marginalized women who put on the performance. The Expressions group has been a central part of OA and they have performed at schools, conferences, public theatres, workshops and more. The goal of the Expressions group, as explained by the ED, is to create change.

The change that the Expressions group wanted to create was through social and policy change. They aimed to influence audience members, which included the general public, policy makers, politicians, journalists and academia, through their performance of personal stories. It was their hope that through understanding the women better, and the complexities of their lives, that audience members would be motivated to create the desired change. The group is led by a volunteer at OA, and they meet weekly to act, sing, put together vignette performances, and

create their next play. When creating a performance, the story was from the women and extracted from their personal experiences. The story could be from one individual or derived from their collective experiences. The volunteer helped guide the creation of the performance based on the venue or the targeted impact, such as specific policies.

The Expressions group has performed at the local level as well as the national level. Examples of each include city hall in the municipality, as well as the national conference for the Canadian Alliance to End Homelessness. Initiatives that have been successful include receiving funding as a result of the performances, influencing local policy to include a more gender-based lens, and they believe their performances have contributed to other policy changes and general social awareness. They view their performances as successful due to these results, as well as the affirmative response they receive from their audiences. However, not all performances have been successful. There was a specific example of a theatrical performance not being received well. The method behind the performance was no different than other successful performances and followed the same processes. In this scenario, those in the audience were portrayed in a way they may not have agreed with, and as a result, there was a very cold and disengaged response to the performance. The Expressions group did not expect this reaction, and they believed it was due to the audience being implicated as complicit within the story.

From the experiences that the Expressions group has had, both successful and ‘unsuccessful’, there was a general consensus that the group may find it difficult to avoid an ‘unsuccessful’ performance. Many of their audience members are in positions of power and may feel guilty or portrayed in a way they do not agree with, and this could lead to an empathetic response as they

connect to women on an emotional level, as seen in some performances, or disengage as described in the previous example. It was found that the honest, personal stories were key to the successful initiatives as they created a feeling of authenticity, and the ‘unsuccessful’ initiatives may be unavoidable as the group is committed to telling their honest lived experiences. The only time a performance did not go forward was if there was no solution to the story, as the stories were centered around finding solutions to the experiences that the women had. The decision to not go forward with a performance was made by the volunteer who headed the Expressions group, or the ED, although this rarely occurred.

Overall, the Expressions group has had many successes and continues to create change, both through policy and social change, through their awareness raising performances. The processes and extent through which these changes did, or did not happen, will be explored further.

4.2 Data

Through the interview process I conducted seven interviews, with six participants. These participants included the ED, a volunteer at OA, two politicians, a journalist, and a director at another community organization. The interviews were conducted in person or through the project team ZOOM account, as outlined in Table 3. All interviews were recorded and transcribed as per the approved ethics process.

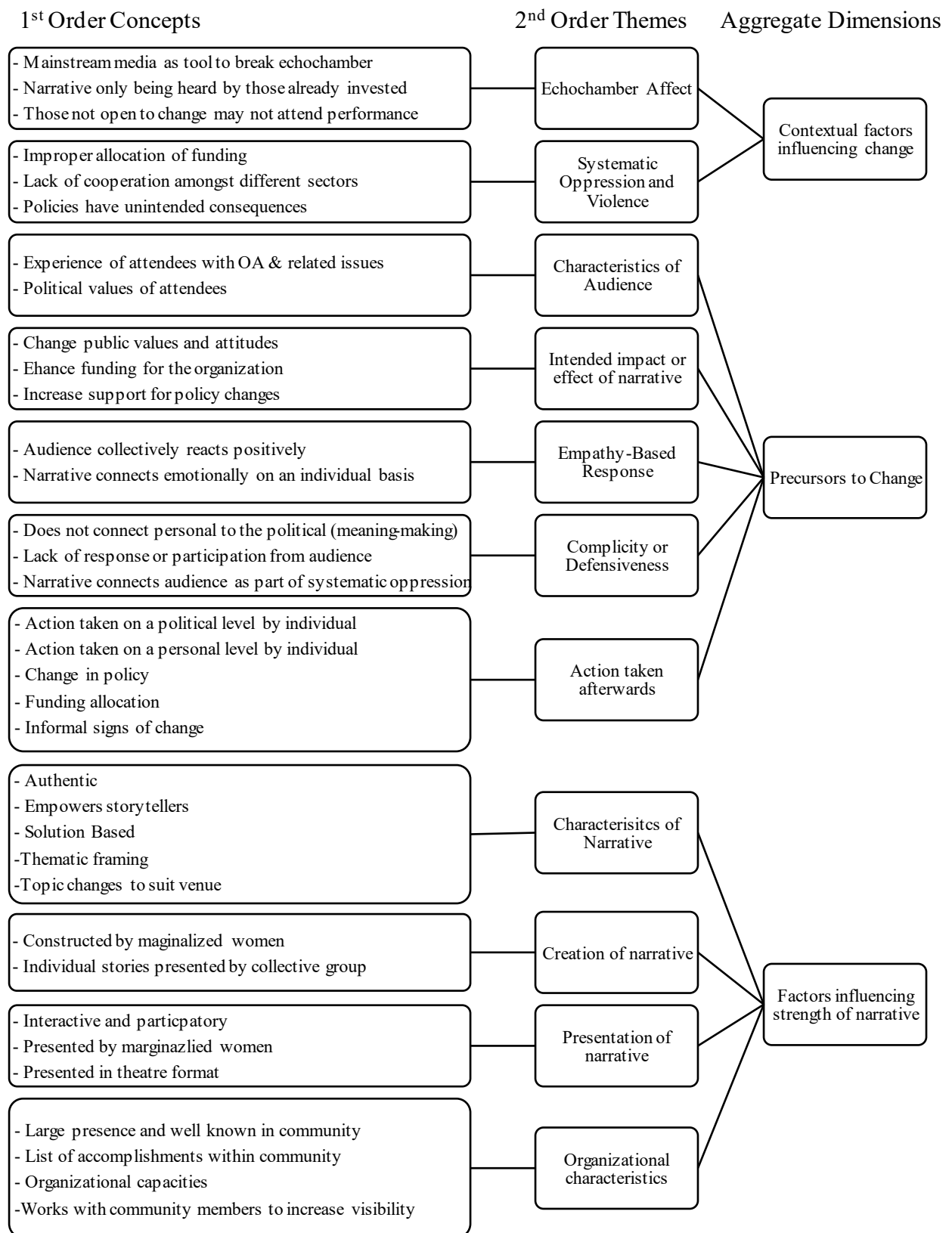
Table 3 Data Collection and Sources

Source of Data	Method of data collection	Length & Quantity
Executive Director (P1)	In person interview	Av. 55 minutes x 2
	Follow up interview	-2 transcripts [19 pages]
OA Employee (P2)	Video call	Av. 60 min x 1
		-1 transcript [9 pages]
Community Org Member (P3)	Video call	Av. 50 min x 1
		-1 transcript [8 pages]
Politician (P4)	Video call	Av. 60 min x 1
		-1 transcript [10 pages]
Politician (P5)	Audio call interview	Av 45 min x 1
		-1 transcript [5 pages]
Journalist (P6)	Audio call interview	Av. 60 min x 1
		-1 transcript [9 pages]

4.3 Creation of Coding Structure and Themes

After going through each of the interview transcripts, line by line, multiple times, it was clear that there were emergent themes, and sub-themes for each emergent theme. The open coding resulted in 1st order concepts (also known as child codes or sub nodes in NVivo). These were grouped together into 2nd order themes (also known as parent codes or nodes in NVivo). Finally, the 2nd order themes were grouped into aggregate dimensions. In total there were 11, 2nd order themes (parent codes), 34, 1st order concepts (child codes) and three main aggregate dimensions. The 1st order concepts and 2nd order themes are outlined in Figure 2. After creating the coding structure, including the 1st and 2nd order themes, I began coding using the computer software,

NVIVO. Only one theme was not coded in the research, a reflection of related data being better fit under another theme. The summarized results of this coding process, and the definitions of parent and child codes can be seen in Appendix C and Appendix D.

**Figure 2 Data Structure**

4.4 Data Analysis

After creating the coding structure, and completing the coding process, I went through each individual child code and selected a quote that best represented the findings under that code. These findings can be found in Appendix D and should be regarded as what I, the researcher, determined was the strongest example within the findings for each code. Furthermore, it was clear that many of the 2nd order themes were related to one another. As seen in Figure 2, there are three aggregate dimensions; 1) contextual factors that influence change, 2) precursors to change, and 3) factors influencing the strength of the narrative. The contextual factors that influence change are the uncontrollable variables that influence the ability of the narrative to create change, such as an echo chamber effect, and systematic oppression and violence. The second aggregate dimension, precursors to change, are variables that directly impact the pathway of the narrative, and its ability to create change. An understanding of these variables and why they may or may not aid in the creation of change is integral as they are the variables that arise after, or during, delivery of the narrative. Precursors to change include the characteristics of the audience, the intended impact or effect on the audience, the positive or negative impact or effect on the audience, as well as actions taken afterwards. The third aggregate dimension includes the factors influencing the strength of the narrative. This dimension includes controllable variables that have a direct impact on the delivery and creation of the narrative. These include: the characteristics of the narrative, the creation of the narrative, the presentation of the narrative, and organizational capacities. Together, these variables influence the strength of the narrative, and therefore, its potential to create change.

4.5 Concept Map

After coding all of the data, and reflecting upon the common themes and relationships, I created a concept map, as seen in Figure 3. This concept map will guide the discussion and provides a visual tool to understand the creation of the narrative, the interaction with the audience, influencing factors, and ultimately how policy or social change is, or is not, created.

As the figure illustrates, the creation of the narrative occurs, then the theatre performance follows, and ideally the performance leads to an empathetic response by the audience members. However, an empathetic response may not occur, and the audience may appear to be defensive or disengaged, and this is influenced by the audience's personal experiences and their perceived portrayal in the narrative. An empathetic reaction is influenced by solution-based narratives, an emotional connection between the audience and the narrative, and previous personal experience with the organization or expertise in the area. This response typically leads to action or change, via policy or social change, but in some cases leads to no change. Policy change is further influenced by the organizational capacities.

When there is a defensive or disengaged reaction in the audience, it occurs due to multiple factors, such as no solution being presented in the narrative, the audience feeling as if they are being portrayed negatively, and this therefore leads to no action or change occurring. This lack of action occurring afterwards, or a lack of change, is also influenced by external factors, such as systematic oppression and violence, as well as an echo chamber effect. Through following this concept map, we can begin to understand what makes a narrative successful or unsuccessful in creating health policy change, or social change, as well as having an understanding of the multiple relationships

and coinciding factors that influence change. I now discuss the data in detail using this concept map.

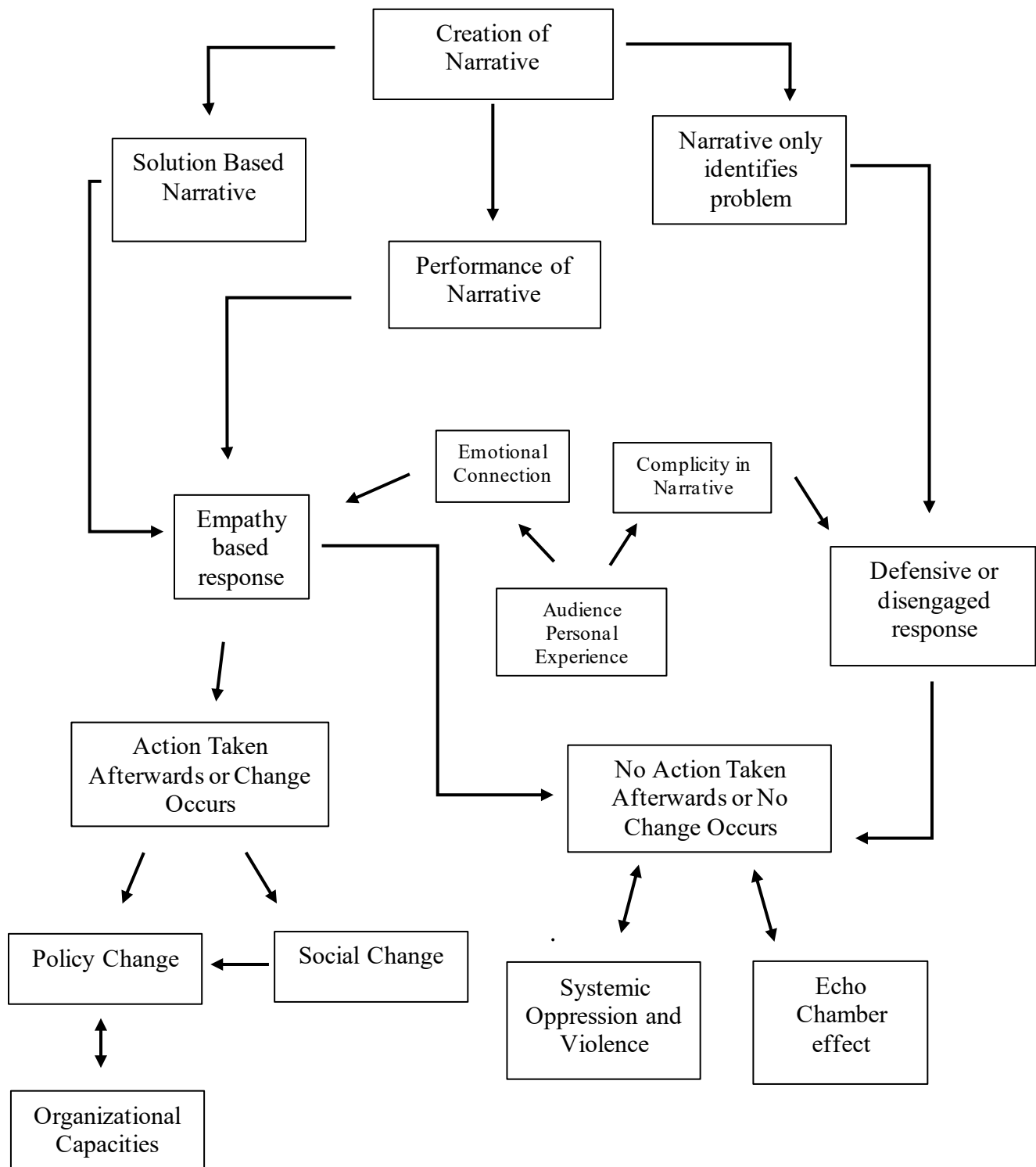


Figure 3 Concept Map

4.6 Creation of the Narrative

Various important factors converged to influence the creation of the narrative at OA, and these factors had direct influence on the organization's ability to create impact. The organization itself, and its values had an impact on the creation of the narrative at the outset. One participant described,

'...Open Arms went through a development phase before the doors were open, for approximately 3 years, and women of lived experience who were in shelters and living on streets and in marginalized conditions were part of the development committee. And early on women said to us, 'nothing about us without us'. So don't go ahead and create services unless you have our voice at the table' (P1).

This focus and need to have the women who access to their services at the forefront of any campaign created a unique environment for which the Expressions group was designed. One participant explained,

'we're really working from a community development context as well, and one of the ways we do that is very early on we began a group called Expressions, and that is a theatre group that the women work together, they first of all tell their stories and then they write their stories, and they work together scripting their stories and creating vignettes and plays that illustrate the particularly structural systemic violence, but as well the conditions that they face, the marginalization and the lack of access and the barriers that they experience' (P1).

Members of the organization were adamant and clear that the stories used within the theatre performances were created by the women, derived from personal experiences, and there was never a time in which the group did not use personal narratives. *'I would say all the stories are definitely from the women there, and they never even discussed using other stories or doing plays about anything else. It was always telling their own stories'* (P1). Any decision making regarding what narratives to use or not use was directed by the women and some of the members at the organization, with decision making being influenced by the target audience, as well as the characteristics, or theme, of the narrative.

It was described by participants that the Expressions group was made to create change, *'...they liked telling their stories once they felt safe in that group and that environment. And then they also realized they were raising awareness, that was the other big piece'* (P1). This example reflects the method of meaning-making, as mentioned in the literature review, with the goal of providing a competing narrative to reframe the cultural understanding of what the women are experiencing. This group uses the tactic of consciousness raising, or awareness, through their narratives. Furthermore, they continue to create meaning-making for the audience by creating an experience for the audience to understand the complexities of the issues affecting marginalized women and highlighting the struggles that they experience. A participant noted, *'I think story telling is very powerful because it often you know, it often allows the people in the audience to connect what they're hearing with their own stories, which may be quite different'* (P3).

4.6.1 Solution-Based and Thematic Framing

From the data, it was clear that the narratives designed were solution based and they used thematic framing. This was described by participants who were part of OA, and those who attended the performances. Although the narratives could be dark in nature, due to the issues affecting the women, one participant outlined, *'they make sure there's a solution. So here's the problem, here's what we need, so that the audience knows what they are being asked'* (P2). A situation was described where a narrative had no solution, and how this impacted the decision to use the narrative,

'I remember doing one where it was kind of each women held a mirror up in front of her face and on the back of the mirror was her own story and somehow they were very, very dark stories. And I remember we tried that out once in rehearsal and we had some students there, and we could just see by the look on the students' faces that this is just too much and it wasn't offering any solutions or any sort of comfort in any way, no hope, so we did not perform that beyond our own little group' (P2).

Another participant furthered this notion that the organization recognized a need of solution-based narratives, ‘

Yea, I think that everything they do is solution based. I think they tell their story, its painful to listen to, the fact that they can even get up and tell those stories is crazy, but in the end yea, they wrap it around to you know, the solutions' (P3).

Being solution-based was a key factor in how the participants evaluated the narrative, and as seen on the concept map, had a direct impact on whether the narrative was perceived positively or negatively. This may be due to the nature of narrative itself, as the narratives describe

marginalization, structural violence, hardship, and other ‘heavy’ issues. By providing a solution to the issues presented in the narrative, it allows the audience to leave with hope, and a positive outlook on what can be changed.

In terms of thematic framing, and the decision of what narrative was going forward into a performance, the organization members expressed that the target audience would impact and influence the themes within the narrative. For example, one participant said,

‘It depended a lot, but we always try to have a new piece ready for, we were invited Kings social work students and Brescia community development students every year, so we’d always try to have a new piece ready for them, and then if there was another conference or something that we were invited to, then we would prepare other ones too’ (P2).

More specifically, the participant noted, *‘we create one for a particular conference. For instance, the one about housing, the woman losing custody of [her] children and the connection to loss of housing, was created for a particular conference on women’s homelessness’* (P2). This creation of narrative, and the theme of the narrative, to suit a specific target audience can further be explained when exploring the organizations intended impact of such narratives. It should be noted that when they did choose narratives to suit specific target audiences, the narratives were always real experiences that came from the women who accessed the services at OA.

The Expressions group performs at various venues, including conferences at the local and national level, political events, city hall, at the local college and university, and at local theatres.

Performing at these venues tends to be in alignment with the intended impact or effect of the narrative, and therefore resulting with a specific theme for the performance.

4.7 Intent of Narrative Use

Amongst the data, it was clear there were three types of intended impacts; enhanced funding and support for the organization, increased support for policy change, and change in public attitudes and values.

4.7.1 Policy Change

In terms of policy change, the first use of narratives by the Expressions group in this setting was described,

'I can tell you where the very first opportunity came and that was that there was an issue with the municipal government and how homelessness programs were being funded and they were looking very much generic. They weren't looking at any kind of sex or gender-based analysis or any cultural analysis, and there was going to be opportunity to present to city council other frameworks. And what we did was, we actually had the women create vignettes and we rented a bus and we took the women down to city council and when it was our turn to present they thought it would be me presenting, and instead I said thank you very much, and here's the women from OA' (P1).

Furthermore, another participant explicitly answered the reason for attending certain conferences, *'I'd say that is to influence policymakers...policymakers are at those conferences, those are national conferences on women and homelessness' (P2).* Many of the participants

echoed the sentiment that once decision makers in the audience heard the narratives, it would be hard to ignore the real life implications of policies, *'when you see the human impact of the policy decisions that are made, it makes you re-think sometimes whether these are good policies or not and how can they be good policies if this is the outcome'* (P3).

4.7.2 Enhancing Funding for Organization

The goal of enhancing funding for the organization was also a clear objective outlined by the participants. In one instance, this need for funding brought the organization members to city hall to use their narrative methods to secure funding, and ultimately instilled the idea that narrative could be used intentionally to create change. One participant outlined,

'one other sort of one off was that we were having ongoing funding troubles, but at one point the City was going to withhold the funding that they controlled. So the women got speaker status at the city council meeting and I think about 20 of them at that time just lined up one behind the other and each gave their story about why Open Arm's needed that funding to keep the doors open. So I think those one offs that kind of got us to become aware that there was something to that telling the narrative. (P1)'

Other participants outlined that they were contacted by OA and invited to events that were focused on raising funds for the organization and their needs. Whether or not this had the desired change will be further discussed.

4.7.3 Create Social Change

The final reason that narratives were used by the organization was to change public attitudes and values. As described earlier, the idea of meaning-making was a strong influence for the use of personal stories, and the continued use of these stories. To create change the organization believed through meaning-making, social change could occur, starting with decision makers and then the general public. One participant explained,

'these are the women that you see on the street and you make judgements about. People make judgments about them and don't understand their story, what happened to them, why they are ill, why they are homeless, and why are they're so susceptible to abuse' (P4).

Furthermore, *'story telling is very powerful because it often allows the people in the audience to connect what they're hearing with their own stories, which may be quite different'* (P5). It was clear throughout the data that regardless of the policy change and funding goals that the organization was targeting, social change through the process of meaning-making was a subsequent goal of the Expressions group and their performances. The combination of targeted audience and the intended impact or change were the base of what the theme of the narrative would be.

4.8 Impact of Narrative

As mentioned above, the intent of the narratives is to ultimately result in policy change, social change and to enhance funding opportunities for the organization. For this to occur, those in the audience first need to be impacted by the narrative. Impact could occur through changing the

perspective of those in the audience, a similar process to the creation of social change, and eliciting empathy for the women who were sharing their stories. It was the hope of the organization that individuals would leave motivated to create or influence policy change, donate to the organization, or leave with a different perspective. When following the concept map, the desired impact was seen through an empathetic response, or the desired impact did not occur, as seen in a defensive or disengaged response. Creating an empathetic response was an important factor in whether the goal of social or health policy change occurred.

As seen on the conceptual map, there were common themes that impacted both responses, as well as specific themes that occurred throughout the data. Common themes that influenced both empathetic and defensive responses included the experiences of the audience (or targeted individuals) with OA and similar organizations, the emotional connection created, and whether there was a solution in the narrative.

4.8.1 Empathetic Response to the Narrative

Throughout the interviews, participants noted that there were many empathetic responses to the narrative and the theatre performance. Empathetic responses include positive reactions by the audiences, as well as negative reactions such as anger rooted in empathy. By audience response, I am not yet determining whether any change occurred afterwards, only how the narrative was received by the audience. An empathetic reaction was an essential step for any change occurring. Participants explained that this response was evaluated through formal and informal cues. For example, *'...its almost always hands down been sold out, standing room only... ovations and like ongoing applause and people leaving saying that's changed my life'* (P1). Other participants

expressed an empathetic response through their own experience, *'oh, we laughed, we cried, we learned'* (P3), and *'... I thought it was very moving. It was powerful'* (P5). A further look at these kinds of statements will explore other factors that influenced these reactions.

It was noted by all participants that when there was an empathetic reaction, the audience was very vocal. One participant explained,

'but honestly, I think that they have had an incredible response, every single time. You just can't help but be captivated by their passion, their stories and their illustration. It gives people goosebumps. It makes people cry. It makes people cheer, you know, it's quite something' (P1).

Another participant added, *'...I'm sure we were all thinking, how are we a part of this problem you know and what can we do to change it'* (P3). It was clear that these positive reactions were in part due to an emotional connection felt by the audience, which was a central goal of the process of meaning-making. It was found that the ability to emotionally connect, and have a positive experience, could be related to the audiences' previous experiences with OA and their personal experiences.

4.8.2 Audiences Personal Experiences

It was apparent that previous experiences with OA or similar organizations played a large role in how the audience responded or reacted to the narratives. By previous experiences with OA and similar organizations, I am referring to working with the organization, volunteering, donating, or being aware of the work that they do, or the work of other women's health organizations. This also includes expertise in this area, and a previous understanding of some of the issues being

presented. I am not referring to audience members with personal experiences with IPV, homelessness, or other issues being represented in the narratives.

All four of the participants who were audience members, had previous experiences with the organization. One explained, *'I'm pretty familiar with a lot of the, most of the things they do probably because I'm involved. I stop in, I drop in, I know some of the women'* (P3). Another outlined, *'I've gone and helped serve lunch. I've toured the place. So, I've been several times to their location'* (P5). The participants all stated that they enjoyed the performance. The desire to help marginalized women was common across all participants, and for many, the root of their involvement with the organization.

It was noted by all participants that were in the audience, that they felt a need to support the organization and the issues that impacted the marginalized women. One participant expressed,

'I'm a supporter of Open Arms. I'm a monthly donor to Open Arms... I want to support the work they do however I can, and so I wanted to be there to be part of the audience. And I know that the preparation that goes into putting on events like that is significant and so you know, I know that it would be important for the women for there to be an audience reacting to their work, yea so I wanted to be part of it' (P5).

It was clear from this statement that this participant's perspective and experiences would influence an inherent bias towards the organization and the narrative. When the same participant was asked if the narrative influenced any assumptions they had before hearing the narrative, they explained, *'I think I'm fairly you know, already far along in terms of my awareness of these issues, so I don't think it challenged any assumptions that I had'* (P5). Another participant was

described as, ‘...a great supporter. They get it already and understand’ (P1). It was a trend amongst all four of the participants that their previous, positive experience with the organization, and their personal desire to be part of the organization, impacted their mind set going into the performance.

4.8.3 Authenticity vs. Exploitation

Another theme that influenced whether the participants viewed the narrative elicited an empathetic response, was the authenticity of the narrative. This finding was echoed in the data as those interviewed highlighted that OA achieved a perceived level of high authenticity, and this elicited an empathetic response. Participants also noted from previous experiences that when there was a lack of authenticity in storytelling, there was a perceived level of exploitation of the women whose stories were being told, creating an impression of disingenuity by the organization.

One participant highlighted the difference in their perceived authenticity of storytelling when another organization used similar storytelling methods, and how OA differs, *‘I’ve been [to] events where folks are up on stage telling their stories. It feels as if it’s, they’re being used and you know, honestly, I can’t put any words to it’* (P3). In comparison, *‘it might be because at Open Arms its usually not one person, it’s a group. They do it together. The women are always engaged in this work together’* (P3).

The same participant reinforced this notion of authenticity, *‘you know sometimes in other organizations, I’ve seen it done and it’s disingenuous. When it’s done with Open Arms it’s*

because those women are passionate about their stories' (P3). Another participant described, 'my initial impression was raw and loose and very informative... it's just like wow, this is really real I guess is the word I'm looking at... in that sense it was less theatre and more real I think' (P6). This feeling of authenticity was clearly attributed to the emotional connection felt by the narrative and the empathetic response, 'It was probably one of the most questionable artistic presentations, but everybody loved it because it was so human and it was so real' (P6).

The authenticity created in the narrative was the product of the way in which the organization and the women created the narrative. It was expressed by a participant from the organization that the women, *'weren't tokens with their experience, but they were legitimate knowledge, their transferring knowledge, the knowledge they had in very legitimate way' (P1). The respect for the women was the base for the creative process, with one participant stating, 'We're always very mindful about women's vulnerability and to be very cautious about exploiting the women. So if a woman has a narrative that's extremely compelling, we're not going to ask her to share that unless she's in a place where that's comfortable for her' (P1).*

Furthermore, this genuine respect for the women and the stories they wanted to tell was reflected in the relaxed manner in which they performed,

'I never knew which actors were going to show up. We'd have the core group of maybe four or five actors and one Wednesday afternoon it would be these people; and the next Wednesday afternoon it would five completely different people. So, we always had to write the pieces so that anyone could fill in at any time' (P2).

This more relaxed approach was noticed by participants, *‘the cues from the booth all went wrong. People forgot their lines, they were off key, the drumming was less than stellar. It was probably one of the most questionable artistic presentations, but everybody loved it’* (P4). It was obvious that the authenticity of the performance itself, and the way in which the audience perceived the organization’s role in the narrative had a direct impact on audience and the experience.

4.8.4 Defensiveness and Disengagement of the Narrative

Although all the participants that were in the audience expressed how much they enjoyed the performance, the participants who were involved in the organization expressed that there had been times that the Expressions group did not get the reaction they were hoping for. The inability to connect on an emotional level, and elicit an empathetic reaction resulted in a defensive or disengaged response. For the Expressions group, it was clear that when the narrative connected the audience member as being part of the problem or having direct influence on the issue and not addressing the issue, it created a defensiveness that hindered the audience members to engage with the presentation.

The participants expressed one performance where they found that the narrative did not have the intended impact.

‘We did perform for a provincial conference, and it stands out in my mind because it was so incredibly non-supportive and it was a very, very powerful performance and very visceral and it took everything for the women to perform it, so it was a performance about a woman who’s life just fell apart, she’d been in a very abusive relationship, she

finally managed to get on her own with her little kids, she was living in extreme poverty, she was starting to have a lot of mental health issues, and her children were apprehended. This is a very common story for the women we work with and we find them, and their children are apprehended, their whole world; they give up. And that's when we often get to meet them. So that sense of loss and shame associated with that, and the system and structural violence they experience around that, because then they usually lose their housing, they might end up on the street, they might end up in street sex work, then doing substances to just manage on the street and then just everything falls. So this performance encapsulated all those things and it was being performed to a group of social workers, housing workers, nurses from psychiatric hospital, social workers from children's aid, from the city of London, you know people who were like making decisions about people's lives. And their response was beyond cold, like usually you can read and feel an audience's response, and often it's encouraging, supportive and empathic, and their response was cold, withdrawn and judgemental. And I could see the women working feeling it because you know, a performer works off the audience, and they need that audience response, it's a back and forth thing and it was very, very difficult. It was really hard. And I had comments quite negative from some of the people who had attended, so that was at [...] conference and that really stood in my mind' (P1).

This experience was noted by other participants as well, and they believed that it was the connection of the narrative directly to those in the audience created an internal conflict,

'I think where it hasn't worked that well has been when audiences that we presented to have really been confronted with their own implication, their own involvement in

structure and systemic violence through their mandates, through their, they have to deliver the mandate of their organizations, so when those policies and practices begin to further harm people and create 'violence', that really, it puts it into the face of people and that's when I think its been, the Expressions Group when they've done their presentations, more uncomfortable' (P1).

This sentiment was furthered by another participant *'it's hard as a service provider to sit and watch this, honestly, because we're part of the problem' (P3).* This participant continued to explain, *'it would have been really close and unless you're prepared to deal with that stuff then I mean I could have been offended too as a service provider because we're sheltered' (P3).*

This incident was reflected in research that explained that for those who are not marginalized, there is an additional component of being confronted with their own privilege, which may be quite uncomfortable and result in disengagement rather than reflection (Ruebottom & Auster, 2018). Although this audience was noted as having a 'more uncomfortable' experience, it is assumed that the personal experiences and desire to help that led to an empathetic response were still present in these audience members, due to the nature of their profession e.g., social service sector. From the empathetic responses that were described earlier from many in this sector, I as the researcher could have assumed that anyone in this professional area would be predisposed to support the marginalized women and their narratives. However, it was clear that there is a grey area in which those in the audience could have a defensive or disengaged reaction if they felt that they were being portrayed inaccurately as being complicit in creating the circumstances which the women experienced, and they were being confronted with their privilege and power. A participant expressed,

'I think it was too close to the bone and I think that they were too invested in the rightness of their role and the decisions for them to be able to step out of that and to look at how that role and those systems exacerbated and continued the oppression and marginalization that those women experienced' (P1).

As many of the audience members are those in the social services sector, it was difficult to get a participant without any background knowledge regarding marginalized women and violence against women. Within the audience members described in both the empathetic and defensive responses, all had previous experience and background knowledge of the themes and topics. It was not necessarily level of expertise in this area that laid the foundation for having an empathetic or defensive reaction, but the experiences of the audience, if they perceived that they were portrayed within the play as being complicit in the problem, and if they were being confronted with their privilege and power. One can assume that a defensive response, such as the one described by the participants, would inhibit any actions or change from occurring.

As the women constructing the narrative and performing the narrative were expressing their personal experiences, it would be difficult, or possibly disingenuous, for them to modify the way they represent the roles of the audience members depending on to whom they are performing. It would also be difficult for them to predict how the individuals react. One participant stated how it challenged them to think about their roles and what they are doing, *'in fact I cried rather than got angry because I thought, yea, this is what we do'* (P3). In this situation the individual was open to the narrative, although implicated in this story, and was able to reflect and engage with the narrative. Due to the inability to know if it will change a perspective or have the audience member disagreeing with their portrayal, it would not be worth trying to alter the narrative for

specific audiences and, would risk losing the authenticity that the Expression group possesses. Ultimately, when looking at the defensive or disengaged responses as described by the participants, the key feature was the audience members power or privilege being portrayed in a way they didn't agree with, creating a barrier for them to emotionally connect, and therefore ultimately stopping any social or policy change from occurring.

4.9 Action Taken Afterwards

It was clear that following the performance, there was either action taken resulting in policy change or social change, or there was no action taken, and no social or policy change. When looking at the conceptual map, there were two main ways in which change occurred; and this was through a change in policy or social change. The ability for change to occur was also facilitated by external factors, such as organizational capacities. Understanding whether change in fact did occur is central to answering the research questions.

4.9.1 Social Change

As mentioned in the literature review, social change occurred through collective action by the organization and the marginalized women who access their services. It was clear that there was an opportunity for social change to occur, and the goal of decreasing the negative social value, or stigma, attached to the marginalized women was achieved at many of the narrative performances, evidenced by the overwhelming empathetic and positive responses by the audience.

One of the main goals of the Expressions group was to ‘raise awareness’, and to use storytelling to ‘allow people in the audience to connect what they’re hearing with their own stories, which may be quite different’ (P2). The idea of meaning-making was discussed earlier, and women’s organizations and advocacy groups have a deep-rooted history in using this technique to create awareness and social change. It was apparent in the data that OA, and their use of this technique, was viewed as successful by all the participants. Due to the overwhelming response by all participants, and their recollections of the way the audience members reacted, one can assume that there was a degree of social change occurring, through the emotional connection the audience members felt. For example, having ‘people leave saying that’s changed my life’(P1), shows the impact of the narrative and their ability to better understand the women and their experiences.

It is difficult to quantify social change, as there are not explicit examples of this occurring, compared to policy change where a specific policy is created or changed. The notion of success in this [social change] instance is elusive and can be most usefully defined with reference to a set of outcomes (Gamson, 1975). Social change, such as social movements and collective action, have historically been able to influence public policy, as seen with the Canadian demand for an inquiry into the missing and murdered Indigenous women, creating a tangible outcome to define the level of success of social change (Caleraro & Kavada, 2013). As there was policy change that occurred due to the narrative use by OA, it would suggest that social change had occurred in order for public policy to change. The policy change that occurred in combination with positive and empathetic feedback received from the audience, demonstrates that there is a process in which social change is contributing to policy change.

It was outlined earlier that there were many empathetic responses to the narrative, and this was partially due to the audience members having expertise in this area and having personal experiences with OA and similar organizations. It is difficult to understand what degree of social change that occurs with audience members who may already be sympathetic to these issues. I was unable to track down audience members that had no previous experience with these issues, or whose assumptions may be challenged by the performance. When talking to one participant about their reporting of OA and the narrative used, they stated,

‘I hardly get any negative comments. I mean there’s always people who will complain about you know homeless people or at-risk people, it’s their own fault. That’s just kind of the norm of society right, and it doesn’t matter what you write about. Somebody is going to say, it’s your own fault’ (P6).

This quote highlights that regardless of being presented with an opportunity to understand or feel empathy for those who are marginalized, there is a stigma and attribution of blame placed on those individuals, leading certain audience members to be defensive and disengaged with the narrative regardless of authenticity, solutions, etc. As there were examples of participants who expressed how the narrative did create meaning-making, allowing them to connect on an emotional level with the women; there is opportunity for the narrative to decrease stigma and the negative social value placed on the women, and thereby creating social change.

4.9.2 Policy Change

As stated previously, one of the main goals of the Expressions group was their ability to influence policy change. To do this they performed in front of many decision makers and invited

local politicians to their performances. Within the interviews conducted, there was data to support that the Expressions group did help create policy change, through subjective and objective evaluations. The participants interviewed included those at OA who noted change, and politicians who spoke about their experiences and what they did afterwards to create change. As stated, there were subjective evaluations that concluded that change occurred. It was difficult at times for the participants to be absolutely confident they were the only catalyst for the policy change, but they maintained that the Expressions group and narrative use played a large role. For example,

‘something did come out of that and we have never known whether it was a direct result, but one of the rules used to be that when a woman lost custody of her children, if she was receiving a certain amount of income for a two bedroom apartment to house her children, and if she lost custody just temporarily she would lose her apartment also, and go to a one bedroom so it was very difficult to get the two bedroom back and then get the children back. And that came up, that was part of our play for a long time and that has now changed, that they don’t immediately reduce her income to a one-bedroom level’ (P2).

Furthermore, *‘we have also noticed in the last year or two that there’s been a real uptake of some of the concepts that have been portrayed through the Expressions Group, you know, subsequent our own advocacy around it’* (P1).

One participant outlined why they believed the narrative was successful in portraying their message, *‘I think that the Expressions Group illustrated far more than all our papers and petitions ever could have’* (P1). This was evidenced when the participant outlined how an

opportunity with the municipal government led to the women performing vignettes instead of the organization members presenting and went on to say' *So, I mean it was very well received as you can imagine, and they actually overturned some of the decisions that they were making. And they allocated resources specifically to women*' (P1). It was clear through these examples that the use of narratives did have the ability to create the desired change.

When looking to understand why policymakers were receptive to the use of narrative, the interview data from the participants who were in positions of power, such as politicians and policymakers, were integral to a comprehensive understanding of the phenomenon. One participant outlined their previous experiences with OA and how this resulted in them attending the performance, *'at any rate, I was invited because I had visited the women at Open Arms. I'd gone to dinners with them and interacted with them as I guess their MP, but more importantly as another sister'* (P4). This participant also explained their perspective on storytelling, *'I taught English at the secondary school level for 25 years. I know, I understand the value of storytelling'* (P4). It was clear from this information that this participant, due to their experience with OA and background in storytelling, would enjoy the performance on a personal level, but whether or not it led them to take political action was of most importance. When asked about political action taken afterwards, the participant stated,

'It strengthened my determination to work and do what I can. And certainly it was something that I shared with my caucus, with the leader at the time was Jack Layton, and it had a profound effect in terms of that caucus and our determination to double our efforts at a time when it was tough, but we understood absolutely and there was a great

deal of outreach in terms of supporting women and a determination to bring back some of the strengths of women's organizations across the country' (P4).

Whether or not a specific policy was impacted due to the performance and this specific participant is not clear, but reinforcement of that individual's perspective and outlook towards issues impacting the women of the Expressions group was influenced by their performance of their lived experiences. This is seen in the concept map where an empathetic response was elicited but did not necessarily result in direct policy change. Social change also did not occur as the individuals' perspective was already reflected that of the organization.

Another participant who was interviewed and who held a position of power, also had previous experience with OA as they had been to many of their events and were a monthly donor to the organization. When asked about the Expressions group and their experience in the audience, they stated, *'I thought it was very moving. It was powerful... it was uplifting because you felt so moved by what they had overcome as they shared their experiences'* (P5). In terms of political action taken afterwards by this individual, they expressed,

'since that time, the performance I saw was both Expressions and Belong to Song, so since that time I have booked, I'm an MPP and so I hold events myself, but I booked Belong to Song to come and be part of some of my events, to perform at my events as well so that more people learn about the kinds of programs like Belong to Song that CHMA offers' (P5).

When asked about specific actions taken afterwards, the participant stated,

'no, not really. Other than the things I've already talked about like booking Belong to Song... I can't remember at what point I became a monthly donor to Open Arms...it may have been around that performance that made me decide to become a monthly donor...certainly it kind of reinforced the support that I have already for Open Arms, and it made me feel even more committed to supporting that organization' (P5).

Similar to the first participant, it was not clear if there was any specific policy action taken by the individual due to the performance, regardless of an empathetic response, but the strengthening of the commitment to the organization would ideally influence their perspective when issues relating to the organization come to the table.

One participant did highlight that another local MP took direct political action after seeing the performance,

'they [local MP] met the women from the Expressions group, I believe they saw a part of their play. They then brought the Minister for the Status of Women, for a personal visit here in January. So that's like unheard of that we would have access to the Minister of Status of Women' (P1).

Furthermore, *'they talked to her [Minister of Status of Women] about what they would change, and I saw some of that reflected in the budget' (P1).* The access to a high-level politician to have these discussions is very rare for local grassroot organizations, but this scenario gave the women and OA a window of opportunity for them to get on the agenda and discuss policy issues.

4.9.3 Organizational Capacities

An external factor that influenced the ability for policy change to occur was the organizational capacities of OA. It was evident throughout the data that the influence and reputation that the organization within their community led to them having more opportunities and having a larger influence. It was found the organization had a list of accomplishments recognized by the community, a large presence in the community, and reached out effectively to other community members in order to create awareness and work together. The combination of these factors, and the organizational capacities, aided in the creation of change. One participant noted,

'the public doesn't pay much attention to budgets, but if an organization like Open Arms comes before the council and they say we'd like some money, the public automatically already knows, its already ingrained in them, this is a good organization and let's do this. They may write letters, or they may say well what's wrong, and the politicians pay attention to the public. They have a sense, okay Open Arms really gets a lot of attention, it has a lot of public support, it's a very media friendly and media savvy and the media likes it, so it's easier to help them than not' (P6).

This kind of established presence in the community allows OA to get on the political agenda and hold the attention of the policy and decision makers. These organizational capacities also allow the organization to not be dependent on the city, as one participant outlined, *'...it doesn't get the funding it wants in the city that it needs, but it has become such an important and beloved institution in this city that it raises money and has connections far beyond the city' (P6).* These kinds of connections, both in city government and through outside sources, gives the organization an increased chance of creating change, and legitimizes the organization in the eyes

of the public. Without this status within the community, it could be a barrier for creating policy change, but due to the public support and how well known the organization is, the public, the politicians, and the media all have interest in the organization, and therefore enhancing its opportunities to get their message out.

4.10 No Change or Action

As seen on the concept map, a defensive or disengaged experience at the performance usually led to no change or action occurring. Social change did not occur if the audience members were not open/receptive to the narrative's message or could not connect on an emotional level with the women performing, hindering their ability to feel empathy. If the audience had a defensive or disengaged reaction, it is also very unlikely that individuals would later create, or influence, policy change. Furthermore, if the audience was not motivated collectively to generate pressure for policy change, the Expressions group would not reach their desired outcomes through that audience. Throughout the data, there were two other factors noted that influenced whether change occurred or not, separate from having a negative experience at the performance. This included the impact of an echo chamber, and systematic oppression and violence.

4.10.1 Echo Chamber Effect

An echo chamber is described by the Merriam-Webster dictionary as 'a room with sound-reflecting walls used for producing hollow or echoing sound effects, often used figuratively (Merriam-Webster, n.d.). By echo chamber, I am referring to the figurative use of the word, used to describe the living in an echo chamber of one's own opinions, paying attention to information

that fits one's conclusions and ignoring information that does not (Merriam-Webster, n.d.). This idea of an echo chamber was reflected in the audience members and those who were approached by OA to view the Expressions performances and may have ultimately contributed to a lack of change or action occurring by that audience group.

Throughout the data, it was clear that those in the audience at the Expression group performances were mostly comprised of those in the social services sector, and those with previous experiences with OA. Due to the type of events at which the group performed, the result was that many of those who attended were previously interested in OA, had background knowledge or experience with marginalized groups, women's health, or had experience in social service careers. However, a consequence of having the audience so closely related to the organization, or similar issues, is that the change the Expressions group sought, may need to come from other individuals who are not aware of the issues, or who do not regularly have access to narratives or information in these types of settings. Through performing to those who already have a vested interest in the topic, the Expressions group may run the risk of 'preaching to the converted', as one participant phrased this phenomenon.

A great example of this was when the group performed at the women's stream at the National Conference on Homelessness. A participant highlighted the issue of an echo chamber when asked about the composition of the audience, and the implication of this,

'It was mostly women I have to say, that's the unfortunate part about streaming because it really does isolate, alienate those particular marginalized groups I think, and that's how I felt at that conference, that the only people who went, were people who already

knew in many cases, but they were from across the country and there were some politicians there, not many, but there were some decision makers' (P3).

The participant went on to say,

'I would have liked to have seen a more diverse group there. The women were delighted that they had folks from across the country wanting to see their plan and it was, the place was packed, yea. We were bursting at the seams, so they were delighted. To them the actors it was a success. I was looking at it from a different perspective' (P3).

In this example it was clear that the performance was received very well, and those part of the Expressions group were happy with the audience and how it was received. However, this example also shows that regardless of how well the narrative is performed, to create change, the group may need to include audience members from a more diverse background and those who may conflict opinions of the issues being presented.

Another factor that adds to this idea of an 'echo chamber', is through the mode of performance. One participant highlighted that theatre is a great way to express or share a story, but may also deter others without a vested interest in the topic,

'people are afraid of live theatre...not afraid but its, its more people love screens and they're watching things on screen all the time, so you have to get people out of their comfort zone to go to a theatre' (P6).

In many of the venues where the Expressions group performed, the performance was not pushing people out of their comfort zone as they were already interested in the topic or organization. This participant further explained,

'I think there's that subconscious reluctance to theatre and I think raw theatre like this, that will attract a lot of people, but it's going to attract a lot of people who are already interested in the agency' (P6).

Throughout the data collected, all of the audience members were those who were 'already interested in the agency', or in the organization itself. Although it was noted earlier that a performance was not received well by a certain group as it did challenge them, this group still had many of the same experiences, understandings and previous background knowledge in the area, and as a result, they were still interested in the agency, and it led them to attending the performance.

This prior interest was also reflected in the participants interviewed. For example, both politicians interviewed already had an interest in the organization and this what led them to attending the Expressions Group. If change (both social or policy) was not occurring during or after the performance, it may not be due to any fault of the narrative characteristics or the performance itself. It would be difficult for social change to occur if many in the audience have the same social values or perspective, and those with decision making abilities already act in a way that reflects the organizations policy objectives. Through attracting audience members that have previous experience or similar social values, the ability to create meaningful change may be limited. In addition, the politician would have to be in the ruling party, or a robust opposition party in a minority government to effect such change.

A way of reaching those who are not already invested may be through mainstream media, as one participant explained the perils of using only your own social media channels, *'when you just do it on your own sites, or even social media, you're often just preaching to the converted'*. The participant further explained,

'its breaking through the audience that you already have, that already supports you to get out there and you know, success could be one or two new people, it doesn't have to be 100 new people right...you've got to get out of that echo chamber' (P6).

OA uses social media through a Twitter account, Facebook page, and access through the CMHA social media outlets. They also access journalists and print/radio media throughout London, Ontario. However, their social media presence is limited, and they do not use social media extensively to promote the Expressions performance. Although using their social media more extensively may reach more people, it may still result in only reaching those already interested and therefore limiting their scope and ability to create change. A participant described how mainstream media may help, *'I have seen campaigns that are faltering until we get a hold of it or a TV station or the CBC network gets hold of it and then they take off'* (P6). Accessing mainstream media services more diligently may be a way to increase the Expressions group reach, and in combination of a more professional online platform, they may become more accessible to those who are not already interested.

Ultimately, the issue of an echo chamber effect can impact the amount of action being taken after the performance, and ability to stimulate social or policy change. There were multiple examples of this, such as performing to an audience that is already interested in the topic, using theatre performance which requires 'effort' and a desire to access this style of entertainment, isolating

those who already don't have an interest in the agency, and limited use of social media and mainstream media, once again limiting access to those not already interested. To have a greater impact on social and policy change, breaking the echo chamber effect may have a direct influence and contribute to achieving the desired goals of the Expressions group.

4.10.2 Systemic Violence and Oppression

Another factor that impacted the outcome of policy or social change that was apparent throughout the data is systematic violence and oppression. Systematic oppression occurs through repeated integration of prejudice and discrimination into societal institutions, and through threats of violence, removal of rights, and exclusion from decision-making processes (Dermer, Smith, & Barto, 2011). In addition, oppression can be intentional or unintentional and exists in any society in which there are dominant and subordinate groups (Dermer, Smith, & Barto, 2011). This supports the themes that continued to appear throughout the data, which fit under this description and contribute to a lack of change occurring, therefore further oppressing the marginalized women. Examples of this occurring throughout the data was described by participants as the misallocation of funding towards women's organizations, and the lack of cooperation and organization amongst different sectors. This resulted in policies, or lack thereof, that continued to put the women at risk of systematic violence and oppression, undermining OA and the Expressions groups efforts to create change. Although the Expressions group has created or influenced policy change, and continues to try to do so, they may be hindered by the system itself, regardless of who advocates for them after seeing their narrative performance.

One theme that highlighted was the issue of securing funding, as OA is a women's health organization, but it is not an overnight homeless shelter. This issue was explained by a participant,

'it's been much more difficult to locate Open Arms within a funding sector, within a sector period because we are a wrap around and we are addressing all the issues. So we don't quite fit into health, but we are delivering health services. We don't quite fit into the violence against women sector, where there's ample funding because we don't offer overnight beds, but we are delivering every day, every hour of every day, violence against women services. We don't quite fit into addiction and yet every day we have auto reduction and needle exchange, we're the only women specific site delivering kits to women, we do all that. So politically its been tough' (P1).

Furthermore,

'...because we're women specific and right now the flavor of the year, the flavor of the decade for homelessness program is housing first, which we take issue with and feel that it isn't as effective for women. All the research and evidence that was gathered on housing first as a program to address homelessness was gathered on men, and the least safe place for a woman to be in Canada is within her own home. And the homeless first focuses entirely on picking a person up and putting them into their home and that's where women experience the most violence. So, its very tricky' (P1).

These quotes express and highlight the complexity of securing funding and creating policies that positively impact the marginalized women who access my OA. As noted in the literature review, the issue of women and homelessness is not as statistically representative as it is for men, due to women not accessing co-ed shelters at the same rate as their male peers, due to safety concerns,

and therefore diminishing the importance and severity of this issue from the political agenda (Gaetz, Doaldson, Ritcher, & Gulliver, 2013). Another participant expressed their frustration with securing funding and creating policies,

'when we start talking about women, it's like so where are the numbers? Where are the women? We don't see the women. No, you don't. Like do we have to go through this again? We see the women. Well we need to share that information. We're not sharing women's names with you because they want to know whether those women are accessing the VAW, violence against women services are also accessing the homeless sector as well, and those services. We won't share the information because its confidential and that's you know, for lots of good reasons' (P3).

These examples highlight how difficult it would be for a policymaker or decisionmaker to make policy decisions, or influence others to create change based off of a narrative performance, without the corroborating quantitative evidence. These policymakers are not only attempting to change the minds of others but are also facing a political system that is complex and is not equipped to deal with these specific women's health issues in a meaningful and comprehensive way.

Another issue that was brought up was the miscommunication and misallocation of funding and policies between sectors, and how this further oppresses marginalized women. For example,

'Our Ontario Works is just under \$400 a month for a single person, so as soon as they lose their kids of course, they only get \$400 a month and that's for everything. That's for accommodation, for food, for bus fare, that's everything and so no wonder they're

homeless. No wonder they can't get their shit together and of course, women are told that when they go to court, they've got to prove that they've got a good safe place for their kids to come home to or to visit; well they can't get a 2 or 3 bedroom apartment on \$400 a month' (P3).

Additionally,

'it's like the systems aren't talking to one another and until we start talking to one another, the different sectors, the governmental departments, until we all start talking together and making decisions as a whole rather than in isolation, it's not going to change anything. So, we could make a change in you know, even if we made a change with the child protection services, until the, you know Welfare Services also make changes together, it's not going to help those individuals. So, until they start talking to one another, so we have this huge dilemma of women prepared to want to make those changes, but there's no system there to support them' (P3).

This example highlights how societal institutions and the systems that are created to help those already marginalized, may in fact marginalize groups even further. Unfortunately, although a narrative performance may influence and change a policymaker's perspective, or highlight the issues these women are facing, the systematic issues are complex and span across various sectors, and a solution may involve the cooperation of multiple individuals. Due to the complexity of the issues, and how large the scale of the targeted policy change may be, the Expressions group and their narrative performance may not be able to directly influence all key actors that need to be involved. Without the cooperation of various sectors on these complex policy issues, and continued misallocation of funding, the cycle of systematic oppression and violence will continue, creating barriers to real change from occurring and furthering the marginalization of the women.

4.11 Other Narrative Use by Open Arms

Another goal of the Expressions group, and one of their first actions, was to secure funding for the organization, through their narrative performances. One participant from within the organization gave an example of a specific situation where funding was accessed due to the narrative performance, highlighting the ability for the narrative to be used to access funding. It was clear that they believed that narrative use would lead to an increased awareness, and in turn this awareness may help increase funding opportunities, *'they knew that the more awareness was developed around the city about the needs of women, the more chance that we could keep our doors open'* (P2).

One of the participants outlined that they were invited to OA due to their financial situation, *'I was invited over because they were in desperate financial situations. They were about to close down. Funding had been slashed. Provincial funding had been cut, and they were looking for support from the federal government and of course the feds were not responding, so I was invited over to an event because the [provincial] Liberal government was utilizing Open Arms for a press conference'* (P4).

However, this participant further expressed that,

'they [politicians from opposing party] didn't bring their cheque book and when it was all over, I said to the executive director, so they had this press conference, they did all this talking, and what are you getting in terms of financial support so that this place doesn't close. And she said, oh, nothing' (P4).

It was clear from this example that there was a lack of action from the targeted group in this scenario, and regardless of the verbal support from the political parties, it does not ensure financial support.

It was not explicitly stated in the data whether or not the organization was able to secure many of their funding goals through the narrative performance and Expressions group. Other initiatives such as writing grants and proposals were stated as successful, but there was not enough data to support whether the narrative performance was successful or 'not successful' in securing funding.

Chapter 5

5 Discussion

This section will summarize and synthesize key findings, and integrate these with existing literature, as well as discussing limitations, future research, and policy and practice implications.

5.1 Key Findings

Key findings, as detailed in Chapter 4, were 1) narratives composed of real solution based stories, which the audience perceives as being authentic, are integral in evoking an empathetic based response that may lead to change; 2) when audience members were identified as complicit or at fault within the narrative, it could lead to a defensive or disengaged response which is difficult for the storyteller to anticipate or navigate; and 3) two key challenges for women's health organizations to overcome in order to create meaningful change include overcoming systemic violence and oppression within the culture, and breaking the echo chamber effect.

As previously outlined, it was identified in the data that responses to the narrative were empathy-based or were defensive and disengaged. This is important as it reflects the research that shows when people feel empathetic they are more likely to selflessly help a person in need, and this altruism can be seen through a desire to create social change and a pure belief in the cause (Merchant, Ford, & Sargeant, 2010). Furthermore, appeals for help, which evoke anger, generate empathy for the victimized person (Vitaglione & Barnett, 2003). This highlights that an empathetic response does not necessarily have to result in a happy or positive feeling in the audience, but the feeling of anger or negativity, rooted in empathy, may lead to helpful

behaviors, such as being motivated to create change (Vitaglione & Barnett, 2003). This research was reflected in the participants' responses, with both 'positive' or 'angry' feelings being rooted in an empathic response.

All participants who expressed an empathetic response said that there was a high level of perceived authenticity. Advertising research shows that if the consumer perceives an ad to be manipulative, he or she is less likely to feel empathy or guilt, and therefore the consumer's evaluation of an ad's credibility and motivations can either enhance or disrupt the message response (Cotte, Coulter, & Moore, 2005). Furthermore, in terms of creating change, receivers who sense underlying motives and view the story as 'sponsored persuasion', have limited engagement with the story, and are unlikely to champion change on behalf of the organization (Bublitz et al., 2016). All participants who sought to create change after hearing the narrative, also perceived the story as authentic, showing that this is an integral part of the storytelling process. In contrast, those that were perceived to reject the narrative did not agree with story, challenging the authenticity of it, and no change occurred. One participant highlighted that the narrative made them feel guilty and complicit in the issue, yet their perception of the authenticity was high and instead of disengaging, they were self-reflective and wanted to create change afterwards. The results of this study challenge a growing body of literature that suggests that fictional narratives influence viewers' attitudes, beliefs and behaviours, as it was apparent the real stories of the marginalized women is what created the emotional connection and response (Russell, Hamby, Grube, & Russell, 2019).

The inability to connect on an emotional level is difficult to explain as many of the audience members were described as having experience with the issues surrounding the narrative, so it was not necessarily tied to their desire to help marginalized women, or their expertise in this area. This scenario has been called an ‘empathy-fallacy’, as the narrative relies on authentic emotion to communicate policy consequential information, but these appeals are filtered through people’s biases, which means that how people respond to appeals are hardly universal (Crow & Jones, 2018). This filtering makes it difficult for the organization to anticipate when this undesired outcome will result; adapting the narrative to suit certain audience members would be possibly disingenuous and risk their authenticity.

Two key challenges for the organization when trying to create policy and social change include: systemic violence and oppression within the culture, and the echo chamber effect. In terms of creating policy change, systemic oppression and violence plays a large role in influencing the uptake of policies, and the outcome of these policies. The interview data suggests that the organization can influence policy change, and specific examples of this showed their impact. However, it was a common theme that the implementation part of many policy processes in general, involved a misalignment of funds to identified needs, a lack of communication across sectors, and ultimately, and consequently, policies resulted in oppressing the women further. This may be the result of policymakers lacking an intersectional lens, as methods for integrating intersectionality into policy development, implementation, and evaluation are in their very early stages of implementation (Hankivsky & Cormier, 2011).

From an intersectionality viewpoint, targeted policies are often ineffective as general policies, in that both fail to address multiple identities and within-group diversity; this was reflected in the research data as participants highlighted the ineffectiveness of policies (Hankivsky & Cormier, 2011). Hankivsky, et al., (2014) created an intersectionality-based policy analysis framework which provides guidance and direction for researchers, civil society, public health professionals, and policy actors seeking to address the challenges of health inequities across diverse populations. Challenges of such a framework include the very process of implementing an intersectionality approach can be resisted by those not open to social justice-oriented change, and/or asking difficult questions about power and structural asymmetries in the contexts of policy and politics (Hankivsky, et al., 2014). Other challenges include moving beyond the status quo of specifically focusing on single or even additive approaches and instead capturing multiple and intersecting locations and social structures (Hankivsky, et al., 2014). For OA to succeed with many of their policy goals, those involved on the policy side will need to adopt an intersectional approach and overcome the challenges associated with this. If those who are creating policies lack the ability to do so while incorporating an intersectional lens there is a strong likelihood that the policies in place will not benefit the targeted women.

The second issue outlined was the issue of an echo chamber affect, and my results suggest that OA is limiting their impact on social and policy change through its medium of narrative and the targeted audience. One study regarding political issues, found that individuals are clearly more likely to pass on information that they have received from ideologically similar sources, than to pass on information that they have received from ideologically dissimilar sources, creating an echo chamber of similar thoughts and opinions (Barberá, Jost, Nagler, Tucker, & Bonneau,

2015). This was reflected in the results as many of those attending the performance were already interested in the topic or had previous lived experience with the topic or organization.

Furthermore, as theatre performance was the mode of expressing the narrative, and target audiences were those that are already interested in the topics surrounding the narrative, it would be unlikely that someone with no knowledge or interest in this topic would attend, especially in this digital era. The theatre performances were also not subsequently uploaded online for viewers to watch from home, limiting their reach by being an in-person experience. This impacts the reach of OA and their performances as 86% of Canadians are accessing performing arts presentations via television, internet or other media channels (Ekos Research Associates, 2012). Furthermore, Canadians with lower levels of education and lower incomes are less likely to have attended a performing arts presentation in the past year, further limiting OA and the Expressions group reach (Ekos Research Associates, 2012). Although the Expressions group has had success and many good reviews, the theatre performance aspect may be limiting their ability to have an audience that is more diverse in their background knowledge and experiences.

Although my findings suggested that the medium of a theatre performance may decrease the diversity of the target audience, research strongly states that theatre can increase audience member's understanding of other people's lived experience by cultivating a greater empathy for the issues they witness on stage, which reflect the goals of OA and their use of meaning-making (Belliveau & Nichols, 2017). Furthermore, many studies report theatres efficacy as a means of knowledge mobilization (KM), with Bleuer (2018) finding that of KM occurs through a process of aesthetic distance (balancing of cognitive and emotional processes), which works to achieve

optimal stress among a wide range of stakeholders to support learning. Bleuer's (2018) research also echoes the results of this study which found that when while finding the right balance of aesthetic distance and moderate stress can help to create the optimal conditions for learning, the failure to achieve this balance may result in audience members affectively over-engaging and/or disengaging with the material presented. My research reflects the dichotomy of using theatre to express narratives, in that it may limit the diversity of audience members, but it is effective in creating emotional connection and translating knowledge.

5.2 Limitations

Limitations in this study were apparent as I began the research portion of this study. Having access to audience members for interviews was facilitated through the ED of the organization (an ethics requirement), and although they were very helpful and were excited to work with me, relying on one individual as a gatekeeper to participants is a limitation in itself. Furthermore, I was limited to only knowing about the specific narratives presented in the theatre performances that the individual attended. There may be additional stories that evoked change or those that were met with defensiveness, but I am limited in only knowing the stories as retold by the participants. One individual did not want to participate in the study, and four did not respond to email invitations to participate in the study, which limited the number of participants and the scope of my research. However, those that did not respond to participation requests and the individual who declined had very similar backgrounds to those that did participate, with the exception of one being affiliated with another political party than those interviewed.

Additionally, all participants had a certain level of expertise in this area or had prior knowledge and experience with the organization and responded to the narrative empathetically. Information regarding audience members who did not respond empathetically were second hand accounts. Having access to these individuals who saw the theatre performances but came from a different background, or had a disengaged or defensive response, would have allowed for a deeper understanding of the impact of the narrative, and would have enhanced the breadth of my research. As this case study is specific to one initiative within one organization, it would be difficult, and possibly misleading, to generalize the results and findings as a blueprint for other organizations as they are context dependant and specific to the case organization.

Lastly, when applying intersectionality as a theoretical approach to this research and using a Critical Race Feminism (CRF) paradigm, it became difficult as the results did not show examples of performances that included topics such as race. There was one instance in which a participant identified an indigenous woman who shared her story through the theatre performance, but it was incidental to the topic in the interview and thus not coded for race and race thus not included in the final data set. While indigenous women access the services of OA and are included in the Expressions group, the performances discussed in the interviews were race-blind. It is difficult then to understand how in this case study race intersects with power, privilege, gender, etc., in the context of the theatre performances and its ability to create change. The participants did note that the Expressions group did not 'shy' away from any topic, but it depended on the women in the group and the stories that they had. This made it difficult to apply a CRF lens on the examples given to me, and therefore impacting my ability to use this paradigm.

5.3 Policy and Practice Implications

5.3.1 Implications for Practice: Particular Challenges to Open

Arms and Women's Health Organizations with Narratives

Throughout the data it was clear the organization was limited in their ability to create social and policy change due to external factors, such as an echo chamber effect, and systematic oppression and violence. For the Expressions group to have a greater impact and influence social change on a larger scale, they could continue to seek out performing at venues that may challenge the audience members, or in other terms, provide a more diverse crowd. A more diverse crowd could include performing at conferences that do not only have a gender specific lens, such as general conferences on health, and social services. By accessing a more diverse crowd they are likely to increase the chance of having audience members who do not necessarily have expertise in this area, and hopefully evoking an empathetic response from these individuals. Since the Expressions group has had success in terms of audience reaction, scaling their performances to more diverse crowds and events in the local community will enhance their ability to create social change, and therefore creating public awareness and action on behalf of the organization. There is a chance a more diverse crowd will be disengaged or defensive due to their lack of expertise in this area, but the opportunity to hear the women's lived experiences is of most importance and will create social awareness created, regardless if specific change is achieved. As mentioned, it would be disingenuous, and possibly inauthentic for the Expressions group to alter their stories for specific audiences.

A common issue in the literature, which was also reflected in the data, was that the lack of quantitative evidence hindered the ability for policy change to occur. The current evidence hierarchy makes it impossible for evidence from qualitative sources to be viewed similarly to quantitative sources, effectively making qualitative evidence a less powerful source than quantitative evidence (Rogers & Ballantyne, 2008). As women's groups, like OA, have a deep-rooted history in using qualitative methodologies, such as narratives, they are unable to easily contribute their evidence to many decisions that are made using an evidence-based approach (Lehrner & Allen, 2008). Until policy and decision makers evaluate qualitative and quantitative evidence similarly, it may be difficult for OA and similar women's organizations to use these narrative techniques effectively to create policy change. However, this technique should not be dismissed as not powerful, as it was evidenced to influence policy to some degree, showing there is a place for qualitative evidence. Furthermore, by creating social change and inspiring collective action amongst the public on behalf of OA, the public can raise awareness and ultimately put pressure on policymakers to add these issues onto the agenda.

5.3.2 Implications for Future Research

Implications for future research regarding narrative use in general should look to further understand the perceived authenticity of narratives and the impact of perceived authenticity on the audience, as well as an understanding of why individuals may have an empathetic response, but that this response does not lead to direct action. It was clear throughout my data that authenticity played a large role in eliciting an empathetic response, but that this may not have been enough to inspire action or policy change. Further understanding of these mechanisms or processes would have major implications for any organization using narrative and storytelling

techniques. Furthermore, future research would be more comprehensive and larger in scope if researchers were able to access audience members without expertise in the area, and those whose perspectives did not change. Interviewing these individuals first hand would improve the quality of the research and provide more insight into the narrative process.

Further research regarding women's health organizations specifically, and their use of storytelling and narratives should take into consideration contextual factors, such as systematic violence and oppression, as well as the value placed on qualitative versus quantitative evidence by decision makers. Understanding how policymakers at the local and national level value narratives as evidence, would provide insight into the policy process and an understanding of when and where this evidence is valued. Lastly, understanding the history and complexity behind women's health issues, including the embedded systematic oppression and violence within the culture, is central to understanding why some policies are pursued, the result of such policies, and where narratives fit into the policy process. Future research in the area of women's health organizations and their use of narratives must take into consideration these external factors.

Chapter 6

6 Conclusion

Through the larger Mobilizing Narratives for Policy and Social Change project using a multiple case research design, this study examined one initiative of the use of narratives by an organization. This thesis contributes to the overarching study by providing a singular case of an organization and its narrative use to create policy or social change. As I was working with a women's health organization, my research questions were: (1) how do women's advocacy groups use narratives in a way that creates social or health policy change? and (2) what are the particular challenges that women's advocacy groups encounter in their advocacy initiatives that use narratives?

It was clear through my case study that the particular organization I was working with used the method of meaning-making to create narratives that would elicit an empathetic response within the audience, which would result in social change and policy change. When looking at the literature of women's health movements, it was clear that meaning-making was a strategy often employed to reframe cultural understandings of a phenomenon (Lehrner & Allen, 2008). However, there is limited literature investigating whether meaning-making results in the desired change. This paper contributes to filling this gap in the research as I followed the process of meaning-making through narrative use, and whether or not the intended change was occurring.

The organization possessed many unique traits and qualities that allowed the creation and delivery of the narrative to be successful. At the inception of the organization, they involved the

women who accessed their services in decision making and creative processes. Through this involvement it was clear that the women were viewed as legitimate knowledge experts and were genuinely respected by those working at the organization. This resulted in a perceived authenticity by the audience members, and by providing solutions within the narrative, the organization was able to evoke an empathetic response by the targeted audiences. These empathy-based responses increased political will, created some policy change on the municipal level, and created conditions for broad social change by giving those in the audience the ability to understand and relate to the women performing the narrative.

However, there were instances where empathetic responses were not the result, and those in the audience reportedly responded with defensiveness and disengagement, due to the way their role [as social service providers] was portrayed in the narrative. From the observational data collected, it seemed that facing the privilege and power these individuals held, as well as seeing themselves portrayed in a way they might not necessarily agree with, had a negative effect and resulted in no social or policy change occurring.

Other challenges that the organization faced included issues such as a culture with systemic violence and oppression, which hindered their ability to create change, regardless of the 'success' of the performances. The data also showed that the organization may be 'preaching to the choir,' and limiting themselves from a diverse audience through their targeted audiences and through the use of theatre as the method of storytelling. In conclusion, the OA organization showed that theatre performances can be a good method of storytelling for policy and social change, but that theatre performances have their own set of limitations. However, the organization did

influence both policy and social change, highlighting the strength of narrative mobilization, and cementing their value as a means of knowledge mobilization.

Appendices

Appendix A: Ethics Approval and Continuing Ethics Approval



Date: 8 February 2018

To: Dr. Marlene Janzen Le Ber

Project ID: 110221

Study Title: Mobilizing Narratives for Policy and Social Change

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 02/Mar/2018

Date Approval Issued: 08/Feb/2018 17:19

REB Approval Expiry Date: 08/Feb/2019

Dear Dr. Marlene Janzen Le Ber

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 must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
SSHRC PDG Mobilizing Narratives Email Script 2017.12.12	Recruitment Materials	12/Dec/2017	2
SSHRC PDG Mobilizing Narratives Letter of Information and Consent Feb 8 2018	Written Consent/Assent	08/Feb/2018	1
SSHRC PDG Mobilizing Narratives Verbal Consent Script January 23 2018	Verbal Consent/Assent	23/Jan/2018	3
SSHRC PDG Semi Structured Interview Guide	Interview Guide		

Documents Acknowledged:

Document Name	Document Type	Document Date	Document Version
SSHRC PDG Model	Supplementary Tables/Figures	19/Sep/2017	1

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,

Katelyn Harris, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

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



Date: 8 February 2019

To: Dr. Marlene Janzen Le Ber

Project ID: 110221

Study Title: Mobilizing Narratives for Policy and Social Change

Application Type: Continuing Ethics Review (CER) Form

Review Type: Delegated

Meeting Date: 01/Mar/2019

Date Approval Issued: 08/Feb/2019

REB Approval Expiry Date: 08/Feb/2020

Dear Dr. Marlene Janzen Le Ber,

The Western University Non-Medical Research Ethics Board has reviewed this application. This study, including all currently approved documents, has been re-approved until the expiry date noted above.

REB members involved in the research project do not participate in the review, discussion or decision.

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,

Daniel Wyzynski, Research Ethics Coordinator, on behalf of Prof. Randal Graham, NMREB Chair

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

Appendix B: Semi Structured Interview Guide

Mobilizing Narratives for Policy and Social Change

Semi- Structured Interview Guide

1. Tell me how advocacy for policy and social change works toward or is aligned with the mission and goals of your organization.
2. Tell me about some of the initiatives your organization has undertaken to further these goals.
3. How have narratives been used in those initiatives? What types of narratives?
4. Who is involved in developing the initiatives and identifying narratives as the vehicle to advocate?
5. Who makes the decision to include narratives as part of the initiative?
6. How do the decisions regarding the budget for these initiatives get made?
7. Who is involved in choosing which narratives to use?
8. Who constructs that narrative? (e.g. which part of the narrative is highlighted? who does the editing?)
9. Who approves the narrative to be made public?
10. Are there times where a narrative has not been made public or has been retracted? What happened?
11. Think about an initiative using narratives that your organization undertook that was effective in achieving the desired outcomes. Describe the initiative.
 - a. What was the organization trying to achieve with the initiative?
 - b. Please construct a timeline of the initiative using questions 4-9
 - c. How was the narrative made public? Over what period of time?

- d. With whom else was the narrative shared and in what format? (e.g. politician, lobby group, media) Get the specifics as the Interviewer will be following up with these individuals. What were the tactics?
 - e. What was the outcome of these tactics?
 - f. Why did you choose this initiative as effective? How did you measure the outcome?
 - g. What were some of the most effective strategies and conditions for mobilizing this narrative for policy or social change?
12. Now think about an initiative using narratives that your organization undertook that was not so effective in achieving the desired outcomes. Describe the initiative.
- a. What was the organization trying to achieve with the initiative?
 - b. Please construct a timeline of the initiative using questions 4-9
 - c. How was the narrative made public? Over what period of time?
 - d. With whom else was the narrative shared and in what format? (e.g. politician, lobby group, media – get the specifics as the interviewer will be following up with these individuals). Get the specifics as the Interviewer will be following up with the individuals. What were the tactics?
 - e. What was the outcome of these tactics?
 - f. Why did you choose this initiative as not so effective? How did you measure the outcome?
 - g. What were some of the barriers and challenges encountered that prevented mobilizing this narrative for policy or social change?

Appendix C: Coding Definitions and Results

Parent and Child Codes	Description	Files	References
Action Taken	What are the actions taken afterwards, as a result of the narrative?	0	0
Afterwards	Also includes any instances where participants described a lack of action taken afterwards.		
Action taken on personal level by individual	Actions taken, or not taken, on a personal level by an individual	3	5
Action taken on political level by individual	Actions taken, or not taken, by a person in a political setting.	4	6
Change in Policy	There was a change in policy due to the narrative. This also includes policy change that may be perceived to be impacted by the narrative, to the best of the descriptors knowledge.	3	3
Funding allocation	There was funding allocated due to the narrative, or lack of funding reported	3	3
Informal signs of change or influence	Instances where the participant can not directly connect change with the narrative but has informal evidence or strong intuition that the narrative correlated with change.	2	3
Characteristics of Audience (allow or impede change)	What characteristics do the audience members possess that contribute to their experience (positive or negative), of the narrative?	0	0
Experience of attendees with OA & Related Issues	Participants that had previous experience with OA or have a previous background in women's health and policy issues before the narrative.	4	11

Personal values of attendees	Personal values of the participants that may play a role in the acceptance, or the rejection, of the narrative.	1	1
Political values of attendees	Political values of the participants that may play a role in the acceptance, or the rejection, of the narrative.	1	3
Characteristics of Narrative	What are the defining characteristics of the narratives that are chosen?	0	0
Authentic	The narrative is perceived as being authentic in nature, i.e. not forced or polished like a commercial campaign.	7	14
Empowers storytellers	Those who perform the narrative develop and grow a sense of agency and value through sharing and performing their story	2	3
Solution Based	The narrative also includes a solution to the described issue, whether it happened in reality or is a proposed solution.	4	9
Thematic framing	Narrative(s) focus on an issue or highlights systematic issues.	3	4
Topic changes to suit venue	Narrative selected specifically for the venue/audience.	1	2
Creation of Narrative	How is the narrative created?	0	0
Constructed by marginalized women	The narrative is created by the marginalized women at Open Arms	5	13
Ind stories presented by collective group	The narrative is an individual story from the women and their experiences and presented by the collective group.	1	2
Echo chamber Affect	Echo chamber used figuratively to reflect when an individual's encounters opinions and information that only reflect their personal values and beliefs. How does the echo chamber affect impact the distribution and impact of the narrative?	0	0

Mainstream media as tool to break echo chamber	Mainstream media, such as newspaper, television, etc., as a way to provide individuals with information and opinions that they may not normally encounter. I.e. Does mainstream media inform those who would not normally hear about OA?	3	7
Narrative only being heard by those already invested	The narratives from OA only being heard by those already invested in OA, or related policies and subjects.	2	6
Those not open to change will not attend performance	Individuals who do not see their values or interests reflected in OA will not attend the performance, or will not know about performance (in part due to the echo chamber affect)	1	1
Intended impact or effect of narrative	What type of INTENDED policy and/or social impact or change does OA want to achieve with their narrative?	1	2
Change public attitude & values	Through the process of meaning-making, change the perceptions and values of the public	5	11
Enhance funding for org.	Secure funding for the organization.	2	3
Increase support for policy changes	Narrative as a vehicle to increase public, or political support for specific policy changes	6	11
Negative impact on audience	What are the signs that the narrative did not successfully reach their intended impact on the audience?	0	0
Does not connect personal to the political (meaning making)	The narrative does not connect the personal to the political, i.e. the narrative is unable to reframe a social phenomenon as a social problem	1	2
Lack of response or participation	There are formal signs of a negative reaction within the audience.	1	1

Narrative connects audience as part of systematic oppression	Narrative is ineffective as audience members perceive it as connecting them to the systematic oppression and violence the women face.	4	9
Organizational Characteristics	What are characteristics of OA as an organization that allow, or act as a barrier, to the successful impact of the Expressions group?	0	0
Large presence and well known in community	OA is well known and respected in the community	3	4
List of accomplishments within community	OA has many accomplishments within the community	1	1
Organizational capacities	I.e. 'the way the organization is run or managed'	4	9
Works with community members to increase visibility	The organization works, or doesn't work, with community members to enhance the visibility or success of the Expressions group.	2	4
Positive Impact or Effect on Audience	What are the signs that the narrative & performance had a positive impact or effect on the audience?	0	0
Audience collectively reacts positively	There are formal signs from the audience during the performance that they are connecting to it.	5	6
Narrative connects emotionally on individual basis	The performance connects to an audience member(s) on an emotional level (either reported or perceived)	2	7
Narrative connects with political values or agenda	The performance connects with an audience member and their political values or agenda (either reported or perceived).	0	0

Presentation of Narrative	How is the narrative presented?	0	0
Interactive & Participatory	The narrative has interactive portions and allows the audience to participate.	3	4
Presented by marginalized women	The narrative is presented by the marginalized women.	1	1
Presented in theatre format	The narrative is presented in a theatre format	4	5
Systematic Oppression and Violence	How does systematic oppression and violence impact the political landscape, the ability for the narrative to make change, or relate to the themes of the narrative?	1	1
Improper allocation of funding	It is perceived by participants that there is an improper allocation of funding by the government/policymakers	3	7
Lack of cooperation amongst different sectors	Participants note that there is a lack of coordination amongst social service sectors	2	3
Policies have unintended consequences	Participants note that many policies have unintended consequences that further marginalize the women accessing services at OA	2	3

Appendix D: Coding Results

Parent and Child Code	Example
Action Taken Afterwards	
Action taken on personal level by individual	<p>P5: ... I can't remember at what point I became a monthly donor to Open Arms, it might have been around that time, though I don't know. Maybe that's what made me decide to, like I've been a regular donor to OA, but usually just once a year, at year end but it may have been around that performance that made me decide to become a monthly donor, I'm trying to, I can't think back to remember exactly, but certainly it kind of reinforced the support that I have already for OA, and it made me feel even more committed to supporting that organization</p>
Action taken on political level by individual	<p>P1: I can give you an example, so [politician], so he's the MP for our area and he, we've had him here for lunch. He's met women from the Expressions group, I believe he saw a part of their play. He then brought the Minister for the Status of Women, who's amazing, for a personal visit here in January. So that's like unheard of that we would have access to the minister of Status of Women.</p>
Change in Policy	<p>P1: But something did come out of that and we have never known whether it was a direct result, but one of the rules used to be that when a woman lost custody of her children, if she was receiving a certain amount of income for a 2 bedroom apartment to house her children, and if she lost custody just temporarily she would lose her apartment also, and go to a 1 bedroom so it was very difficult to get the 2 bedroom back and then get the children back. And that came up, that was part of our play for a long time and that has now changed, that they don't immediately reduce her income to a 1-bedroom level.</p>
Funding allocation	<p>P1: 'And so one of the things she wanted to do was meet with women, so we had some of our Expressions women meet with her because they now are savvy, do</p>

Parent and Child Code	Example
	<p>you know what I mean, and I mean not every woman could meet with the minister from the status of women. And she said, if you could change anything, what would you change. And they talked to her about what they would change, and I saw some of that reflected in the budget. But I'm sure its because she asks lots of women across the country and they're all saying the same thing, right, but that's good, really good, so it wasn't me saying those things. It was those women saying those things.'</p>
<p>Informal signs of change or influence</p>	<p>I: Is there any, like what has led you to believe that? Is it because of the response you've gotten?</p> <p>P1: Yea, and I would say too you know, after the last time they performed we put forward for example to the Canadian alliance that they have a specific committee that examines gender equity and they did establish that. So that's one thing. And we have also noticed in the last year or two that there's been a real uptake of some of the concepts that have been portrayed through the Expressions Group, you know, subsequent our own advocacy around it.</p>
<p>Characteristics of Audience (allow or impede change)</p>	
<p>Experience of attendees with OA & Related Issues</p>	<p>P5: Well, I'm a supporter of Open Arms. I'm a monthly donor to Open Arms. And I you know, I want to support the work they do however I can, and so I wanted to be there to be part of the audience. And I know that the preparation that goes into putting on events like that is significant and so you know, I know that it would be important for the women for there to be an audience reacting to their work, yea so I wanted to be part of it.</p>
<p>Personal values of attendees</p>	

Parent and Child Code	Example
Political values of attendees	<p>I: So, in terms of women's health and women's rights, how are these issues and areas incorporated into your political platform?</p> <p>P4: I was the critic for status of women for 5 years, and from the time that I became an active member of the NDP first in Ontario and then as an MP federally, women's issues or the reality that women face has been very much woven in to the approach that our leadership party takes in terms of developing policy, and I think for me it started a very, very long time ago. I was an MPP in Ontario from 1990 to 1995 and we had, it was the first caucus in the history of Canada that had a significant number of women and the cabinet was almost 50% female, and that statement of reality and that commitment to empowering women I think struck me as I guess walking the walk instead of just talking</p>
Characteristics of Narrative	
Authentic	<p>P6: "It was one of those productions where everything went wrong. The cues from the booth all went wrong. People forgot their lines, they were off key, the drumming was less than stellar. It was probably one of the most questionable artistic presentations, but everybody loved it because it was so human and it was so real and the audience members were family, friends, women's organizations from across the city, and the place was packed."</p>
Empowers storytellers	<p>P2: And you could see these women gaining confidence as the play went on, and despite the fact that lines were forgotten and there were miscues and all of that, it was a great success because first of all, they got a standing ovation and many curtain calls, and secondly, that sense of appreciation that they were valued, that something that they did was valued.</p>

Parent and Child Code	Example
Solution Based	<p>I: "So, are most of your stories then, although they can touch on tough topics, begin with you guys try to stay away from ones that may be too heavy for the audience"</p> <p>P1: Well I would say if they go down that path they make sure there's a solution. So here's the problem, here's what we need, so that the audience knows what they are being asked."</p>
Thematic framing	<p>P1: "...and creating vignettes and plays that illustrate the particularly structural systemic violence, but as well the conditions that they face, the marginalization and the lack of access and the barriers that they experience."</p>
Topic changes to suit venue	<p>P2: But often we create one for a particular conference. For instance, the one about housing, the woman losing custody of children and the connection to loss of housing was created for a particular conference on women's homelessness.</p>
Creation of Narrative	
Constructed by marginalized women	<p>P1: "I would say all the stories are definitely from the women there, and they never even discussed using other stories or doing plays about anything else. It was always telling their own stories."</p>
Ind stories presented by collective group	<p>P2: "it is a question of all the multiple stories, we would have a few meetings where women give us the point they want to make and their experience with whatever that was, and then whoever is writing the play puts those characters all together into a play, to make sure each woman's story is included."</p>
Echo chamber Affect	
Mainstream media as tool to break echo chamber	<p>P6: "I have seen campaigns that are faltering until we get a hold of it or a TV station or the CBC network gets hold of it and then they still take off. There's</p>

Parent and Child Code	Example
	crowdfunding campaigns that raise \$1000 on their own and then we get it and they raise \$10,000.”
Narrative only being heard by those already invested	P3: ‘It was mostly women I have to say, that’s the unfortunate part about streaming because it really does isolate, alienate those particular marginalized groups I think, and that’s how I felt at that conference, that the only people who went were people who already knew in many cases, but they were from across the country and there were some politicians there, not many, but there were some decision makers.’
Those not open to change will not attend performance	P6: ‘I mean there’s always people who will complain about you know homeless people or at risk people, it’s their own fault. That’s just kind of the norm of society right, and it doesn’t matter what you write about. Somebody is going to say, it’s your own fault’
Intended impact or effect of narrative	
Change public attitude & values	P1: ‘I’d say it was very organic. I think they liked telling their stories once they felt safe in that group and that environment. And then they also realized they were raising awareness, that was the other big piece’
Enhance funding for org.	P1: ‘And then one other sort of one off was that we were having ongoing funding troubles, still are, but at one point the City was going to withhold the funding that they controlled. So, the women got speaker status at the city council meeting and I think about 20 of them at that time just lined up one behind the other and each

Parent and Child Code	Example
	gave their story about why Open Arms needed that funding to keep the doors open.'
Increase support for policy changes	<p>'I: What would be the primary goal that you guys are going for with a conference like that, a conference on homelessness?</p> <p>P1: I'd say that is to influence policy makers ... Policymakers are at those conferences, those are national conferences on women and homelessness'</p>
Negative impact on audience	
Does not connect personal to the political (meaning making)	P2: Maybe they're not able to tell that story any further though. And the ones who really have the power, I think, aren't prepared to go that deep you know, they think that people can pull themselves up by the boot straps, that they have control.'
Lack of response or participation	P1: 'And their response was beyond cold, like usually you can read and feel an audience's response, and often its encouraging supportive and empathic, and their response was cold, withdrawn and judgemental. And I could see the women working feeling it because you know, a performer works off the audience, and they need that audience response, it's a back and forth thing and it was very, very difficult. It was really hard. And I had comments quite negative from some of the people who had attended, so that was at a conference and that really stood in my mind.'
Narrative connects audience as part of systematic oppression	P2: 'I think it was too close to the bone and I think that they were too invested in the rightness of their role and the decisions for them to be able to step out of that and to look at how that role and those systems exacerbated and continued the oppression and marginalization that those women experienced.'
Organizational	

Parent and Child Code	Example
Characteristics	
Large presence and well known in community	<p>P6: 'the public doesn't pay much attention to budgets, but if an organization like Open Arms comes before the council and they say we'd like some money, the public automatically already knows, its already ingrained in them, this is an organization and let's do this. They may write letters, or they may say well what's wrong, and the politicians pay attention to the public. They have a sense, okay Open Arms really gets a lot of attention, it has a lot of public support, it's a very media friendly and media savvy and the media likes it, so it's easier to help them than not'</p>
List of accomplishments within community	<p>P4: This organization has survived and they will thrive and they do the most remarkable work for women and have actually been able to employ some of the women who were clients and give them an opportunity for what is really important and meaningful work, and they've also opened up the old coach house at the back of the property with the help of folks like labourers, the labourers union here in London. They donated time and expertise and other people donated building materials, and they've made this micro-enterprise'</p>
Organizational capacities	<p>P6: I went to the actual site and was sort of overwhelmed by and impressed by sort of the way it was run, the liveliness, the activities there, so I immediately became something our newspaper was interested in because we've recognized right away that there was a need for it, that it was lively, that it was active, that it had a staff that was interested in helping people, so it was just that initial meeting and I think there was other reporters that had written about it maybe a month or two earlier and so just having two reporters that came back to the news room and said this place is pretty cool, kind of developed that whole idea that this is an agency that the newspaper should be interested in.</p>

Parent and Child Code	Example
Works with community members to increase visibility	P1: Before we opened Open Arms we had a group of students, Master level students that were doing a feasibility study with us, and one thing they did was they brought in a very old doll house and they had the women create in that doll house what a safe women specific gender lens service would look like for women experiencing what they were experiencing. And so they actually, they literally used this doll house to create a prototype of what would be a welcoming, safe space that would deliver wrap around comprehensive services.
Positive Impact or Effect on Audience	
Audience collectively reacts positively	P1: But honestly, I think that they have had an incredible response, every single time. You just can't help but be captivated by their passion, their stories and their illustration. It gives people goosebumps. It makes people cry. It makes people cheer, you know, it's quite something.
Narrative connects emotionally on individual basis	P3: It was difficult to watch. I cried. They insert humor and painful, painful personal stories so it was really hard to watch and it made me feel like what are we doing, you know in my service where I work, I wonder what are we doing to harm rather than to help. Is there anything from their stories that we can use to change what we do so that it helps them more than harms them.
Presentation of Narrative	
Interactive & Participatory	P1: So that's that, but the other thing, quite often we do forum theatre where, and we tried it with that one too where you invite the audience to come up and act those

Parent and Child Code	Example
	roles out differently. And that can be very effective too, depending on the audience.
Presented by marginalized women	P1: They're there because it's in their space and they tell their own stories, no one has to tell it for them.
Presented in theatre format	P1: They worked with other people who had a lot of experience in theatre and in community development, it was very much a community development initiative and they workshopped and scripted vignettes and stories of experiences that they had and they performed those for a variety of people
Systematic Oppression and Violence	
Improper allocation of funding	P1: I feel like the mayor and council has been very supportive of OA, but it's been really difficult for us to access the funds, the resources that other programs who are more male based or more mixed gender based are able to access, and you know, I've just seen this over and over again because my entire career has been based working with women and coming from a feminist ideology, and so it's just like part of how it works.
Lack of cooperation amongst different sectors	P3: So, we could make a change in you know, even if we made a change with the child protection services, until the, you know Welfare Services also make changes together, it's not going to help those individuals. So, until they start talking to one another, so we have this huge dilemma of women prepared to want to make those changes, but there's no system there to support them
Policies have unintended consequences	P3: The biggest barriers is that it's them and us. You know, I don't think that people who are involved in making policy or changing policy, I don't think they can see themselves there. They don't realize that this could happen to anybody.

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