

Feminist Informed Art Therapy Program for Survivors of Domestic Violence

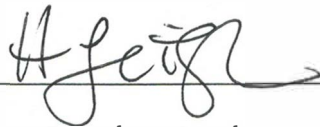
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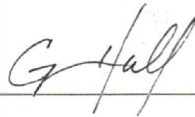
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**ABSTRACT**

This study used an integrative literature review to connect the topics of domestic violence against women, feminist theory, and art therapy as a foundation for creating a feminist-informed art therapy program for women survivors of domestic violence. The theoretical integration of feminist perspective and art therapy for the treatment of survivors of domestic violence is not currently found in the literature. Since domestic violence is a systemic, gender-based issue, a feminist approach to survivors' mental health would be beneficial, given its understanding that social injustices have a significant impact on an individual's well-being. Art therapy additionally provides a non-verbal, non-threatening form of treatment that aids in self-expression and processing of traumatic experiences. Three key feminist principles provide a framework for the proposed program: (1) the personal is political and critical consciousness, (2) a focus on strengths, and (3) commitment to social change. Services include individual and group art therapy sessions, proposed for a domestic violence shelter. While the program is designed for survivors of domestic violence, a feminist-informed art therapy program will aid in the trauma-based stages of recovery and can be used for situations of sexual assault, stalking, or any other violence against women.

*Key words: domestic violence, trauma, women, feminist theory, art therapy*

**DEDICATION**

I dedicate my thesis project to my partner, Weiland Carlson, my art therapy cohort, and my parents who have supported me in this process. My classmates have been an excellent support system full of knowledge and experience, and they have always been available for editing and advice. My parents have always encouraged me throughout my educational career. I could not be more thankful for Weiland for supporting me on a daily basis, attending all of my presentations, and being present during late research nights.

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## CHAPTER I

### INTRODUCTION

Domestic violence is a social epidemic that impacts individuals regardless of age, gender, socioeconomic status, religion or culture, and has severe consequences for mental health. Domestic violence is propagated by the patriarchal idea that violence against women and girls is normal and acceptable. The patriarchy is a system of social structures and practices in male domination over women (Sultana, 2010). This notion is rooted in harmful gender roles and expectations. Since domestic violence is a systemic and gender-based issue, using a feminist approach to mental health treatment with survivors of domestic violence might be beneficial due to its understanding of how social structures and inequality affect an individual's well-being.

When participating in counseling, survivors run the risk of retraumatization when sharing their experiences. Retraumatization occurs when a stimulus leads to "re-experiencing, hypervigilance, and/or avoidance of trauma-related stimuli" (Northcut & Kienow, 2014, p. 252). Art therapy offers an alternative, nonverbal means of communication, and may help clients explore feelings surrounding their domestic violence experiences without risk of retraumatization.

The present research and resulting program is an attempt to integrate art therapy and feminist theory. I want to study feminist principles in the context of domestic violence in order to identify the survivors' needs and how art therapy through a feminist approach could address these needs. The research question for the present study is: What would an art therapy program for domestic violence survivors look like that incorporates feminist principles? The purpose of the present study is to create a feminist-informed domestic violence art therapy program that can be applied at domestic violence shelter settings.

## Operational Definitions

**Affirmation (or Self-affirmation)-** “A psychological process that temporarily bolsters self-integrity, may forestall those threats” (Lannin, Ludwikowski, Vogel, Seidman, & Anello, 2019, p. 247). “[A focus] on positive personal values or characteristics” (Lannin et al., 2019, p. 248).

**Commitment to social change-** One of the six feminist principles. “[Feminist counseling] moves away from the traditional focus on change from within the individual out into the realm of social activism and societal change” (Corey, 2015, pp. 343-344).

**Comorbidity-** “the concurrent diagnosis of two or more mental disorders within the same individual” (Newman, Moffitt, Caspi, & Silva, 1998, p. 305).

**Crazy-making behaviors-** Crazy-making behaviors are committed by perpetrators to make their victims feel crazy or out-of-touch so the victim relies on the perpetrator more than themselves. These behaviors include lying, blaming the victim for the aggressive behavior, gas-lighting (manipulation to the point where someone questions their own sanity), saying demeaning comments, or unreasonably punishing their partners for normal events (Iverson et al., 2009).

**Domestic violence-** Domestic violence is “physical, sexual, psychological, and/or verbal abuse toward a family member or intimate partner” (Iverson, Shenk & Fruzzetti, 2009, p. 242). It is perpetrated by these individuals in a pattern of controlling and threatening behavior (Bird, 2018). The National Coalition Against Domestic Violence (NCADV) defined it as power and control specifically onto an intimate partner; however it can exist between different members of family as well (NCADV, 2007).

**Egalitarian relationship-** A therapeutic relationship where the therapist balances the power dynamic between therapist and client (Gehart, 2016).

**Externalization-** A process by which “clients view themselves as separate from their problems... they are encouraged to see that they are not the problem; the problem is the problem” (Butler, Guterman, & Rudes, 2009, p. 225).

**Feminist counseling-** Considers social, cultural, and political contexts in order to understand a client; some goals include: Recognizing oppressive messages and replacing them with “self-enhancing beliefs”, develop a range of emotion, develop a sense of personal power and trust your intuition and experiences (Corey, 2015)

**The Feminist Model-** “Grounded in the principle that intimate partner violence is the result of male oppression of women within a patriarchal system in which men are the primary perpetrators of violence and women are the primary victims.” (McPhail, Busch, Kulkarni & Rice, 2007)

**A focus on strengths-** One of the six feminist principles. This principle is applied by reframing trauma symptoms as survival strategies and addressing problems by dealing with them rather than pathologizing the individual. By highlighting strengths, the individual experienced increased self-esteem (Corey, 2015).

**Gender roles-** Gender roles are societal messages about how men and women should be and act (Corey, 2015).

**Incest-** Unwanted sexual activity between family members is considered to be incest (Backos & Pagon, 1999).

**Internalization-** “Incorporation of norms and/or roles into one's own personality, with a corresponding obligation to act accordingly or suffer guilt” (Campbell, 1964, p. 392).

**Intimate partner violence-** The National Coalition Against Domestic Violence (NCADV) defines domestic violence as “willful intimidation, physical assault, battery, sexual assault, and/or other abusive behaviors as part of a systematic pattern of power and control perpetrated by one intimate partner violence against another.” (NCADV, 2007, p. 1). Intimate partners can include spouses, ex-spouses, boyfriends, girlfriends, ex-boyfriends, and ex-girlfriends (Peters, Shackelford, & Buss, 2002). Is often used interchangeably with domestic violence (Peters et al., 2002).

**Patriarchy-** A system of social structures and practices in male domination over women (Sultana, 2010).

**The personal is political-** One of the six feminist principles. This is the idea that a woman’s individual problems originate in a sociopolitical context, rooted in their political situation of patriarchy and gender inequality (Corey, 2015).

**Processing** – Art therapists help clients explore life experiences (Kahn, 1999).

**Program-** a plan or system under which action may be taken toward a goal (Merriam-Webster, n.d.).

**Psychoeducation-** Psychoeducation refers to when the therapist educates the client about their problems and what treatment might look like (Corey, 2015).

**Rape-** Rape is forced vaginal, oral or anal intercourse which requires some type of penetration (Backos & Pagon, 1999).

**Rape Culture-** “condones physical and emotional terrorism against women as the norm” (Backos & Pagon, 1999, p. 126). A product of patriarchal systems.

**Rapport-** Relationship between therapist and client (Leach, 2005).

**Reflective distance-** Reflective distance is when the individual uses materials in a way that allows them to reflect on their past trauma at a safe distance (Hinz, 2009). Reflective distance allows some layer of removal from her traumatic experience. Art

materials that offer reflective distance are ones that use tools and mediators, such as paintbrushes, ceramic tools or scissors (Hinz, 2009).

**Retraumatization-** Occurs “when current stimuli or events trigger the experience of an earlier trauma leading to re-experiencing, hypervigilance, and/or avoidance of trauma-related stimuli” (Northcut & Kienow, 2014, p. 252). Instances of helplessness, violation or shock are some examples that mimic their previously experienced trauma (Northcut & Kienow, 2014).

**Revictimization-** A circumstance in which victimization, or the act of being subjected to violence, occurs in “more than one developmental period” (McConnell & Messman-Moore, 2019, p. 526).

**Self-efficacy-** “The belief in one’s capabilities to organize and execute the courses of action required to manage prospective situations” (Peng et al., 2020, p. 2).

**Sexual abuse-** It is “the maltreatment of a minor, disadvantaged individual or disabled person through any sexual activity involving a person of power” (Rosen Saltzman Rosen Saltzman, Matic & Marsden, 2013, p. 224). This includes both physical and nonphysical acts of sexual assault. Examples of non-physical sexual abuse include but are not limited to exhibitionism, voyeurism, or forced witness to sexual acts (Rosen Saltzman et. al, 2013).

**Sexual assault-** “Forced or unwanted sexual activity perpetrated without consent” (Rosen Saltzman et. al, 2013, p. 223). This includes rape, sexual abuse, and incest (Rosen Saltzman et al., 2013).

**Socialization-** “The process whereby the [individual] learns how to become a member of the society by adapting to the ways of the culture [they] live in... Agents of socialization [include] family, school, peer groups, and mass media guide” (Emolu, 2014, p. 22). “The process by which human beings incorporate the social norms

pertaining to a certain culture or cultural group [which] occurs throughout the life course" (Emolu, 2014, p. 22).

**Survivor-** A way to describe someone who has experienced trauma of some sort, and in this case, specifically someone who has experienced domestic violence trauma. Survivor is better suited for this population because it shows they have "outlived the experience" and that they were able to survive (Backos & Pagon, 1999, p. 126). This helps reinforce the goal of building strengths in those who have gone through domestic violence. Some people prefer *victim*, and some prefer *survivor*, so although the term *survivor* is used here, it is always respectful to ask someone their preference (Backos & Pagon, 1999).

**Trauma-** An experienced event in which a person is not prepared for the psychological and physical results (Rosen Saltzman et al., 2013).

**Victim-** Someone who has experienced or gone through something that has a negative connotation and implies weakness or disempowerment (Backos & Pagon, 1999).



## CHAPTER II

### METHODOLOGY

I performed an integrative literature review in order to accumulate information on domestic violence against women, feminist perspective, and art therapy. An integrative literature review allows the researcher to organize information based on the aim of the study (King, 2018). The purpose of the present integrative literature review is to integrate domestic violence, feminist therapy, and art therapy into one comprehensive idea. These three factors have not been connected before in previous literature. I analyzed and organized information from the integrative literature review into two matrices, one that references feminist principles addressed in each study, and one that includes the structure and format of psychotherapy and art therapy treatment services. The search strategy for this integrative literature review included using databases provided through the Indiana University-Purdue University (IUPUI) library and online library.

Using an IUPUI student account, I conducted electronic searches using the following databases: EBSCOHost, Google Scholar, and IUCAT. I conducted these searches from October through November 2019. I used the following search terms: *domestic violence, intimate partner violence, battered women, trauma, art therapy, expressive art therapy, creativity, creative arts, narrative therapy, group art therapy, feminist, feminist theory, feminist perspective, feminist therapy, principles of feminist theory, and feminist psychotherapy*. Gathered materials included peer-reviewed journals and academic books. I obtained research materials through the aforementioned electronic searches and reference lists from existing articles.

Given the present study's purpose of creating a program for women survivors of domestic violence, research exclusively focused on working with children was excluded from search terms and integrative matrix. At first, research was limited to sources exploring only *domestic violence*. However, given the scarcity of literature using original exclusion criteria, I began including terms such as *sexual violence*, *sexual abuse*, *sexual trauma*, etc., which are specific terms that fall under the umbrella term *domestic violence*.

I created a matrix to organize the most relevant data collected from the integrative literature review. I included each relevant resource's title, author(s), year published, and inclusion of three relevant feminist principles: (1) the personal is political and critical consciousness, (2) a focus on strengths, and (3) commitment to social change. I found these principles the most applicable to the population. I used data within and between these categories to examine the use of feminist-informed art therapy with survivors of domestic violence.

### CHAPTER III

#### LITERATURE REVIEW

The following literature review includes research on domestic violence, art therapy, and feminist theory. These subjects include: domestic violence, sexual violence, causes of domestic violence, prevalence of domestic violence, psychological effects of domestic violence, feminist theoretical orientation factors, treatment needs, art therapy, and feminist art therapy.

#### **Domestic Violence**

Domestic abuse is a traumatic experience where violence and abusive behavior occurs between intimate or romantic partners or between family members (Bird, 2018). It is important to define the terms used throughout the present study to better understand distinctions and similarities between forms of violence. Domestic violence is defined by the National Coalition Against Domestic Violence (NCADV) as “willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior” (Binkley, 2013, p. 306). The very root of domestic violence is coercion and control, which comes in different forms (Binkley, 2013; NCADV, 2007). Domestic violence affects all types of people from various backgrounds. It occurs to people of all ages, sexualities, genders, races, religions, cultures and socioeconomic statuses (NCADV, 2007). Despite its frequency across all types of people, the focus of this research will focus specifically on women survivors of domestic violence. This does not intend to negate the experiences of other genders nor ignore the multifacetedness of domestic violence.

Domestic violence is an umbrella term that includes physical, sexual, and/or psychological violence. According to García-Moreno and Riecher-Rössler (2013), about half of women who reported their domestic violence case to authorities experienced

more than one type of abuse. For example, this means that when a woman is abused by her partner, there is a 50 percent chance that she is experiencing a combination of physical, sexual, and/or psychological harm, rather than experiencing only one type of violence. In addition, this percentage of women who have experienced more than one type of abuse or are revictimized on multiple occasions have a higher risk of developing a mental disorder (García-Moreno & Riecher-Rössler, 2013). Domestic violence has negative effects on the survivor's well-being and overall functioning, including mental disorders and economic difficulties, and they are at a higher risk of being murdered by an intimate partner (NCADV, 2007).

**Sexual violence.** Sexual violence is included in the definition of domestic violence (Binkley, 2013; Iverson et al., 2009). Though sexual assault can occur outside of intimate relationships, those who have experienced domestic violence have often been coerced or forced into sexual acts. There are three types of sexual violence: sexual abuse, rape and incest (Backos and Pagon, 1999). Sexual abuse is considered to be non-consensual sexual acts of any kind, including physical and non-physical acts (Rosen Saltzman et al., 2013). Examples of non-physical sexual abuse include but are not limited to exhibitionism, voyeurism, or forced witnessing of sexual acts (Rosen Saltzman et al., 2013). On the other hand, fondling, over-the-clothes touching, and penetration are examples of physical sexual abuse. Rape is a physical act of sexual abuse that requires penetration of some form. Rape has been defined as forced intercourse, whether vaginal, anal or oral (Rosen Saltzman et al., 2013). Backos and Pagon (1999) stated rape is an act "of violence committed for the purpose of controlling, degrading, using and humiliating another person" (p. 126).

### **Causes of Domestic Violence**

Domestic violence is considered a systemic issue caused by patriarchal society that has historically reinforced this violence. In the United States, society has certain expectations for genders held on a strict binary basis, which includes male domination and perpetuation of violence towards women (Anderson, 1997; McPhail et. al, 2007). Backos and Pagon (1999) argued that rape culture, which is a product of patriarchy, “condones physical and emotional terrorism against women as the norm” (Backos & Pagon, 1999, p. 126). The expectations of men dictate that they lose control of their anger and therefore are violent as a result (Peters et al., 2002). The argument arises that both men and women can be perpetrators of violence, which is true. However, Bograd (1999) found that women use violence more often for self-defense, escape, and retaliation while men, on the other hand, use violence to exercise dominance, coercion, control, and punishment. Typically, women are on the receiving end of violence, resulting in subordination. When a man is put in a position where he feels powerless, he is most likely to perpetuate violence onto a woman (McPhail, Busch, Kulkarni & Rice, 2007). Anderson (1997) argued that issues surrounding gender are the root of domestic violence, especially in intimate partner relationships.

### **Prevalence of Domestic Violence**

As previously stated, domestic violence occurs across ages, socioeconomic status, sexualities, genders, cultures, races, and religions. According to a survey by the NCADV (2007), 20 percent of people experience domestic violence every minute, every day in the United States. This totals to about 10 million people experiencing domestic violence daily in the United States alone (NCADV, 2007). As domestic violence is an international social pandemic, this means there are even more victims of domestic violence worldwide.

There is a difference in prevalence of domestic violence between men and women, which seems to influence gender representation in research. According to the NCADV (2007), 25 percent of women and 10 percent of men have experienced intimate partner physical violence, sexual violence, and/or stalking that leads to injuries and/or sexually transmitted infections, feelings of fear, posttraumatic stress disorder (PTSD), and use of victim services such as shelters. It is important to note this research acknowledges that men and people of other genders also experience domestic violence, but since women are most often victimized, the present study focused on the prevalence and implications of domestic violence towards women (NCADV, 2007).

### **Psychological Effects**

Domestic violence has gained the attention of psychological researchers, because it is prevalent in every community and can result in physical injury, psychological trauma, and even death. Domestic violence gained public attention during the second wave of feminism in the 1960s, when counselors began to recognize the need for intervention (Corey, 2015). This brought about the first creation of shelters for battered women (Corey, 2015). The needs of this population deserve focus because they have a higher rate of depression and suicidal behavior (NCADV, 2007). Some of the psychological effects of domestic violence include but are not limited to depression, anxiety, PTSD, self-blame, shame, and guilt (Backos & Pagon, 1999; Binkley, 2013; Iverson et al., 2009; Ikonopoulou et al., 2017; Rosen Saltzman et al., 2013; Seagull & Seagull, 1991).

**Post-Traumatic Stress Disorder.** Survivors of trauma often experience symptoms that are consistent with PTSD. Herman (2015) described trauma as an individual bearing witness or becoming a victim to terrible events, which can include domestic violence. Individuals are not readily equipped to cope with trauma or its

psychological and physical consequences (Rosen Saltzman et al., 2013). Trauma often manifests through panic attacks, flashbacks, and sensory triggers (Rosen Saltzman et al., 2013). The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) lists the following as symptoms of PTSD: (a) amnesia about certain parts of event, (b) negative beliefs or expectations about oneself or the world, (c) distorted cognitions about the cause of the event that leads to self-blame, (d) negative emotions like horror, anger, and guilt, (e) diminished interest in activities previously enjoyed, (f) detachment, and (g) inability to experience positive emotions (APA, 2013, pp. 271-272). Depression, anxiety, and guilt all play into PTSD. The DSM-5 also notes irritability, angry outbursts, self-destructive behavior, hypervigilance, problems concentrating, and sleeping problems as indicators of PTSD (APA, 2013). These collective symptoms are considered PTSD when they impair an individual's social, occupational, and emotional functioning. (APA, 2013). The DSM-5 lists domestic violence as an environmental factor to PTSD, connecting it to emotional abuse and emotional neglect (APA, 2013).

**Depression.** Depression stems from the root of psychological distress in survivors of domestic violence. One of the symptoms of PTSD is the persistent inability to experience positive emotions like happiness and satisfaction, similar to depression (American Psychiatric Association, 2013). Backos and Pagon (1999) described domestic violence as a "lifetime emotional wound," where the survivor internalizes negative beliefs about themselves, and has been isolated from friends and family, consistent with experiences of depression (p. 126). Whether an intimate partner or a family member, the perpetrator delivers negative messages about their victim to a point where she begins to believe them herself (Binkley, 2013). As a result, self-esteem plummets and depression increases. Major depressive disorder is commonly comorbid with the experience of PTSD.

**Anxiety.** Anxiety is often comorbid with the diagnosis of PTSD. Anxiety is considered to be out-of-control, excessive worry about events or activities (APA, 2013). Anxiety is associated with the following symptoms: (1) restlessness, (2) easily fatigued, (3) difficulty concentrating, (4) irritability, (5) muscle tension, and (6) sleep disturbance (APA, 2013). The Diagnostic and Statistical Manual (5th edition) notes irritability, angry outbursts, hypervigilance, problems concentrating, and sleeping problems in association with PTSD which aligns with the symptoms of anxiety (APA, 2013). Anxiety is used as a survival tool in abusive relationships but is described as hypervigilance or increased sensitivity. In abusive relationships, women have learned to be hyper-aware of their perpetrator's moods and behaviors in order to better predict outbursts (Iverson et al., 2009). As a result, women who have learned to be hypervigilant have an affected emotional baseline, which impacts her ability to relax (Iverson et al., 2009). Once this heightened baseline has been established, this anxiety is often overgeneralized to other, non-threatening stimuli. Women have learned to be in a state of fight-or-flight to anticipate the reactions of others which is useful in their situations with their abusers but becomes maladaptive once leaving the relationship.

**Guilt.** The presence of guilt as a psychological symptom of domestic violence is salient across research. It is a component of PTSD and contributes to the inner turmoil experienced by survivors. "Self-blame, shame, and guilt" are often mentioned in discussions pertaining to domestic violence (Iverson et al., 2009, p. 243). Backos and Pagon (1999) stated that all of their participants blamed themselves for their sexual abuse, which is a type of domestic violence, and felt responsible for the event. Feelings of shame and self-blame originate from the perpetrator engaging in crazy-making behaviors (Iverson et al., 2009). Crazy-making behaviors are committed by perpetrators to make their victims feel crazy or out-of-touch so the victim relies on the perpetrator



more than themselves. These behaviors include lying, blaming the victim for the aggressive behavior, gas-lighting (or manipulation to the point where someone questions their own sanity), saying demeaning comments, or unreasonably punishing their partners for normal events (Iverson et al., 2009).

Seagull & Seagull (1991) argued that guilt is an attempt to protect the self from anxiety because it is easier to accept guilt about the event than it is to hold onto existential dread about lack of control against adversity. In other words, it might be easier for the survivor to accept that she is at fault for her traumatic event than it is to see it as a larger societal issue, and thereby outside of her control. It could be even harder if the individual is of a marginalized identity group, such as women and/or people of color, who are disempowered from making changes to societal structures.

### **Feminist Theoretical Orientation**

Feminist theory emerged with the rise of the second wave of feminism in the United States. The first wave of feminism began as early as the late 1800s, but the second wave of feminism in the 1960s laid the foundation for the development of feminist therapy, through its focus on self-empowerment and emancipation from gender norms (Corey, 2015; Gehart, 2016). In this time, women and their advocates banded together to express dissatisfaction with societal systems, to share their experiences, and to create services that are necessary for women (Corey, 2015). Services included shelters for survivors of domestic violence, rape crisis centers, and women's health and reproductive centers (Corey, 2015). The theory continued to evolve, and by the 1980s, feminist therapy focused on specific issues including incest and other forms of sexual abuse. This movement called for a change in perspective, to where individuals consider societal forces that oppress individuals with less societal power, such as

women and people of color (Corey, 2015). One of the side effects of being in a position of less power is violence and harm.

**Feminist principles.** The principles of feminist psychotherapy are as follows: “(1) the personal is political and critical consciousness; (2) commitment to social change; (3) women’s and girls’ voices and ways of knowing, as well as other marginalized groups, are valued, and their experiences are honored; (4) the counseling relationship is egalitarian; (5) a focus on strengths and a reformulated definition of psychological distress; and (6) all types of oppression are recognized along with the connections among them” (Corey, 2015, pp. 343-345). However, there are three main principles that best align with the domestic violence survivor population that the present study focused on, which are: (1) the personal is political and critical consciousness, (2) a focus on strengths, and (3) commitment to social change.

***The personal is political.*** The *personal is political* is the idea that a woman’s individual problems originate in a sociopolitical context, rooted in their political context of patriarchy and gender inequality (Corey, 2015). This principle aligns with the needs of this population because externalizing gender roles to society at large reinforces the notion that her problems are not personal, but both social and political. By making these realizations, the individual will shift her guilt and self-blame outward and move towards self-compassion.

***A focus on strengths.*** The *focus on strengths* principle is applied by reframing trauma symptoms as survival strategies and coping with mental health issues rather than pathologizing the individual. By highlighting strengths, the individual experiences increased self-esteem (Corey, 2015). This principle aligns with the needs of this population because by identifying strengths and increasing self-esteem, the individual

will feel more autonomous, empowered and independent. These are experiences they did not have in their previous abusive relationship.

*Commitment to social change.* The goal of therapy is not only to help the individual by addressing their problems, but also to make a positive impact on society (Corey, 2015). Through the principle *commitments to social change*, feminist therapists encourage clients to take direct action through societal activism (Corey, 2015). This principle aligns with the needs of this population because the client has the opportunity to shift public consciousness and concern to an opposition against violence towards women. Survivors voicing their concerns initiates change in their own lives, the lives of other survivors, and thereby the community as a whole.

When working from a feminist perspective, it is crucial to consider an individual's multicultural background in order to understand and help their problems. Survivors of domestic violence live under a patriarchal context. Under the patriarchal context, "socialization patterns tend to result in women giving away their power in relationships, often without being aware of it" (Corey, 2015, p. 339). Current socialization patterns dictate that men are the perpetrators of violence and exercise their power through control, and that women are their subordinate victims (McPhail et al., 2007).

As it states in the principles for feminist psychotherapy, the relationship between therapist and client is egalitarian. This means that the relationship is based on authenticity, mutuality, and respect (Corey, 2015). Since survivors have experienced loss of personal control in their abusive relationships, the therapeutic relationship becomes fairer and balanced, in contrast to their past abusive relationship dynamics (Black, 2003; Enns, Campbell & Courtois, 1997). To challenge the idea that the therapist is the superior who exercises power upon their client, it is crucial that the therapist

gives power and control back to the survivors within the therapeutic relationship (Black, 2003; Herman, 2015). To encourage autonomy, the therapist may allow their clients to create their own therapeutic goals and make choices about their course of treatment (Enns et al., 1997). The therapist will help their clients identify their goals and reasonable steps to take to reach those goals.

Corey (2015) suggested that group work is a main technique of feminist therapy because women realize that they are not alone and gain validation of their experiences from group members. Feminist therapy groups can provide women with “a social network, decrease feelings of isolation, create an environment that encourages sharing of experiences, and help women realize that they are not alone in their experiences” (Corey, p. 353). Oftentimes, a recent survivor has a heightened emotional baseline, leaving them frightened with intrusive symptoms, such as nightmares and flashbacks (Iverson et. al, 2009). For this reason, Herman (1997) suggested group work to take place after individual therapy sessions in order to establish trust. Research with survivors of domestic violence has highlighted the importance of group work with this population for feelings of commonality, however the timing of group work should be considered as to not retraumatize group members.

The therapist must learn pertinent information about the survivors in order to best serve them. An effective method to help survivors is to remain non-judgmental when listening to their story, provide affirmations and highlight strengths. Listening to their client’s story provides insight for the therapist to best serve the individual in their treatment (Black, 2003). Black (2003) argued the best way to encourage empowerment in women is to highlight strengths by emphasizing survival skills, resilience, aspirations, and expertise. The most important quality to have as a therapist for survivors is respect (Black, 2003). Therapists can express respect to survivors by listening to their journey,

skills, and goals. Both feminist and strengths-based perspectives highlight respect as a core quality (Black, 2003). Most women survivors value relationships where their narratives are listened to in an empathetic, caring way, as they were not previously given the same respect in their abusive relationships (Black, 2003).

Feminist therapy lacks concrete techniques because clients are given personalized interventions based on their strengths. This is a strength of feminist therapy, as it treats people individually rather than generalizing them. Instead of pathologizing and following a preexisting set of treatment methods, the feminist therapist uses techniques that are unique to their client. In addition to its key principles, feminist therapy also uses psychotherapy techniques that may be similar to other theoretical orientations such as consciousness-raising techniques, bibliotherapy, empowerment, psychoeducation, assertiveness training, and reframing (Corey, 2015). For example, bibliotherapy as a psychotherapy technique is used in Rational Emotive Behavior Therapy and Cognitive Behavioral Therapy, as well as in feminist therapies (Corey, 2015). Many methods raise consciousness, which means helping the client recognize the difference between what is socially desirable versus what is good for them.

### **Treatment Needs of Survivors**

**Trauma informed treatment.** Judith Herman (2015) identified a trauma recovery model that trauma survivors go through. The three stages of recovery have been recognized as: “(1) safety, (2) remembrance and mourning and, (3) reconnection” (p. 218). Because survivors have endured trauma, this model is appropriate for their treatment. These steps are crucial to setting up a program for survivors because their progress through a trauma-informed model influences their recovery. When working with survivors of domestic violence in a shelter, it is very likely that these women are in

the first stage of recovery, which is establishing safety (Buschel & Madsen, 2006). The survivors have begun this process by removing themselves from their abusive situation and seeking outside help (Buschel & Madsen, 2006). First, the survivor must establish safety and self-care practices, have her symptoms under control, have an established source of social support and ensure that her life circumstances permit full engagement in therapeutic services, all by the end of the safety stage in her recovery (Herman, 2015). Herman (2015) recommended beginning with individual sessions rather than group work. Group work should follow individual work because sometimes, hearing the details of someone's trauma may retraumatize group members if they have not established coping skills first.

In trauma therapy, the therapeutic relationship is a catalyst for establishing safety. The feminist therapist's primary role is to promote recovery and to disperse the power of the relationship equally between client and therapist, also known as an egalitarian relationship (Corey, 2015). This in itself is a feminist principle. A theme in feminist therapy is recognizing power imbalances so it is important to level out the playing field and return the power and control to the survivor.

**Community/group therapy approach.** After or in addition to individual services, therapists recommend using group work with survivors of domestic violence as a way to increase commonality of their experiences (Herman, 2015). As one of the main techniques of feminist therapy, group work naturally focuses on decreasing feelings of isolation. Recognizing commonality between group members helps survivors realize their experiences are social and political, rather than personal. For example, if a survivor who received crazy-making messages from their abuser joins a group with members who also received them, the survivor will realize that crazy-making behaviors are a universal tool of abusers (Iverson et. al, 2009). The idea that their experience is

personal rather than universal can lead to isolation, which is associated with feelings of anxiety, shame, guilt, and self-blame (Iverson et al., 2009). The structure of a group is particularly helpful to survivors of domestic violence to establish and recognize commonality in their experiences without minimizing their personal experience (Backos & Pagon, 1999). A supportive therapy group for survivors of domestic violence not only increases perceived commonality, but women can receive validation for their experiences and increase their sense of self-value.

**Empowerment.** Empowerment is a core need for survivors of domestic violence, and it drives the motivation for many individualized techniques used with the population. There is more than just the individual's mental health that is keeping them disadvantaged and vulnerable; other oppressive forces, such as patriarchal systems, have kept them in very dangerous situations from which they are trying to escape. The role of empowerment in treatment is to help the client live more productive and satisfying lives. In working with women survivors of domestic violence, some general techniques include highlighting strengths, emphasizing survival skills, building resilience, identifying aspirations and encouraging expertise (Black, 2003). For example, a feminist therapist can help the client highlight her strengths by reframing trauma responses as adaptive survival skills (Black, 2003). Additionally, Corey (2015) states that the egalitarian therapeutic relationship establishes empowerment as the client has just as much power in her treatment as her therapist. Though there are no concrete techniques in feminist therapy, these general methods are catered to each individual client.

### **Art Therapy with Domestic Violence**

Though many trauma-focused talk therapies are helpful in addressing domestic violence survivors' needs, art therapy is unique, as it provides a safe, non-verbal, non-

threatening form of communication that aids in self-expression for this population (Binkley, 2013). Research suggests it is beneficial to this population because those who experience trauma have greater difficulty expressing emotions and forming a sense of self; additionally, there is less risk of retraumatization (Binkley, 2013). Retraumatization occurs when a stimulus leads to “re-experiencing, hypervigilance, and/or avoidance of trauma-related stimuli” (Northcut & Kienow, 2014, p. 252). Art therapy offers an alternative, nonverbal means of communication to circumvent the risk of retraumatization by identifying and exploring the client’s feelings surrounding their domestic violence experiences. This is due to the less threatening nature of nonverbal communication. In an art therapy group working with adolescent survivors of sexual assault, Backos and Pagon (1999) found that art served as a tool for catharsis, empowerment, and healing. Because abusive relationship dynamics tend to place more focus on the perpetrator’s needs and moods, survivors often have not taken the time to focus on themselves (Binkley, 2013). An art therapy group gives the survivors a chance to focus on themselves now that they are removed from their previous abusive relationship.

Binkley (2013) used a method called the *Wheel of Wellness*, where a circle prompt was split into pie slices labeled with different aspects of life, such as spiritual, emotional, physical, financial, social, intellectual, occupational, environmental, and sexual. Therapists used the *Wheel of Wellness* as an assessment to monitor participants’ progress, and it helped participants focus on their lives without their abuser.

**Feminist art therapy.** Applying feminist principles to art therapy is a simple and natural process because artistic expression has previously been used in social justice (Haupt et. al, 2016) and already uses similar language to feminist theorists. Oppressed groups have used art as a tool for alternative ways of self-expression (Eastwood, 2014).



As stated previously, artmaking allows for a non-threatening form of communication for survivors to process their trauma. Art gives the individual the opportunity to explore concepts of the self and how they are not to blame for past trauma experiences, reducing self-blame, and guilt (Eastwood, 2014). By nature, artmaking allows a sense of autonomy and empowerment for women survivors, challenging the idea that they are damaged and broken (Eastwood, 2014).

Hogan (1997) is one of the few feminist art therapists to conduct and publish research in this field of study. Hogan (1997) is concerned with historical approaches to mental health treatment of women and advocates for the use of feminist art therapy with oppressed groups, particularly women. Historically speaking, white men practitioners heavily influenced art therapy as a field, which has led to a stigmatized pathology of women and other oppressed groups (Talwar, 2010). As a profession dominated by women practitioners, Hogan (1997) argued that art therapists should begin operating from a feminist or social justice perspective to acknowledge their clients' multifacetedness. Talwar, Iyer, and Doby-Copeland (2004) state that even though American Art Therapy Association members are 91 percent women, it does not mean art therapy naturally operates from a feminist perspective. It is imperative to closely examine art therapy methods and whether they are best serving the client in order to establish an effective healing process; in this manner, art therapy grows and benefits from a feminist lens. "Misdiagnosis and overgeneralization of symbolic meaning in art" are risks associated with not viewing every aspect of the client's life, particularly the injustices and oppression they have experienced (Talwar et. al, 2004, p. 45). These risks can be reduced with the reflective nature of the feminist lens.

While there are not many art therapists who explicitly practice through the feminist lens, there are existing art therapy methods that use feminist language. For

example, there is literature on the use of zines by art therapists and non-art therapists alike. Zines are short for the term “fanzine” which was a handmade magazine that contained personal and political information in regard to the creator (Guzzetti & Gamboa, 2004, p. 408). Individuals who were oppressed or marginalized historically used zines as a social action tool for establishing their own voice (Haupt, Balkin, Broom, Roth & Selma, 2016). Zines have been used in art therapy as an attempt to destigmatize a population, promote autonomy, and repair the relationship with the popular culture (Haupt et al., 2016). Guzzetti and Gamboa (2004) stated, “The production and distribution of zines [has] been considered a politically and emotionally charged act which aims to create change” (p. 411). Women as therapy clients often want to challenge their gender expectations, which mandate they be silent and obedient (Guzzetti & Gamboa, 2004). Zines encourage women and other marginalized and oppressed groups to speak their mind and have a public voice which helps empower them (Guzzetti & Gamboa, 2004; Haupt et al., 2016).

Although art therapists do not identify as feminist therapists, they are employing a “social action emphasis” and acknowledge that clients are tied to a larger system of oppression (Guzzetti & Gamboa, 2004, p. 413). Butryn (2014) uses art therapy from a feminist perspective with women with eating disorders, but the language can be applied to domestic violence survivors as it heavily considers gender in reference to some type of trauma. Art therapists are shifting their focus from pathology to empowerment as they revisit and reevaluate their techniques (Butryn, 2014). Art and creative expression have been known to empower and validate clients as the art therapist bears witness to artmaking and the resulting visual metaphors (Butryn, 2014). Though this study focused on women with eating disorders, Butryn (2014) focused on gender role expectations and how they negatively affect the lives of women. In group

art therapy work with other women, clients “can examine their eating disorder within a wider socio-cultural context rather than viewing them as merely personal” (Butryn, 2014, p. 283). This quote uses language that complements the feminist principle *the personal is political*. This research shows that art therapists already use feminist perspectives with survivors of domestic violence, but theoretical integration is only in its earliest stages.

## CHAPTER IV

### RESULTS

#### **Integrative Literature Review**

In this study, I performed an integrative literature review on the use of art therapy with survivors of domestic violence from a feminist perspective to inform creation of a program for this population. I found little to no peer-reviewed literature integrating these key topics. Few peer-reviewed articles discussed the use of art therapy specifically with survivors of domestic violence, and no articles discussed the use of art therapy and feminist principles for this population.

I identified 18 sources containing pertinent information to the present study. A total of five articles were found in the peer reviewed literature that integrate the use of art and/or art therapy with survivors of domestic violence. Due to the limited available research using original search criteria, I additionally included articles about art therapy with survivors of sexual trauma, which is a type of domestic violence. None of the collected sources about art therapy with survivors of sexual violence or domestic violence included the feminist perspective; however, a total of 8 sources used language that supports the three main principles of feminist therapy used in the present study: (1) the personal as political and critical consciousness, (2) a focus on strengths, and (3) a commitment to social change. For example, Backos & Pagon (1999) described using art therapy with female adolescent survivors of sexual abuse in which the therapeutic work focused on externalizing the problem from the self, gaining mastery over victimization, and creating a message to the world about sexual assault. Though Backos and Pagon (1999) did not operate from an explicitly feminist perspective, these goals align with the selected three feminist principles.

Information including article titles, author(s), and years published for relevant studies from the integrative literature review can be found in *Table 1*. This table also includes if and how articles discussed the three feminist principles.

*Table 1 Feminist Principles of Therapy Services in Most Relevant Literature*

<b>Title</b>	<b>Author(s)</b>	<b>Year</b>	<b>The personal is political and critical consciousness</b>	<b>A focus on strengths</b>	<b>Commitment to social change</b>
<b>Finding a voice: Art therapy with female adolescent sexual abuse survivors</b>	Backos & Pagon	1999	Acknowledging rape culture and patriarchy; Focus on externalizing the problem	Gaining mastery over victimization; Relearning trust	The Window Intervention: A message to the world about sexual assault
<b>Dialectical behavior therapy for women victims of domestic abuse: A pilot study</b>	Iverson et. al	2009	Focus on externalizing the problem; Invalidation led to difficulty expressing emotions	Building new skills; Validation and self-validation; Emotion regulation	
<b>Creative strategies for treating victims of domestic violence</b>	Binkley	2013		Learn to shift focus to themselves; Focus on present emotions; Finding strengths in roles; Builds self-esteem	
<b>Art therapy, arts-based research and transitional stories of domestic violence and abuse</b>	Bird	2018	Lack of social networks; Agency as a key theme; Challenge notion of passive victim	Resistance and agency; Making decisions independently	
<b>Evaluating the Effects of Creative Journal Arts Therapy for Survivors of Domestic Violence</b>	Ikonomopoulos et. al	2017		Increasing resilience and reduce clinical symptoms in survivors	
<b>Adlerian Art Therapy with</b>	Rosen Saltzman et. al	2013		Encouragement	Fostering social Interest

<b>Sexual Abuse and Assault Survivors.</b>					
<b>Strengthening Connections Between Mothers and Children: Art therapy in a Domestic Violence Shelter</b>	Buschel & Madsen	2006	Trauma-based psychoeducational approach; “happened to them” not “wrong with them”	Learn how to respond with empathy and support; Confidence	
<b>Art therapy with women with borderline personality disorder: A feminist perspective</b>	Eastwood	2012	Sexism and misogyny in the field of psychology; Recognizing the impact of patriarchal, political and social issues that impact the client on an individual level.	Uncover disempowerment; Empowering the client; Make empowered choices	Raise feminist consciousness; Self- and client awareness; Challenge power imbalance
<b>Building Resilience: A Qualitative Study of Spanish Women Who Have Suffered Intimate Partner Violence</b>	López-Fuentes & Calvete	2015	Social context impacts the resilience process; Blaming the victim in a cultural context; Lack of adequate social resources to cope	Strengthening resiliency after a violent relationship; Informal and formal support network	Spanish society behind on considering IPV as a social problem

Information including article titles, author(s), and years published can also be found in *Table 2*. The same articles are used in both *Table 1* and *Table 2*. However, this table specifically includes the structure and format of treatments used by existing programs for survivors of domestic violence. Information from both *Table 1* and *Table 2* were used to create this program. *Table 1* was used to identify how the authors used feminist principle language in their articles, and *Table 2* was used to identify how the therapists formatted and structured the therapeutic services. Information from this *Table 2* informed the fine details of the present program, such as interventions, art material choice, and format.

Table 2 *Structure and Format of Therapy Services in Most Relevant Literature*

<b>Title</b>	<b>Author(s)</b>	<b>Year</b>	<b>Structure</b>	<b>Format</b>
<b>Finding a voice: Art therapy with female adolescent sexual abuse survivors</b>	Backos & Pagon	1999	Group work	Closed group; Parents alone for 2 weeks; Adolescents alone for 8 weeks
<b>Dialectical behavior therapy for women victims of domestic abuse: A pilot study</b>	Iverson et. al	2009	Group work	Closed groups; 7 different groups different times of the day to accommodate work and childcare
<b>Art therapy, arts-based research and transitional stories of domestic violence and abuse</b>	Bird	2018	Group work	3 groups meeting between 10 and 12 weeks
<b>Evaluating the Effects of Creative Journal Arts Therapy for Survivors of Domestic Violence</b>	Ikonomopoulos et. al	2017	Individual work	6-9 individual creative art therapy sessions
<b>Adlerian Art Therapy with Sexual Abuse and Assault Survivors.</b>	Rosen Saltzman et. al	2013	Individual work	Case examples
<b>Strengthening Connections Between Mothers and Children: Art therapy in a Domestic Violence Shelter</b>	Buschel & Madsen	2006	Individual work	Case examples
<b>Art therapy with women with borderline personality disorder: A feminist perspective</b>	Eastwood	2012	Group work	Weekly art therapy; Open group; Flexibility in dynamic and culture
<b>Building Resilience: A</b>	López-Fuentes & Calvete	2015		

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**Qualitative  
Study of Spanish  
Women Who  
Have Suffered  
Intimate  
Partner Violence**

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Using the data collected in the literature review, I was able to create an art therapy program from a feminist principle framework. Though the literature did not explicitly converge feminist art therapy with survivors of domestic violence, I was able to find language that suggested that feminist ideas are already being executed without being named. Therefore, applying feminist principles to the present program was a simple and natural process.

**Purpose of the Proposed Program**

The purpose of the proposed program is to create a feminist art therapy program for survivors of domestic violence to increase autonomy, gain a sense of empowerment, and to become socially engaged in activism. Other art therapists could use this program as a framework for a domestic violence shelter, community mental health center or counseling center.

**Statement of Need**

The proposed program fulfills the specific needs of domestic violence survivors from a feminist perspective, which is a promising theoretical approach for this population. Since domestic violence is a systemic issue, a feminist approach to survivors' mental health might be beneficial, given its understanding that social injustices have a significant impact on an individual's well-being. Three key feminist principles provide a framework for the proposed program: (1) the personal is political and critical consciousness, (2) a focus on strengths, and (3) commitment to social change. A program built on these principles will help domestic violence survivors to



feel empowered, gain a voice, build their strengths, establish self-efficacy, and facilitate social change.

Domestic violence survivors struggle with mental health issues such as PTSD, anxiety, depression, and high levels of guilt and self-blame. It is important to connect survivors' psychological symptoms to societal causes from a systematic perspective. For example, a survivor may receive negative messages about herself from her abuser, and consider them innate truths, rather than attributing them to domestic violence as a societal structure. This can result in undue shame and self-blame. The therapist can help the survivor separate herself from these negative messages, and instead attribute them to societal causes, avoiding shame and self-blame.

**Psychological needs of survivors.** Psychological issues such as PTSD, depression, anxiety, and guilt are addressed in the programs' goals: (1) separating the problem from the self, (2) increasing autonomy and empowerment, and (3) encouraging realization that the individual can make societal differences. Separating the problem from the self derives from the feminist principle *the personal is political*. This goal aimed to address the guilt survivors experience and approached it with the use of art therapy group work to create collective empowerment and make connections between women with similar experiences. Increased autonomy and empowerment serve the feminist principle *a focus on strengths*. By focusing on strengths, the survivor might increase their autonomy, sense of empowerment, and identity. Individual and group art therapy will help increase a sense of empowerment and autonomy by providing opportunities for choice, highlighting survival skills, providing resources, and allowing space for artmaking and creativity. By helping survivors realize that they can make societal differences, the program addresses the feminist principle *commitment to social change*. By speaking up about domestic violence experience, their voices interrupt the

normalization of violence against women. Women will be given the opportunity to display their artwork as a means of sharing their experiences with domestic violence, working against stigmatization, and addressing myths vs. facts. This goal aims to help alleviate depression and increase empowerment and self-esteem.

### **Program Description**

The proposed program is designed to provide art therapy services that address the mental health needs of woman survivors of domestic violence from a feminist theoretical perspective. Services will include individual and group art therapy sessions. The three general feminist principles outlined prior are linked with the treatment needs of survivors to create a foundation for this program.

The program will include a series of art therapy groups that work toward different goals in order to resolve the needs of the survivors, including finding strengths, increasing empowerment, and facilitating social change. Individual therapy will also be offered to work on more personal trauma symptoms of the client, and will include similar goals, principles, and techniques as therapy groups, catered specifically to the individual client. Both individual and group art therapy services will address the same aforementioned goals. These therapeutic services will help women gain autonomy and independence that they might have lost in their abusive relationship. They are outlined in more detail below.

### **Target Audience**

The target audience for the program is women survivors of domestic violence. Operating from a trauma-informed system, women in domestic violence shelters are likely to be in the first step of recovery: safety. In this stage, the individual has recently left their abuser and found physical safety through this separation. As they make the physical shift from danger to safety, the therapist must handle their trauma symptoms

with care. Some of the main focuses in the first stage of recovery are establishing trust and restoring control. Taking place in a shelter setting in which clients reside will influence many aspects of this program, including how clients engage with therapeutic services. The art therapy groups will remain in an open format to accommodate the needs of the women living in the shelter, including the lack of childcare and varying schedules. An open group is distinguished by constantly changing members, where old members leave and new members enter as the group continues. An open group is advantageous for this population because as events, meetings, and appointments change frequently, childcare access might be limited, and difficulty to plan and problem-solve impact the clients' everyday lives, the group will always be there to welcome them back. To best serve this population from a multicultural standpoint, it would be beneficial to have therapists who are multilingual as well who, in addition to English, speak languages such as Spanish and/or Chinese, depending on the geographical context of the shelter setting.

### **Therapeutic Relationship**

To embody the feminist principles while practicing with survivors of domestic violence, the art therapist must establish an egalitarian relationship, focus on the client as an individual, and focus on client strengths. This ensures the best practice for each client, as feminist therapy treats each client in a unique way. Feminist theory is one of the few theories that distributes power equally to therapist and client with the egalitarian relationship. This in itself is a feminist principle, so it is important to level out the playing field and return the power and control to the survivor. Rather than viewing the client solely through her diagnosis, the feminist art therapist focuses on the client as an individual with individual needs. Feminist therapists do not rely on a rigid structure of set techniques because they acknowledge that treatment will look different across all

individual clients they encounter. Finally, art therapists in the proposed program will focus on client strengths by teaching clients how to be assertive and how to raise self-esteem. Psychoeducation could involve teaching the client how to assert their own needs while still holding respect for others. Self-esteem can be fostered through receiving validation, identifying personal strengths and accepting imperfections (Gehart, 2016).

### **Program Services**

**Individual art therapy.** As a starting basis, when clients share an interest in clinical services, they will be first referred to individual art therapy counseling to begin their trauma work. Group therapy may be intimidating for a survivor of a recent trauma in the earlier stages of recovery, due to internalized shame and risk of retraumatization. If a survivor of a recent trauma hears the details of other group members' experiences with domestic violence, the individual might risk facing retraumatization. Individual art therapy will involve an intake session, establishing trust and safety within the therapeutic relationship, curating a narrative of their trauma, and an assessment for attending group therapy. The intake session is the first session the art therapist will have with a client and involves gathering as much information about the client as possible, such as their presenting problem and family history. In the case of trauma, the client's distressing experiences may not be brought up at this time because trust has yet to be established between client and therapist. A typical art therapy session in the proposed program would consist of a brief check-in, artmaking, and processing artwork. Individual art therapy would prepare clients for group work as it helps them create their narrative, identify potential triggers, and develop coping mechanisms. After safety is established in therapy, the art therapist can decide if the client is ready for group therapy at their own discretion. At this point, the client will

have the choice to add group art therapy to their therapeutic services, either in addition or in place of individual art therapy. Though operating from a shelter, community members are allowed to attend individual sessions; also, prior residence at the shelter is not required.

*Autonomy and empowerment.* Main areas of focus in individual sessions include increased autonomy and empowerment. In a domestic violence relationship, invalidation is a core component of emotional abuse that leads to feelings of nonacceptance, criticism, disrespect, contempt, shame, belittlement, humiliation, and/or disregard for the victim's self-worth (Binkley, 2013; Iverson et. al, 2009). Validating the survivor's experiences and teaching self-validation would be significant in her recovery from trauma. Choice is often stripped away from her by the abuser, as control and power are abusers' main goals; therefore, giving choice becomes a significant technique to use with survivors of abuse (Backos & Pagon, 1999). Increasing choice might look like providing a wide range of art materials to choose from and experiment with and exercising the egalitarian relationship. Since the power dynamic between therapist and client is equal in an egalitarian relationship, the client has just as much deciding power about how she receives services, such as what topics she would like to discuss and how in-depth the pair goes into those selected topics.

*Art materials and interventions.* As previously mentioned, art therapy is particularly useful for survivors of domestic violence because it is a non-threatening way to communicate and is an opportunity to practice self-expression (King, 2016). Given the nature of trauma and its accompanying symptoms, art materials that offer reflective distance to the client will be beneficial in the recovery of trauma to avoid retraumatization. Reflective distance is when the individual uses materials in a way that allows them to reflect on their past trauma at a safe distance (Hinz, 2009). In this

context, distance is not physical, but rather mental. Reflective distance allows some layer of removal from her traumatic experience. Art materials that offer reflective distance are ones that use tools as mediators between the client and their artwork, such as paintbrushes, ceramic tools or scissors (Hinz, 2009). According to Hinz (2009), increased reflective distance helps clients learn “although they cannot change their personal histories, they can change their interpretation of them” (p. 131). In other words, the ability to understand the meaning of an event allows the opportunity to reinterpret those events. For example, if a client has experienced sexual assault, offering reflective distance encourages reflection and objective understanding about the traumatic experience, rather than the emotions tied to the memory of being assaulted. In this case, objective evidence might allow the survivor to realize the incident was not her fault because the perpetrator is responsible for their violent actions.

*Feminist principles in individual art therapy.* Individual therapy art sessions will address the two key principles of feminist therapy: *a focus on strengths* and *the personal is political*. In individual sessions, the therapist’s focus is explicitly dedicated to the individual rather than on all group members. The therapist and client will work to establish safety and trust at a pace that matches the stage of recovery of the client. Other main areas of focus in individual sessions include increased autonomy and empowerment.

*Focus on strengths.* Through building rapport in the therapeutic relationship, the therapist has the opportunity to identify the client’s strengths on a more personal basis. By focusing on client strengths, a therapist can reframe a client’s trauma symptoms as survival or coping skills; then, the therapist can help the client apply them to other areas of her life. Additionally, therapists can introduce breathing and grounding exercises to help manage anxiety and the increased arousal state. This will help reinforce a focus on

strengths because it increases available coping skills. If the client can practice breathing and grounding in therapy, she will have the tools to self-soothe when she experiences heightened anxiety in other environmental contexts.

*The personal is political.* Psychoeducation is when therapists educate their clients about their psychological issues and treatment options (Corey, 2015). Psychoeducation plays a part in all phases of therapy, including the establishment of an egalitarian relationship, and can come in many forms including books, DVDs, articles or conversation between therapist and client. Psychoeducation can be used to empower the client. Art therapists in the present program can provide information to the client that can help identify, cope with, and reduce trauma symptoms so that she might actively solve her problems in and out of the therapeutic setting. For example, identifying boundaries and when they are being crossed will be helpful in assertiveness training. This way, the client will be able to notice when their boundary is being crossed and how to approach the situation assertively. This will give the client a voice and a feeling of empowerment. When the client feels empowered, they feel able to evoke positive change in their lives, which counters the societal expectation of women's submissiveness and powerlessness. This addressed the feminist principle *the personal is political* by externalizing gender roles to society at large, identifying violence against women as a social issue, and providing survivors the tools and information needed to live independently.

Therapists will introduce psychoeducation as a way to teach individuals coping strategies, recognize and name symptoms, and provide community resources. The provided resources will not only give the client a sense of autonomy and empowerment but will also reinforce the notion that her problems are not personal, but both social and political. The fact that there are resources for women who have experienced violence

emphasizes that societally, women are routinely living with violence, which requires intervention.

***Therapeutic relationship.*** In trauma therapy, the therapeutic relationship is a catalyst for establishing safety. The therapist's primary role is to promote recovery and to disperse the power of the relationship equally between client and therapist, also known as an egalitarian relationship (Corey, 2015). It is important to return power to the client because they had power taken away from them previously in their traumatic event(s). Doing so shows the survivor authenticity, mutuality, and respect.

**Art therapy groups structures.** Across the literature, researchers recommend the use of group work with survivors of domestic violence as a way to increase commonality of experiences. This in particular will help group members come to terms with the fact their experiences are social and political, rather than personal. In order to protect the individual client as well as other group members, narrative development in individual sessions will be necessary before beginning group services. Before attending group services, art therapists in the proposed program will assess each client's fit for the therapy groups.

Through the group process, women will practice expressing, supporting, reassuring, and sharing with fellow group members. Therapy groups in the proposed programs will help women to establish new connections with other women who have similar experiences with trauma. Backos & Pagon (1999) stated, "One might say the group forms a 'collective empowerment' born out of the individual suffering each member has endured" (p. 127). The goals for proposed group therapy sessions will address the three key principles of feminist therapy for the program: (1) separating the problem from the self, (2) increased autonomy and empowerment, and (3) realization



that the individual can make societal differences. Each group will speak to at least one of these goals.

Each group will follow a 12-week process focused on a specific topic. Given the short-term nature of a domestic violence shelter residence, a recurring open group format will allow women to join the group at any point during the 12-week process. All groups will last an hour and a half to allow time for instruction, planning, artmaking, and discussion. During discussions about their artwork, each woman will get the opportunity to speak about their process and product. Both shelter residents and community members are welcome to attend groups.

**Proposed groups.** The following are examples of groups that I designed to meet treatment goals mapped to the key feminist principles stated above. Art therapy groups in the present program include *Self-Esteem with Zines*, *Fearless Fabrics*, *Building Ourselves Back Up*, and *Open Studio*. I highlighted the feminist principles, materials, and structure of each group below.

*Self-Esteem with Zines.* Zines are handmade little magazines that contain information and images that are personal, themed, or political (Guzzetti & Gamboa, 2004). Zines originated in the feminist punk rock era and examine the world from a sociopolitical perspective; individuals who made zine would disperse them to their audience of choice (Guzzetti & Gamboa, 2004). Zines have a history of being used as a social action tool, where they increase autonomy, independence, and critical analysis of sociopolitical climates (Houpt, Balkin, Broom, Roth, & Selma, 2016). The underrepresented authors of zines are given an opportunity to have a voice in a society that actively oppressed them.

In their original form, zines include prose and poetry, photography, collaging, photocopied images, personal artwork, and hand-written information (Guzzetti &

Gamboa, 2004). As a play on collage journaling, *Self-Esteem with Zines* will focus on the creation of zines. Through creating zines, survivors in this group will have the chance to speak truthfully about their traumatic experiences. Single group sessions will focus on different subjects or prompts for the zines. Themes or prompts explored in the group might include low self-esteem, guilt, and shame, body image, sexuality, stereotypes, gender roles, politics, violence against women on a societal level and biases about violence against women. With their completed zines, group members will have the opportunity to distribute them to an audience of their choice, whether it be in the shelter or in their larger community. If group members decide they would like to distribute their zines, art therapists in the proposed program will provide professional disclosure documents explaining potential risks to confidentiality and what displaying personal artwork means to their safety. The goal of the group is separating the problem from the self, raising self-esteem and empowerment, and realizing that the individual can make societal differences.

*Feminist principles.* This specific group addresses the feminist principles *the personal is political* and *commitment to social change*. The personal yet political nature and history of the zine will help survivors externalize the problem from the self to society at large. Collaboration and discussion with group members validates the women's experiences and allows them to realize they are not alone in their experiences. Women have used zines to express emotions and thoughts that are largely ignored by mainstream media since the 1990's, and they can be used to empower and raise the self-esteem of survivors by giving them a public voice (Guzzetti & Gamboa, 2004). In addition, since the clients will have the opportunity to distribute their zines, they might address the *commitment to social change* principle in feminist theory. If the women decide to share their zine, the art therapist might suggest sharing with individuals they know

rather than strangers, to better protect their privacy. Clients might distribute their finished zines to the fellow shelter residents or share with family and friends to help them understand their situation better.

*Materials.* The proposed group will include an array of 2D materials, such as paper, pencils, pens, markers, magazines/collaging materials, scissors, and glue sticks. All participants will work on creating their own zine magazine in each session, which are commonly smaller than 8 1/2-inches by 10-inches. The materials in this group allow for reflective distance by using mediators and resistive drawing materials.

*Structure.* The group *Self-Esteem with Zines* will meet weekly to write and create freely on topics chosen and discussed by group members. The beginning of each group will allow for members to do a quick check-in and will allow time for discussion over what the theme or prompt will be for the session. A *check-in* consists of allowing group members to share their emotions, recent experiences, and any ideas for discussion during the current session. Fifteen minutes will be allotted for the check-in, followed by an hour of artmaking, leaving 15 minutes for discussion at the end of the group. The discussion at the end allows for processing and sharing to give and receive support from group members. During processing, group members will share the title of their zine, the purpose of their zine, and what they intend to do with their zine after they leave the group.

*Fearless Fabrics.* Prior narrative work in individual therapy will be especially pivotal for this group to create a healing experience. This group is designed to give domestic violence survivors a chance to have a voice through the use of weaving. Weaving as an art is used as an act of storytelling, and its repetitive pattern creates a soothing sensation (C. Leeds, personal communication, March 1, 2020). The act of weaving uses tension to hold yarn and fabric together, and without this tension the

piece could not stand on its own separate from the loom (C. Leeds, personal communication, March 1, 2020). This is symbolic of the emotional tension that holds survivors together. In this group, participants will explore what it means to be silenced, and how they can give power to others to finally have a voice. This group will help participants share their experiences in a safe, non-threatening space, but will simultaneously create a feeling of community. Instead of sharing their narrative and risking exposing themselves, the narrative is created through artwork. How they share their artwork in discussion will not be central to the group.

The group weaving experience will allow survivors not only to express and share, but overall, they will relearn how to trust others. The nature of group therapy establishes a connection to others who have experienced similar trauma. This reassures the individual that they are not alone in their experiences, thus increasing their sense of empowerment through positive interactions with supportive peers. By creating an art piece that will be displayed in a public manner, the hope is to increase reassurance to other community members who have also endured domestic violence trauma.

*Feminist principles.* This specific group addresses the feminist principle *commitment to social change*, as creation of historically political artwork and public display of artwork allows the possibility of shifting public consciousness and concern towards an opposition of violence against women. Individuals voicing their concerns initiates changes in their own lives, the lives of other survivors, and thereby the community as a whole.

*Materials.* The proposed group will require the use of weaving materials. This includes personal-sized looms (approximately 8-inches by 8-inches), weaving needles, weaving battens, and a variety of yarn, ribbon, fabric, rope, felt, paper, and beads. Art Therapists will demonstrate how to use the looms

*Structure.* The beginning of each group will allow for members to do a quick check-in and will allow time for weaving instructions. For those who have not yet been to the group and have never done weaving before, this is an essential part of the group in order to ensure success for individuals. Fifteen minutes will be allotted for the introduction and check-in, followed by an hour of artmaking, leaving 15 minutes for discussion at the end of the group. This is the only group that will recycle content after the 12 allotted weeks, as group members will create sections of a collaborative quilt over each 12-week iteration. The goal is to have approximately 5 to 6 group members per group to result in about 50-60 weaving squares at the end of each 12-week period.

Each member of the group will be responsible for their own 8-inch by 8-inch weaving loom to complete. While weaving, the group members and art therapist will sit in a circle together to share any experiences, thoughts or feelings they feel comfortable sharing in the group that relates to domestic violence and recovery. At the end of the first 11 weeks of each group iteration, the art therapist should have accumulated around 50 woven squares. During the 12th weekly session, the art therapist will work with group members to arrange the squares into a large quilt. Together, the group members will write an artist statement on their experience in the group and as survivors of sexual violence. The art therapist will display the quilt and the artist statement in a public space in the community. Public spaces could include a state house, art center, museum, or the shelter itself. Written consent for public display will be obtained prior to the exhibition to let group members choose if they want their square on display.

***Building Ourselves Back Up.*** The group *Building Ourselves Back Up* will use clay to create a completed ceramic piece from start to finish. During this process, the client can engage in self-exploration and identity formation. The purpose of the clay group is a chance for externalization, as the client creates a separate physical object from

themselves. By externalizing certain parts of herself, her experiences or things in her environment, a survivor might experience a level of removal from her trauma.

Therefore, this process has less risk of retraumatization and ensures emotional safety because tools used in claywork provide reflective distance. The benefits of clay include facilitating deep emotional expression, catharsis and verbal communication, and deeper self-understanding material (Hinz, 2009).

*Feminist principles.* This specific group addresses the feminist principle *the personal is political* as the therapist asks the clients to externalize their problems and emotions from themselves. The idea of this principle is that therapists recognize their clients' struggles are created and/or intensified by oppressive systems. Separating the negative feelings or emotions from the individual might help them recognize the oppressive forces that have impacted them as women, in regard to gender-based biases, objectification, and victimization.

*Materials.* Ideally, this group will use stoneware clay, ceramic tools, glazes, paintbrushes, and a kiln to produce ceramic pieces. However, a kiln may not be practical or affordable for the specific setting. In absence of a kiln, this group can use air-dry clay. The benefits of clay for this population include the ability to transform the material, which mimics their ability to make a positive impact on their lives and the lives of others (Sholt & Gavron, 2006). The act of doing and undoing processes in clay work gives autonomy to the survivor to plan, create, and recreate their artwork. The use of ceramic tools and brushes for the glaze also offers the survivors a chance of reflective distance.

*Structure.* Though the group will be open, the format of the clay group will operate on a two-day basis. The group will meet twice a week for 12 weeks, leaving one day for building and one day for glazing. For example, if the groups were on Tuesdays

and Thursdays, Tuesdays would be dedicated to building and Thursdays dedicated to glazing. In the first 30 minutes, the art therapists will give clients instruction on how to use the clay in order to create successful results and provide a prompt. The clients will then have an hour to build a form as a response to that prompt.

*Open studio.* Open studio provides opportunity for developing new skills, mastering skills, and learning personal advocacy. Clients have the chance to come and explore art materials they may have never used and freely get in touch with their creativity. Clients will practice personal advocacy by asking group members and art therapists if they need assistance on their projects. This group intends to help clients develop new coping skills and add to their growing list of strengths.

*Feminist principles.* This specific group addresses the feminist principle *a focus on strengths* as group members get the opportunity to master a new skill. Open studio art therapy groups have been found to increase self-efficacy and positive affect while also decreasing negative affect (Kaimal & Ray, 2017). This is because an open studio art therapy group provides a space for survivors to emotionally express themselves in an artistic way with a focus on process and personal relevance to the artwork within the artwork. Clients will adapt new artistic skills, foster problem-solving skills, practice self-advocacy skills, and exercise creativity and self-expression. Since a client has to self-advocate by asking the art therapist for technical help, their confidence and self-efficacy will increase as they learn to speak up for themselves and learn something new as a result. Overall, they will practice problem-solving skills and how to self-advocate.

*Materials.* The purpose of the proposed group is to provide the group members with the opportunity to experiment with art materials and learn techniques for different forms of artmaking. The following art processes can be explored in an open studio: acrylic painting, watercolor painting, colored pencil drawing, crochet/knitting,

printmaking, jewelry-making, and other processes deemed appropriate for the site and population.

*Structure.* For the first 30 minutes of each open studio session, the art therapist will demonstrate techniques and different media applications. In the remaining 60 minutes, each client will have the opportunity to experiment with the materials and create a personal piece of artwork. The prompts are left open-ended to allow group members to focus on learning new skills and finding personal success in applying said skills. Although technique and skills will be taught in a structured format, the final hour of each studio session will be unstructured, to encourage exploration and self-expression. This unstructured format allows the client more autonomy as they move around the studio selecting materials and using techniques that work for them. In the last 15 minutes of the open studio group, the therapist might open the floor for clients to share their artwork with the group. In an open studio, the finished artwork might have fewer personal connections to trauma and may instead be expressions of free creativity. Sharing at the end of a group and hearing praises and validation from group members will increase confidence and self-esteem.



## CHAPTER V

### DISCUSSION

#### Overview of Results

The present study outlined an art therapy program that can serve women survivors of domestic violence within a shelter setting. The proposed program is meant to serve as a framework for other art therapists working in domestic violence shelters to use in their own settings. An integrative literature review that identified needs and areas of concern for this population informed the proposed program. Of the collected data related to art therapy and survivors of domestic violence, none of them explicitly stated the use of feminist psychotherapy; however, some authors used language that support the three main principles regardless of their identified theoretical orientation. The prevalence of domestic violence and the literature that exists for programming are incongruent to one another. The literature review showed that there are many treatment programs for perpetrators of domestic violence, which through a feminist lens considering societal change are just as necessary as treatment programs for survivors of violence. However, literature is still sparse on effective treatment for these survivors, in reference to literature on reforming their perpetrators. The present study attempted to address these gaps in the literature.

#### Strengths

The present study tackled a subject that few art therapists have discussed in the literature thus far, combining the use of art therapy and feminist theory to meet the treatment needs of survivors of domestic violence. Its strengths are outlined below.

**Feminist theoretical integration.** The biggest strength of this program is the use of theoretical integration of feminist perspective and art therapy to create a program for survivors of domestic violence. Though there is no explicit literature connecting these

factors, the present study helped make connections between existing research on feminist art therapy and domestic violence survivors. The proposed program's considerations for the feminist principles will particularly help alleviate feelings of guilt as it focuses on separating the problem from the self.

**Emphasis on feminist principles.** Three identified feminist principles drove the creation of this program and application of art therapy for survivors of domestic violence. The three selected feminist principles were: (1) the personal as political and critical consciousness, (2) a focus on strengths, and (3) a commitment to social change. These principles guided the motivation behind the methods and structure of the proposed program. By applying these principles, the field of art therapy can work towards a feminist approach that focuses on replacing oppressive internalized messages and replacing them with positive self-affirmations (Corey, 2015). Iverson et. al (2009) said, "Choice becomes more significant for survivors because they were denied options during their abuse" (p. 126). The egalitarian relationship that the feminist approach employs in art therapy is incredibly important to this population as the basis for domestic violence is power and control. Previously, the survivor did not have control in their past relationships, so the therapist provides her with the egalitarian relationship to grant her autonomy. The art therapist does not want to mimic the client's traumatic experience.

Though lacking in concrete evidence for the benefits of feminist art therapy with domestic violence survivors, feminist language still exists in the literature for this population. The present study focused on this language. Since the language is already present, I was easily able to bridge the gaps between treatment and feminist principles. For example, Backos & Pagon (1999) stated "As survivors of sexual abuse... [participants were] able to make connections with other survivors and to recognize that

[they were] not the only [ones] to experience sexual abuse” (p. 127). This matches the feminist principle *the personal is political* because the survivors were able to externalize the problem from the self, moving from a personal issue to a societal one. Researchers already used feminist language when describing with survivors of domestic violence, and this natural integration strengthened the present study.

**Focus on psychological needs.** Most research provides short descriptions of the survivors’ psychological and emotional experiences, but limited research provides further explanation for those feelings. The current study attempted to connect the experiences of survivors with their psychological symptoms and provide an explanation for these symptoms from a societal framework. For example, it connected how depression manifests in survivors of domestic violence, such as receiving negative messages from the abuser and internalizing them. The psychological needs of survivors influenced the goals for individual and group art therapy sessions, which is a feature unique to the present study. Disempowerment, invalidation, criticism, lack of control, and a heightened sensitivity has resulted in the psychological issues survivors face on a daily basis (Binkley, 2013). This focus on addressing psychological needs of this population strengthened the present study.

**Focus on stages of recovery.** Stages of recovery in trauma work helped guide priorities in stages of treatment and in consideration of shelter residence. The emergency shelter population has experienced a combination of isolated traumatic events and chronic trauma. It is important to operate from a trauma-informed basis to keep the best interest of the client in mind.

**Shelter setting and accessibility of services.** Shelter residence paired with clinical services eliminates some roadblocks to accessing therapy such as transportation, safety, and confidentiality. In addition, all the residents have come to the shelter as a

result of a common experience: they have all survived domestic violence. The shelter places all residents in the context *we are here together; it is not just me*. The fact that the client lives in the shelter might influence client recognition that their issues are societal, rather than internal, because they are surrounded by other survivors. The present study reinforces that all shelter staff and residents help facilitate the process of healing in the context of safety.

**Community involvement.** An important part of my program is the need to integrate more community involvement and activism, a fundamental part of feminist perspective. In the current program, community involvement and activism is exercised through the art therapy group *Fearless Fabrics* where the final collective art piece is publicly displayed to educate the local community about the reality of sexual trauma. Conversations about sexual trauma interrupt the normalization of violence against women, so this opportunity for their voices to be heard means they are changing the way society views women, leading to increased empowerment.

### **Limitations**

**Limited trauma-based work and long-term goals.** An art therapy program tied to the services of a domestic violence emergency shelter has disadvantages as well. Residents living in emergency shelters have a limited amount of time to stay, which prevents long-term goals to be established in therapy. Therapists will likely only manage the first two stages of trauma recovery when working with shelter residents in the proposed program and might not ever reach a point of recalling and processing trauma with the client.

**Limited focus on gender.** Another limitation of the present study is its sole focus on women survivors of domestic violence. The current study is framed for women because most of the available literature is heavily focused on this gender identity.

Feminist theory has been criticized in the past for not being inclusive of all genders, ethnicities, sexualities, and other identity groups. However, this is a misconception, as feminist theory can be used with all genders. As I have found in the literature, there is still very little research on survivors of domestic violence that identify as men or nonbinary individuals. The literature mentions repeatedly that all genders experience domestic violence and provides some evidence, yet the majority of literature uses women explicitly in their studies. This affected the scope of the present study.

**Program funding.** The present study did not acknowledge funding for the program. This is problematic because funding is required for art materials, staff salaries, and maintenance of artmaking spaces.

### **Implications**

**Addressing gaps in art therapy literature.** The present study attempted to address gaps in literature. A feminist-informed perspective can offer a unique approach to understanding gender roles and how violence against women are social constructions that might help remove the guilt survivors live with.

It is concerning that the field of art therapy is lacking in feminist-informed practices, given that the profession is dominated by women (Corey, 2015; Eastwood, 2012). Including feminist theory in art therapy research would be beneficial, especially to this population, because of its focus on societal structures and personal identity. According to Corey (2015), “the majority of clients in counseling are women, and the majority of psychotherapy practitioners at the master’s level are women” (p. 340). Art therapists have to begin to address why feminist philosophies are not included in research and practice. As Eastwood (2012) points out, the patriarchal society we live in does not value the voice of women and gives less opportunity for feminist therapists to share their experiences in the field. The present study hopes to encourage therapists to

adopt feminist theory into their practice, particularly those clients that are survivors of domestic violence, and share their findings. The present research and program attempted to demonstrate how feminist therapists might use art therapy as a new, safe avenue with this specific population.

**Theoretical integration.** Because of this study, future programs may integrate feminist theory and principles into their programming. Survivors will benefit from these principles because they consider societal structures and client identity in reference to the survivors' experiences. In feminist therapy with survivors, a main focus is on finding commonality in experiences and community involvement. This can help combat isolation and self-blame the survivors experience.

**Art therapy in alternative settings.** Art therapy typically takes place in hospitals, etc., but this program takes place within a nonprofit organization. A shelter is a community-based setting, which complements the community involvement in feminist therapy. A shelter is a less clinical setting that can be less stigmatizing than seeking therapeutic services at another health setting. There is less chance of pathologizing the survivors' symptoms as there is more focus on the client as an individual. The present study helps expand settings in which art therapy can be offered.

**Historical and societal considerations.** This study takes into account historical and societal issues that contribute to victimization; these considerations may not be regularly applied in general art therapy or domestic violence shelter programming. This program draws upon historical context from feminist movements to better understand survivors as women living in an oppressive society. This is important because feminism evolves continually, and historical context provides context for the current times.

**Intentions for Proposed Program**

In an attempt to address gaps in research and practice of feminist art therapy, I intend to use the present study to propose and implement a feminist-informed art therapy program to be used at a domestic violence shelter. I intend to present the proposed program at a conference, relevant to feminist and/or art therapy practice. I also hope other art therapists can use the current study and program proposal to use within their communities. Regardless if clients have endured domestic violence specifically, a feminist-informed art therapy program will aid in the trauma-based stages of recovery and can be used for situations of domestic violence, sexual assault, stalking or any other violence against women.

## CHAPTER VI

### CONCLUSION AND RECOMMENDATIONS

The present study discussed the use of a feminist-informed art therapy program specifically for the needs of women survivors of domestic violence. I performed an integrative literature review in which I researched domestic violence, sexual violence, prevalence of domestic violence, the causes of domestic violence, psychological effects of domestic violence, treatment needs, feminist theoretical orientation and the effects of art therapy. I organized relevant literature into matrices that categorize the resources by feminist principle(s) with which they aligned and treatment format. Using the integrative literature review and matrices, I created a program proposal that met the needs of the survivors and addressed gaps in available literature for this population. The proposed program included a statement of purpose, statement of need, target population, and individual and group therapy services that can be used with this population.

#### **Recommendations**

**Central focus on cultural issues.** Art therapy is already a very specific field. However, when working from a feminist perspective, one must acknowledge the fact that people of all ages, ethnicities, and backgrounds experience domestic violence. It would not be in the best interest of our clients to not consider the diverse range of clients art therapists take on within a specific population. For this reason, it is important to have art therapists who speak multiple languages, especially work with children and families and understand multicultural implications of their work in order to operate out of this program. Future studies should consider multicultural factors and create training programs for multicultural competence.



**Central focus on gender issues.** The current study focused on the experiences of survivors of domestic violence that are women, whether cisgender or transgender. Future research should focus on how domestic violence impacts people of all genders. For example, since gender roles dictate that men are dominant, a man who is a survivor of domestic violence might experience an added level of shame for not fulfilling his gender expectations. With the rising awareness of nonbinary genders and oppressions they face, it would be beneficial for future studies to consider their experiences as well. Feminist therapy recognizes political realities in which marginalized individuals live; therefore, it is important to include all gender populations in future research.

**Accessibility of services to the surrounding community.** Though the proposed program welcomes community members to participate in services, it initially intends to serve residents living in a domestic violence emergency shelter. The setting influenced the proposed program's structure and goals. Future studies should adopt the ideas set forth in the present study, and adapt them for use at other settings, whether at community mental health centers, hospitals or elsewhere.

**Consideration of other feminist principles.** Out of the six feminist principles, the proposed program only uses three. I selected these principles based on language I found in existing literature, but future researchers should consider the remaining feminist principles, to better understand how they may aid in the healing process. The remaining principles not included in the present study are: (1) *women's and girls' voices and ways of knowing, as well as other marginalized groups, are valued, and their experiences are honored*; (2) *the counseling relationship is egalitarian*; and (3) *all types of oppression are recognized along with the connections among them* (Corey, 2015). Though the proposed program considered the egalitarian relationship, I understood it as interwoven throughout feminist theory, especially feeding into the main principle *a focus on*

*strengths. A focus on strengths* seems to be a larger focus in the literature. Future studies should also focus on the remaining feminist principles.

**Program funding.** The present study did not acknowledge funding for the program, so in future studies, researchers should consider funding for the program in a shelter setting. The program could receive funding from grants, donors, and other sources, and future researchers should identify these opportunities. In addition, future studies should include a budget for art materials, staff salaries, and maintenance of the artmaking space (including rent, utilities, janitorial services, etc.) to create a grant proposal or to propose to a potential donor.

## CHAPTER VII

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