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# LGBTQ+ Resources for Referral, Training and Capacity Building

*Most Resources are oriented towards service provision in Toronto, Canada, as this is where we are located.*

Type of Service	Name	Description	Contact Information	Website	Other Information
<b>Counseling Services</b>	The 519 Church Street Community Centre	<ul style="list-style-type: none"> <li>Short-term counseling</li> </ul>	519 Church St. 416-392-6874	<a href="http://www.the519.org">www.the519.org</a>	Provide 6 counseling sessions and then referrals for follow-up
	David Kelley LGBTQ Counseling Program	<ul style="list-style-type: none"> <li>Counseling for Individuals, Couples and Families</li> </ul>	355 Church St. 416-595-9618	<a href="http://www.familyserVICEToronto.org">www.familyserVICEToronto.org</a>	Short-term counseling
	Women's Counselling Referral and Education Centre	<ul style="list-style-type: none"> <li>Counseling for low-income women</li> <li>Free referrals variety of resources</li> </ul>	489 College St., Suite 303B 416-534-7501	<a href="http://www.wcrec.org/welcome/home.htm">www.wcrec.org/welcome/home.htm</a>	Short-term counseling (16 weeks max)
<b>Health and Counseling Services</b>	Access Alliance Multicultural Health and Community Services	<ul style="list-style-type: none"> <li>Primary health care services</li> <li>Mental health and social work services</li> <li>Individual counseling</li> <li>Settlement services (LGBTQ Settlement Counselor)</li> <li>Community health programs for LGBTQ newcomers and refugees.</li> </ul>	Downtown Office 340 College St. 416-324-8677	<a href="http://www.accessalliance.ca">www.accessalliance.ca</a>	East Office 3040 Danforth Ave., Unit 6 416-693-8677  West Office 761 Jane St., Suite 200B, 760-8677
	Hassle Free Clinic	<ul style="list-style-type: none"> <li>Primary health care service</li> <li>Counselling services</li> </ul>	66 Gerrard St. E., 2nd floor Women's Clinic: 416-922-0566 Men's Clinic: 416-922-0566	<a href="http://www.hasslefreeclinic.org">www.hasslefreeclinic.org</a>	Transgender and transsexual clients are welcome at both the women's and the men's clinic.
	Sherbourne Health Centre	<ul style="list-style-type: none"> <li>Primary health care services</li> <li>Mental health counseling</li> <li>Support Groups for LGBTQ people</li> <li>LGBTQ services and programs for youth, parents and families</li> </ul>	333 Sherbourne St. Health Services: 416-324-4180 LGBTQ Services: 416-324-4103	<a href="http://www.sherbourne.on.ca/">www.sherbourne.on.ca/</a>	Gender Supportive workshops and groups for LGBTQ people (Ex. Gender Journeys and The B-Side: Exploring Sexuality)

Type of Service	Name	Description	Contact Information	Website	Other Information
	Women's Health in Women's Hands	<ul style="list-style-type: none"> <li>Primary health care services, counseling and programs for Black Women and Women of Colour from the Caribbean, African, Latin American and South Asian communities</li> </ul>	2 Carlton St, Suite 500 General Inquiries: 416-593-7655 Clinical Services: 416-593-7655, x 7 info@whihw.com	www.whihw.com	
<b>LGBTQ+ Programs</b>	The 519 Church Street Community Centre*	<ul style="list-style-type: none"> <li>Wide variety of programs for youth, parents and families, trans men and women</li> </ul>	519 Church St. 416-392-6874	www.the519.org	Offer Trans-specific programs
	Fred Victor Centre*	<ul style="list-style-type: none"> <li>Employment and Training Programs*</li> </ul>	248 Queen St. E. 416-364-8986	www.fredvictor.org/	Thrive! (trans-specific employment and training program) & trans-only time, contact organization for times
<b>Settlement Services and Newcomer Programs</b>	CultureLink	T-Girls Support Group *	67 Adelaide St. E. 416-392-9292	www.fredvictor.org/womens_services	Fred Victor centre offers many programs (see website for details)
		<ul style="list-style-type: none"> <li>Settlement Services</li> <li>LGBTQ Newcomer Youth Program</li> </ul>	2340 Dundas St. W., Suite 301 416-588-6288	www.culturelink.net/	
<b>Specific Resources for Different Ethno-cultural Groups</b>	HOLA! Grupo Gay Latino	<ul style="list-style-type: none"> <li>Meeting group that provides support, education, activism and cultural events for LGBTQ+ community members of Latin American Heritage</li> </ul>	416-925-5529 info@grupohola.ca		<ul style="list-style-type: none"> <li>Meeting group at the 519 Church Street Community Centre</li> </ul>
	Iranian Queer Organization	<ul style="list-style-type: none"> <li>Support of Iranian queer refugees</li> <li>Advocacy and human rights action</li> </ul>	135 Tyndall Ave., #503 416-407-5451 board@irgo.org	www.irgo.org/index.html	

Type of Service	Name	Description	Contact Information	Website	Other Information
	<b>Iranian Railroad for Queer Refugees</b>	<ul style="list-style-type: none"> <li>Support Iranian gay, lesbian, bisexual and transgendered refugees all over the world.</li> </ul>	477 Sherbourne St. Suite 312 416-548-4171 info@irqr.net	www.irqr.net/	
	<b>Mujeres Al Frente</b>	<ul style="list-style-type: none"> <li>Support group for LBTIQ Women and Transwomen of Latin America</li> </ul>	mujeresalfrente_@yahoo.ca	www.mujeresalfrente-to.blogspot.com	<ul style="list-style-type: none"> <li>Blog is written in Spanish</li> </ul>
	<b>Salaam Queer Muslim Community - Toronto</b>	<ul style="list-style-type: none"> <li>Organization dedicated to the LBGTQ Muslim community.</li> <li>Offer support groups</li> </ul>	416-925-XTRA, x. 2209 salaam@salaamcanada.com	www.salaamcanada.com	
<b>Training and Capacity - Building Programs</b>	<b>The 519 Church Street Community Centre *</b>	<p>Training Program: "Trans Access"</p> <ul style="list-style-type: none"> <li>Trans awareness workshops for range of service providers</li> </ul>	519 Church St. 416-392-6874	www.the519.org/programs/services/transprograms/transaccess	
	<b>Positive Space Initiative</b>	<ul style="list-style-type: none"> <li>Training supports agencies in creating positive spaces</li> </ul>		www.positivespaces.ca/	<ul style="list-style-type: none"> <li>'Starter Kit', resources and trainings on website</li> </ul>
	<b>Public Health Alliance for LBTTTIQQA Equity</b>	<ul style="list-style-type: none"> <li>Offer "Positive Space" training to a variety of organizations</li> </ul>		www.opha.on.ca/our_voice/workgroups/pha.shtml	<ul style="list-style-type: none"> <li>"Positive Space" manual available on website</li> </ul>
	<b>Rainbow Health Ontario</b>	<ul style="list-style-type: none"> <li>Provide different training and education programs to improve the accessibility and quality of health care services for LGBT community members</li> </ul>	333 Sherbourne St., 2nd Floor 416.324.4100	www.rainbowhealthontario.ca/training/RHOtraining.cfm	<ul style="list-style-type: none"> <li>Resources available on website</li> </ul>
	<b>Sherbourne Health Centre</b>	<ul style="list-style-type: none"> <li>Provides informational resources, training programs and community outreach activities for a variety of organizations working with LGBTQ+ people</li> </ul>	333 Sherbourne St. info@sherbourne.on.ca	www.sherbourne.on.ca/programs/hlthpromoactivities.html	

Type of Service	Name	Description	Contact Information	Website	Other Information
Women's Shelter	Fred Victor Centre Women's Hostel	<ul style="list-style-type: none"> <li>Emergency shelter</li> <li>Informal Counseling</li> <li>Case management and referral</li> </ul>	86 Lombard St. 416-368-2642	www.fredvictor.org	<ul style="list-style-type: none"> <li>Welcoming to Trans Women</li> </ul>

\* Trans-specific program

### Links to LGBTQ+ Resources

Type of Resource	Name	Affiliated Organization	Website	Other Information
Training Toolkits/Manuals	LGBT Toolkit – For Creating Culturally Competent Care for Lesbian, Gay, Bisexual and Transgender Persons	City of Toronto: Long Term Care Homes and Services	<a href="http://www.toronto.ca/ltc/lgbt_toolkit.htm">http://www.toronto.ca/ltc/lgbt_toolkit.htm</a>	Refer to Appendix K (on page 96 of tool kit) for 'Training Resources- Educational LGBT Videos'
	Rainbow Health Educational Toolkit	Rainbow Health Network	<a href="http://www.rainbowhealthnetwork.ca/">http://www.rainbowhealthnetwork.ca/</a>	
LGBTQ+ Campaigns	Variety of Resources on 'Educational Resources'	Canadian Rainbow Health Coalition (CRHC)	<b>Main Website:</b> <a href="http://www.rainbowhealth.ca/english/index.html">http://www.rainbowhealth.ca/english/index.html</a> <b>'Educational Resources' Website:</b> <a href="http://www.toronto.ca/ltc/lgbt_toolkit.htm">http://www.toronto.ca/ltc/lgbt_toolkit.htm</a>	
	Outlive Homophobia Campaign	Canadian Rainbow Health Coalition (CRHC)	<a href="http://rainbowhealth.ca/outlive/">http://rainbowhealth.ca/outlive/</a>	

# Expressive Arts Evaluation Process

## Introduction

Several methods of evaluation are employed to help inform the process of implementing an Expressive Arts Therapy Program, as well as to identify the program's impact on participants. *Template Documents are provided following this section.*

### Methods of Evaluation

#### 1. *Intake Interviews*

Before the group begins, participants have a one-on-one meeting about 'Intake and Readiness' with the group facilitator. As part of the intake interview, each woman is asked about her interest and hopes for the group, any concerns they felt about participating in the group, and specific issues or concerns for which they might want support. The Intake provides a baseline of responses for the evaluation process, and is also a tool to gauge participant's needs and suitability for group expressive arts (at that point in time).

#### 2. *Debriefing Notes*

Ongoing: A standard debriefing form is completed at the end of each session. Facilitators comment on activities completed by the group.

#### 3. *Mid-Point Evaluation*

This can be held on the 7<sup>th</sup> session, through a group discussion with all participants. Questions related to whether the group is meeting the participants' expectations, and for suggestions of content for the remaining sessions.

#### 4. *Final Evaluation*

In the final session, the participants fill out a written evaluation questionnaire, which includes open-ended questions and 20 Likert items (statements for which respondents indicated their degree of agreement/disagreement on a 5-point scale). In the open-ended questions, participants are asked to comment on: the parts of the group that were helpful to them, how the group could be improved, and the group facilitators. Participants are asked how participation in the group affected their health and well-being, and to identify the issues addressed in the group that were most important to them. The Likert items elicited participants' opinions and feelings about different aspects of the group, including: the location and environment; the relationships formed; the effects of the group on participants' well-being; the facilitators; and the learning opportunities provided.

#### 5. *Post-Group Evaluation*

Approximately one month after the group sessions have ended, participants are invited to return to participate in a final evaluation about their experiences in the group. Focus group questions focus on participants' first impressions of the group; the most memorable part of the program; suggestions for improving the group; and the impact the program had on participants' lives.

## **Intake Evaluation and Readiness Questions**

*These are some questions that may be useful in doing the Intake for the expressive arts program, as well as prepare participants for the group.*

### **Section 1: Introductory Questions**

1. Why are you interested in participating in the LGBTQ Expressive Arts group?
  - a) Are you looking forward to anything in particular with regard to participating in this group?
    - i. is there anything you're hoping to for--or is there a specific issue you want to address through participating in this group?
  - b) Do you have any concerns or questions about participating in this group?

### **Section 2: Preparation/Readiness to share and explore in a group setting**

1. What do you think about the idea of sharing personal stories or creative work in a group?
  - i. have you done this before?
  - ii. How do you feel about this?
  - iii. Do you have any questions or concerns about doing art or sharing stories in groups?
  - iv. Do you share personal stories or experiences about sexuality, gender, things that make you feel safe or unsafe with other people in your life? (reflect back the language used by participants earlier in question 1.1)
  - v. Who are you able to talk with about these things? (offer suggestions: i.e. friends, doctors, people at work?)
2. Are there any particular experiences of violence or discrimination that you have experienced that you think you'd like to explore in the group,
3. Is there anything you want me /the facilitator to be aware of, so that we can better support you during the group?

*Intake staff may want to make note and/or discuss potential referrals or support options here.*

### **Section 4: Questions about Personal Safety and Well-being**

1. What are some of the ways that you take care of yourself?
  - a. What helps you to feel good? (This can be people, activities you do, things...)
  - b. What kinds of things or activities help you feel safe (or comfortable)?

*This is also a good time to talk openly about the fact that participating in the group can sometimes bring up strong emotions. Discuss options for support.*

### **Section 5: Questions about Participants' Needs and Resources**

1. Are there specific issues or concerns that you have right now that you might want some more support with? (Settlement, health, employment, emotions, general health?)
2. Do you have a settlement worker that is LGBTQ positive?
  - b) Are you interested in knowing about more resources that are LGBTQ positive?

*Identify and provide appropriate referrals, or make appointments on site where possible.*

### **Section 6: Other**

1. Do you have any other questions?

### **LGBTQ2SI Inclusivity:**

*It is important to have a discussion about this with any group that is LGBTQ2SI positive. This is an opportunity to identify or address internalized as well as general homophobia or transphobia.*

If the participant is not trans-identified, or not exploring gender identity, this is a good time to explain use of pronouns, and limits on personal questions. Be clear that it is not the responsibility of women with trans experience to teach everyone around them or share personal details to satisfy curiosity. This is an invasion of privacy and may create an unsafe environment for the other participant. Ensure that participants know that they can discuss questions with facilitators Outline the process and consequences of harassing or discriminatory behaviour (i.e. removal from the group).

Sample Intake Questions

This group is open to women of any sexual orientation. This means there will be women who are lesbian, bisexual, queer, or questioning their sexuality in this group.

How do you feel about that?

This group is open to all women. This means that there will be women who have trans-experience, or have experience of living as a man or boy, as well as living as a girl or woman. This includes some women who identify as transexual, trans gender, or gender-non-conforming.

How do you feel about that?

Is this something that you'd like to explore yourself?

# Expressive Arts Group: Session Debriefing Document

<b>Program:</b> Expressive Arts Therapy	<b>Date of Session:</b>  Session # ___ of ____.
<b>Location:</b>	<b>Number of Participants:</b>
<b>Staff, Students and Volunteers:</b>	

**Briefly describe the activities that took place in this session. Was there a specific theme that was explored today?**

*+ if relevant: note any variations to session plan (where relevant please explain the reason, outcome and suggestions for the future)*

**Key themes that emerged  
& key moments and/or comments by participants:**

*(especially note participants own reflections on dynamics, changes in patterns or life-world outside the group; other significant comments for the record)*

**What parts of the session worked especially well? What factors contributed to their success?**

**Observations regarding group dynamic/process: what is emerging, changing, or remains the same? If relevant, note actions to take in future sessions of this group.**

+ **(equity focus:** Are you observing any specific power/relationship dynamics in the group? (i.e: between participants, between facilitators/facilitators and participants, etc...)

+ **(analysis:** Why do you feel these dynamics are happening?)

+ **(action:** If necessary, what will you continue to attend to/monitor or how will the facilitator(s) address this in future sessions)

**Referrals/ Resources for future session or specific participant(s)?**  
*(indicate if urgent action is required)*

+ *(In this section also indicate potential referrals or resources to prepare, based on themes or tone emerging from group )*

**Other notes-- including facilitators own sense of the group, questions pending, and planning for next group (brainstorm or formalized)**

**Materials and prep required for next group:**  
*Material/supply                      Who is responsible                      Notes (Logistics etc)*

# Mid-point Check-In/ Evaluation Question Guide

**Method of Evaluation: Group Discussion**

*Topics and questions to guide the group discussion for the Mid-Point evaluation. Staff roles include: Evaluation Facilitator, Note taker.*

Questions/Topics:

## 1. Reflection of Goals

- Are you getting from the group sessions what you wanted/expected?
- What are you getting from the group sessions?
- Is there something specific that you need that you are not getting?

## 2. Input around Planning the Upcoming Sessions

- Suggestions for the next couple of weeks

*Note: Keep discussion topics #1 and #2 simple*

*i.e. "Name one or two things you are getting, one or 2 things you still want"*

## 3. Violence, Discrimination and Community Safety

- Suggested approach: Be direct with questions and why these questions are being asked
  - Ex. "The group was advertised as a space to address issues of safety and violence. Are there specific topics or themes regarding violence, discrimination, or safety that have come up (or haven't come up) that

## 4. Do you have any questions for us, the group facilitators?

# Expressive Arts Group - Final Group Session Participant Evaluation

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Thank you for taking part in the expressive arts group.

Access Alliance would like to know about your experience in the group. The information you give to us will help us know what to keep, change or add to groups in future, to make them better.

Please take a few minutes to answer the questions below. You do not have to answer any questions that make you feel uncomfortable. **Please do not write your name on this form.** Your answers will remain private and confidential. Any information that you share with us will not affect the services you receive from our organization.

## 1. Questions about your experience in the expressive arts group:

Please check one box  for each question.

	😊😊 Yes, a lot	😊 Yes, mostly	😐 Not Sure	😞 Not so much	😞😞 No, not at all
1. I enjoyed participating in this group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The location was easy for me to get to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The environment of the meeting room was comfortable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I learned new things from the other women participating in the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I enjoyed sharing experiences with women from different cultural backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I developed new friendships within the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The group helped me to understand myself and my feelings better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Now, I am more aware of ways that I can cope with stress in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Now, I am more aware of ways that I can deal with feelings of sadness and loneliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I feel my self confidence has increased through participating in this program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I learned about community programs or resources that I can use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I would recommend this group to other women that I know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes, a lot	Yes, mostly	Not Sure	Not so much	No, not at all
13. I feel like I am better able to address issues of violence (including discrimination) and safety in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Being part of this group has connected me to other useful community resources or programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I learned about people and places I can go to for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **a) Questions about the group facilitators (\_\_\_\_\_):**

Please check one box  for each question.

	Yes, a lot!	Yes, mostly	Not Sure	Not so much	No, not at all
1. The facilitators were friendly and made me feel welcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The facilitators treated me with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The facilitators explained things in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The facilitators gave everyone the chance to participate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Overall, I am satisfied with the group facilitators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b) Please tell us any other comments you have about the group facilitators:**

3. **Additional Questions about the expressive arts group:**

- a) What parts of the expressive arts group were **helpful** for you?
- b) How could we **improve** the group to make it more helpful for participants?
- c) How has participating in this group affected your **health and well-being**?
- d) What issues or themes were addressed that were **most important to you**?
- e) Is there **anything else** that you would like to tell Access Alliance?

# Expressive Arts - Post-Group Evaluation Question Guide

**Method of Evaluation: Group Discussion; Facilitated by staff or consultants external to group, in order to create (as much as is possible) a neutral evaluation environment.**

Bellow are the questions that guide the group discussion for the purpose of the Post-Group evaluation. The purpose is to evaluate impact, as identified by participants 1 to 2 months following the group.

## ***To consider when planning the Final Evaluation:***

- Participants are invited to arrive early and do art, reconnect with each other, and see the facilitators.
- The facilitator reminds the group about the process and purpose of the evaluation. Introduces the guest evaluators, and leaves the room once it is time for the evaluators to begin.
- Consider encouraging participants to continue with art projects throughout the focus group.

## Questions/Topics:

1. What was your first impression of the group? Was it what you expected?
2. What parts of the program were most memorable for you?
3. If you had a chance to do a group like this again, would you?  
If yes: Why?  
If no: Why not?
4. How could we improve the group (for future participants)?
5. How did taking part in 'Stepping Up' make a difference to you/in your life?
6. Probe if needed: What changed or is different for you since you took part in the program? (e.g., feelings, attitudes, things you do differently)
7. What did you learn from the group that you've been able to apply/use in your life?
8. Probe about specific 'ideas', skills, etc.
9. Are there any comments about the group or Access Alliance that we didn't cover today? This is the time for you to share any of your own reflections that weren't covered in the other questions.

## Expressive Arts - Session Structure

Activity	Objective
Set up	To prepare the space, set up art materials and food.
Arrival of participants	n/a
Check-in	To connect with one's self, the space and others in the space.
Warm up	A transition activity that is meant to prepare the participants to get into the creative/ arts portion of the session. The warm up is generally short. May be verbal or non verbal. The aim is to assist participants to become connected to the body, develop an awareness of the breath, and feel present.
Preparing for the art activity / bridging into the creative world	This may include physical set up of specific materials and deciding which to use. The preparation also includes brainstorming or discussing a particular topic or theme with the group. This theme may become the focus of the creative-space /art-making time.
Art making	<p>To do the activity decided on; to explore a theme, feeling or challenge using the art materials and having fun.</p> <p>This time is open-space, where participants can talk with each other, and explore the materials as they wish.</p> <p>During this time the facilitator and the group assistant's roles are to support people in feeling comfortable, safe and supported. This may include engaging through a creative modality (sing or make music to accompany the art making, paint along side participants, etc.) as well.</p>
Art sharing	<p>Participants are encouraged to reflect on the process of creating the art work, and their responses to the image.</p> <p>This phase is not about critiquing or judging the images/ creative expression that have been worked on.</p> <p>Others in the group, including facilitators, can reflect on the image. They will share what resonates with them in the image, or what strikes them, what it evokes for them, what they notice, etc.,.</p> <p>Participants and facilitators can also respond through the arts. This can be done by creating/sharing a poem, a song, a movement that the image inspires.</p> <p>The responses ones may happen through out a session expanding into other art forms-- for example the response could be shaped so that each person shares a word that the piece makes them think of, and this could be expanded into a poem, or a painting, or a movement piece)</p>

Activity	Objective
Closing	To “ground” participants back in the real world. This involves closing the art/ imaginary world of the session and ensuring that the participants are grounded and able to walk out of the group safely (in terms of emotions, etc).  This is a time to reflect on the wisdom, insight or surprises that came from the work, and which can be applied to every day issues/ the issues that were brought up in the session.
Clean up	Participants can help with this -- this can be part of a closing ritual, and this care of the materials/space also supports ownership of the group by participants.
Debriefing & Planning	Facilitator(s) and assistants debrief the session - capturing the key themes that emerged, the dynamics of the group, relationships, the facilitators themselves. This is also a time to identify if there are resources or materials to prepare for the coming week based on what is emerging or requests that have been made. These debriefing notes should be kept confidential. If the group is not a clinical group, the notes should be destroyed following the close of the group or the completion of a debrief and group summary report.

Chart developed in collaboration with L. Swartz, 2010

For more information: ISIS- Canada Intermodal Expressive Arts Therapy Training Institute (ISIS-Canada.org)

See Also: *Principles of Expressive Arts Therapy*, Knill, Levine and Levine, (2005); *Foundations of Expressive Arts Therapy*, Levine and Levine, (1999)

## Arc or Cycle of a Group:



1	2	3	4	5	6	7	8	9	10	11	12
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- Sessions 1-3: Drop-in session, new participants can join. Focus on short, easily completed individual projects.
- Sessions 4-6: Group is closed, no new participants. Period of trust building with group and creative art process; period of opening up, new discoveries, emotional openness may increase.
- Sessions 7-9: Deepening of relationship; group is more self directing- making choices about themes, art; may be a time of increased or heightened emotional awareness.
- Sessions 10-12: Preparation for leaving/good bye; addressing the responses leaving brings; time of group or individual projects. Final group may be a community meal and time to display all the work that has come from the sessions.

*If there will be a guest or an educational workshop, increase the sessions if possible, to allow participants more time to re-form as a group prior to the end. If funding is available, try lengths of 15 -20 sessions.*

# Comparative Chart of Two Expressive Arts Models

These models are taken from two expressive arts programs which are long running (about 6 years) and have received successful participant feed back. One model is an LGBTQ women focused expressive arts program, and model of a newcomer women focused program.

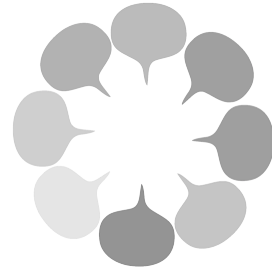
	<b>Sherbourne Health Centre- <i>Outside the Lines Group</i></b>	<b>Access Alliance (original program)</b>
<b>Target Participant Group</b>	Isolated lesbian, bi and trans women	Priority is given to marginalized immigrant and refugee groups, particularly emerging newcomer groups and racialized communities living underserved low income neighbourhoods.
<b>Type of Space or program (clinical, community etc)</b>	Program is held with in a Health Centre/Clinic context; It is facilitated by a full time, permanent, clinical counseling staff position. The program is part of the LGBTQ-specialized services offered at the health clinic.	Program is held through out the city, but is linked to a Community Health Centre dedicated to providing care to . The program is part of Health Promotions, and is facilitated by an Expressive arts therapist who is a consultant.
<b>Goals of the Group</b>	Therapeutic group to facilitate healing from effects of trauma. Main goals include enabling participants to reduce isolation; to familiarize themselves with community resources; to access creativity in fun, non-threatening way; to develop new ways to deal with triggers; and to increase self-esteem	Expressive Arts Group; not explicitly therapeutic, but facilitated by an expressive arts therapist. Initially began as groups supporting survivors of trauma, and later as part of the Access Model of care, the groups were held out of down town, visiting in different communities each time.
<b>Outreach/ Recruitment</b>	Referrals from providers within the organization seeking support for their most isolated clients	Referrals by medical providers or settlement workers within the organization; further outreach is done both by the agency and by partnering agency staff through flyers, posters, word of mouth.
<b>Staff Roles</b>	<ul style="list-style-type: none"> <li>• Full-time Sherbourne Health counselor/ therapist from LGBTT program</li> <li>• Contract Expressive Arts Therapist</li> </ul>	<ul style="list-style-type: none"> <li>• Full time Project Coordinator of Women's Programing coordinates this program (logistics, staff supervision)</li> <li>• Consultant: Expressive Arts Therapist, primary facilitator of the program</li> <li>• Support Staff: Peer Outreach Worker or Community Health Worker (sometimes a student or volunteer) –Assist with outreach and during group.</li> <li>• (external staff provide interpretation and child care)</li> </ul>
<b>Number of Sessions</b>	12 sessions: once a week for 12 weeks	12 sessions: once a week for 12 weeks
<b>Program Structure</b>	Closed group (participants are registered in advance, no new participants join until the next cycle of 12 weeks).	Open group for first 3 sessions. As of the 4th session the group is closed to new participants. Next group is not always confirmed at this time.

<b>Themes/Topics Explored in Group</b>	In the first session, the group brainstorms together to create a list of themes or topics on which they wish to focus on each week	Themes may be planned, but often come up in response to what emerges organically from the group
<b>Opening session</b>	Includes brainstorm to create list of topics or themes to focus on in art-making for each week; development of guidelines for the group; discussion of ways to deal with triggers in group; defining of group member and facilitator roles	Introductions; discussion of resources available to participants (TTC/childcare); development of guidelines for the group; discussion of confidentiality; establishment of framework for creating and responding to art work; and a short arts-based activity
<b>Agenda of Typical Session</b>	Warm Up, Check-in Unfinished business and sharing of art Bridging exercise Art-making Presentation of art Breath practice Check-out Choice of topic for next week	Warm - up Check-in Warm up/Bridging into the Art *Art-making *Sharing/presenting art Closing of art making *Planning for next week  <i>*some of these phases will occur multiple times or in less linear way, depending the group.</i>
<b>Workshops</b>	No workshops outside the regular structure of the group occur.	Recent groups have had a guest facilitator for a educational workshop which focuses on around violence, abuse and resources available. Session 5-7.
<b>Closing Session</b>	Participants decide on activities for closing session in the week before. These may include: displaying art, sharing of meaningful objects or writing, special food, traditions brought by the facilitators.	The last session, community meal/potluck organized by group, activity and manner of closing chosen by group. Discussion begins two weeks before.
<b>External expressive arts supervision</b>	External expressive arts supervision is provided twice: at the midway point and following closure of the group.	External supervision is provided on going as part of the expressive arts therapists own practice. Group assistants generally do not receive external supervision.
<b>Evaluation methods</b>	Short evaluation midway through group and at closure.	Written evaluation at closure. Responses are translated if necessary. Interpreters are available.
<b>Participant access to Individual support</b>	Participants are able to access limited individual support before, during and at the end of the group from all facilitators and support between group meetings from the full-time support (mainly on the phone). Participants have access to the general services of the Health Centre.	Facilitator and support staff assess needs emerging from group throughout the sessions and offer resources as necessary. though little individual support is provided from group staff, except immediately before or after a group. Staff will direct participants to appropriate resources at the location where the group is being held.

# Expressive Arts Program - Budget Considerations

Each group or organization will have varying resources (staff, materials, space, etc.). Below are budget lines to consider when planning your program.

category	detail	Variables to consider for Expenses
Staff - 2-3 Program Staff	Staff planning and implementing the program: Program coordinator; Facilitator & Assistant/ Outreach staff.	Wage for each staff; Hours as appropriate to role.
Consultants (accessibility)	Accessibility: child minders; interpreters* (*See below)	Facilitator/assistants should be paid for 2 hours of group plus 1 hour of prep & 1 hour of planning & referrals.
External Professional Supervision; Consultant	<ul style="list-style-type: none"> <li>Professional Supervision</li> <li>Consultant: for capacity building or training for staff.</li> </ul>	Supervision generally costs 100\$/h. During a 12 week group, it would be appropriate to have a minimum of 3 visits; Consultant's cost will vary.
Non-staff assistants	Training, and weekly honoraria	Training costs depend on experience and type of training provided (external PD, internal/ onsite training); Honoraria will vary.
Infrastructure and material resources	Organization provides space on site for group, art materials and storage.	cost of space; art materials; storage infrastructure (bins, shelves...)
Space for group; Art Exhibit	Cost can be eliminated through partnership/ Sharing of space; Exhibit can be presented in Libraries, or Organization space	Variable
Art materials	Large mural paper, paper or canvas, paint, markers, pastels, decorations, yarn, fabric, magazines, glue, scissors, digital software, etc.,	Variable: Estimate approximately \$10/ participant x session. Varies depending on activity and number of participants.
Food	Healthy snacks, or a meal where possible; Juice; cutlery, plates, cups.	Aprox. 15\$ / session minimum (snacks only) for a group of 4-6. calculate accordingly.
Translation / Interpretation	translating outreach; consent documents, resources; evaluations.	Budget min. \$60.00/ language for translation; \$35.00/hour x interpreter
Participant and staff transportation	transportation 2 ways for each participant and child attending; transportation costs for staff if traveling.	3.00 x participant (cheaper if purchased in bulk); cost of gas/mileage or TTC for Staff
Exhibit/Event	event costs: location; food; transportation for group participants; materials; publicity (if necessary)	Calculate accordingly



# The Stepping Up Project Literature Review\*

## Introduction

Expressive arts therapy has increasingly been recognized as an effective tool in confronting past trauma. Drama, music and visual art may be used to represent past experiences and unresolved feelings from a different perspective than would be accessed in traditional oral therapy, increasing potential sites of understanding and resolution for both the client and the therapist. As such, expressive arts therapy may serve as an effective tool in meeting the needs of women who have experienced trauma or violence as a result of their immigration experiences, sexual orientation, gender identity, or the intersections of these realms.

## Experiences of Violence

The prevalence of violence in the lives of lesbians and bisexual women has been documented both qualitatively and quantitatively. In 2008, Statistics Canada released data showing that lesbian, gay, bisexual and transgendered individuals are at a higher risk of experiencing violence than their heterosexual counterparts (Statistics Canada). This finding was followed by a community-based report exploring the prevalence and types of violence experienced by the women and transgendered people in this cohort (Cameron, 2009). Data in the report was gathered from 145 responses to an online survey, completed by women and transgendered people who identified within the acronym of “LGBTTIQ2S”<sup>1</sup> (Cameron, 2009). Of the respondents, close to half reported having been a victim of harassment or discrimination in the year prior to the survey and 46.9% of respondents reported feeling unsafe in public spaces within the city. For many, these experiences resulted in coping strategies such as monitoring physical representations of gender identity or sexual orientation, or avoiding going out into particular spaces or at particular times (Cameron, 2009).

A 2001 Amnesty International report documented the global prevalence of violence and torture based on the sexual orientation of the victims, with violence perpetrated by both community and institutional forces. The report provides specific examples from Afghanistan, Argentina, Brazil, the Caribbean, Ecuador, France, Indonesia, Malaysia, Mexico, Peru, Romania, Saudi Arabia, Sri Lanka, Uganda, the United States and

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<sup>1</sup> The acronym “LGBTTIQ2S” represents lesbian, gay, bisexual, transgendered, transsexual, intersex, queer, questioning and two-spirited people.

Zimbabwe (Amnesty International, 2001). In addressing the relevance of gender to these experiences, the report states, “prevalence in society at large of sexism and homophobia creates a climate where lesbians are at grave risk of abuse in the community and home” (24). The specific reference to lesbians in this instance highlights the ways in which violence is shaped and directed differently against women than it is against men. In studying the refugee claims based in sexual orientation made in Australia and Canada, Millbank (2002) identified 32 percent of lesbian women’s claims as including sexual violence, compared to only 16 percent of the accounts made by men. Rape and forced pregnancy are described as some the gender-specific attacks lesbian women may experience (Amnesty International, 2001).

Kidd and Witten note the similarities in the violence experienced by lesbian, gay and bisexual people with that experienced by trans<sup>2</sup> people, rooting both in societal responses to the transgression of gendered expectations (38). This assessment is supported by Ortiz’s (2008) observation that many female refugees have been attacked and sexually assaulted with the stated goal of teaching them “to become real women” (223). A majority of writings on gender-based violence have conceptualized it exclusively as the violence against cisgendered women, excluding the gender-based violence experienced by those who identify as transgendered (Kidd & Witten, 2008; Laviolette, 2007; Mizock & Lewis, 2008).

Yet, in the literature that does exist, the prevalence of violence based on gender identity is abundantly clear. In the TranScience Longitudinal Aging Research Study, reported on by Kidd and Witten, over 91% of respondents reported that they had experienced “perceived and actual violence and abuse” (38), with violence perpetrated by family members and intimate partners as well as strangers. A majority (77%) of those who had experienced violence had not formally reported it (Kidd & Witten, 2008). In a report largely focused on sexual orientation, Amnesty International (2001) commented on the experiences of trans people: “In many countries, transgender people face extremely high levels of discrimination and abuse. They are often treated as the ultimate “gender outlaws”, punished not only for transgressing the socially constructed barriers of gender but, in some cases, for changing their biologically determined sex. For many, the “penalty” is violence, including torture (16). Individual examples of transphobic violence serve to highlight its global prevalence and impact (Kidd & Witten, 2008; Mizock & Lewis, 2008); many of these examples are documented on the website ‘Remembering Our Dead’, though the website has not been updated since 2006: (<http://www.gender.org/remember>).

Lesbian, bisexual and transgendered refugees may have experienced violence not only related to sexual orientation or gender identity, but also based in other identities or experiences. Violence may occur within families, community settings, institutions such as law enforcement or healthcare or be perpetrated by a country’s government (Amnesty International, 2001).

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<sup>2</sup> In this context the term “trans” is used as an umbrella term to describe all individuals who cross the social expectations of the sex they were assigned at birth. This includes both transgendered and transsexual people.

## Continued Trauma

While the data above is necessary in understanding the scope of violence experienced, it does not adequately describe this broader impact of violent events. The trauma faced by individuals who have experienced violence may last well after the violence itself has ended. In the case of refugee claimants, the act of migration is structured to create distance from the violence, persecution and trauma experienced. An assumption that migration will protect refugees from harm fails to take into account the potential for further trauma.

In addition to the violence experienced by refugees prior to migration, continued violence and trauma may be experienced both during and after initial settlement in Canada. In describing the experiences of the refugee women who visit a mental health clinic in Toronto, Ortiz (2008) identifies three levels of trauma: the trauma of migration itself, which may involve both exploitation and separation from family; the trauma of applying for refugee status and settling in a new country; and the trauma that precipitated the women leaving their countries of origin and filing for refugee status (224). Of these sites of trauma, Ortiz (2008) describes the first two as the most “immediate and pressing levels” (224).

Migration itself may be a physically, emotionally, psychologically or financially draining experience that places immigrants at risk of additional trauma. Based on her work with trauma survivors in exile, Meyer notes, “Exile is often reported as a more devastating experience than torture; it is a new trauma on top of the old” (165). Migration distances refugees from the situations in which they have experienced violence; it also distances them from the family, friends, community and culture left behind in the country of origin and contributes to personal and cultural isolation (Meyer, 2004; Baker, 2005; Ortiz, 2008). The physical process of migration may also not be a direct or easy one; refugees risk witnessing or experiencing additional violence and trauma during their journeys (Meyer, 2004; Stepakoff, 2007, Ortiz, 2008). Describing the migration process of female refugees, Ortiz (2008) notes, “During flight, they are often revictimized by pirates, border guards, army personnel, resistance members, male refugees and others. Unfortunately, violence against women and children may not abate upon reaching the supposed safety of an asylum country (212).

Violence based directly on perceptions of sexual orientation, gender identity or ethnicity exists within a Canadian context and may be experienced by lesbian, bisexual and transgendered refugees after migration (Cameron, 2009; Kidd & Witten, 2008). When compared to the number of violent incidents experienced, the number of cases in which violence is reported to police remains low (Amnesty International, 2001; Cameron, 2009, Kidd & Witten, 2008). Low reporting rates are sometimes based on fears of persecution or violence from authorities or the original perpetrators of the violence (Amnesty International, 2001; Kidd & Witten). The process of reporting is also viewed by some as being ineffective based on the pervasiveness of incidents or authorities’ lack of response to earlier incidents. For immigrants who do not have status in Canada, reporting violence may be seen as risking discovery and deportation (Bernhard et. al).

In discussing the settlement experiences of adolescent refugees in Canada, Rousseau and her colleagues note that migration may relegate immigrants to positions of social and financial disadvantage. They infer that this position of disadvantage may impact access to housing and increase immigrants' likelihood of residing in violent neighbourhoods after migration (2007, pg. 452).

### **Implications for Mental Health**

Meyer (2008) describes the minority stress model, so named to “distinguish the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position” (675). While stressors are present in the lives of all people, originating from both individual and social sources, members of what Meyer (2003) describes as “minority communities” (675) are also subject to stress based on tensions and fissures between their identities and the identities, behaviours and beliefs held by the larger community. The social stressors caused by these tensions are additive to those experienced by all individuals, placing minority communities at increased risk of having mental health impacted by stress. While Meyer largely applies the minority stress model to lesbian, gay and bisexual communities it is equally applicable to others including transpeople, women and refugees. Stress may be rooted in general prejudice, or in specific incidents of violence or discrimination.

Gay, lesbian, bisexual and trans people may experience stress from the risks and realities of prejudice and violence in a violent world, but also from the life changes associated with coming out (Ellis, 2007), such as shifting relationships or loss of support from family or friends. In a meta-analysis of studies on the mental health of gay, lesbian and bisexual people, Meyer (2003) found that gay men and lesbians are approximately 2.5 times likelier than their heterosexual counterparts to have had a mental disorder at some point in their lifetime (684). The meta-analysis also suggested higher rates of suicide ideation and attempts among lesbian, gay and bisexual people (685). These findings are related to the stressors imposed on lesbian, gay, bisexual people and not inherently associated with the identities themselves (Meyer, 2003).

Literature on the experience of refugees has documented a number of mental health issues associated with fleeing one's country of origin or residence (Baker, 2005; Ganguly-Scrase & Vogl, 2008; Kalmanowitz & Lloyd, 2005; Meyer, 2004). Interestingly, these mental health issues are also experienced by some immigrants who are not classified as refugees, emphasizing the trauma of the migration process itself (Rousseau, 2007). Kalmanowitz and Lloyd (2005) identify the fear, anger and shame expressed by refugees as “normal responses to abnormal circumstances” (5) but also as responses that may lead to ongoing struggles in mental health, such as Post Traumatic Stress Disorder (Baker, 2005; Kalmanowitz & Lloyd, 2005) evidenced by symptoms such as depression, anxiety attacks, and memory loss (Baker, 2005). In facilitating expressive arts therapy with trauma survivors in exile, Meyer (2004) identified all of the following issues among the group's eight members: “withdrawal, isolation, emotional lability, paranoia, impulsiveness, depression, regression, poor concentration,

insomnia, suicidal ideation, short-term memory impairment, guilt, shame, apathy, low self-esteem, no hope for the future and depersonalization (exile from the body)” (164).

Examining the specific experiences of lesbian and female bisexual refugees who are clients of a Toronto mental health clinic, Ortiz (2008) notes high incidents of depression, post-traumatic stress, psychosis and suicidal thoughts: all based in past experiences of violence and trauma. If gendered experiences of violence such as rape are not systemically understood as violence or torture, the psychological after-effects experienced by women may not be legitimized or treated appropriately (Ganguly-Scrase & Vogl, 2008). Increased social isolation may be experienced by refugees who are also lesbians, bisexual women and trans people as a result of negative reactions from family, friends and community members based in the individual’s sexual orientation or gender identity (Ortiz, 2008). These documented mental health effects hinder refugees’ abilities to function and successfully settle in Canada, making further stress and trauma likely. Mental health concerns may be exacerbated by the stressors present in the host country, including a lack of access to social and medical supports.

Mental health may also be impacted by the stress of living in poverty, frequently experienced by refugee communities (Access Alliance, 2005). Ortiz (2008) notes that immigrants may not be referred to mental health services in their country of origin or upon first arrival in Canada as a result of stigma, unavailability of services, poverty, language barriers, lack of information, risk of deportation, distrust and social isolation (216). Even in situations where some social and medical supports are present and accessed by refugees, service providers may lack cultural competence and services may remain largely inaccessible and ineffective. Such factors may mean that the after-effects of trauma and violence go unaddressed for an extended period of time following the violence itself.

It could be assumed that these experiences leave people with a great deal to talk about in therapeutic interactions. Many limitations exist, however, when relying on talk therapy.

### **Benefits of Expressive Arts Therapy**

Meyer (2003) notes that “stress and resilience interact in predicting mental disorder” (677). Literature reveals that trauma and stress are experienced by lesbian, bisexual and trans refugees both prior to and following migration, associated with homophobia, transphobia and refugee status. There remains the capacity, however, to improve mental health outcomes by increasing individuals’ resilience to these stressful and traumatic experiences. Resilience can be developed through a number of supports, and there is general agreement that utilizing multiple tools is most effective when working with survivors of trauma (Ellis, 2007; Stepakoff, 2007; Stepakoff, 2008). One of the therapeutic tools of potential benefit to lesbian, bisexual and transgendered refugee women is expressive arts therapy.

Some experiences of violence may be too traumatic to verbalize comfortably or safely, and when expressing experiences of violence trauma survivors may be concerned with accurately and completely conveying the experience. For those receiving accounts of violence or trauma, there is an inability to completely understand the verbal account having not experienced it firsthand. Attempts to repeatedly absorb, understand and empathetically respond to the full experience of the trauma can lead to what Meyer (2004) calls “compassion fatigue” (166), negatively impacting the ability to provide ongoing and effective support. Witnesses may find their understanding of the trauma, and their ability to respond to this trauma, increased through experiencing its artistic representation, even if they have heard a verbal account before (Stepakoff, 2008). A refugee woman interviewed by Stepakoff (2008), who had worked with other refugees to create a play of their experiences, characterized this difference in verbal and arts-based accounts as the difference between “talking” and “showing” (23).

Expressive arts therapy may involve drama, dance and music, as well as visual art, in representing feelings and experiences (Stepakoff, 2007). Through the process of symbolization, in which traumatic experiences are represented in an alternate form (Kalmanowitz & Lloyd, 2005; Stepakoff, 2007), both the capacity to express and receive accounts of trauma may be improved. This benefit is particularly highlighted when the therapist and client do not speak the same first language; art can help express ideas and feelings that may not be easily or clearly interpreted between languages when conveyed verbally (Meyer, 2004; Rousseau, 2007). Meyer (2004) explains that in situations where language barriers may impact understanding, art provides people with “space and permission to use their imaginations” (167). Conflicts, whether internal or external, may be explored through art without fear of retribution, allowing individuals to consider possible solutions and achieve at least some degree of resolution (Addison, 2003; Baker, 2005; Rousseau, 2007). Physical representations of experience allow others to serve as witnesses to what has taken place. The documentation of violence, emotion or resilience may validate what has been experienced, restore agency to the person who has experienced it, and serve as a monument to those who have been lost through the experiences of trauma (Baker, 2005).

Cultural expressions of art such as traditional craft, storytelling, dance and music, may be disrupted by violence within the culture and the trauma of migration. Memory loss associated with post-traumatic stress might also impact the ability to engage with these traditional art forms, as skills are “forgotten” after experiencing trauma (Baker, 2005). Expressive arts therapy among refugees offers the benefit of restoring these forms of expression, recreating positive links to the culture of origin (Baker, 2005; Kalmanowitz & Lloyd, 2005). In addition to reconnecting participants to art forms, expressive arts therapy has the potential to positively reengage people with their senses, particularly in cases where people have disengaged in response to the negative sensory experiences of violence and trauma (Meyer, 2004).

Qualitative evaluation of one drama-based expressive art therapy program showed a decrease or stabilizing in negative mental health effects and increased academic performance among its’ youth participants (Rousseau, 2007). Qualitative evaluations

of other programs have also revealed benefits, including renewed interest in creative expression (Baker, 2005), increased self-confidence (Baker, 2005), positive coping techniques (Baker, 2005; Meyer, 2004) and increased perspective (Meyer, 2004). In order for these benefits to be achieved, art therapy must be practiced in way that is sensitive to both culture and identity (Baker, 2005; Ellis, 2007).

### **Practices in Expressive Arts**

Expressive arts have been utilized in a variety of forms, differing by program and purpose. The medium of art, the longevity of the program, and the number and demographics of those served are all variable factors. Despite these variables, several practices are repeated between expressive arts programs and are highlighted for their benefits to participants. One practice highlighted by multiple authors is the use of routine or ritual in expressive arts programming. Structured activities repeated between sessions (Baker, 2005; Rousseau, 2007), set routines to open or close a session (Meyer, 2004; Stepakoff, 2007) and the ritual use of song (Baker, 2005; Stepakoff 2008) are all utilized in developing a routine. Such structures serve to establish the stability and predictability that participants may lack in other aspects of their lives. Though structured differently between groups, the incorporation of both expressive arts and verbal processing is highlighted by many programs (Addison, 2003; Baker, 2005; Meyer, 2004; Stepakoff, 2008). This dual inclusion allows participants to verbally explore the emotions and experiences represented in their art (Baker, 2005; Meyer, 2004), to provide support and feedback on others' experiences and expressions (Meyer, 2004), and also to reflect on the art production process itself (Addison, 2003).

There is the risk that the inclusion of verbal expression in expressive arts programs will create barriers for those who are not fluent in the primary language used by facilitators and other group members; this is of particular concern when participants come from a variety of communities and do not have a shared first language (Meyer, 2004; Rousseau, 2007). Different practices have been used to negate this risk, including the use of a trained cultural interpreter (Baker, 2005) and informal interpretation by other members of an expressive arts group (Rousseau, 2007). Meyer (2004) notes that some trauma survivors may actually be more comfortable communicating their experiences in a second language, as it is not the language most closely associated with the experienced trauma. While practices vary greatly between expressive arts programs, the goal remains to produce a safe and productive environment for expression and healing for all participants.

Whether for lesbian, gay, bisexual communities (Meyer, 2003), transgendered communities (Mizock & Lewis, 2008) or cultural communities of refugees (Ortiz, 2008), building group belonging and solidarity can reduce the impact of mental health stressors associated with violence and trauma. While group involvement may be independently developed by some members of these communities, others may experience isolation. By facilitating expressive arts therapy in a group setting, community membership may be strengthened and community support may benefit the mental health of participants. As previously indicated, literature identifies the role of ritual and routine in expressive arts therapy programs (Rousseau, 2007; Stepakoff, 2007). By facilitating expressive

arts therapy in an ongoing group setting, facilitators and participants may develop associated ritual that contributes to a sense of safety and “becomes at once a form of knowledge, a method of learning, and a way of acquiring a sense of agency” (Rousseau, 2007). The presence of group rituals may be particularly important to those who have lost previous rituals and routines as a result of processes such as coming out or migration.

As identified earlier, lesbian, bisexual and trans refugees may experience isolation as a result of homophobia and migration. Working in a group with others who have shared similar experiences may serve to build a sense of cultural community and individual friendships that will last beyond the duration of the expressive arts therapy program itself (Baker, 2005)

## **Conclusions**

Art is widely recognized as a way of communicating emotions, experiences and histories. Music, dance, drama and visual art are all deeply involved in producing and representing cultural experiences, with particular forms and traditions utilized and valued within different communities. A majority of the literature included in this review highlights the benefits of utilizing art in a therapeutic context; this reflects the available literature on art programming with immigrant, lesbian, bisexual and trans communities, not an exclusive framework in which to involve expressive arts. When accessed outside of a therapeutic context, the emotional, cultural, and communicative benefits of art remain.

Stepakoff (2008) reports on the use of drama to convey the impact of war trauma, describing a theatrical piece that was conceived of and produced by a refugee woman and enacted by a group of refugees. The producer, Nancy, described the piece as a tool to help others understand the trauma experienced by the refugees involved: it was not explicitly developed or enacted for its therapeutic benefits. Despite this, the emotional benefits produced by this dramatic production are similar to those found in a therapeutic context and described earlier: Nancy reported relief and happiness at having developed an alternate tool through which to express and process her trauma (Stepakoff, 2008; 27).

Lesbian, bisexual and transgendered refugee women experience violence and trauma before, during and after migration; impacting mental health and wellbeing.

A multiplicity of tools may be used in addressing trauma and bringing about resolution; one of these tools is expressive arts. Expressive arts therapy does not evaluate or attempt to improve the artistic skills of the participant. Rather, art reengages the senses and can be used to symbolically represent experiences and feelings (Kalmanowitz & Lloyd, 2005; Meyer, 2004; Stepakoff, 2007). Utilizing expressive arts in a group setting may build a sense of community membership, reengage participants in a cultural community and allow participants to witness, validate and offer perspective on others experiences. For individuals who are struggling to cope with the mental health effects of trauma and violence, expressive arts may serve as one tool in gaining perspective, building resilience, and increasing positive mental health outcomes.

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*\*Literature Review completed by A. Penner, July 2009*

