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Using Photovoice to Empower Survivors of Intimate Partner Violence

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Abstract

Intimate partner violence is a predominant issue that negatively affects women worldwide. Survivors of intimate partner violence often face specific barriers that prevent them from leaving an abusive relationship, suffer negative physical and psychological implications, and often encounter challenges in receiving social supports (i.e., shelter, financial support, therapeutic support). Intimate partner violence is disempowering for women, as control over their personal agency is taken by the abuser. Empowering women's experiences with intimate partner violence by focusing on the strengths that gave them the ability to leave an abusive environment calls for more research in the area of intimate partner violence. Photovoice allows women to take control of their experiences with interpersonal violence, make meaning of their story, regain personal agency in their lives, and offer them an opportunity to see their experiences in a different light. Recent research has identified the effectiveness of photovoice as a research methodology when working with women who have experienced intimate partner violence. Therefore, this study examined photovoice as a therapeutic intervention in a private practice setting may help survivors of intimate partner violence receive support through the group structure. This study examines how engaging in the creative process can help women to capture their experiences in an empowering way by focusing on the strengths they drew upon to leave the abusive relationship. This research project employed a photovoice methodology and thematic analysis of qualitative data that captured the strengths of participants in a group session. The findings may also help researchers gain a better understanding of the strength's women employed that assisted them in leaving a violent relationship, and how using photovoice as a therapeutic intervention within a private practice setting can be beneficial to this population.

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Chapter One: Introduction

The rationale for the study will be highlighted through a review of the literature. The following chapters will explore the research design, sample, and procedure concluding with the findings of the study. This chapter will examine intimate partner violence as a public health concern and address the need for research which empowers women. The chapter concludes with an outline of the completed research for this study.

The Need for Further Research on Intimate Partner Violence (IPV) Survivors

“Violence against women is a major health problem and a violation of women’s human rights” (World Health Organization, 2017, p. 1). Violence against women is defined as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations, 1993, p. 1). A common form of violence against women is intimate partner violence (Craparo et al., 2014). Intimate partner violence is a public health crisis worldwide, contributing immensely to physical and psychological consequences (Perez et al., 2012). Indeed, more than 40% of women reported physical injuries during their last assault (Perez et al., 2012; Tjaden & Thoennes, 2000). In addition to physical injuries, survivors of intimate partner violence also experience mental health symptoms (Hathaway et al., 2000; Perez et al., 2012; Sutherland et al., 2002). For example, approximately 64% of women who have been exposed to intimate partner violence, present symptoms of post-traumatic stress disorder (Jones et al., 2001; Perez et al., 2012).

According to the literature, emotional intimate partner violence is more damaging compared to physical assault (Matheson et al., 2015). The term “emotional abuse” is defined as a partner exercising control through isolation, threats, insults, and gaslighting (a type of emotional

and psychological abuse that involves manipulation used to undermine another person's reality) (Hightower, 2017; The National Domestic Violence Hotline, 2018). Studies found the repercussions of emotional abuse on women's well-being are detrimental to their self-esteem and self-identity (Childress, 2013; Davis, 2002; Lagdon et al., 2014; Lammers et al., 2005; Matheson et al., 2015; Murphy et al., 2004; Nagae & Dancy, 2010; Oweis et al., 2009). In addition, these experiences facilitated feelings of sadness, isolation, degradation, and despair (Matheson et al., 2015).

The negative implications of intimate partner violence are explored extensively in research. However, professionals are now recognizing the importance of empowering experiences with this population and have been considering new ways to understand survivors of intimate partner violence through a lens of inspiration. Interpersonal violence is disempowering for women, as their personal agency is stripped away by their abuser (Wood, 2015). Therefore, in this search to further understand intimate partner violence, looking at what empowered women to leave an abusive relationship and assisting them in regaining personal agency is increasingly important (Wood, 2015). This research project focused on empowering women by implementing photovoice in a private practice as a therapeutic technique. Photovoice allows women to take control of their experiences with intimate partner violence, make meaning of their narrative and regain personal agency and control in their lives within a supportive group environment (Haymore et al., 2012). Photovoice provides an empowering experience for women, and appears to facilitate the same benefits of effective therapeutic techniques that are utilized when working with survivors of intimate partner violence. This research project has helped clarify the positive effects of photovoice as a therapeutic intervention with this population by conducting interviews with participants. Using photovoice as a research methodology as well as a therapeutic technique

has had some positive treatment in the literature; however, this is an emerging idea and further research is required in order to fully understand the benefits of using photovoice as a therapeutic technique. The following section reviews the recent literature pertaining to intimate partner violence in Canada, barriers women face in receiving social supports during and after an abusive relationship, utilizing photovoice with survivors of intimate partner violence and the gaps in the literature. The literature was obtained through Laurentian University's database, journals, books, and scholarly articles.

Current Research

The literature highlights that there is increasing interest in exploring a more empowering lens in research with women who have experienced intimate partner violence. The unique experiences that women outside shelters or organization programs face are not effectively captured in the literature. The research to date indicates a majority of intimate partner violence studies recruit participants from shelters or service organizations (Craparo et al., 2014; Estefan et al., 2016; Haymore et al., 2012; Iverson et al., 2013; Jategaonkar & Ponic, 2011; Lund, 2014; Matheson et al., 2015; Moya, 2014; Wuest & Merritt-Gray, 2001; Zink et al., 2003). For the purpose of this research, learning more about women who are seeking services in the private sector, such as counselling agencies, is important as their experiences leaving the relationship may be different than those who relied on a shelter for support. I hypothesized their perspectives may be different as they are out of the abusive relationship longer and may be more established or stable compared to someone who just left the relationship and is relying on a shelter for a safe place to reside.

Photovoice as a research method was originally developed by Wang (1999) and incorporates a group design and has been proven to be beneficial as an intervention outside of

research (Blackman & Fairey, 2007; D'Amico et al., 2016; Russinova et al., 2014; Yanos et al., 2014). More specifically, photovoice as a research methodology has also been proven to offer benefits for women who have experienced violence (Haymore et al., 2012; Jategaonkar & Ponic, 2011; Moya et al., 2014). The photovoice design in a therapeutic setting, utilizes a group structure with components of cognitive behavioural therapy and has shown to eliminate symptoms of anxiety and depression among women who have experienced intimate partner violence (Matheson et al., 2015). The group process outside of research. The group design of photovoice appears to be effective, therefore, further research into implementing photovoice in a therapeutic group as opposed to a research group setting is required. Opportunities to capture women's experiences, are not currently receiving support through shelters or organizations, by utilizing photovoice as a methodology and intervention during a group session requires further exploration.

Thus, the purpose of the research study was to gain a better understanding of what empowered women to leave an abusive relationship, their experiences beyond social services (such as shelters, organizations), and offer an opportunity to examine the potential benefits and limitations of using photovoice-based methods of the intervention with this population to complement the research. This study has met the need for increased knowledge in this area so we can better understand what strengths women drew on that empower them to leave an abusive relationship as well as the potential benefits of modifying photovoice to include a therapeutic intervention. By utilizing a photovoice methodology, their experiences have been captured and explored in a supportive group environment to better make meaning of their stories and enhance critical consciousness about the experience of abuse. Exploring a phenomenon from lived experiences and mutual dialogue is derived from Freire's concept of critical consciousness.

Critical consciousness provides the opportunity for groups to engage in a critical dialogue about an issue while highlighting their experiences (Freire, 1973; Sutton-Brown, 2014). This can be seen in the photovoice process as participants are often given the opportunity to participate in a critical dialogue. Shared experiences can lead to educating others about their experiences and promote understanding around the meaning of their story. The theoretical underpinning of critical consciousness will be discussed in further detail in chapter two.

The research questions that guided this study include:

- What are the strengths women, who have experienced intimate partner violence, drew on to leave an abusive relationship?
- What do women who are survivors of intimate partner violence, reveal about their experiences of being involved in a brief, photovoice-based intervention?

The study has followed a qualitative design, allowing the researcher to understand the participants reality through their perspectives. By using a modified photovoice methodology, which will be further explained in the following chapter, the researcher was able to capture their emotions through their experiences. The study consisted of two group meetings: (1) the first meeting participants used cameras to capture photos that portrayed their experiences, and (2) the second meeting allowed for discussion and critical dialogue. The research design will be discussed further in the following chapters.

Summary

This chapter provided the background and rationale for the study, which supports the need for further research around what empowered women to leave an abusive relationship and the photovoice outside of research. Chapter Two examines the literature around the implications of intimate partner violence, photovoice methodology, implementing photovoice with intimate

partner violence survivors, and utilizing photovoice as a therapeutic technique. Chapter Three explores the research design and procedures while Chapters Four and Five present the research findings and provide discussion, including implications for social work practice and research.

Key Terms

Intimate partner violence. For the purpose of this study, intimate partner violence refers to “any behaviour within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship” (World Health Organization, 2012, p. 1). Other terms such as domestic violence are used in the literature. However, the term intimate partner violence better encompasses a broader comprehension of violence in relationships and is not gender-specific (Wallace, 2015). Women are more vulnerable to intimate partner violence as they represent 83% of victims (Statistics Canada, 2009) and are four times more likely than men to be victims (Statistics Canada, 2013). Therefore, this study focused on female identified survivors of male perpetrated intimate partner violence. It is important to note that intimate partner violence is prevalent in LGBTQ2S relationships; however, it is not a part of this study as all participants identified as heterosexual.

Chapter Two: Literature Review

This chapter reviews scholarly literature regarding the effects of intimate partner violence on women's social welfare and health. The literature was obtained through the Laurentian University library database and focused primarily on experiences within Canada. However, some literature obtained was based on international experiences.

The literature that is highlighted in this chapter, indicates the implications intimate partner violence has on women, the importance of empowerment when working with women who have experienced this, photovoice as a research methodology, and experiences with photovoice outside the research setting.

Intimate Partner Violence in Canada

Intimate partner violence has been recognized as a worldwide public health concern (Statistics Canada, 2016). Over the years, violence in relationships has affected hundreds of thousands of individuals resulting in both physical and psychological implications (Statistics Canada, 2016). Approximately one in four Canadian women experience intimate partner violence in their lifetime (Ford-Gilboe et al., 2015). Exposure to physical and sexual abuse is correlated with adverse mental health consequences for victims (Estefan et al., 2016). The implications from emotional and psychological abuse can cause higher rates of emotional suffering and ultimately cause more damage to mental health compared to other forms of abuse (Estefan et al., 2016; Hill et al., 2009; Mechanic et al., 2008; Sullivan et al., 2012). It is evident that intimate partner violence is a significant issue across Canada and has adverse physical, psychosocial, psychological, and emotional consequences on survivors.

One of the most prevalent forms of violence against women is intimate partner violence (Ansara & Hindin, 2011). Women are more likely to report intimate partner violence compared

to any other violence experienced by another perpetrator (Ansara & Hindin, 2011; Garcia-Moreno et al., 2006). Approximately 10% to 71% of women in Canada reported experiencing intimate partner violence at some point in their lives (Ansara & Hindin, 2011; Garcia-Moreno et al., 2006; Heise & Carcia-Moreno, 2002; Hindin et al., 2008; Jewkes et al., 2002).

It is important to acknowledge in a lot of social work writing about intimate partner violence, a narrative that a good woman can and does leave the relationship is present. At times, this bias may be present in the literature. However, focusing on barriers and challenges to leaving highlights that it is a natural phenomenon for women to remain in abusive relationships considering structural, material, psychological, and emotional factors of abuse. The study is not to reinforce the idea that good victims leave, rather it focused on women who have left the relationship about what helped them to leave. There is no assumption that if we know what helps women leave, they can and do leave with the help of therapy and/or strengths identified. There are still so many barriers for women to overcome and it would be unrealistic to expect that. Therefore, it is important to disclose that the study does not reinforce the idea that the good victims leave.

Mental Health Implications of Intimate Partner Violence

Intimate partner violence has been associated with a negative range of psychosocial and physical health consequences (Ansara & Hindin, 2011). Women across Canada who have experienced intimate partner violence reported being fearful, cautious, aware, afraid for their children, confused, or frustrated with fear being the most predominant psychosocial outcome reported (Ansara & Hindin, 2011). However, psychosocial consequences of intimate partner violence encompass effects beyond fear and include both physical and mental health repercussions (Ansara & Hindin, 2011; Sugg, 2015). For example, some physical repercussions

survivors may experience are chronic pain, gastrointestinal disorders, multiple physical symptoms (i.e., insomnia, fatigue, fainting, shortness of breath), chronic disease (i.e., asthma and stroke), and sexually transmitted diseases (Sugg, 2015). According to Sugg (2015), some of the mental health repercussions survivors may experience are depression, Post-Traumatic Stress Disorder, and suicide (Sugg, 2015).

Health Implications of Intimate Partner Violence. The Canadian Public Health Association acknowledges that living with threats of or actual intimate partner violence is a barrier to good health (Clark & Mont, 2002). The long-term health implications sustained by women exposed to intimate partner violence are predominant even after the abuse has ended (Campbell, 2002; Campbell & Lewandowski, 1997; Koss et al., 1991; Sugg, 2015). "Poor health status, poor quality of life, and high use of health services" are just a few of the negative implications of intimate partner violence (Campbell, 2002, p. 1331). Mental health issues and substance abuse habits are correlated with women who have experienced intimate partner violence in Canada (Matheson et al., 2015). For example, Post-Traumatic Stress Disorder, and substance abuse are prevalent in this population and are often comorbid (Golding, 1999; Kramer et al., 2004; Matheson et al., 2015; Stein & Kennedy, 2001). Women who experience intimate partner violence have a higher risk for depression compared to the general population (Alhabib et al., 2010; Beydoun et al., 2012; Bonomi et al., 2006; Campbell, 2002; Carbone-Lopez et al., 2006; Dutton et al., 2006; Estefan et al., 2016; Mechanic et al., 2008; VandeWeerd et al., 2011; Zlotnick et al., 2006). Approximately, 48% of women in Canada who experience intimate partner violence also experience depression, compared to a rate of 10% to 21% in the general population (Dutton, 2009; Matheson et al., 2015). Post-Traumatic Stress Disorder is also more prevalent in this population with 31% to 84% experiencing symptoms of post-traumatic stress

disorder, compared to the rate of 10% in the general population (Dutton, 2009; Matheson et al., 2015).

Women's experiences with intimate partner violence can also negatively affect their self-esteem and self-efficacy (Childress, 2013; Matheson et al., 2015). While a majority of the literature focused on physical violence there is a growing acknowledgement of the affects emotional abuse has on women's health and well-being (Follingstad & Rogers, 2014; Jewkes, 2010; Karakurt & Silver, 2013; Lammers et al., 2005; Matheson et al., 2015; Sorbo et al., 2013; Zlotnick et al., 2006). Emotional abuse can be more detrimental to women's mental health and contribute to emotional loneliness, despair, guilt, confusion, fear, diminished self-esteem and identity, and anger (Lammers et al., 2005; Matheson et al., 2015). It is evident that health and mental health issues are predominate with these victims (Campbell, 2002; El-Bassel et al., 2005; Martino et al., 2005; Matheson et al., 2015).

Barriers to leaving abusive relationships. Women face significant barriers that prevent them from leaving an abusive relationship (Zink et al., 2003). Some barriers include lack of financial resources, inability to acquire a divorce, or concerns about the effects on their children (Grunfeld et al., 1996; Zink et al., 2003). Living in a patriarchal society can contribute to why women face these barriers. According to Jewkes et al (2015), the connection between males and violence against women lies within gender:

That is, in the social values, roles, behaviours, and attributes considered appropriate and expected for men and women. These sets of ideas and behaviours that constitute gender are defined and determined by societies and their sub-groups. They vary across societies and, to the extent that they reflect social norms, they are propagated through the actions of people and institutions within a society. Ideas and values related to gender influence how men view themselves as men, their social and intimate relationships, as well as institutions and policy frameworks. Although differences between men and women are much less marked in equitable societies, all societies tend to confer a higher social value on men than women, and a range of norms and powers flow from this. (p. 26)

Portraying dominance and control over women are aspects of masculine attributes and behaviours, which is recognized as a social norm (Jewkes et al., 2015). According to the gender theorist Raewyn Connell, dominance of masculinity over others is not forced but accepted by women and men as the societal norm (Jewkes et al., 2015). Being in a patriarchal culture where men have more power and control, women are expected to accept this norm. In acts of resistance to gender norms, physical or sexual threats may be one way of achieving the power and control over women forcing them to accept these norms (Jewkes et al., 2015). Societal norms on masculinity emphasize power and force (Jewkes et al., 2015), which can lead to barriers that prevent women from being able to leave an abusive situation.

Empirical studies show women tend to be more economically dependent on their partners (Bornstein, 2006; Burn, 2011; Greenstein, 2000). The ideologies of gender in society contribute to the belief that men are the breadwinner's and women should stay home to take care of the house and family (Zawilski, 2010). Women become more dependent on their partners due to these beliefs, thus, leaving them at a disadvantage financially. This economic dependency leads to men having more power and status over women in a relationship and in society. According to Burn (2011), "men's individual, intentional acts of dominance over women are the reflections of cultures' overall systems of gender power relations" (p. 36).

The literature indicates that women who are dependent on their partner economically, have an increased risk and tolerance of domestic violence (Bornstein, 2006; Burn, 2011). The relationship between a women's economic status and intimate partner violence is parallel, as studies claim it is economic factors that contribute to gender inequality and violence against women (Ellsberg et al., 2015; Yodanis, 2004) Unemployed women are more likely to stay in an abusive relationship as they lack the resources to leave and are economically dependent on men

(Ellsberg et al., 2015; Macmillan & Gartner, 1990). Therefore, economic dependency can contribute to women's vulnerability to intimate partner violence (Burns, 2011) and also creates a major barrier to women who may want to leave an abusive relationship. Women across the provinces have lower employment rates and despite the progress made over the past few decades, women are still more likely to be unemployed compared to men (Ferrao, 2010). Thus, unemployed women in Canada are more vulnerable to experience intimate partner violence and may face significant barriers that prevent them from leaving an abusive relationship.

The Shelter System in Canada

Shelters are both used for an emergency safe space as well as a transitional space and are crucial in women's ability to leave an abusive situation. Shelters are able to provide safe housing and services for women who may not be financially dependent (Burn, 2011). On April 15, 2010 Statistics Canada spoke to 4,645 women that were staying in shelters and 71% reported abuse as their reason for being there (Burczycka & Cotter, 2011). While it is evident women require a safe space to stay when leaving a violent situation (Burn, 2011), most countries, including Canada, do not have an adequate amount of shelter space available (Burn, 2011). While there are many reasons an abused woman may not access a shelter, one of the most common reasons is that the shelters are usually full (McKeon, 2017). Surveys completed by the Canadian Network of Women's Shelters and Transition Houses and Women's Shelters Canada estimated that about 73% to 75% of women who were seeking shelters were turned away (McKeon, 2017; Roberts, 2016; Young, 2016). According to Statistics Canada, on April 15, 2010 a total of 426 women were turned away from shelters on that day (Burczycka & Cotter, 2011). Among these women who were seeking shelter, 67% reported experiencing abuse by a current spouse or common-law partner (Burczycka & Cotter, 2011). However, shelters are not the only public service where

survivors experience barriers; as women face numerous difficulties when navigating the criminal justice system as well.

Women's experiences with the Canadian criminal justice system. Women rely on assistance from the police in more severe cases of abuse, as they tend to self-report in the most severe forms of spousal victimization (Canadian Centre for Justice Statistics, 2003, 2013). Women who had interactions with the criminal justice system in Canada relating to their occurrence with intimate partner violence experienced negative interactions, such as facing discriminatory attitudes, difficulty accessing information, and slow responses facilitated from poor communication between departments – i.e., courts and probation (Letourneau et al., 2012). These experiences created poor, slow results – i.e., inefficient, costly, excessive delays, and poor rates for solving cases (Letourneau et al., 2012). Negative attitudes (discrimination, expectations on the survivor compared to the abuser, navigating the court system, feelings of revictimization) within the criminal justice system towards women who have experienced intimate partner violence were prevalent. This often leads to women feeling revictimized (Letourneau et al., 2012). Adverse experiences were more common for this population and reflected the complex government system as well as the inefficient services (Letourneau et al., 2012). This made it challenging for women to access adequate support within the criminal justice system (Cerulli et al., 2011; Gillis et al., 2006; Letourneau et al., 2012; Lutenbacher et al., 2003) and may contribute to the reasons why women are reluctant to disclose abuse or seek services (Alaggia et al., 2007; Letourneau et al., 2012).

Canadian women who experience IPV face numerous systemic barriers to contacting police and receiving adequate support (Barrett et al., 2011). Police officers are seen as the “gatekeepers” to referrals and resources for females who have experienced intimate partner

violence (Barrett et al., 2011; Russell & Light, 2006). Some of these hurdles include fear of retaliation from their partner, the belief that outside intervention was not warranted as the incident was minor, shame, embarrassment, belief that the criminal justice system cannot help them, and fear of how police would respond; for example, survivors getting cross-accused (Barrett et al., 2011; Tjaden & Thoennes, 2000).

Marginalized women also reported fear of racism, discrimination, and history of mistreatment from police leading to distrust, language barriers, lack of culturally appropriate services and structural or physical barriers from women who have disabilities (Barnett, 2001; Barrett et al., 2011; Brownridge, 2003; Chang et al., 2003). Women who had contacted police were significantly more likely to fear for their lives and have physical injuries related to their experience with intimate partner violence (Barrett et al., 2011). Among the women who self-reported to police, 94.9% stated their reason for contacting police was to stop the violence and/or obtain protection (Barrett et al., 2011). However, the action taken by police varied and protection was not commonly provided. According to Barrett et al.'s (2011) study,

Women most commonly reported that the police visited the scene (53.8%), and/or that the police took a report or made an investigation (52.8%). The removal of the perpetrator was a less common experience, with only 27.3% of women indicating that the police had removed their partner from the premises. In just more than 1 in 5 cases (22.2%) the police issued a warning to the perpetrating partner. The least commonly reported policy activity was putting the survivor in contact with community services and supports, with less than 1 in 10 women (6.4%) indicating that such referral had been given to them. In less than 1 in 10 cases (8.2%), women stated that the police took no action at all in response to the reported violence (p. 52).

In Canada, there is no national legislation for procedures around criminal justice interventions for cases of intimate partner violence (Barrett et al., 2011; Department of Justice, 2017). However, a common ideology (known as the equal protection under the law of victims of intimate partner violence) is shared across jurisdictions concerning the commitment around the

criminalization of intimate partner violence (Barrett et al., 2011; Department of Justice Canada, 2003, 2017). It is important to note that there are policies and standards for all criminal conduct in Canada, including intimate partner violence (Barrett et al., 2011). Specifically, police are required to investigate and make an arrest if there is enough evidence to suggest a crime has taken place (Barrett et al., 2011; Department of Justice Canada, 2003, 2017). Thus, it is disconcerting that only half of the women who contacted the police indicated the police visited the scene, took a report, and/or conducted an investigation (Barrett et al., 2011). “This suggests, quite simply, that some law enforcement officials are failing to meet their legislated responsibilities in regard to the equal protection under the law of victims of intimate partner violence” (Barrett et al., 2011, p. 54). The fact that a majority of women who experience intimate partner violence do not seek assistance from police (aside from dangerous cases) raises some concerns regarding the patriarchal views and the adequacy of the criminal justice system to meet the needs of women affected by violence (Barrett et al., 2011). In order to help women, leave abusive relationships, the structural barriers they face such as, economic dependency, limited shelter beds available, and lack of support from the justice system and first responders need to be addressed.

Normalizing the abuse. Due to the numerous barriers women face, they may normalize their experiences, which leads to women justifying staying in an abusive relationship and describing staying as self-sacrifice (Kearney, 2001; Zink et al., 2003). By redefining the abuse as temporary, survivable or reasonable, it allows women to stay and focus on their roles in the family home (Zink et al., 2003). There are two sets of risks survivors consider when in an abusive relationship (Davies et al., 1998; Zink et al., 2003). The first is referred to as life-generated risks where factors that affect the survivors’ ability to succeed independently are

considered (Davies et al., 1998; Zink et al., 2003). These factors include education, job stability, finances, self-esteem, health, and children (Davies et al., 1998; Zink et al., 2003). The second is abuser-generated risks which include the severity of the abuse, the abusers' threat to harm the victim and her children, and the survivor's attachment to the abuser (Davies et al., 1998; Zink et al., 2003).

To stay in an abusive relationship some women implement strategies to manage and reduce the violence (Ansara & Hindin, 2010). Some physical and emotional strategies include detaching emotionally from their partner, staying cautious of their partner's behaviour, resisting or fighting back, calming or pleasing the partner, avoiding their partner or actively remaining silent (Ansara & Hindin, 2010; Campbell et al., 1998; Goodman et al., 2003; O'Campo et al., 2002). The barriers and risks women face may impact their decision to leave the unhealthy relationship.

Intersectionality in IPV survivors. Intersectionality is defined as, “the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage” (Oxford, 2020, p. 1). Marginalized women have an even higher risk of experiencing intimate partner violence due to intersectionality. For example, Indigenous people in Canada were twice as likely to report experiencing intimate partner violence, compared to non-Indigenous people (Burczycka, 2014). It was also reported that Indigenous survivors were more likely to suffer from extreme forms of intimate partner violence on multiple occasions, such as being beaten, choked, threatened with a gun or a knife, or sexually assaulted. (Burczycka, 2014). Indigenous people are not the only marginalized population that experiences higher rates of intimate partner violence. According to Statistics Canada, individuals who

identified as gay, lesbian, or bisexual were twice as likely to report intimate partner violence compared to heterosexuals (Burczycka, 2014; Egale, 2016). However, social support services under-recognize women who identify outside of cisgender, heterosexual relationships. This results in lesbian, bisexual, transgender, gender diverse, and two spirit women reluctant to report intimate partner violence (Egale, 2016). Women with disabilities are also at a much higher risk of abuse compared to their non-disabled peers (World Health Organization, 2015). Indigenous women, women with disabilities, and those identifying with a sexual orientation other than heterosexual were more likely to have experienced intimate partner violence in their lifetime (Egale 2016). Women are more vulnerable to experience intimate partner violence due to the patriarchal norms. However, marginalized women have an even higher risk due to the intersectionality.

Intimate partner violence is recognized as a public health concern across Canada and worldwide (Sinha, 2011). Since the recent attention to violence against women internationally, the negative implications regarding intimate partner violence have been explored in research. However, professionals are recognizing the importance of empowering experiences with this population and searching for new ways to understand survivors of intimate partner violence through an inspiring lens. It is apparent in the literature that women face many barriers that prevent them from leaving an abusive relationship. Some of these barriers stem from patriarchal norms within society while others are due to negative experiences with the Canadian social justice system, normalizing the experiences, and lack of access to social supports. The literature pertaining to violence against women shows an overrepresentation in survivors of marginalized populations. It is important to further research intimate partner violence in order to eliminate barriers and provide adequate supports for survivors.

Photovoice Methodology

Photovoice is a research method that allows participants to capture their own experiences by using photography. Initially, this method was developed as a tool for health promotion by highlighting to policy makers and members of society the root causes of people's health and quality of life (World Health Organization, 2016). Participants meet with each other and the researcher in a group structure to discuss their reflection of reality. The photographs are used to portray the participants point of view and create a group dialogue around the issue being studied. In the 1990s, photovoice methodology was developed by Caroline Wang and Mary Ann Burris (Sutton-Brown, 2014).

Photovoice has transformed into a participatory action research strategy and has become increasingly popular (Lal, Jarus, & Suto, 2012; Sutton-Brown, 2014). According to Wang (1999) photovoice is typically utilized with marginalized groups to represent the strengths and concerns of their community. However, this is often overlooked in traditional participatory research methods. This section will take a closer look at photovoice as a research methodology. There are three distinct theoretical underpinnings that helped develop the methodology, which will be further explored. Although there is little direction on how to implement a photovoice study (Sutton-Brown, 2014), Wang and Burris (1997) provided an outline. The data from a photovoice study can be analyzed in different ways and utilized to highlight cultural competency by using pictures to assess cultural awareness and transform concepts about a population into a discussion (Garner, 2013). Photovoice is a highly educational and political method, which will be further explored below. This section will highlight the basic principles and theories associated with photovoice as well as how to implement a photovoice project. Thereafter, we will look at

photovoice with survivors of intimate partner violence and what photovoice looks like in a therapeutic setting.

Basic Principles of Photovoice.

According to Wang (1999) there are five basic principles associated with photovoice. The first principle is images have the power to teach (Julien et al., 2013). A visual depiction of someone's perspective helps enrich a verbal concept and enhance a better understanding by seeing their point of view (Julien et al., 2013). Individuals' self-perception can be constructed from the pictures they take and as every interpretation is subjective, broader worldviews may emerge from interpretations (Julien et al., 2013). The second principle of photovoice is the ability to influence policy (Julien et al., 2013). Images are able to shape both researchers' and individuals' worldviews as well as inspire change and support the desire to transform political issues (Julien et al., 2013). The third principle associated with photovoice is "people within communities may be empowered to shape policy affecting their communities" (Julien et al., 2013, p. 258). Policy makers are typically on the outside of the communities that are being affected, thus they do not necessarily comprehend the community's needs or what is important to them (Julien et al., 2013). Photovoice involves those who are directly affected by policy and provides an agenda for them to speak to policymakers, therefore ensuring that enshrined policies made will be useful and beneficial for the community (Julien et al., 2013).

The fourth principle associated with this process is it requires policy makers to be open to community members' perspectives, which can contribute to positive change (Julien et al., 2013). In order for research to have an impact, participants must be open to sharing the findings to help improve their community (Julien et al., 2013). Photovoice projects that involve policy makers help align government with community members' perspective around the issue and foster

communication to further discuss policy (Julien et al., 2013). The final principle of photovoice highlights both individual and community action. Participants are not just data producers, as the process allows participants to enact social and political change. Photovoice empowers participants to “discover analytical tools and develop peer networks” by participating in a group process with individuals who share similar experiences (Julien et al., 2013, p. 258). These five principles are associated with the photovoice methodology; however, the roots of photovoice lie within the underlining frameworks.

Theoretical foundations of photovoice. Photovoice has three key theoretical frameworks: (1) Freire’s empowerment education for critical consciousness; (2) feminist theory; and (3) documentary photography (Sutton-Brown, 2014). Empowerment education for critical consciousness comes from Freire’s concept, which proposes that both individual and community involvement are required to accomplish social justice (Carlson et al., 2006; Freire, 1973; Sutton-Brown, 2014). Thus, this framework supports critical group conversations in an attempt to promote critical understanding and action (Sutton-Brown, 2014). Freire’s theory has been influenced by a variety of experiences from a wide range of cultural contexts, such as Brazil, Latin American countries, several African countries, North American, and European contexts (Gadotti 1994; Spaaij & Jeanes, 2013). His framework combines education and politics by facilitating an active and critical dialogue, as an alternative to domination and oppression (Spaaij & Jeanes, 2013). According to Spaaij and James (2013), Freire argued that “education either functions as an instrument which is used to serve the interests of dominant social groups and reproduce structures of domination, or it sides with the interests of the oppressed to become the practice of freedom and social change” (p.5). Julien et al., (2013) note, Freire believed individuals should take ownership of their education and engage in dialogue and critical thinking

about their community's experiences (see Riedler & Eryaman, 2010). Freire's critical consciousness theory is a crucial theoretical underpinning for photovoice, as this methodology is a form of education to create dialogue around political issues and social action while highlighting a community's experience (Sutton-Brown, 2014). This can be seen in the photovoice process as individuals who are often oppressed participate in an active and critical dialogue in the group portion of photovoice. During the group discussion, participants educate one another about their experiences and promote critical understanding. The group dialogue also promotes conversations around political issues and the photographs contribute to social action when displayed in a gallery or presented to policy makers.

Feminist theory is the second theoretical underpinning of the photovoice methodology. This theory is substantiated by the assumption that knowledge is empirical (Sutton-Brown, 2014). Feminist theory pursues a political consciousness in the presence of unequal gendered relationships (Sutton-Brown, 2014). This theory also focuses on underrepresented and marginalized populations who may be misunderstood or not heard by government and policy makers (Julien et al., 2013). Photovoice allows marginalized populations to be heard by policy makers, as photovoice projects are often shared with policy makers to promote positive change within the community. Giving voice to a population who is voiceless is emphasized in feminist theories (Julien et al., 2013). Ensuring the powerless are heard is a critical component to photovoice, thus feminist theory fits well within the theoretical underpinnings of the methodology as it focuses on marginalized populations who are not heard by government and policy makers.

Lastly, documentary photography has a crucial influence on photovoice. A documentary photographer attempts to capture a specific community's experience of everyday life to produce

an emotional statement (Jing & Yun, 2007; Sutton-Brown, 2014). Photographs are narratives to stories and help express a social conscience (Strack, Magill, & McDonagh, 2004; Sutton-Brown, 2014). According to Wang and Burris (1994), visual imagery is more efficient in communicating the portrayal of a community compared to verbal or written statements (Julien et al., 2013).

Photovoice as photography is used to capture the experiences of the participants and assist them in expressing their everyday experiences. The overall goal of each framework maintains an action-oriented, participant-directed method (Sutton-Brown, 2014), which is consistent with the purpose behind the photovoice methodology. Wang and Burris incorporated various components of the three theories noted to create the photovoice methodology (Sutton-Brown, 2014). Critical consciousness is demonstrated in photovoice as the group dialogue creates critical and educational conversations in an attempt to understand experiences. Feminist theory can be seen in photovoice as it gives marginalized populations an opportunity to be heard by policy makers by sharing their experiences around an important issue. Documentary photography is portrayed in photovoice as the photographs taken by participants are meant to capture their experiences in the community and provide a narrative for the researcher.

Implementing photovoice. While this methodology lacks a prescribed structure for implementation, Wang and Burris created a generalized framework with a nine-step procedure to follow when employing a photovoice study. According to Wang and Burris, the first stage involves selecting and recruiting a target audience (i.e., policy makers or community leaders). Photovoice typically involves sharing the photographs the participants capture and their narratives with the public in order to facilitate policy change (Foster-Fishman et al., 2005; Sutton-Brown, 2014). While the target audience can include peers and the public, people and/or agencies that hold enough power must be included in order to initiate political dialogue or

change (Sutton-Brown, 2014; Wang & Pies, 2004). While Wang places this stage at the beginning of the study, Sutton-Brown (2014) counters by stating this “defies photovoice’s commitment to adhere to a participant-guided agenda” (p. 178). Sutton-Brown (2014) notes it may be counterproductive to select the policy makers prior to the study as it may limit the scope and recruiting the target audience pre-study may also imply the researcher has a preconceived belief of the project findings, which does not support the participant-direct process of photovoice.

Step two is to recruit a group of participants. The context of the project interprets the recruitment process (Sutton-Brown, 2014). If participants are already formed as a group, the researcher can approach the group and members can choose to participate (Sutton-Brown, 2014). However, if the researcher is looking to create a group specifically for the project other strategies are required (Sutton-Brown, 2014). For example, in a study by Wang et al., (2000), flyers were posted to advertise the project. Another study done by Jurkowski (2008) relied on agency referrals for participants (Sutton-Brown, 2014).

Purposeful recruitment may be necessary depending on the criteria the researcher sets, in order to attract people who, reflect the requirements (Sutton-Brown, 2014; Wang, 1999). The photovoice methodology is used with marginalized populations, thus it may be challenging for the researcher to gain access to participants (Sutton-Brown, 2014). In these situations, a convenience sample may be required to ensure an adequate number of participants for the study (Sutton-Brown, 2014). It is important to note that this is a qualitative method, thus smaller samples are typical. Regardless of the recruitment process, Wang (1999) suggests the ideal group size is seven to ten participants for in-depth conversation.

The third step in implementing a photovoice methodology is introducing photovoice to the participants and facilitating a group discussion (Sutton-Brown, 2014). There are three purposes to the initial group meeting: (1) introduce participants to one another; (2) explain the methodology of photovoice; and (3) discuss the responsibilities and risks of participating (Sutton-Brown, 2014). The intention towards policy change is also discussed with the participants so they are aware of the potential outcomes (Sutton-Brown, 2014). It is important to discuss the responsibilities and risks of photographing people in the community context, as well as the aspects of power and ethics (Sutton-Brown, 2014). The next step would be obtaining informed consent from the participants (Sutton-Brown, 2014). Photovoice is a methodology that involves research with humans, thus ethical approval is required (Sutton-Brown, 2014). It should be clear to participants that their participation is voluntary, as well as what the goal of the study is and the potential benefits and harms (Sutton-Brown).

Wang and Redwood-Jones (2001) suggest using three different consent forms. The first consent form is given to participants prior to the study to indicate their voluntary participation (Wang & Redwood-Jones, 2001). The second consent is given to participants concurrently with the cameras and is meant for people who appear in participants' photographs (Wang & Redwood-Jones, 2001). This form will be completed by individuals the participants want to capture and gives the participant permission to photograph that individual. Unrecognizable images do not require informed consent (Wang & Redwood-Jones, 2001). The third consent form is given to the participants after the photos are developed to obtain permission by the participant to use the photos for publication (Wang & Redwood-Jones, 2001). The fifth step in Wang and Burris' outline is providing an initial theme for taking photographs. According to Creswell (2003) in qualitative studies, the initial research question should remain open-ended,

thus allowing for development throughout the research process. Typically, in a photovoice study the researcher would decide on the general topic and ask participants to develop specific questions or issues that they want to address (Sutton-Brown, 2014). This can be problematic as it takes away power and control from participants and may put limitations on what they want to capture. The topic should be specific enough to focus the study; however, broad enough to allow for questions to emerge from discussion (Sutton-Brown, 2014). Encouraging the participants to select the research question for themselves empowers them within the research process (Sutton-Brown, 2014).

Distributing cameras to participants and reviewing how to use them is the next step in the photovoice process. The type of camera used in a photovoice project is up to the researcher; however, budget may pose strong influence on which kind of camera is used (Sutton-Brown, 2014). According to Wang (1999), the importance of photovoice is not about the quality of the photo but on the photo's content and the meaning the photographer assigns to it. Thus, a camera training workshop would focus on teaching the participants basic camera operations and functions (Wang & Burris, 1997). Step seven in the photovoice methodology involves providing participants a timeframe to take pictures. This varies entirely depending on the specific nature of topic or participant experiences of the photovoice project (Sutton-Brown, 2014). Participants should be given an opportunity to make a decision around the researcher's suggested timeframe (Sutton-Brown, 2014). Shorter photovoice projects may require participants to take their photos within a few days (Hergenrather et al., 2009). Once the allotted timeframe has passed, the researcher will have the photographs developed.

The next steps are to meet with participants and discuss the photographs. A crucial aspect of photovoice is sharing the photographs to engage in critical dialogue about participants

experiences and what they were trying to capture in their photographs (Sutton-Brown, 2014). The interpretation of the photographs is prioritized over the actual photos themselves (Wang & Burris, 1997). Typically, there would be one or a series of group meetings held after the participants take their photographs, in which participants would share their images with the group (Sutton-Brown, 2014). Some studies only require participants to share a few photos that are significant (Wang, 1999), while others allow participants to discuss all photos (Castleden & Garvin, 2008). Length of group meeting, number of meetings, and the number of photos taken are all factors that influence which format will be used (Sutton-Brown, 2014). Wang (1999) suggests asking the following five questions of participants: (1) What do you see here? (2) What is really happening here? (3) How does this relate to our lives? (4) Why does this situation, concern, or strength exist? (5) What can we do about it? After all the photographs are shared and stories are explored, the group engages in data analysis (Sutton-Brown, 2014). According to Wang et al. (1998) this process encourages participation from all group members and focuses on the many meanings behind each image, their individual stories, the group's narratives, and avoids the researcher being the interpreter. The final step in the photovoice process according to Wang (1999) is planning with participants a format to share the photos and narratives with policy makers or community leaders. Depending on the goal of the project, an exhibit may be planned to raise public awareness and share the photos and stories (Sutton-Brown, 2014). The participants convey their experiences through narratives and use their photos to represent their realities (Sutton-Brown, 2014). When possible, participants may attend the exhibit to answer questions from the audience and provide insight (Sutton-Brown, 2014). If the goal is more focused on changing policy, then an exhibit may be less effective than a presentation to officials (Sutton-Brown, 2014).

Utilizing photovoice to engage with participants. Photovoice uses photographs to engage participants in research and is primarily used with marginalized and oppressed populations (Harley et al., 2015; Maclean & Woodward, 2012). The photovoice process, encourages vulnerable populations to record and reflect on their community's strengths and concerns and have their voices heard (Maclean & Woodward, 2012). At its core, photovoice is a valuable way to view participants point of view and challenges they face (Julien et al., 2013). Feminist theory is one of the theoretical underpinnings of photovoice which focuses on giving marginalized populations an opportunity to be heard by policy makers and members of the community by sharing their experiences around an important issue. Photovoice provides an opportunity for participants to have their voices heard through the creative process of dialogue and photography. The photovoice process has been used with to engage research of a variety of marginalized or under-served populations (i.e., women living in poverty, people with learning disabilities, homelessness). Therefore, vulnerable populations are typically the focal point of photovoice studies. However, more recent studies have implemented photovoice with a group of students (Garner, 2013). Thus, while marginalized populations have been the main focus when using photovoice, the method itself is broadly applicable to other populations. Learning through group activities is another aspect of feminist theory and can be done in photovoice through shared experiences (Julien et al., 2013). Group interactions allow for participants to learn from and relate to other participants' experiences (Julien at al., 2013). This type of learning equalizes the power dynamics between researchers and participants as it allows for participants to control their content and pace (Julien et al., 2013), which is helpful when working with marginalized populations.

Cultural Sensitivity. One of the key advantages of photovoice is the way it can be used as a tool for “cultural desire and awareness” by portraying concepts about a culture or population (Garner, 2013, p. 156). For example, in one study photovoice was utilized to develop “cultural desire and assess perceptions of cultural awareness” with students in a geriatric nursing program (p. 156). Garner (2013) states that “photovoice can be utilized as an innovative tool to assess cultural awareness and weave concepts about a population into the classroom” (p. 157). The students were able to learn about the elderly population by participating in a photovoice project and having their perceptions and themes discussed in the classroom (Garner, 2013). The majority of the students focused on challenges the elderly may face, which allowed the teacher to emphasize points regarding healthy aging and how students can advocate for support systems for the elderly, which provided more awareness around an oppressed population (Garner, 2013). According to Karasz and Singelis (2009) qualitative methods, such as photovoice, develop a deeper understanding of participants’ experiences and make the concept of culture more concrete (Ratner & Hui, 2003). For example,

Greenfield, Maynard, and Marti (this issue) provide a good example of the ways in which qualitative methods make culture more “concrete”. These authors show how activity settings analysis – the detailed observation of what actors do in particular, structured situations – can explain long-term cultural and social change. (Karasz & Singelis, 2009, p.5)

In photovoice, people are the experts of their own lives, thus they provide information on their perspective and a deeper understanding into their culture (Rania et al., 2014). A study done by Harley et al., (2015), determined photovoice was a methodology that is culturally appropriate and culturally sensitive for research as it enables oppressed populations to define reality for themselves.

Photovoice serves as a powerful tool for exploring the perceptions and experiences of historically marginalized populations. Photovoice provides an opportunity for those that

have been seldom heard with a “voice” to share their concerns and solutions to community problems from a cultural and contextual standpoint. (Harley et al., 2015, p. 38)

Photovoice has shown to be an adequate tool in revealing in-depth information about a culture’s values, knowledge, concerns, and aspirations (Maclean & Woodward, 2012) when compared to more traditional methods as it allows participants to have a voice and share their concerns from a cultural perspective. Thus, it is a suitable method to use when working with marginalized populations or diverse cultural groups different than that of the researcher.

Methodological adaptation. Photovoice originated as a research methodology to empower participants to reflect on specific experiences and community challenges (Yanos et al., 2014). Historically, photovoice has been used by researchers and participants as a needs assessment tool to help understand social issues (Rolbiecki, 2015). However, the research model has been adapted in some studies. For example, Yanos et al. (2014), modified the research model to be a 10-week group intervention model. Rolbiecki (2015) also adapted the photovoice process to a therapeutic model to implement with women who have experienced sexual abuse. As stated, Photovoice is primarily used with marginalized and oppressed populations (Harley et al., 2015). However, some studies have implemented photovoice with students in the classroom (Garner, 2013). Therefore, photovoice appears to be readily modifiable to different populations and settings.

Methodological limitations. As with other research methods, photovoice has limitations and critiques (Sutton-Brown, 2014). One of the disadvantages of this method is resources available as photovoice can be quite expensive (Sutton-Brown, 2014). The costs depend on the length of the study, size of group, types of cameras and number of photos taken (Sutton-Brown, 2014). Photovoice is also a very time-demanding methodology for both participants and

researchers (Wang & Burris, 1997). Thus, the researcher and participants are required to invest a lot of time and energy into the study (Sutton-Brown, 2014).

Photovoice as a research method typically has a predetermined political agenda and policy reflects power relations (Sutton-Brown, 2014). In order to change current policies, the researcher is required to challenge these policies. “For people living under doctrines that vehemently forbid political opposition, the act of participating in a photovoice project that has an explicit purpose to change policy could result in grave consequences” (Sutton-Brown, 2014, p. 181). For example, if someone’s job forbids political opposition, participating in a photovoice project that is political may have adverse consequences at their place of work. Therefore, while there are many advantages to implementing a photovoice project, it is also important to recognize the potential limitations to the methodology.

Triangulation with Photovoice. Studies that implement triangulation may obtain data using two or more sets of data collection (Heale & Forbes, 2013). This allows the limitations from each data collection method to be surpassed by comparing findings from alternate perspectives (Heale & Forbes, 2013). Data from the interviews and commentary derived from the photographs can be triangulated and compared to explore themes across data sources, which allows for triangulation (Harley & Hunn, 2015). In a photovoice study triangulation can be implemented to analyze and compare interviews, photographic commentary, and field notes to highlight similar themes across data sources (Harley & Hunn, 2015).

In conclusion, photovoice is a creative form of participatory action research and allows the researcher to see the world through the lens of the participants (Walton et al., 2012). Photovoice studies focus on giving a voice to the voiceless, creating opportunities for communication and initiating community impact and change (Walton et al., 2012). While there

are numerous benefits, the methodology also comes with some limitations. However, this methodology appears to be an appropriate method to implement with populations that experience oppression or are considered to be oppressed/marginalized such as women who have experienced intimate partner violence. Thus, the following sections will explore the literature pertaining to photovoice with women who have experience intimate partner violence and as well as looking at studies that incorporate photovoice as a therapeutic method.

Photovoice with IPV Survivors

Photovoice is a methodology that allows participants the opportunity to capture their lives, create narratives, and make meaning of their experiences (Haymore et al., 2012). According to Wang (1999), who helped coin the methodology, photovoice is a powerful tool that is beneficial to women's health because of its feminist theoretical underpinnings. Wang (1999) notes that the methodology of photovoice has the ability to improve women's lives, specifically in areas such as violence prevention. While photovoice can be implemented with a variety of populations, it appears to be suitable with vulnerable people (Coemans et al., 2015). Coemans et al. (2015) explain that community-based research tends to focus on vulnerable populations and by implementing an arts-based research method such as photovoice, researchers gain access to a deeper layer of meaning and help empower individuals from a vulnerable sector. Thus, using an arts-based research method such as photovoice would increase the probability that researchers can access essential components of participants' experience like fear, loss, desire, hope or suffering (Coemans et al., 2015; Foster 2012), which makes photovoice an effective tool in the research community when working with vulnerable populations. This section will highlight the findings from research projects that have implemented photovoice with women who have experienced intimate partner violence, as well as the benefits in the literature of using photovoice

with this population. The findings from photovoice projects with women who have experienced intimate partner violence correlate with other research conclusions around mental health and the negative implications of abusive relationships.

Intimate partner violence has consistently been proven to have adverse effects on women's mental health (Matheson et al., 2015). By incorporating a photovoice methodology when working with victims of intimate partner violence, a wide variety of issues were highlighted which include "stigma and discrimination from community and family members, loneliness, isolation, fear of dying, suicidal thoughts, financial and economic abuse, physical and emotional abuse, and sexual coercion" (Moya et al., 2014, p. 886). Women also explored their experiences of denial, isolation, shame, fear, emotional violence, and discrimination and reflected on how these experiences affected their lives (Moya et al., 2014).

Photovoice was also utilized to help capture the struggles women faced after leaving an abusive relationship. A key theme emerging from the research was that women faced barriers to finding safe, adequate housing after leaving a violent relationship (Jategaonkar & Ponik, 2011). This further impedes women's mental and physical health, as the barriers of finding safe housing combined with the effects of intimate partner violence are detrimental to women's psychological health. The photovoice methodology further supported the negative implications intimate partner violence has on mental health. The literature does not report negative consequences for women who have experienced intimate partner violence who participated in a photovoice study. While photovoice has been used to demonstrate the adverse effects intimate partner violence has on women's mental health, the literature also emphasizes the value photovoice has on women who have experienced intimate partner violence.

Women's mental health and photovoice. Evidence suggests that there is a correlation between self-esteem and mental well-being, noting that self-concept and self-identity are crucial components of mental well-being (Matheson et al., 2015). Vulnerable populations, such as women who have been in an abusive relationship, struggle with traumatic experiences which can negatively impact their self-esteem, resulting in adverse implications on their mental well-being. The literature shows that women who have experienced intimate partner violence may blame themselves for the abuse, which further damages their self-esteem (Gonzalez-Guarda et al., 2011; Gonzalez-Guarda et al., 2013; Matheson et al., 2015). Photovoice has helped women who have experienced intimate partner violence address cognitive distortions and reduce self-blame (Rolbiecki et al., 2016). Haymore et al. (2012) support this finding as they explain photovoice allowed women to address issues of self-blame and recognize the abuse was not their fault. This is one of the benefits that emerged from the methodology as self-blame negatively affects self-esteem which is correlated to mental health and well-being (Matheson et al., 2015). It is evident in the literature that photovoice addresses self-blame and cognitive distortions (Haymore et al., 2012; Rolbiecki et al., 2016), which can limit the impact intimate partner violence has on women's self-esteem and mental well-being. Thus, photovoice plays an important role with women who have experienced intimate partner violence by contributing positively to their mental health. It allows women to reduce self-blame, re-build their self-esteem and improve their mental health after traumatic experiences.

Making meaning of women's experiences with photovoice. Self-blame is just one component of intimate partner violence that women face, as society often identifies this population as victims (Rolbiecki et al., 2016). According to Rolbiecki et al. (2016) photovoice gives women the opportunity to make meaning of their experiences and re-examine themselves

outside of societal victimization. “When survivors are able to explore the meaning of their experiences, creating their own realities, they are able to make meaning of their traumas” (Rolbiecki et al., 2016, p. 2). Photovoice allows vulnerable populations to do this by encouraging them to revisit and retell their stories in a safe supported environment (Rolbiecki et al., 2016). Women who have experienced intimate partner violence that have participated in photovoice projects suggested that the methodology was useful to them because they were able to capture their own stories creatively in a non-judgmental environment with supportive group members who had similar experiences (Haymore et al., 2012).

Photovoice methodology provides meaning for this population as capturing their perspectives and re-writing their narrative allows women to redefine themselves after the abuse and despite their victimization (Rolbiecki et al., 2016). This process allows them to choose whether their trauma will be the focus of their self-narrative (Rolbiecki et al., 2016). The reflective aspect of photovoice allows women to discover and objectify their story while externalizing their trauma by using photography (Rolbiecki et al., 2016). It is the externalization that sanctions women’s stories to become an object of reflection (Rolbiecki et al., 2016) separating their identity from being tied to victimization. Studies show that women who have experienced intimate partner violence and participated in a photovoice study were given the opportunity to redefine how they view themselves and how they wish to be seen by others (Teti, French, Bonney, & Lightfoot, 2015; Teti et al., 2013; Rolbiecki et al., 2016; Wang & Burris, 1994). This process of redefining themselves allows women to reconstruct their sense of self and find meaning in their experiences (Rolbiecki et al., 2016). The literature shows that these women tend to fare better than those who view themselves as victims and/or blame others for the violence in the relationship (Rolbiecki et al., 2016; Schauer, Neuner, & Elbert, 2011). As women

are able to separate themselves from their stories, they gain a sense of personal agency, which allows them to take control and intervene in their own lives (Rolbiecki et al., 2016). The photovoice methodology allows women to separate their self-identity from victimization, externalize their traumatic experiences and rebuild their sense of self by finding meaning in their stories. This appears to be valuable for women who have experienced intimate partner violence as it is associated with positive implications such as empowerment, positive coping strategies, and healing from traumatic experiences. The creative aspect to the methodology photovoice, also plays an important role in the healing process for women.

Photovoice as an arts-based method. What distinguishes arts-based research, such as photovoice, from traditional qualitative research is the creative ways of representing personal experiences which can be effective in enriching the understanding of women's experiences (Desyllas, 2014). Using photovoice with women who have experienced intimate partner violence appears to be beneficial for them as women explain that the creative expression of taking photographs was helpful (Haymore et al., 2012). Physical artistic pieces, such as photographs, help to facilitate discussion around a critical issue and/or traumatic experience, which assists in breaking down the barrier for some women who find it difficult to share their experiences of intimate partner violence (Rolbiecki et al., 2016; Teti et al., 2013; Teti et al., 2015; Wang & Burris, 1994).

The creative process of photovoice contributes to participant's development as co-researchers, where they can critically analyze their own photos and ideas as well as others (Lykes & Scheib, 2015). By using creative control and freedom that photovoice allows, women are able to decide what is discussed and the themes explored (Desyllas, 2014). Documenting personal experiences allows women who have experienced intimate partner violence to integrate their

creative abilities and personal strengths, which contributes to empowerment through the use of art (Desyllas, 2014). Studies describe the use of photovoice in a research setting as an opportunity for women to experience empowerment through art, participation, and self-determination (Desyllas, 2014). The creative techniques of photovoice facilitated documentation of personal experiences and social structures that participants live in, helping them make meaning from these systems of marginalization, exclusion and privilege (Lykes & Scheib, 2015). As noted prior, making meaning of women's personal stories and experiences has been beneficial to those who have experienced intimate partner violence (Haymore et al., 2012; Rolbiecki et al., 2016). Creating a personal narrative and making meaning of experiences is one of the many advantages photovoice contributes to participants. Allowing a vulnerable population, such as women who have experienced intimate partner violence, to explore their narratives and experiences at their own pace is another valuable component associated with photovoice.

Empowering research participants through photovoice. Empowerment is an important aspect to consider when working with women who have experienced intimate partner violence (First et al., 2017). The literature narrows in on processes where vulnerable people who lack power, such as women who have experienced intimate partner violence, set personal goals and gain power and control over their lives (First et al., 2017). Photovoice is a process that incorporates strategies to empower women's experiences of intimate partner violence through support and regaining power and control over their narratives (First et al., 2017). According to Haymore et al. (2012), the photovoice method allows for women to process their personal experiences at their own pace, which creates a unique opportunity to explore their experiences

before, during, and after the abuse. This gives participants control over the process and their experiences of intimate partner violence.

Photovoice also gives participants control over what they will be photographing and the discussions that take place during the group process (Rolbiecki et al., 2016). The sense of control photovoice provides participants can help foster a sense of empowerment as they choose when, how, and what is photographed and discussed (Rolbiecki et al., 2016), which gives women control over their own experiences and assists in re-building personal agency. Photovoice has been associated with giving participants a greater sense of control over the traumatic experiences they are exploring (Teti et al., 2013). Thus, women who have experienced intimate partner violence gain a sense of control over the abuse through the photographs and discussions that the photovoice methodology facilitates.

Photovoice is utilized by researchers who want to give control and self-representation to participants of a marginalized population, who may otherwise have little control over images that represent them poorly (Bishop et al., 2013). The photovoice methodology is a collaborative process giving participants power and empowering them to symbolize and take control over their own experiences (Bishop et al., 2013). “The empowerment of victims of IPV has long been considered the core model for services in the field of IPV” (First et al., 2017, p. 393). Thus, personal power, control and empowerment that the photovoice process facilitates, is highly beneficial for women who have experienced intimate partner violence as it coincides with the services used with this population in the field. Allowing women to explore their experiences of intimate partner violence at their own pace and gain back their personal control can be empowering for them. However, an aspect of empowering women who have experienced

intimate partner violence comes from the support they receive throughout the photovoice process.

Supportive networks facilitated by photovoice. Photovoice is valuable as it provides emotional and social support for participants which can be beneficial for healing as well as provides possibilities for how the community can respond to certain issues (Christensen, 2017). Women indicated that the photovoice process allowed them to receive social support and this was beneficial to them (Haymore et al., 2012). According to the literature, the group process associated with photovoice provides support and encouragement, allowing women to explore interpersonal relationships post trauma and discover positive and negative support networks (Haymore et al., 2012; Rolbiecki et al., 2016). Participants found that the group process gave them the opportunity to connect with other women who had experienced intimate partner violence, which created a support system they did not have prior to participating in the photovoice study (Haymore et al., 2012; Rolbiecki et al., 2016). Within this support system, women have emotional support from others who share similar experiences and goals, while focusing on healing (Christensen, 2017). Having the opportunity to view other women's photographs and process them as a group helped participants gain insight on how each women's experience of intimate partner violence is unique to the individual, yet they similarly were affected and coped with their hardships (Rolbiecki et al., 2016). The photovoice process helped participants normalize their experiences with intimate partner violence and gave them social support which allowed them to connect to their personal strength (Rolbiecki et al., 2016). The nonjudgmental environment enabled during the photovoice process allows participants to reflect on their experiences while working through the trauma and healing (Christensen, 2017). "Sharing this experience transgresses the violence by giving the informants emotional support to

reform their self-perceptions as alone and powerless” (Christensen, 2017, p. 7). The emotional and social support women experience from a photovoice project acts as a tool for healing as well as assists in preventing the violence from re-entering the participants lives (Christensen, 2017). It is evident that emotional and social support are crucial in any healing process, especially with vulnerable populations. According to the literature, the photovoice process facilitates a nonjudgmental supportive environment for participants, that enables emotional and social support. Thus, a photovoice methodology appears to be valuable to utilize with women who have experienced intimate partner violence, as it provides participants with emotional and social support which is essential in the healing process.

Photovoice as a research method versus a therapeutic intervention. Photovoice was originally developed as a participatory action-based research methodology (Sutton-Brown, 2014). It wavers between private and public spheres in an attempt to politicize personal struggles by utilizing photography, narratives, dialogue and social action (Sutton-Brown, 2014). Recently, researchers have been implementing photovoice primarily as a therapeutic intervention. For example, a study done in 2017 at the Hospital for Sick Children in Toronto, Ontario implemented a photovoice therapeutic group that ran for seven weeks with teens on active cancer treatment (Lucchetta & Shama, 2018). Each week allowed for new topics to be explored and provided the teens an environment for peer support, gave a voice to their experiences and facilitated better communication between teens and their health care teams (Lucchetta & Shama, 2018).

Russinova and his colleagues, implemented a 10-week group-based photovoice intervention model referred to as The Anti-Stigma Photovoice intervention (Russinova et al., 2014). The Anti-Stigma Photovoice intervention was found to have positive effects on self-

stigma, stigma coping, personal growth, and recovery (Yanos et al., 2015). Photovoice has also been incorporated into a weekly therapeutic group intervention for women who have experienced sexual assault (University of Missouri-Columbia, 2016). The therapeutic group had more positive outcomes with reducing symptoms of PTSD as compared to traditional treatments (University of Missouri-Columbia, 2016). The photovoice therapeutic group also allowed for participants to rewrite their story, make meaning of their experiences and discuss their triggers, thoughts, and feelings in a safe supportive environment (University of Missouri-Columbia, 2016). Photovoice has been implemented primarily as a therapeutic group intervention within research with different populations. However, each study proves to have positive effects on the participants.

In conclusion, photovoice appears to be highly beneficial for women who have experienced intimate partner violence. According to the literature reviewed in Christensen's (2017) research, photovoice studies provide social support, which counters women's beliefs around self-blame and promotes empathy for those affected by a social problem. The benefits of photovoice for women who have experienced intimate partner violence include but are not limited to: reducing self-blame, positive implications for mental well-being, re-defining ones-self outside of victimization, creating personal narratives of one's experiences, using creativity to gain control of self-agency, empowering ones-self, and providing emotional and social support to one another (Christensen, 2017; Desyllas, 2014; First et al., 2017; Haymore et al., 2012; Matheson et al., 2015; Rolbiecki et al., 2016). It is evident that photovoice is a valuable methodology to implement with women who have experienced intimate partner violence. However, photovoice also appears to be an appropriate process to incorporate into therapeutic interventions when working with this population within the field. Thus, the following section

will explore the literature pertaining to photovoice as an intervention outside of a research methodology and if this is an appropriate therapeutic technique to utilize in the field with women who have experienced intimate partner violence.

Photovoice as a Therapeutic Intervention

The potential of photovoice as an intervention has been highlighted in recent research (D'Amico et al., 2016). Blackman and Fairey (2007) state that photovoice could be a promising therapeutic intervention. Photovoice can provide a means to manage emotions, which is rarely established in research methods (D'Amico et al., 2016; Harris, 2010). The use of photovoice as a research method and intervention appeared to be highly beneficial to the health and well-being of participants (D'Amico et al., 2016). As intimate partner violence has detrimental effects on women's health and well-being (Matheson et al., 2015) it is essential to implement a therapeutic intervention that addresses their well-being. Russinova and colleagues (2014) developed an Anti-Stigma Photovoice program which adapted the photovoice methodology as an intervention model (Yanos et al., 2014). Photovoice as an intervention appeared to have significant, positive impacts on well-being, self-esteem, stigma, coping, personal growth, and recovery with the participants in this study (Yanos et al., 2014).

Photovoice as a therapeutic technique can be implemented with other therapeutic methods, such as narrative therapy, cognitive behavioural therapy, and traditional Post Traumatic Stress Disorder treatments (Lucchetta & Shama, 2018; Rolbiecki, 2015; Yanos et al., 2014). The most effective intervention for assault survivors is cognitive behaviour therapy with exposure and supportive components (Regehr et al., 2013). Photovoice is comprised of all three elements to reduce posttraumatic symptoms and promote growth and empowerment (Rolbiecki, 2015). Addressing cognitive distortions, in a safe, supportive environment, allows participants to reduce

negative behaviours and thoughts of self-blame (Rolbiecki, 2015). The group processing aspect of photovoice helps provide the supportive component to women and helps them reduce posttraumatic symptoms like fear and anxiety while being exposed to triggers through the photo-taking process (Rolbiecki, 2015).

Other components of the photovoice process contribute to empowerment at a personal and interpersonal level while facilitating participants growth and recovery (Rolbiecki, 2015; Wang, 1999, Wang & Burris, 1994). It is evident that photovoice incorporates components similar to effective interventions for women who have experienced intimate partner violence. However, more research is required (Yanos et al., 2014) as photovoice has rarely been used as an intervention in the literature. Therefore, utilizing photovoice as an intervention has become an important area to explore. This section will look at the effective interventions used with survivors of intimate partner violence as well as the correlation between the photovoice process and these effective therapeutic techniques.

CBT group therapy and photovoice. According to the literature, social support is a crucial variable in the recovery process for women who have experienced intimate partner violence (Liu et al., 2013). Group-based interventions that provide access to a support system are an appropriate therapeutic approach to utilize when working with survivors of intimate partner violence (Liu et al., 2013). Group therapy is critical as it assists participants to acknowledge shared experiences, learn from others' experiences with intimate partner violence, and how to cope (Liu et al., 2013). Research shows that support groups provide women who have experienced intimate partner violence with the chance to talk about their experiences and receive validation (Liu et al., 2013).

The literature indicates that women who have experienced intimate partner violence may blame themselves for the abuse, which can damage their self-esteem (Gonzalez-Guarda et al., 2011; Gonzalez-Guarda, et al., 2013; Matheson et al., 2015). By participating in a therapeutic group, women's experiences are validated by other participants' experiences and responses to trauma, which helps women make sense of their trauma and can reduce self-blame and feelings of isolation from others (Fritch & Lynch, 2008). Thus, a therapeutic group process can be beneficial for women's well-being and reduce self-blame around the abuse. Group therapy has been shown to significantly increase self-esteem and decrease depression among women who have experienced intimate partner violence (Liu et al., 2013). These therapeutic groups typically have an educational component which focuses on changing cognitive beliefs about intimate partner violence and the individuals who perpetrate it (Liu et al., 2013). "They may also help in breaking the isolation suffered by survivors of IPV as well as employing a variety of activities designed to build on participants' strengths and resilience to facilitate emotional and behavioural change" (Liu et al., 2013, p. 61). Changing women's cognitive beliefs and emotional and behavioural change can also be correlated with cognitive behavioural therapy. Studies have shown the effectiveness of cognitive behavioural therapy in reducing mental health symptoms that have occurred due to experiences with intimate partner violence and other traumas (Latif & Khanam, 2017).

Combining cognitive behavioural therapy with the group process can be highly beneficial for women who have experienced intimate partner violence. A cognitive behavioural group addresses symptoms of anxiety and depression while increasing feelings of support, security, goal setting behaviours and coping skills (Latif & Khanam, 2017). "There are CBT techniques, which would allow the therapist to focus on IPV survivors' core beliefs about themselves,

challenge their dysfunctional thinking and help them to modify cognitive appraisals associated with the trauma” (p. 426). Cognitive behavioural therapy also motivates the group to identify ineffective coping skills and change them with healthy communication and coping strategies (Latif & Khanam, 2017). Combining cognitive behavioural therapy with a group design appears to be highly effective when working with women who have experienced intimate partner violence.

As noted, women’s cognitive behavioural groups are efficient in creating and maintaining change, supportive relationships, and personal empowerment for participants (Cobb, 2016). Both group therapy and cognitive behavioural approaches are commonly used together for women who have experienced interpersonal violence (Fritch & Lynch, 2008). The photovoice process incorporates a group process with clients, which can facilitate shared experiences and foster a sense of support with women who have experienced similar trauma (Rolbiecki, 2015). Photovoice shares similarities with group therapy and enables consciousness-raising and cognitive behavioural approaches within the group dialogue (Rolbiecki, 2015). This type of dialogue assists women who have experienced intimate partner violence to identify negative thoughts around their experiences and restructure unhealthy behaviours and beliefs of self-blame (Rolbiecki, 2015). By sharing their photographs with other group members, women can build support networks and strengthen relationships (Rolbiecki, 2015). A group intervention using a cognitive behavioural therapy approach has been shown to decrease symptoms of depression and anxiety with intimate partner violence survivors (Latif & Khanam, 2017). The photovoice design utilizes a group structure with components of cognitive behavioural therapy and has shown to eliminate symptoms of anxiety and depression among women who have experienced intimate partner violence (Matheson et al., 2015). Therefore, utilizing a photovoice process exposes

women to the benefits of cognitive behavioural approaches in a group therapy setting that is effective with women who have experienced interpersonal trauma and allows women to explore the meaning of their stories through sharing the images they capture (Rolbiecki, 2015).

Making meaning with photovoice. Making meaning of a traumatic experience is an important component when working with women who have experienced intimate partner violence. Failing to engage in a meaning-making experience of a traumatic event can lead to psychosomatic illness, persistent grief and anxiety, and inadequate responses to future triggers (Lim et al., 2015). Photovoice allows participants the opportunity to capture their lives, create narratives, and make meaning of their experiences (Haymore et al., 2012).

Constructivist Self-Development Theory (CSDT) hypothesizes that humans create realities around experiences, which equates to women who have experienced intimate partner violence to make meaning of their trauma (Rolbiecki, 2015). This theory looks at how the trauma has impacted their sense of self (Rolbiecki, 2015). Implementing photovoice with women who have experienced intimate partner violence allows them to process their trauma at their own pace, have control over the process, their sense of self, and how the trauma is constructed as opposed to having the trauma define who they are (Rolbiecki, 2015). The CSDT framework suggests that self-exploration is a way to further develop a sense of true self and can even increase tolerance around the effects of someone's trauma (McCann & Pearlman, 1992). Photovoice supports this theory, as the process allows participants to explore their experiences through photography and group processing (Rolbiecki, 2015). Due to the fact that photovoice coincides with the CSDT framework for self-discovery and making meaning of a traumatic experience (McCann & Pearlman, 1992), which is essential for the recovery of women who have

experienced intimate partner violence, it supports the idea that photovoice could be successfully implemented within the population as a therapeutic intervention outside of a research project.

Narrative therapy and photovoice. Alternatively, making meaning of a traumatic experience is prevalent in cognitive adaptation and narrative therapy. According to Taylor's (1983) theory of cognitive adaptation successful recovery from difficult circumstances involve three phases; (1) finding meaning in the experience; (2) regaining mastery over the experience; and (3) restoring one's self-worth. Narrative therapy allows women to find meaning in their experiences with intimate partner violence, regain agency over their experience and restore their self-worth (Rolbiecki, 2015). Narrative therapy is another way to help women re-define their sense of self and make meaning of the traumatic experiences (Rolbiecki, 2015). The storytelling component of photovoice correlates with the storytelling aspect of narrative therapy, which helps participants capture their stories, explore self-identity, and create a narrative around the experiences, who they were and who they want to be (Rolbiecki, 2015). Narrative therapy involves participants re-storying their experiences, which aids in understanding them (Rolbiecki, 2015). "By richly describing these moments, clients develop and exercise their personal agency as they use these unique outcomes to develop new stories that support the performance of their preferred identifies, relationships, and lives" (Buckman & Buckman, 2016, p. 393). Photovoice allows for women to explore their experience with intimate partner violence while providing the opportunity to reconstruct their story and reclaim their identity (Rolbiecki, 2015). The process of redefining one's self allows women to reconstruct their sense of self and find meaning in their experiences (Rolbiecki et al., 2016). As noted, the literature indicates that women who are able to redefine their traumatic experiences tend to fare better than those who view themselves as

victims and/or blame others for the violence in the relationship (Rolbiecki et al., 2016; Schauer et al., 2011).

Narrative exposure therapies, following cognitive behavioural therapy components, focus on changing behaviour and reconstructing dysfunctional thinking through the narrative memory (Volpe et al., 2017). Thus, narrative therapy appears to work well with cognitive behavioural therapy, which is effective with women who have experienced intimate partner violence and also predominant in the photovoice process. The literature suggests a community-based participatory research methodology, such as photovoice, can be used as a vehicle to explore narrative therapy with vulnerable populations (Volpe et al., 2017). Therefore, if photovoice is an appropriate vehicle to explore narrative therapy with vulnerable populations in a research setting, it could also be an adequate vehicle for intervention when implementing narrative therapy with a vulnerable population in practice.

Empowerment theory and photovoice. Narrative therapy shares similarities with empowerment theory as it allows women to regain control over their experiences and improve one's self-worth. The empowerment approach views clients as the expert of their own lives (Wood, 2015). This is demonstrated throughout the photovoice process as the participants work collaboratively with the researcher to capture their experiences through their photography. Domestic violence is disempowering for women, as their personal agency is stripped away by the abuser (Wood, 2015). A women's personal power can be restored by encouraging them to make decisions around their own lives (Wood, 2015) as well as utilizing approaches, such as narrative therapy, to make their own meaning of the violence and have the power to decide how the abuse is going to define them. According to the literature, photovoice facilitates four significant empowering experiences: (1) enhanced self-esteem; (2) increased confidence and

realization of one's strengths; (3) improved critical thinking skills; and (4) regaining control over their lives, decisions, and challenges (Wood, 2015). Wang and Burris (1994) described photovoice as an empowerment process that helps participants refocus on their strengths and a healthy vision of themselves. As noted, it is critical to implement an empowerment approach with women who have experienced intimate partner violence as the abuse disempowers them and strips away their personal agency. Photovoice provides an empowering experience for women and facilitates the same benefits of an empowering therapeutic technique, supporting photovoice's ability to be a successful therapeutic intervention.

Limitations of photovoice as a therapeutic intervention. While the literature pertaining to photovoice demonstrates positive implications with participants, it is important to consider some of the limitations when implementing photovoice as a therapeutic intervention. It is typically a short-term project-based intervention as opposed to other forms of therapy which are longer term therapeutic relationships. This can impact the therapeutic process, as group-based therapeutic interventions run weekly for a longer period of time, allowing participants to become more comfortable in the group process. Currently, photovoice is still viewed as a research methodology and not an intervention. However, recent studies acknowledge its therapeutic qualities and how it can add value to a therapeutic process (Lucchetta & Shama, 2018; Rolbiecki, 2015; Yanos et al., 2014).

In conclusion, the photovoice process coincides with therapeutic techniques proven to be successful with women who have experienced intimate partner violence. The photovoice process already incorporates components from these effective therapeutic techniques that would typically be implemented in an intervention with this population. Some of these therapeutic techniques are group intervention, cognitive behavioural therapy, constructivist self-development theory,

narrative therapy, and empowerment theory. Photovoice facilitates these therapeutic interventions in a unique, arts-based way. The literature highlights the value of photovoice and its ability to give survivors their voice and capture their experiences using photography, resulting in positive recovery associated with empowerment, positive identity, and community integration (Mizock et al., 2015).

While there is a lack of studies on the effectiveness of photovoice as an intervention, it appears that the photovoice process is effective when incorporated into a research environment. Due to the similarities the process has with current therapeutic interventions, photovoice could be successful when implemented outside of research on an intervention level as well. Thus, further exploration of the effectiveness of photovoice as an arts-based therapeutic intervention with survivors of interpersonal violence is required.

Chapter Three: Methodology

When exploring participants' perspectives, it is important to select a research method that will allow you to capture their emotions and experiences, as participants may find it difficult to capture their emotions and experiences relating to a traumatic event. Therefore, qualitative research was most appropriate for this specific study as it allows the researcher to make sense of participants' perspectives and experiences when working with their emotions. In addition, when working with emotions it can be difficult for people to express their experiences in words (D'Amico et al., 2016; Harris, 2010). A photovoice methodology allowed for participants to explore their feelings and capture their experiences in a creative way without the use of actual words (Haymore et al., 2012). This is important as vulnerable populations may find it difficult to talk about traumatic experiences and/or capture their emotions verbally. This chapter will outline the research design, methodology, setting, sample selection, procedures, and role of the researcher.

Qualitative Approach

Qualitative methods were chosen for this study as this research paradigm is designed to understand and interpret participants' social reality (Ritchie et al., 2014). Qualitative research is defined as:

Activity that locates the observer in the world. It consists of a set of interpretive, material practices that makes the world visible. These practices ... turn the world into a series of representations including fieldnotes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. (Denzin & Lincoln, 2000, p. 3)

Qualitative data was used to capture participants' emotions through their experiences, as the design allows for a real-world, naturalistic inquiry as opposed to experimental or manipulated

settings (Snape & Spencer, 2003). A crucial aspect to qualitative research is to discover and develop new theories, as opposed to testing what is already known (Flick, 2009). Participants' perspectives are the focal point of qualitative research, which also allows for reflexivity of the researcher and the process (Flick, 2009). The researcher's reflections and participant's experiences are subjective and become part of the research process (Flick, 2009). The key of qualitative research is to discover human experiences that are not deeply explored (Flick, 2009).

One of the main elements highlighted in qualitative research is:

Aims which are directed at providing an in-depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, their experiences, perspectives, and histories. (Ritchie & Lewis, 2003, p. 3)

Researchers attempt to make sense of or comprehend the meaning people bring to their experiences (Snape & Spencer, 2003). As qualitative methods are based on making sense of human experiences and perceptions, it is an appropriate methodology for this research question, which focuses on human experiences of a complex issue.

Qualitative research allows researchers to observe participants' knowledge and focus on their subjective experiences (Flick, 2009). Therefore, by implementing a qualitative design, participants used their own narratives to express their experiences with intimate partner violence, as well as share how photovoice as an intervention was beneficial for them. This information will help comprehend how social workers can adequately support survivors' of intimate partner violence's needs and empower their experiences when receiving services. A qualitative design utilizes an open and flexible process that allows researchers to follow the data (Corbin & Strauss, 2015) and better understand participants' subjective experiences.

Methodology

This study employed photovoice as the methodology. Photovoice methodology was developed in the 1990s, by Caroline Wang and Mary Ann Burris (Sutton-Brown, 2014). Photovoice is a qualitative research method that uses photography to capture participants' experiences. Participants then meet with the researcher in a group structure to discuss their reflection of reality. The photographs captured by participants are used to represent their point of view, creating a group dialogue around the issue being studied.

Adaptations made to the photovoice process. As opposed to the typical photovoice methodology where the participants capture photos individually on their own time, the women in this study took photos during the group session, which utilized photovoice as a group intervention. Having participants take their photographs in one session allowed for the study and accompanying materials and props to be contained to the setting, mitigated the risks associated with disclosure of location and purpose, and informal privacy associated with any materials or communication about the event. This adaptation has been made to photovoice methodology in similar studies and has been proven beneficial for participants (D'Amico et al., 2016; Lucchetta & Shama, 2018; Rolbiecki, 2015; Yanos et al., 2014).

Feminist Lens

One of the theoretical foundations of photovoice is feminist theory, as it had a significant influence on photovoice (Coemans et al., 2019). Wang and Burris (1994) focused on ensuring the voiceless had a voice and their perspectives were represented accurately (Julien et al., 2013). Feminist theory emphasizes giving a voice to marginalized populations (Julien et al., 2013), such as women who have experienced intimate partner violence. Implementing photovoice in this study allowed for participants to have their voices heard through the creative process of dialogue and photography. Participants' perspectives regarding their experiences with intimate partner

violence were represented through the photographs taken during the group process as well as the dialogue that occurred during the photography session and group interview.

Another component to feminist theory is learning through group activities, which can be accomplished through shared experiences (Julien et al., 2013). The group interactions that predominated in photovoice in this study, allowed for participants to learn from and relate to peers' experiences (Julien et al., 2013). This type of learning assists in equalizing power dynamics between researcher and participants, by allowing the participants to control their content and pace and be seen as active participants that are further empowered to take control of the project (Julien et al., 2013). The group interaction between participants during this study was significant as the photographs and interviews were taken in a group setting which promoted learning through group activities and peers' experiences.

Setting

The setting for this study was at the Reflection Centre, a private counselling practice in Barrie, Ontario, on October 23, 2019 and November 4, 2019. The centre was opened in 2004 and is a psychological health and wellness centre that works with individuals and families through conflict and trauma and supports clients through issues that prevent them from experiencing emotional, physical, and spiritual well-being. The Reflection Centre offers a wide range of services for those who have or are experiencing trauma, grief, or conflict, through individual or couples counselling. The centre also offers several workshops and supportive group therapy sessions.

Safety Precautions

Due to the increased risk associated with this population, participants must have left the abusive relationship in order to participate and must be deemed appropriate after a safety

assessment by their clinician. These precautions mitigated the potential risk of a former abusive partner finding out the survivor was attending a study around intimate partner violence and the potential harm that could cause the women. Disclosure of location and purpose was provided by their clinicians should they request further information about the study. The participants contacted myself, the researcher, regarding communication about the event to avoid any risks that may have arisen if the researcher contacted participants at an inappropriate time and ensured privacy for the participants. In terms of safety around arriving and departing the location, the clinic is used for counselling, and as such the site has existing safety considerations (i.e., well-lit parking, secured entrance and locked doors during session if the receptionist is not present). The study also occurred during daylight hours.

The researcher is a master's level student who completed a BSW placement in this setting with these psychotherapists. The two psychotherapists supported the study and agreed on the researcher's competency to conduct the study. The clinicians who referred their clients to the study also supported the researcher's competency and trusted their clients would be safe while participating in the study. The two thesis supervisors, both with clinical experience with this population, were also present to oversee data collection. The researcher has taken additional education around trauma and violence against women as well as professional research training with vulnerable populations. Participants had to consent to be audio recorded for the group session, which was included on the consent forms. Participants were reminded that their recording will be kept confidential and stored on an encrypted disk drive.

Sample

I employed purposive sampling due to the nature of the study, as participants were required to meet specific criterion to partake (Blackstone, 2012). Susan Cook from Family TLC

and Sylvie Graziani from Sylvie Graziani Counselling recruited participants and provided safety assessments during the recruitment phase. Interested participants learned about the study from a flyer posted in Family TLC and Sylvie Graziani Counselling and were advised to speak to their counsellor about participation. A participant information statement (see Appendix A) was given to therapists, which explained the research project, and to clients who met the inclusion criteria. The criteria included women aged 18 or older who had left an emotionally or physically abusive relationship and were deemed to be in a safe and stable place in their life to participate. There was no minimum length of time the women were required to be out of the relationship which could be either same-sex or opposite-sex.

Potential participants were existing clients of Mrs. Susan Cook and Ms. Sylvie Graziani. Once these counsellors screen for safety risk and psychological appropriateness, it was the decision of potential participants to contact the researcher if they wanted to participate. I relied on the clinicians' judgement and participants' willingness to participate.

I aimed for a sample size of between 8-10 participants; however, the size of the group ended up only being 4 participants. It was decided to proceed with this smaller sample because there are benefits to a smaller sample size, and generalizability of findings was not a concern for this small-scale qualitative study. According to Wickham, Pelech, and Basso (2009) the smaller the group the higher the chance for intimacy and interaction. The most effective group size appears to be between 5 - 9 people, as this number encourages group interaction and intensity (Wickham et al., 2009). According to Pathak and Intratat (2012) semi-structured interviews provide more valuable data when the sample size is fairly small, and also allows thematic analysis of the data (Alvarez & Urla, 2002).

Procedures

This study received approval from the Laurentian University's Research Ethics Board . The research study was held at the Reflection Centre in Barrie, ON. The centre is a quiet, private, and confidential practice and clients are under the care of Registered Psychotherapist Deborah Alton (B.A., N.L.P., M.A.C.P., R.P). I was a participant-observer in the group with two experienced practitioners (Deborah Alton and Nancy Battaglia) present to ensure participants had access to adequate supports. My role as a participant-observer was to record notes around the group interaction and responses as well as help guide the photography process by asking questions around women's experiences of intimate partner violence and what they are attempting to capture using photography.

I collected data from 4 female participants between the ages of 28 and 50 who had experienced intimate partner violence and identified as heterosexual. The first group took place on October 23, 2019 and data collection occurred through photography and dialogue. The second group followed a semi-structured interview guide and occurred on November 4, 2019. During the second group, participants were asked to explain their perspective of the photographs they took and add any additional information. Both groups were recorded and transcribed.

On October 23, 2019, the study ran a two-hour group session for women who have experienced intimate partner violence but have left the relationship. The group was facilitated by practitioners Deborah Alton and Nancy Battaglia, with myself as a participant-observer. A photovoice methodology was utilized to allow women the opportunity to capture their lives, create narratives, and make meaning of their experiences (Haymore et al., 2012). However, as opposed to a standard photovoice methodology where participants capture photos individually on their own time, the women captured photos during the group session to utilize photovoice as a group intervention.

Prior to the group session, participants were asked to sign both a group consent form and an individual consent form (see Appendix C and Appendix D) and complete a demographic information form (see Appendix B). Once the forms had been completed and consent was understood by all participants, the group session was held on October 23, 2019 for three hours. The group consisted of new participants referred for the study by Mrs. Cook and Ms. Graziani; this was not a pre-existing group. The pictures captured by participants during the group session were developed and shown during the group interview for discussion and further exploration of the research question. The participants only had access to their own photographs during the interview, as I provided each participant with only their photos during the interview.

The overall goal of the group was to support women who have experienced intimate partner violence in an empowering way by utilizing a photovoice methodology as an intervention with an opportunity for reflection. D'Amico et al. (2016) explain that:

Research can also contribute to capacity building in health promotion: 'Research as intervention entails purposefully using aspects of a research process and results feedback to contribute to desired changes in knowledge and practice of research participants and stakeholders' (p.292). Research then becomes not only a means to gather data, but also a potential health intervention. (p. 530)

Participatory visual methodologies can be a form of collaborative research intervention, which utilizes visuals and art to understand and explore lived experiences and realities and appears highly beneficial to the health and well-being of participants (D'Amico et al., 2016). Therefore, based on the evidence in the literature, photovoice was chosen for this study.

The Anti-Stigma Photovoice program was developed by Russinova and colleagues (2014) integrates participants taking pictures and recording narratives in relation to those pictures and experiences (Yanos et al., 2014). In the intervention sessions, participants were taught to utilize the photovoice methodology, which was adapted as a therapeutic intervention in

this program (Yanos et al., 2014). The research study mirrored Russinova's approach as participants were taught to incorporate the photovoice process in a therapeutic setting. Russinova et al. (2014) expressed that the theoretical perspectives that underpin this approach are education for critical consciousness (Yanos et al., 2014), feminist theory (Yanos et al., 2014), and the photography approach by Jo Spence, who views photography as a public tool for social change (Spence, 1986; Wang & Redwood-Jones, 2001; Yanos et al., 2014). These perspectives relate to the current photovoice project as it incorporated critical consciousness and feminist theory. However, due to the vulnerable population and sensitive topic, the photographs were not shared publicly.

Freire acknowledged three levels of consciousness that influenced how experiences are perceived by individuals and the behavioural responses (Carlson et al., 2006). In the first two levels, individuals feel helplessness and contribute to their own oppression (Carlson et al., 2006). Participants identified with this concept, as they related these feelings to their experiences with intimate partner violence. However, individuals who reach the third level of critical consciousness become aware of how to maintain or change their interpretations of reality (Carlson et al., 2006). Participants concurred with this statement as it relates to how they were presently feeling after leaving the abusive relationship. Photovoice projects can engage in critical reflection, which is necessary to raise critical consciousness (Carlson et al., 2006). Participants were able to partake in critical reflection by making meaning of their experiences by articulating this through artistic expression of photography as well as in a descriptive narrative form during the group interactions.

Feminist theory focuses on marginalized populations and is a predominant underpinning of photovoice (Julien et al., 2013). By incorporating feminist theory, voiceless populations are

being heard and emphasis is placed on accurately representing their voices and perspectives (Julien et al., 2013). This was mirrored in the research study, as women are often marginalized in society and this study provided a safe space for participants to have their voices heard as well as their perspectives represented. Another important aspect of feminist theory is the benefits of cooperative group dynamics, as it equalizes the power within researcher-participant relationships (Julien et al., 2013). Participants identified with feeling powerful during their experience with photovoice and discussed the benefits of shared experiences in a group setting. By adopting a feminist theory underpinning, photovoice methods ensured the participants were being heard, and utilized the photos to represent their experiences and stories.

The group session and post-group interviews were developed around the theoretical perspectives described above in order to remain true to the theoretical foundations of the methodology. For example, critical reflections on the women's experiences in the group and with intimate partner violence provided an opportunity to assist in their growth of critical consciousness. The session focused on their experiences and perspectives of intimate partner violence which gave women the opportunity to take their control back by making meaning out of their experiences. By engaging in critical reflection, participants engaged in critical consciousness by becoming aware of their own oppression through group discussions and making meaning of their experiences through photography and group dialogue. In the post-group interview, the integration of feminist theory helped women deepen their understanding of their strengths and those of other survivors by engaging in reflection around their experiences and photos, which ensured their stories were adequately represented.

The group session began with an introduction and explanation of photovoice process. Informed consent was discussed in relation to the group environment (see Appendix D). The

session lasted a total of three hours and consisted of discussion and capturing participants experiences with digital cameras and props (i.e., costumes, decorations in room, mirrors, scarves, whiteboard, and picture frames) provided by myself during the group session. Participants utilized the props in their photographs during their data collection. Discussion, reflections, and debriefing occurred for the final 30 minutes of the group. The group was facilitated by two registered psychotherapists who have experience with trauma and were available if extra support was required. One of my thesis supervisors was present to ensure the safety of participants. I joined in the group as a participant-observer, helped guide the photography process and asked questions about participants experiences when appropriate.

Following completion of the group, participants met on November 4, 2020 with the researcher, both clinicians, and the thesis supervisor to conduct a qualitative group interview. The interviews were conducted two weeks following the group session, to allow participants time to process the experience and ensure the memories were fresh and easy to recall. A semi-structured interview format (see Appendix E) was used to guide the interview process, as this research benefited from a fairly open framework (Pathak & Intrat, 2012). The open-ended questions allowed for flexibility and opportunity to explore issues or areas that arose during the process (Doody & Noonan, 2013). The open-ended questions also incorporated feminist theory in that participants could control, pace, and direct the interview process. The interview was facilitated by myself and the clinicians using Appendix E for reference. The photographs the participants' captured during the group were developed and available to allow for discussion during the interview. Participants had access to the hard copy of their own developed photos, however, a PowerPoint presentation, with participants photographs was shown for reference to the group while discussion occurred. Prior to beginning the interview, participants were

reminded that they could withdraw at any time and were not required to answer any questions. A contact list with additional supports in the community was offered to participants prior to the interview.

Data Collection

For the purpose of this research, data collection occurred at two points: during the group session and post group interview. The interview utilized a semi-structured interview guide as open-ended questions encourage depth and help new concepts emerge, resulting in rich data for analysis (Deamley, 2005; Doody & Noonan, 2013; Hand, 2003). The study explored the participants' experiences of taking part in the photovoice group and focused on the photographs they captured during the process to portray their experiences with intimate partner violence. The group session and post group interview were audio-recorded, forming part of the data collection. All participants consented to being audio-recorded during both interviews. The photographs captured by participants were collected using digital cameras provided by the researcher. Photographs, transcribed notes from the photovoice process as well as notes taken during the interview also contributed to the data collection.

Approach to Analysis of Data

Data collected through photography and audio recordings were analyzed (Carlson et al., 2006; Drew & Guillemin, 2014). Carlson et al. (2006) have extended the original photovoice methodology to incorporate research analysis of photographs, which is seen as a priority to identify themes through an interpretative lens. By using iconography as an analytic strategy, I explored the meaning of participants' photographs using three different levels (Carlson et al., 2006). The first level is the most superficial and is the daily recognition of the subject matter (Carlson et al., 2006). In the second level, the researcher looks for "commonly understood

symbolic meaning, which might or might not have been intended by the photographer” (Carlson et al., 2006, p. 841). This level of analysis recognizes the subject matter as a symbol of something more, for example, a cemetery would be a symbol of death (Carlson et al., 2006). The third level of analysis requires additional research to comprehend the interpretation of the social changes of forming critical consciousness (Carlson et al., 2006). I used all three levels of visual analysis when analyzing the photographs .

Data collected through audio-taped interviews were transcribed and examined by the researcher using Braun and Clarke’s (2006) six step thematic analysis framework. Thematic analysis is appropriate with textual data, specifically interview transcripts, where researchers compare the data by themes across participants’ perspectives (Gale et al., 2013). The aim of thematic analysis is to analyze narrative materials of life stories and “is mainly described a method for identifying, analyzing and reporting patterns (themes) within data” (Vaismoradi et al., 2013, p. 399). Thematic analysis allows us to see the patterns in datasets that transpire (Floersch et al., 2010) and provides rich details of the data (Vaismoradi et al., 2013). According to Boyatzis (1998),

Thematic analysis functions as: (1) a way of seeing; (2) a way of making sense of seemingly unrelated material; (3) a way of analyzing qualitative information; (4) a way of systematically observing a person, an interaction, a group, a situation, an organization, or a culture; and (5) a way of converting qualitative information into quantitative data. (p. 4)

The analysis process of thematic analysis is done by “description and interpretation, both inductive and deductive, emphasizing context, integration of manifest and latent contents, drawing thematic map, and non-linear analysis process” (Vaismoradi et al., 2013, p. 399). By reading through each transcribed interview and taking time between each transcript to reflect upon what was read, I implemented thematic analysis and identified themes in transcripts.

Thematic analysis involves a process of searching and identifying common threads that encompass an entire interview or set of interviews (DeSantis et al., 2000; Vaismoradi et al., 2013). By analyzing the data using a line-by-line approach I reflected on what each participant disclosed about their experiences and identified common threads. All statements relating to participants' experiences in the study were allocated a 'meaning unit' pertaining to the general aspects of the lived experience. These 'meaning unit' statements from the interviews were then analyzed to distinguish any similar meanings throughout the interviews. I spent a considerable amount of time and reflection into clustering the coded meaning units into groups, which revealed the common experiences of participants. This process continued until all meaning units were compared and organized into groups. Themes emerged within the groups, based on the relationship among classifications. The establish themes helped me understand a particular phenomenon using the rich description and quotes from the perspective of the participants who experienced it (Vaismoradi et al., 2013). Given the small sample size of 4 participants, I required a consensus of at least two participants to constitute a theme.

Ethical Considerations

According to Ryen (2016), ethical issues may involve informed consent, confidentiality, emotional stress of participants, and deception. After receiving approval from the Laurentian University Research Ethics Board, the clinicians used their professional judgement to decide which clients were ready to participate in the study. When approaching clients, clinicians ensured that if their clients were to decline or withdraw from the study at any time, there would be no adverse consequences to the therapeutic relationship.

One potential risk was ensuring group confidentiality. This risk was mitigated by requiring all participants to sign a group consent form and discuss group confidentiality

explicitly at the beginning and end of the sessions. Participants were informed not to take any pictures they feel could put their safety at risk, photograph other participants, or breach confidentiality of other participants. In addition, participants were advised of the emotional risk involved of participating in the study, as well as how to obtain supports should any emotional distress occur. In order to mitigate emotional burden, we provided participants with a list of counselling resources, had two psychotherapists experienced in trauma on site, and one thesis supervisor on site for additional support. A list of community resources for participants was provided. Participants were informed that there would be no use of names in the study, and that both the study and research findings will advance honestly and be conveyed truthfully. In addition, participants were advised should the findings be published in an academic journal or book, information they will not be identified.

If participants in the study choose to receive research findings, they were informed by e-mail (collected in the demographic information form). All participants were advised that all raw data – including photographs – would be kept confidential and stored on an encrypted disk drive in a locked filing cabinet in Dr. Tanya Shute's office at Laurentian University. Some data was kept on a locked and secured Google document, to which only the researcher had access. Data will be kept for seven years, at which time data and photos will be shredded and thrown out; recordings will be erased to ensure confidentiality of all participants. Participants had the option to keep their own photographs.

The Role of the Researcher

Social work involves awareness of power imbalances in practice and research (Bogo, 2018). In selecting the design for this study, it was important to choose a process that highlighted the participants' experiences in an empowering way; allowing the participants to be the experts

of their own stories. Fulfilling a participant-observer role in the research study allowed participants to take the lead, which brought out the richness of their experiences with the photovoice process and empowered them to redefine their story. Social work skills, such as establishing rapport, active listening, interviewing skills, and reflexivity, were implemented during the research process. Utilizing these social work skills allowed me to engage in an empowering dialogue with participants that allowed their voices to be heard and their experiences redefined.

Reflexivity is an integral component of qualitative research (Bogo, 2018). One goal of reflexivity is to enrich the accuracy of the research and the credibility of the findings (Berger, 2015). This is accomplished by considering researchers' values, beliefs, knowledge, and biases in order to obtain plausibility and secure the trustworthiness of the research (Berger, 2015).

According to Berger (2015),

Reflexivity is situating the researcher as non-exploitative and compassionate toward the research subjects, thus helping to address concerns regarding negative effects of power in researcher-researched relationships. Reflexivity helps maintain the ethics of the relationship between researcher and research by decolonizing the discourse of the other and securing that while interpretation of findings is always done through the eyes and cultural standards of the researcher, the effects of the latter on the research process is monitored. (p. 221)

During the research process, being self-reflective by journaling and receiving supervision helped me as a researcher identify content or questions that I may emphasize or shy away from as well as become more aware of my own reactions to the group interview, thoughts, and emotions (Berger, 2015). Thus, consciously practicing reflexivity can enhance the quality of the research by allowing me to consider the ways in which my values, beliefs, knowledge, and biases may assist and/or hinder the process (Berger, 2015; Lietz et al., 2006). As the researcher, it was

crucial to implement reflexivity into this qualitative study in order to minimize any researcher biases and enhance the quality of the research.

It was important to highlight my relationship to the setting as I was previously a placement student at the Reflection Centre and currently collaborate as a team with the therapists and practicum students here. I have taken appropriate steps to ensure there is no influence and the ethical protocols to ensure confidentiality are sound. The research study and results do not affect or relate to the private practice and the therapists who are present for support are voluntary and do not gain anything from the study or the results.

Confidentiality is another important aspect of qualitative research (Flick, 2009). This study received research ethics approval from Laurentian University's ethics review board, and all standards for maintaining confidential and anonymity were followed.

Methods of Verification

The findings from the literature review were triangulated along with the findings from the study. Studies that implement triangulation may collect data using two or more data sets (Heale & Forbes, 2013). Data from the interviews and commentary derived from the photographs were triangulated and compared to explore themes across the data sources, which allowed for triangulation (Harley & Hunn, 2015). In this photovoice study triangulation was implemented to analyze and compare interviews, photographic commentary, and field notes to highlight similar themes across data sources (Harley & Hunn, 2015) and increase the trustworthiness of the findings.

Limitations

The sample size was suitable for the study. However, a larger scale could provide more data on the benefits of implementing photovoice in a therapeutic setting. The participant sample

was homogeneous with no ethnic minorities or Aboriginal participants, as well as no individuals with same-sex relationships. The sample was also individuals who were out of the relationship for a long period of time and did not include anyone who recently experienced intimate partner violence. The sample consisted of all women, which may be viewed as a limitation to some as it does not relate to anyone who identifies differently. As with any research there are limitations, however, the findings of this study could still be beneficial for social work practice.

Chapter Four: Results

This chapter will present the results of the data analysis from which four key themes emerged: historical impacts (childhood experiences, belief systems from childhood); strengths participants drew upon to leave the abusive relationship; similarities in photographs; and participants experiences with photovoice. The themes identified are in relation to the research questions:

- What are the strengths women, who have experienced intimate partner violence, drew on to leave an abusive relationship?
- What do women who are survivors of intimate partner violence, reveal about their experiences of being involved in a brief, photovoice-based intervention?

The research questions were answered in the four key themes that emerged from the study. Given the small sample size, it is not possible to generalize about IPV from the data; however, the findings contribute to the current knowledge of IPV.

Results

It was evident from the study that participants identified historical impacts from their childhood that affected their relationship expectations as a young adult. These childhood experiences shaped participants' belief systems and relationship patterns as they grew up.

Childhood Experiences

Multiple participants shared how their childhood experiences impacted their relationship expectations and choices. Participant Four stated, "I believe it's set me up younger for a lower platform for men than most ... my measuring stick was set up very low from the beginning and I think that's kind of a curse." Participant One concurred by noting: "dysfunction started as a child, and ... my family fell apart ... even getting myself into that circumstance ... I already was

down just from my family dynamic.” Participant Three discussed the intergenerational trauma of abuse within her family and how she felt that also impacted the patterns in her relationships:

I ... come from a history of childhood sexual abuse ... my parents both grew up in abusive families ... just knowing what I know about myself, about the pattern or probably how I ended up in that relationship with the fact that I, you know, come from a history of childhood sexual abuse.

Participant Two disclosed her parents separated when she was younger, which influenced her expectations for the perfect partner as she was looking for a picture-perfect life that did not include separation like her parents. Therefore, when choosing a partner, she referred back to her childhood experiences and what she wanted to avoid, in a partner “so, the first (picture), the flowers I think was where I started, and that represented the picture-perfect life, when I chose my partner” (Participant Two).

That expectation was mirrored by Participant One. She explained how the picture-perfect family was what she wanted because that broke apart for her as a child. Therefore, the need for the perfect family kept her in the cycle of abuse,

the family (picture) , two representations there. So, one, it’s kind of like what I was looking for, because it’s something that when I -as a child- broke apart for me and it’s kind of what I held on to, it’s kind of that picture-perfect family, sunshine and rainbows, kind of image. And I think going into that relationship and then what kept me going back into that cycle is that I was so focused on trying to redo that, or trying to create that.

One participant shared that she was unaware she was experiencing abuse,

My first picture is of a therapeutic setting. So, I think for me it all started, and ended, and continues there. For me it was several abusive relationships, not one. And through

therapy I realized that my abusive relationships started when I was young, from my parents, watching my parents. My parents should of left each other but they chose to stay. They kind of set up the dynamics for me to put up, shut up, um, that English corporate type thing [...] I guess through, when I walked through the doors after the third, the third relationship, which almost killed me I realized that I had no clue what was going on was abuse (Participant Four).

However, once she was aware she was experiencing intimate partner violence she recognized a pattern that lead her to more abusive relationships:

I got kind of got set up at a young age. So, my first abusive relationship was when I was very young, 18, an accountant in the firm who, um, was extremely corrosive abusive, almost criminal [...] that set me up for, I think low standards. Like you go from like here to someone who doesn't hurt you, doesn't drug you, doesn't' you know [...] it's kind of like, um, he set the platform for relationships. So, then anything above that (Participant Four).

For this particular participant, she experienced multiple abusive relationships and recognized a pattern in relation to the severity of the abuse. As long as the relationship was less severe than the last, she saw it as a good relationship until she was able to recognize the patterns of what she was experiencing.

Belief Systems from Childhood

Participant Three shared that her adverse childhood experiences led to the development of her core belief of "I [am] unlovable". She viewed herself as "already damaged" before entering the abusive relationship. The belief of not being enough surfaced repeatedly throughout her experience with IPV:

In the relationship, I felt... not whole. I was never seen for who I was, I was ...
 masquerading and putting on a show ... there were things I didn't like about myself that
 were used against me ... I was told that [my hair is] ugly ... why are you doing that?
 Why are you wearing that ... you are not good enough, you should be someone else.

Participant One shared a similar experience, “the dirt represents how I was feeling about myself already, before entering that kind of relationship.”

What Participants Learned after Reflecting on their Experiences with IPV

Participants discussed what their experiences with IPV taught them. Participant One shared:

Taking everything, all the experiences, all of the heaviness and the darkness and ... being in a traumatic relationship, and then learning to embrace that, and not wanting it to be something that brings you down anymore but using it to propel you forward and to give you the ability to help other people.”

She continued to explain how her relationship with intimate partner violence allowed her the opportunity to learn a new perspective around traumatic experiences. She was able to reflect on the negative experiences through a positive lens in order to cope and move forward as well as help people in similar situations. Participant Two concurred with this experience. She explained her relationship allowed for a new perspective as she learned what she really wanted: “I thought I wanted a certain life, and then as I went through the experience I realized what ... I really wanted.” Participants also discussed how they learned coping skills and to heal themselves around those experiences: “Part of healing is kind of accepting where you are, who you are and loving that person. my ability to connect with people and reach out, and my people skills all stem from that experience” (Participant One). Participant Three discussed how having an experience

with intimate partner violence provided an opportunity to discover her personal power, “take her life back, make sense of it and reclaim her story.” Participant Four concurred with the perspective that the experience with intimate partner violence had contributed to her learning about her personal power: “It’s part of who you are. But it’s also why you are strong.” All participants were able to identify positive aspects from their experiences, such as, personal power, coping skills, healing skills, personal skills (i.e., helping others, social skills) and acceptance.

Strengths Participants Drew on to Leave the Relationship

The first research question asked what strengths participants draw on to leave the abusive relationship. This section will explore the themes found in this study pertaining to the strengths identified by participants. Critical reflection was one of the factors that empowered participants to leave. Participant Three shared:

I’d always dreamed about exploring the world and being outside of that relationship, but I never really allowed myself to have it ... I started to grow resentful of that in the relationship, and that kind of was one of the reasons that I started to think about that in a more critical sense, if I wanted that for myself or not.

Participant Four explained that self-reflecting in therapy helped her recognize patterns of intimate partner violence and empowered her to leave the relationship. Participant One shared

you know there is more ... you ... deserve more ... want more, that there’s more for you, and that’s just kind of what carries you ... The map represents ... that feeling of wanting to escape and just go as far away as possible ... there’s so much more out there, and there’s a whole wide world and not to forget that. ... that helps you kind of break that cycle of it too.

Personal Power

Participants also discussed the personal power and/or inner strengths they drew on to leave the relationship and break the cycle of abuse.

“The next one is the flower. So, for me that represents like each time you get that little bit more strength ... so again, from that darkness, and from that heaviness and that weight comes birth ... like, you get stronger and then you get covered again. So, that is a really strong resemblance for just breaking through that, and like, what comes out of that is like, you know, it doesn't matter how heavy or deep you go, the root will come and the flower will blossom” (Participant One).

Participant One highlights how even in those dark moments her inner strength was able to help pull her out of the heaviness of her experience with intimate partner violence. Participant Two shared how authenticity and her value system contributed to her decision to leave the relationship:

That picture just reminded me of like, Islam, and he's Muslim. The cultural differences that played ... But I don't see that as like, a negative thing, I see that as like, this really powerful point in my life where I was like heading in two directions and I chose to really live more authentically instead of living like this really superficial materialistic life, and left Dubai. So, it was actually freeing. (Participant Two)

Participant Two acknowledges how she felt empowered during this period of her life and drew on inner strength when it came to the decision to leave the relationship. Participant Three used her inner strength to “do a lot of soul searching in that time period”, which allowed her to be “kinder to herself” and draw on inner strength to leave the relationship. When it came to leaving

the relationship, participants drew on strengths within themselves, which was empowering for them.

Content Similarity in Photographs

When analyzing the data, participants had similar photographs as well as narratives associated with their experiences which provided three major themes: rebirth, masking self, and gratitude. The following section will look at these themes further.

Rebirth

The theme of rebirth was expressed by participants when describing their meanings behind the photographs. According to participants, the term rebirth is associated with healing, letting go, reinventing, and seeing things differently in life. Participant Two explained “The flowers represent the beauty, the rebirth ... The mirror shot is sort of just how much I’ve had to challenge and like become and reflect on who I am and keep reinventing and changing and rebirth and all of that.” Participant One described her experience as “with the darkness and with the heaviness and that weight comes birth.” Participant Three described her experience of rebirth in a different way as she explained her view of the world during the relationship and how she reinvented her perspective on life after leaving the relationship:

There’s actually so many different aspects of my life that I never saw before, like before I literally just saw like a blank frame with nothing on it ... the fact that there’s so many possibilities now to me is a beautiful thing.

Masking Self

Many participants utilized the mask as a prop in their photographs and how they described what the mask represented to them. Participant Two shared:

“The masks represented like I thought I was okay and I thought I was better and then I devalue myself again and I was never like a healing process was just like all over the place ... I think that the layers in the mask just represent how much I’ve had to strip away and probably also looking at that now, how much I still need to take off and go down deeper.”

The mask represented how she masked her feelings to herself and pretended to be okay. However, she realized she had to strip back her own layers and after reflection was able to acknowledge her emotions and where she is in her healing process.

Participant One incorporated the mask to represent her experience of hiding her pain around others,

It also reminded me of ... being in a really hard circumstance where ... I smiled all the time, but often it wasn’t a genuine, deep feeling ... you’re so used to masking, and smiling through things, and putting on a happy face and pretending like everything’s okay.

Participant Three mirrored this experience and explained, “I was never seen for who I was, I was just kind of masquerading and putting on a show.” Participant Four concurred, “I always felt like ... people on the outside could never see what I was going through, the hurt, the trauma, ... all the emotions, and I just kept giving, giving at work, helping people, you know.” All four participants pretended to be okay, one to herself and the remaining participants to others.

Gratitude

Reviewing their photographs surfaced a feeling of gratitude held by participants for their experiences:

I felt a lot of gratitude for the experiences [because it] brought me into where I really wanted to be in life [...] I wouldn't wish it upon anybody but at the same time I've learned so much from it and I really am grateful for it (Participant Two).

Another participant agreed stating, "I also feel very grateful for the experience and also having gone through it because I wouldn't be who I am right now" (Participant One). Participant Four concurred, "I think like everyone's saying, it brought me to where I am today, the strength that I have today." It appeared that the participants took a more positive lens to their experience and highlighted their gratitude and who it has made them today.

By using photovoice, participants were able to answer the first research question and identify strengths they drew on to leave the relationship as well as similarities between their content. The next section will look at their experiences with the photovoice process.

Participants' Experience with Photovoice in a Therapeutic Setting

In order to answer the second research question, it was important to ask participants for their feedback around their experiences with the photovoice process. Overall, participants had a positive experience with photovoice in a modified setting. This section will answer research question two, while further exploring how the photovoice process in a therapeutic setting allowed for reflection around unfinished work, empowerment, and current relationship patterns, how it was beneficial for them and potential barriers to the process.

Unfinished Work

Incorporating photovoice in a therapeutic setting was an intriguing experience that allowed participants to reflect where they were on their healing journey. Participant Two shared "as I reflected on the whole experience ... I think ... shit of myself and I don't value myself at all [...] deep down ... this is not done" (Participant Two).

Another participant concurred with the idea that healing is not complete, “I think it’s a forever process of building yourself and understanding yourself and... the still having little dips of the self-doubt and the self-image” (Participant One). Participant Three discussed how the experience gave her the opportunity to reflect on relationship patterns and her past, as she stated: “I’ve kind of talked a lot about how it (the process) definitely helped me reflect on a lot of those things.”

All four participants shared that their healing journey continues.

Empowerment

Participants were asked ‘how did trying to capture the strengths that allowed you to leave the abusive relationship make you feel in the moment?’ The words “Empowered” (Participant Two) and “Strong” (Participant One) were voiced, which all participants agreed with: “I could relate a lot to you know, the empowerment thinking I had come through this and I ... learned so much now even” (Participant Two). Participant One shared “It’s a powerful feeling. Knowing how much you’ve overcome and how far you’ve come, and you’ve, you’ve gotten yourself and now what you can see and how you can look back on it [...] powerful feeling.” Participants went on to discuss the shared experiences between them and how that contributed to their empowerment: “and I think it’s, that’s the power also of like just those things, having shared experiences [...] it’s not a pleasant shared experience but it does empower us” (Participant Two). Participant One mirrored this, “It’s certainly ... a different sort of connection but an immediate ... with the shared experience it makes me feel warmth and care for you naturally.” Participants Three and Four concurred with this statement and went on to explain: “Just sitting here and talking about it with a group of women gave meaning” (Participant Four). Participants disclosed how having a shared experience empowered them during this process and how that was beneficial.

Challenges of Participating in a Photovoice Process in a Therapeutic Setting

Based on participants feedback, incorporating photovoice techniques in a therapeutic setting has several limitations to consider. Participant Three shared her personal barrier to the process:

When I was sharing the pictures ... I started feeling super anxious ... on the verge of a panic attack, which is so not like me ... having these pictures up there and having so much room for interpretation ... I am fine with sharing my story on my own terms and I don't like when my story's open for interpretation by others (the process) allowed me to try and get more comfortable with the notion that I don't need control (Participant Three).

While she noted this as a limitation, she also acknowledged that the process provided her an opportunity to feel more comfortable with not having control over other's interpretations.

Another participant shared what they found to be difficult about the process: "I think the sensitivity of the topic and, and just how it wasn't a lot of time [...] like you were saying to get really comfortable – even though we did. I think that could've been a little bit of a barrier possibly" (Participant Two). The last two participants shared their experiences with the process in relation to getting back into that mindset. One participant went on to explain: "a barrier [is] the fact that it (the relationship) was so long ago ... I probably needed a little more time to get into that mindset again but I mean, I did get there in the end" (Participant Three). Another participant mirrored this barrier: "The biggest barrier for me was putting myself ... getting myself in that mindset again and those feelings and bringing those feelings back up that I worked so hard to move away from. So resurfacing things that were, you know, a long time ago" (Participant One).

Impact on Current Relationships

While exploring participants' experiences, it was intriguing to hear how the experience of intimate partner violence impacts current relationships. Participant Three, who is currently not in a relationship, stated, "[the abusive relationship] was actually the last serious relationship I've had ... I think it has more to do with being scared of getting back in that situation."

While Participant Four's current relationship is not abusive she describes being hypervigilant for signs of abuse, "am I going to get into this again? Am I going to lose everything ... each relationship I went through I lost more and more." Participant Two responded to Participant Four's experience noting she relates to that fear of "getting into this again" and "losing everything" and how she fears her children will "pick up" on the abusive relationship patterns which could impact their future relationship expectations:

That is exactly what I went through ... I'm at a point where I've worked so hard – to get certain places in my life ... I'm my kids role model ... I'm their primary and caregiver ... that's also another reason why I don't want them to see me in [abusive] relationships (Participant Two).

She went on to explain that she has been in relationships since her experience with intimate partner violence as "the shells [in her photograph], the rough, was like other relationships that weren't really getting any better" and she isn't sure "if it's such a good idea [to be dating], because it's like each time you get hit again [with signs of abuse]". Participant One concurred around the fear of new intimate relationships, "a very raw vulnerability that you feel in doing something because it's opening you up to what you're terrified of happening. Because that downward, downward spiral, you know how far it goes. And that's what's scary is opening, making yourself vulnerable." Although this participant is engaged, the fear around new relationships – and potentially entering a new abusive relationship – after experiencing IPV is

prevalent in all four participants' narratives, which ultimately had long term implications on their current relationships.

Conclusion

Data analysis identified several themes within the study. The four key themes that emerged were, strengths participants drew on to leave the relationship; similarities in participant's experiences; and photovoice experience in a therapeutic setting. These themes will be further discussed in the following chapter as they pertain to the research questions as well as how they relate to using photovoice in a therapeutic setting.

Chapter Five: Discussion

This chapter will discuss the findings and how they pertain to the research questions. Previous literature and studies on intimate partner violence and photovoice as a therapeutic intervention will be examined in relation to the research findings. The research questions that guided this study were:

- What are the strengths women, who have experienced intimate partner violence, drew on to leave an abusive relationship?
- What do women who are survivors of intimate partner violence, reveal about their experiences of being involved in a brief, photovoice-based intervention?

This study focused on two important topics for research, the experiences and meaning around photovoice as a therapeutic intervention and strengths women drew on to leave an abusive relationship. The major findings from this research include how experience with intimate partner violence has shaped women's relationships, strengths participants drew on to leave the relationship, the challenges and positive perspectives adopted by these women, and how women viewed the photovoice process as a therapeutic intervention.

According to research by the Canadian Centre for Justice Statistics (2019) over 93,000 Canadians reported to the police an experience of intimate partner violence in 2016. The rate of intimate partner violence in Canada prompts researching empowering experiences with this population and assisting them in regaining personal agency (Wood, 2015). In this study the participants noted that the photovoice process contributed to feelings of empowerment. Recent research has identified the effectiveness of photovoice as a methodology when working with women who have experienced intimate partner violence (Haymore et al. 2012; Rolbiecki et al., 2016). In the next section, I will discuss the relationship patterns associated with the research

questions, including the challenges and perspectives adapted from participants' experiences, and how they found the photovoice process in a therapeutic setting. This will be followed by limitations and research using the photovoice methodology.

Women's Strengths

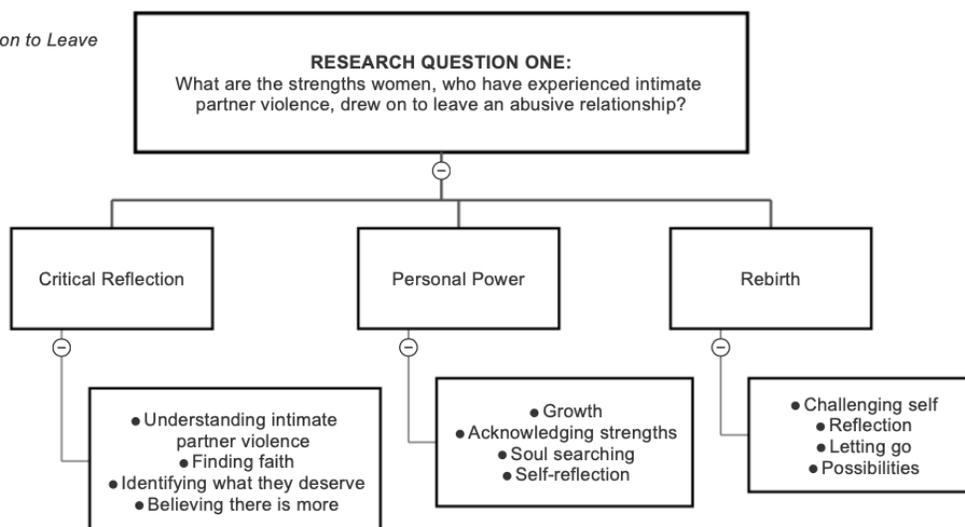
According to Wood (2015), intimate partner violence is disempowering for women, as their abuser takes away their self-control and personal agency. Thus, this study utilized an empowering lens when looking at intimate partner violence in order to assist participants in regaining personal agency. This study adds to the research knowledge base, which allows clinicians to better understand women's strengths to leave an abusive relationship and flourish.

Themes Identified

The first research question is what are the strengths women, who have experienced intimate partner violence, drew on to leave an abusive relationship? Three key themes emerged from the data, which included critical-reflection, personal power, and rebirth. These themes will be further explored in this chapter. below is a conceptual map (Figure 1) that highlights the themes:

Figure 1.

Strengths Women Drew on to Leave an Abusive Relationship



While a majority of the literature focuses on the barrier's women face that prevent them from leaving the relationship (Zink et al., 2003), participants in this study focused on highlighting what strengths they drew on to leave the relationship and how that empowered them.

Critical-Reflection. There are multiple barriers women face such as normalizing the abuse, lack of financial resources, inability to acquire a divorce, concerns about the effects on their children, and living in a patriarchal society (Grunfeld et al., 1996; Jewkes et al., 2015; Zink et al., 2003). While participants identified with the barrier of normalizing the abuse (Kearney, 2001; Zink et al. 2003), the discussion focused on the importance of self-reflection while experiencing intimate partner violence and how this propelled them to leave the relationship. As opposed to reflecting on the barriers to leave, these participants used self-reflection to examine what they wanted from life. According to Friere (1996) who studied individuals facing oppression, hope is an important component of resiliency. Saleebey (2000), the originator of the strengths-based approach, also asserted that hope is key to recovery and resilience. Marcel, who

worked was with prisoners of war, established that hope is fundamental to persistent coping when facing adversity (as cited in Godfrey, 1987).

In order for participants to cope during their experiences with intimate partner violence, self-reflection contributed to hope and resiliency. A key theme that emerged from participants was their desire to explore the world and their place in the world. This allowed them the faith and hope to leave the relationship and pursue their dreams. Munoz et al. (2016) suggest “increases in hope are important to IPV survivors because hope is a cognitive set that underlies resilience” (p. 8). Therefore, the research study is parallel to the findings within the literature and corresponds with the importance of self-reflection and hope when working with women who are experiencing intimate partner violence.

Personal Power. Women’s experiences with intimate partner violence can negatively affect their self-esteem and self-efficacy (Childress, 2013; Matheson et al., 2015). A study done by Crann and Barata (2019) focused on survivors of intimate partner violence and their narratives around their experiences. One participant in that study focused on “her personal strength and resourcefulness that helped her to cope with the abuse” (Crann & Barata, 2019, p. 15). The researchers felt that this perspective “stood out as remarkably different in its emphasis on personal strength” (Crann & Barata, 2019, p. 16). Interestingly, all participants in this study discussed how they relied on their inner strength during their experiences with intimate partner violence and that their inner strength is one of the main strengths they drew on to leave the relationship. During the study, participants were able to reflect in a more positive way pertaining to their experiences. Many participants discussed finding the light, growing as a person, and how that allowed them to become stronger. Each participant disclosed feeling powerful and drawing

on that inner strength and power at that point in their life when they chose to leave. The experience was described as freeing and empowering by participants.

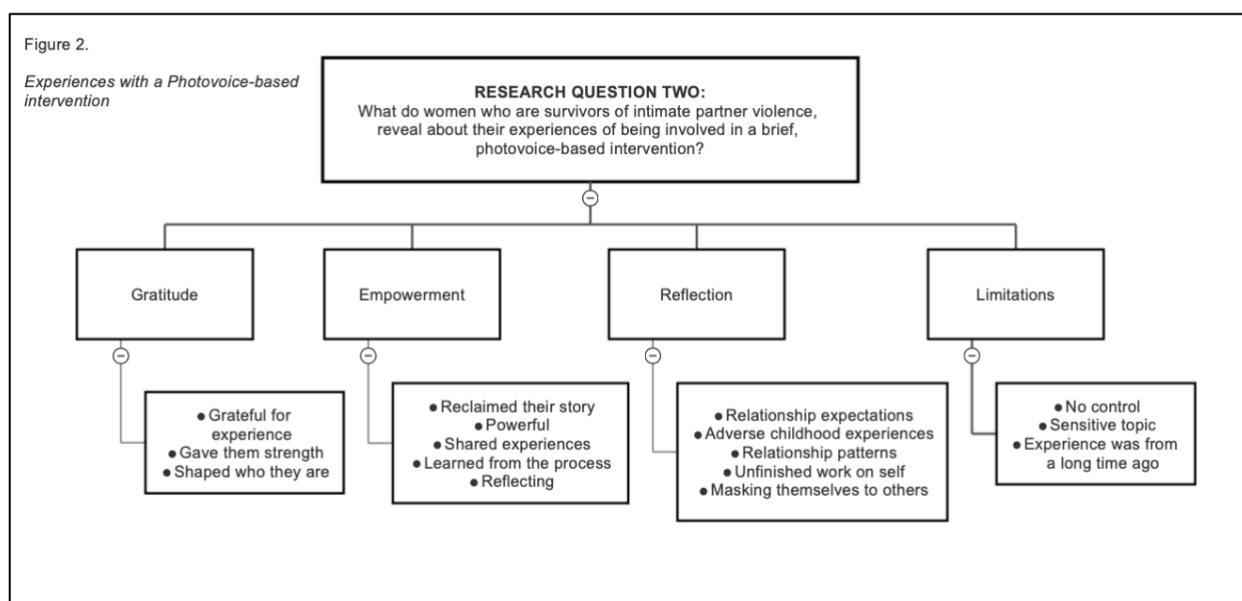
Rebirth. Women who are experiencing intimate partner violence face numerous barriers to leaving the relationship. Due to these barriers, some women may normalize their experiences which leads them to justify staying in the relationship (Kearney, 2001; Zink et al., 2003). Participants resonated with these findings as they discussed ways they normalized their experiences and justified staying in the relationship. However, the theme rebirth was prevalent in the participants photographs and appeared to be associated with healing, letting go, reinventing, and seeing things differently. According to Hayes (2013) “by changing the story associated with intimate partner violence from one of tragedy to one of rebirth, the focus shifts to what the woman does to assert her autonomy and resist her abuser” (p. 6). Participants mirrored these findings and indicated one of the key strengths they drew on to leave the abusive relationship was the idea of rebirth. By challenging themselves to reflect and reinvent themselves, they were able to identify the potential possibilities for themselves and find the beauty in change, letting go, and moving forward. During this process women are affirming their autonomy. However, it is important to acknowledge that it is not up to the woman to escape the abusive relationship, as the rebirth story includes other oppressions in the woman’s life that can affect her experiences or decision to leave (Hayes, 2013).

Photovoice as a Therapeutic Intervention

According to Wang (1999), photovoice is typically utilized with a marginalized group to represent the strengths and concerns of their community. The first principle of photovoice is images have the power to teach as a visual depiction of someone’s perspective helps enrich a verbal concept and enhance a better understanding by seeing their point of view (Julien et al.,

2013). Participants supported these statements as expressing their experiences through photography allowed them to highlight their strengths, concerns, and enhance their point of view to the group.

The second research question explored was: what do women who are survivors of intimate partner violence, reveal about their experiences of being involved in a brief, photovoice-based intervention? Four crucial themes emerged from the research in relation to this question, which included gratitude, empowerment, reflection, and limitations. Below is a conceptual map (Figure 2) that outlines the themes identified from the research project:



While a majority of the literature focuses on photovoice as a research method with survivors of intimate partner violence (Sutton-Brown, 2014), participants in this study were more focused on highlighting how adapting the photovoice technique for a therapeutic setting was beneficial and empowering for them.

Gratitude

According to Coemans et al. (2015) and Foster (2012) implementing an arts-based research method, like photovoice, with someone who has experienced intimate partner violence

would provide access to essential components of participants' experience like fear, loss, desire, hope, or suffering. These emotions were captured in the photographs as well as during the group interview. However, this process also led participants to view their experiences in a more powerful lens, which helped empower their perspective. They identified that their experiences with intimate partner violence shaped who they are today and contributed to their strength. Participants adapted a more positive lens to how their experiences changed their perspectives as they focused on inner strength, personal power, accepting, healing, and personal skills they learned from their experiences with intimate partner violence.

Empowerment

According to First et al. (2017) photovoice is a process that incorporates strategies to empower women's experiences of intimate partner violence through support and regaining power and control over their narratives. The participants in this study mirrored First et al.'s findings as all participants agreed that this experience made them feel empowered and strong. Participants also found the shared experiences to be powerful and added to the feeling of empowerment. Feminist theory is one of the theoretical underpinnings of photovoice (Sutton-Brown, 2014) that reinforce empowerment. Ensuring the powerless are heard is a critical component to photovoice, and this process gave women the opportunity to tell their story and feel heard while promoting positive change in their lives. Other researchers have identified the benefits of implementing photovoice in a therapeutic setting (Lucchetta & Shama, 2018; Russinova et al., 2014; University of Missouri-Columbia, 2016). According to these studies, photovoice utilized in a therapeutic setting allowed for participants to rewrite their story, making meaning of their experiences, discuss their thoughts and feelings in a safe supportive environment, and had positive effects on self-stigma, stigma coping, and personal growth

(Lucchetta & Shama, 2018; Russinova et al., 2014; University of Missouri-Columbia, 2016).

These findings mirror what participants disclosed during the research project as they concurred that the process allowed for them to take back their story, make meaning of their experiences, have a safe supportive environment to explore their experiences with, and contributed to positive self-reflection and growth.

In a typical photovoice project, participants would photograph their perspectives individually on their own time (Sutton-Brown, 2014). However, photovoice in the therapeutic setting allowed for shared experiences which provided the space for participants to see the similarities and differences in their stories. Participants stated the process permitted the opportunity to reflect and process some of their experiences which allowed them to recognize past relationship patterns and their healing process. Interestingly, some participants came into the study feeling that they had dealt with their experiences and their healing process was finished. However, after the photovoice experience they realized their healing journey is not over as it is an ongoing process. According to Rolbiecki (2015), components of the photovoice process contribute to empowerment at a personal and interpersonal level while facilitating participants growth and recovery. While feeling empowered, participants were able to allow themselves to be vulnerable, which is something they struggled with in their current relationships.

Reflection

Research states that interpersonal violence is disempowering for women because their personal agency is stripped away (Wood, 2015). Therefore, Wood (2015) explains looking at what assists women in regaining personal agency is increasingly important. Participants from this study discussed how self-reflection during this process assisted in them taking their life back and reclaiming their stories.

Although the main focus of the study did not include relationship patterns, the findings showed an interesting theme in participants' relationship expectations, as well as past and future relationships. According to Mair et al. (2012) exposure to adverse childhood experiences is correlated with the likelihood of intimate partner violence as an adult. These findings were mirrored in this study, as participants believed their childhood experiences contributed to being in an abusive relationship. Participants further discussed how being exposed to adverse childhood experiences impacted their perception of healthy relationships as well as establishing lower expectations around relationships. They also stated how these early childhood experiences impacted their self-esteem leading them to feel "unlovable" and more vulnerable to intimate partner violence. Participants further explained that adverse childhood experiences combined with spending time and energy on the relationship put pressure on them to stay and make it work.

Participants also stated that experiencing intimate partner violence negatively impacted their current relationships. One of the single participants has not been in a relationship since her experience with intimate partner violence as she fears getting involved in a similar situation. The other single participant stated that she has been in some relationships since her experience with intimate partner violence, which had abusive patterns including She also expressed her hesitation and fear of dating as she does not want her kids to be exposed to intimate partner violence. A study that looked at symptoms of PTSD with survivors of intimate partner violence, found elevated hypervigilance symptoms in some of the profiles studied (Hebenstreit et al., 2015). The two participants who are in long-term relationships concurred with these findings as they mentioned that they are hypervigilant towards actions that mirror patterns of abuse. Some participants expressed feeling closed off to friends, family, and partners, by not sharing things

about their dating lives or opening up to anyone. According to Hebenstreit et al. (2015), the relationship between fear and PTSD symptom profiles are consistent with survivors of intimate partner violence. Fear appraisals were predominant in the study and correlated with “more symptomatic profiles” (Hebenstreit et al., 2015). The theme of fear around relationships after experiencing intimate partner violence is prevalent in the participants narratives. Although they were impacted in different ways, the experience ultimately had long term implications on their current relationships.

Intimate partner violence can negatively affect a women’s self-identity and self-esteem (Childress, 2013; Kagon et al., 2014). The participants in this study identified with a mask (one of the props) and explained the mask represented masking their feelings to themselves and others and how that affected their self-identity and self-esteem. The premise of hiding their pain to others and pretending to be okay was key in the photographs taken by participants. Self-reflection allowed for some participants to recognize how much their self-esteem was and/or is impacted by this experience and what they would like to work on moving forward to value themselves more.

Limitations of Photovoice as a Therapeutic Intervention. Incorporating photovoice interventions in a therapeutic setting has some limitations. For example, participants may choose to take pictures of other participants without their consent, photovoice projects can be expensive, and due to the visual aspect of this methodology the process can create barriers to those with visual impairments (Julien et al., 2013). In this particular study, the sample size was small, which was also found as a limitation in other photovoice studies (Julien et al., 2013; Rolbiecki et al., 2016). However, the main barrier participants identified in this process was the sensitivity of the topic along with the lack of time provided to develop a level of comfort with other participants.

Another limitation was the challenge of resurfacing experiences which occurred long before. Implementing photovoice in a therapeutic setting appeared to be beneficial for participants. However, because the participants were not a part of a pre-existing group, it was more difficult for them to be vulnerable regarding such a sensitive topic.

Conclusion

The findings of this study enhance the knowledge around utilizing an empowering lens with participants as well as adapting photovoice for a therapeutic setting. While these themes have been explored in the literature, there is a paucity of studies that confirm the benefits of implementing a research method, such as photovoice, in a therapeutic setting. These findings contribute to the literature and support these studies, which increase the validity around adapting the photovoice research process and incorporating it as a therapeutic process.

The findings of this study support how an empowering lens can alter a woman's perspective on their traumatic experience and allow them to rewrite their narrative in a more positive way. This is important as social workers can adapt these perspectives when working with women who have experienced intimate partner violence. By implementing an empowering lens, it can assist survivors by rewriting their narrative in a way that is empowering and allows them to regain their personal control and agency.

By incorporating photovoice in a therapeutic setting, women were able to share their experiences in a vulnerable way and feel empowered by their story. It is imperative for practitioners and researchers alike to be open to implementing a photovoice methodology in a therapeutic setting for the benefit of the clients. By adapting this research methodology to a therapeutic intervention, individuals were able to process and express their experiences in an

empowering way, within a supportive safe environment. This can be highly beneficial for future social work practice as well as our clients.

Chapter Six: Interpretation and Implications of the Findings

This study focused on two important topics, the experiences and meaning around photovoice as a therapeutic intervention and strengths women drew on to leave an abusive relationship. Chapter Six will provide an interpretation of the findings, discuss the study limitations, and explore the implications for further research.

Research Question and Discussion

The major findings from this research include how IPV shapes women's relationships, strengths women draw on to leave the relationship, the challenges and positive perspectives of women, and how women view the photovoice process as a therapeutic intervention. The research questions that guided this study were:

- What are the strengths women, who have experienced intimate partner violence, drew on to leave an abusive relationship?
- What do women who are survivors of intimate partner violence, reveal about their experiences of being involved in a brief, photovoice-based intervention?

When working with survivors of intimate partner violence negative consequences have been highlighted in the literature (Jategaonkar & Ponic, 2011; Matheson et al., 2015; Moya et al., 2014). However, the findings from this study focused on strengths women drew on to leave the abusive situation, which provided an empowering approach to a traumatic experience. Studies describe the importance of providing women an opportunity to experience empowerment through art using photovoice (Desyllas, 2014; Haymore et al., 2012). The findings support this as participants described feeling empowered after completing the photovoice process.

Research Using Photovoice

The photovoice process encourages vulnerable populations to record and reflect on their community's strengths and concerns and have their perspectives heard (Maclean & Woodward, 2012). Incorporating photovoice methodology into this research project assisted participants to express their voices through a creative means. Utilizing a methodology that allows researchers to see the world through the lens of the participants (Walton et al., 2012) creates less room for misinterpretation and/or power imbalances and an environment where participants are the experts of their lives.

Photovoice is a research methodology that focuses on empowering participants while reflecting on their experiences (Yanos et al., 2014). It has been primarily used as a tool to help understand social issues within the community (Rolbiecki, 2015). more recently, the methodology has been modified into a therapeutic intervention model, as researchers have implemented photovoice into a clinical setting outside of research. During this study, we adapted the photovoice process to a therapeutic setting in order to see the benefits, if any, of utilizing this process in clinical practice.

Adapting the photovoice research process into a therapeutic setting can be implemented with other therapeutic methods, such as Narrative Therapy, Cognitive Behavioural Therapy, and traditional PTSD treatments (Lucchetta & Shama, 2018; Rolbiecki, 2015; Yanos et al., 2014). The literature notes that social support is a crucial variable in the recovery process for women who have experienced intimate partner violence (Liu et al., 2013). The participants in this study identified the benefits of having a shared experience and social support during the photovoice process and how it assisted in empowering them. Participants also discussed how the photovoice process them to redefine their stories, themselves, and make meaning of their experiences. Research supports that failing to engage in a meaning-making experience of a traumatic event

can lead to psychosomatic illness, persistent grief and anxiety, and inadequate responses to future triggers (Lim et al., 2015). Therefore, it was beneficial to participate in a process that allowed them to make meaning of their experiences.

Narrative therapy is another way to help women re-define their sense of self and make meaning of the traumatic experiences (Rolbiecki, 2015). The storytelling component of photovoice corresponds with the storytelling aspect of narrative therapy, which helps participants capture their stories, explore self-identity, and create a narrative around the experiences, who they were and who they want to be (Rolbiecki, 2015). Participants mirrored Rolbiecki's findings, as they were able to capture their stories, explore themselves through reflection, while creating narrative around their experiences. This assisted participants feeling empowered, which facilitated the same benefits of an empowering therapeutic technique, supporting photovoice's ability to be successful as a therapeutic intervention.

It is evident that photovoice incorporates components similar to effective interventions for women who have experienced intimate partner violence. This study helped further understand the benefits photovoice offers women who have experienced intimate partner violence, which can allow practitioners to become more knowledgeable about supports for this population as well as allow photovoice to be used as more than a research methodology.

Limitations

Limitations pertaining to the study involved the sample size, homogeneity of the sample, and the group format of data collection. Due to the eligibility requirements of this study, the sample size was small ($n = 4$). A larger sample could provide more data on the benefits of implementing photovoice in a therapeutic setting. The sample was also largely homogeneous, comprised of only White participants in heterosexual partnerships who had been out of the

relationship for a long period of time (at least 2 years). The sensitivity of the research topic and the data collection in group format created some barriers to the photovoice process. Because this was not a pre-existing group, some participants found it difficult to discuss traumatic experiences with individuals they had never met. Despite these limitations, the findings of this study may still be beneficial for research and social work practice.

Implications for Further Research

Photovoice is a method that has emerged in community-based participatory research to promote empowerment (D'Amico et al., 2016). However, the majority of the photovoice studies done with survivors of intimate partner violence focus on negative outcomes and disengagement forms of coping (Campbell, 2002; Estefan et al., 2016; Hathaway et al., 2000; Hill et al., 2009; Iverson et al., 2013; Mechanic et al., 2008; Perez et al., 2012; Sullivan et al., 2012; Sutherland et al., 2002). Utilizing the photovoice method to highlight women's positive experiences and strengths associated with their experience of intimate partner violence has become increasingly important to explore as this study could potentially help social workers utilize more empowering approaches when working with survivors of intimate partner violence.

The health implications sustained by women exposed to intimate partner violence are predominant and long-term; affecting women long after the abuse has ended (Campbell, 2002). While the literature highlights the negative implications of intimate partner violence, it is important to look at intimate partner violence through a different lens. The personal meanings photovoice methods generated about participants' experiences could be an important consideration as a therapeutic intervention for social workers. Allowing women to draw on their strengths and empower the meaning of their stories was beneficial during this study. Further research on highlighting survivors' strengths and/or implementing a more empowering lens may

assist in our understanding of women's experiences with intimate partner violence. This may provide social workers with effective interventions to support women in a more empowering way.

Studies incorporating photovoice as an intervention are limited and include specific populations, such as children or adults with mental illness or vulnerable populations (Yanos et al., 2014). According to Yanos et al. (2014), photovoice as an intervention had significant impacts on well-being, self-esteem, stigma, coping, and personal growth and recovery with participants. This study supports Yanos et al.'s findings, as participants identified the photovoice process as beneficial to their self-esteem, personal growth, and recovery. By adapting the original photovoice methodology process into a therapeutic setting, participants were able to identify their experiences with photovoice and how it was beneficial for them. Further research is required to identify the benefits of adapting the photovoice process to a clinical setting.

Concluding Thoughts

The findings of this study support adapting an empowering lens when working with individuals who have traumatic experiences, allowing them to rewrite their narrative, and regaining their personal agency. By incorporating photovoice in a clinical setting, participants were able to share their experiences while feeling empowered by their story. Further research in these areas are imperative to social work practice as intimate partner violence is a critical concern (World Health Organization, 2017). As social workers continue to work with survivors of intimate partner violence, it is important to further understand their perspectives and how social workers can assist in empowering clients to regain their control and personal agency.

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Appendix A: Participant Information Statement



Participant Information Statement Laurentian University School of Social Work

MSW Student: Elyse Ayliffe, B.S.W., R.S.W.
Telephone: (705) 770-1694
Email: eayliffe@laurentian.ca

Thesis Supervisors:
Tanya Shute & Lea Tufford
Laurentian University School of Social Work
tg_shute@laurentian.ca 1 (855) 675-1151 ext. 5067
ltufford@laurentian.ca 1 (855) 675-1151 ext. 6717

Project: Using Photovoice to Empower Survivors of Intimate Partner Violence

I am a student in the Master of Social Work program at Laurentian University. I am inviting you to participate in an MSW research study to explore the experiences of individuals who have been subjected to intimate partner violence and what empowered them to leave the relationship. My interest is in capturing the experiences of women who drew on their strengths and were empowered to leave an abusive relationship.

In this study the term intimate partner violence refers to “any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship” (World Health Organization, 2012). For the purpose of this study, only women who are 18 years of age or over and have left the abusive relationship can participate.

Your participation in this research process will include completion of two consent forms and participating in a two-hour supportive photography and dialogue group using cameras and props to capture your experiences. The group will take place at the Reflection Centre, a private practice in Barrie, ON. In addition, we ask you to participate in a one to two-hour group interview. This interview will also be held at the Reflection Centre one to two weeks following the photovoice group. One of the thesis supervisors will be present during both the photovoice process and group interview. A \$25 gift card will be provided as a thank you for participating; however, you are under no obligation to accept the gift card.

Any information obtained in connection with this study that can be identified with you will remain confidential. The results of this study may be published in academic journals or books. In any publication, you will not be identified. If you decide to participate, you are free to withdraw your consent at any time and discontinue participation. You can withdrawal either verbally or in writing to the email provided.

Given the group setting, confidentiality cannot be guaranteed. However, we do require all participants to sign a group consent form and will discuss group confidentiality explicitly at the beginning and end of the group session. It is important you understand that under certain circumstances, I am not able to keep your information confidential:

- Any reports or suspicions of child abuse / neglect or risk of harm to a child must be reported to the Children's Aid Society.
- I also may have to disclose information in the event of a subpoena.
- In the event that you present a physical danger to yourself or someone else, I may have to contact support services to help us deal with the situation and inform any potential victims of intent to harm.
- Please be advised if you do come to either of the groups under the influence of alcohol and/or drugs it will not be possible for you to attend the study for your own safety and the safety of other participants.

In the event of any of the above circumstances I will, if possible, consult with you before taking any action.

The study may be triggering for some participants. We will provide you with a list of counselling resources within the community as well as having two psychotherapists experienced in trauma on site for additional support should you require it.

I cannot guarantee that there will be any personal benefits from this study. However, it is my hope that women who have experienced intimate partner violence may benefit in participating in research that explores photovoice as a therapeutic technique to help empower women in a supportive environment. To registered for the supportive photography and dialogue group please contact myself at eayliffe@laurentian.ca.

Thank you for your consideration. If you have any questions or concerns, I can be reached by email at eayliffe@laurentian.ca. My supervisors can also be contacted at any time during this process, their information is listed above.

Please note that participants may contact an official not attached to the research team regarding possible ethical issues or complaints about the research itself:

Research Ethics Office, Laurentian University Research Office
Telephone: (705) 675-1151 ext. 3213, 2436 or toll free at 1-800-461-4030
Email: ethics@laurentian.ca

Appendix B: Demographic Information Form



Participant Demographic Form

Age: _____

When did you physically leave the relationship, you experienced intimate partner violence in:

If you would like to receive research findings from this study please provide your e-mail below:

Appendix C: Group Informed Consent



Group Informed Consent Form

Study Title: Using Photovoice to Explore Survivors of Intimate Partner Violence

Investigator: Elyse Ayliffe, B.S.W., MSW Student

Thesis Supervisors:

Tanya Shute & Lea Tufford

Laurentian University School of Social Work

tg_shute@laurentian.ca, 1 (855) 675-1151 ext. 5067

ltufford@laurentian.ca, 1 (855) 675-1151 ext. 6717

Elyse Ayliffe is a candidate for the degree of Masters of Social Work in the School of Social Work at Laurentian University and is investigating the experiences of women who have left an abusive relationship, through their participation in a photovoice group process. The study is intended to understand the experiences of women who were in an abusive relationship, what empowered them to leave as well as the use of photography and dialogue as an intervention in a supportive group environment. During the study one of the thesis supervisors will be present at all times.

It is important that you understand the confidential nature of your relationship with the researcher, therapists and other participants in the room. All information discussed in the group process is held confidential and will not be shared without your knowledge and written permission. However, it is important you understand that under certain circumstances, I am not able to keep your information absolutely confidential:

- Any reports or suspicions of child abuse or risk of harm to a child must be reported to the Children's Aid Society.
- I also may have to disclose information in the event of a subpoena.
- In the event that you present a physical danger to yourself or someone else, I may have to contact support services to help us deal with the situation and inform any potential victims of intent to harm.
- Please be advised if you do come to either of the groups under the influence of alcohol and/or drugs it will not be possible for you to attend the study for your own safety and the safety of other participants.

In the event of any of the above circumstances I will, if possible, consult with you before taking any action.

Your participation of the group process comprises of the following commitments:

- You will protect the confidentiality of other participants in the room and will not reveal any personal information or information shared during the process about other participants to anyone else. However, given the group setting, confidentiality cannot be guaranteed.

- If describing a group experience outside of the group, you will not make any statements that will identify another participant of the group and will limit your comments to descriptions of your own feelings and reactions
- The photos taken in the group process must not reveal your identity or that of other participants

Discussing your viewpoints and experiences may cause some anxiety. We will take a 15-minute break halfway through the group session. In addition, registered psychotherapists will be available during the group process should you require additional support.

Your participation in this study is voluntary and you have the option to withdraw participation at any time without penalty or consequence. You can withdraw either verbally or in writing to the email provided.

The potential risks associated with the study are as follows:

- Given the group setting, confidentiality cannot be fully guaranteed. However, we do require all participants to sign a group consent form and will discuss group confidentiality explicitly at the beginning and end of the group session.
- The study may be triggering for some participants. We will provide you with a list of counselling resources as well as have two psychotherapists experienced in trauma on site for additional support should you require it.

If you have any questions or concerns about this study or participation, Elyse Ayliffe can be reached at eayliffe@laurentian.ca, or you may contact the thesis supervisors listed above.

Please note that participants may contact an official not attached to the research team regarding possible ethical issues or complaints about the research itself.

Research Ethics Office, Laurentian University Research Office
 Telephone: (705) 675-1151 ext. 3213, 2436 or toll free at 1-800-461-4030
 Email: ethics@laurentian.ca

I agree to participate in this study, give consent to be audio recorded, and have received a copy of this consent form.

Participant's Signature: _____ Date: _____

Witness: _____ Date: _____

Appendix D: Individual Consent Form



Participant Informed Consent Form

Study Title: Using Photovoice to Explore Survivors of Intimate Partner Violence

Investigator: Elyse Ayliffe, B.S.W., MSW Student

Thesis Supervisors:

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Laurentian University School of Social Work

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ltufford@laurentian.ca, 1 (800) 461-4030 ext. 6717

Elyse Ayliffe is a candidate for the degree of Masters of Social Work in the School of Social Work at Laurentian University and is investigating the experiences of women who have left an abusive relationship, through their participation in a photovoice group process. The study is intended to understand the experiences of women who were in an abusive relationship, what empowered them to leave as well as the use of photography and dialogue as an intervention in a supportive group environment. Your participation in this study comprises of the following commitments:

- Completion of participation consent form
- Completion of group consent form
- Attend a two-hour photography and dialogue activity at the Reflection Centre in Barrie, ON facilitated by the researcher, Elyse Ayliffe with one of her thesis supervisors, Dr. Tanya Shute or Dr. Lea Tufford, will be present for support along with Deborah Alton and Nancy Battaglia.
- Allowing the researcher to observe the group process
- Participate in a group interview, one to two weeks after completion of the group that will take one to two hours and will be held at the Reflection Centre.

The group interview will be audio-recorded, which will allow me to transcribe (type out) the interview for the purpose of understanding our conversations and your perspectives. Discussing your viewpoints and experiences may cause some upset. You will be provided with a list of counselling resources prior to the group session. We will also take a 15-minute break halfway through the group session. In addition, registered psychotherapists will be available during the group process should you require additional support. You will also be provided a \$25 gift card to thank you for participating. If you do not wish to be audio-taped, we can meet one-on-one at another date to provide feedback that will not be taped.

Your identity will not be revealed at any time during or after the completion of this study. Complete confidentiality is assured with a few exceptions:

- Any reports or suspicions of child abuse/neglect or risk of harm to a child must be reported to the Children's Aid Society.
- I also may have to disclose information in the event of a subpoena.

- In the event that you present a physical danger to yourself or someone else, I may have to contact support services to help us deal with the situation and inform any potential victims of intent to harm.
- Please be advised if you do come to either of the groups under the influence of alcohol and/or drugs it will not be possible for you to attend the study for your own safety and the safety of other participants.

In the event of any of the above circumstances I will, if possible, consult with you before taking any actions. Your participation in this study is voluntary and you have the option to withdraw participation at any time without penalty or consequence. You can withdrawal either verbally or in writing to the email provided.

The potential risks associated with the study are as follows:

- Given the group setting, confidentiality cannot be guaranteed. However, we require all participants to sign a group consent form and will discuss group confidentiality explicitly at the beginning and end of the group session.
- The study may be triggering for some participants. We will be providing you with a list of counselling resources within the community as well as having two psychotherapists experienced in trauma on site for additional support should you require it.
- All photographs will be kept by the researcher for research purposes. However, if you do wish to keep a copy of your own photos, you may request it to the researcher, and please consider your safety and privacy should you wish to keep the photographs.

All data – including photographs– will be kept in a locked and protected filing cabinet inside the office of Dr. Tanya Shute at Laurentian University. Data will be kept for 7 years until destruction. At this time the data and photos will be shredded and recordings will be erased to ensure confidentiality of all participants.

If you have any questions or concerns about this study or participation, Elyse Ayliffe can be reached at eayliffe@laurentian.ca, or you may contact the thesis supervisors listed above.

Please note that participants may contact an official not attached to the research team regarding possible ethical issues or complaints about the research itself.

Research Ethics Office, Laurentian University Research Office
 Telephone: (705) 675-1151 ext. 3213, 2436 or toll free at 1-800-461-4030
 Email: ethics@laurentian.ca

I agree to participate in this study, give consent to be audio recorded, and have received a copy of this consent form.

Participant's Signature: _____ Date: _____

Witness: _____ Date: _____

Appendix E: Semi-Structured Interview Format



Interview Guide

Time of interview:

Date:

Place:

Interviewer:

Interview number:

Photographs the participants captured during the group process will be available during the interviews.

(1) In reviewing the photographs, you took during the group process, what does each photo mean to you?

(2) What are the feelings and/or experiences you were trying to capture in each picture?

(3) Tell me about your experience while taking these pictures.

- How did trying to capture your strengths that allowed you to leave your abusive relationship make you feel in the moment?

(4) Tell me about your experience in participating in this group process.

- What did you find helpful
- What did you find challenging?
- How was the photograph process for you?

(5) How was this group helpful in empowering you?

(6) Has did the group assist you to find any personal meanings in relation to your past relationship and/or experience?

(7) What did you learn about yourself when capturing your experiences in the group?

(8) What were the barriers, if any, in the group?