

RESPONSE-BASED PRACTICE INFORMED ART THERAPY FOR NON-INDIGENOUS
PRACTITIONERS WORKING WITH INDIGENOUS CHILDREN AFFECTED BY
DOMESTIC VIOLENCE

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ABSTRACT

RESPONSE-BASED PRACTICE INFORMED ART THERAPY FOR NON-INDIGENOUS PRACTITIONERS WORKING WITH INDIGENOUS CHILDREN AFFECTED BY DOMESTIC VIOLENCE

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The following research examines how non-Indigenous art therapy practitioners might ethically and effectively support Canadian Indigenous children who have experienced domestic violence by integrating response-based practice into an art therapy intervention framework. While this study is grounded in the Canadian context, with appropriate cultural and contextual adaptation its findings may be relevant to art therapy practitioners in other settler-colonial nations working with Indigenous populations. Through a scoping review of relevant literature, this research identifies theoretical and practical alignments between response-based practice and various art therapy modalities, including client-centered, strengths-based, and trauma-informed approaches. Findings indicate that these approaches are compatible in their consideration of contextual factors, decentralization of pathology, promotion of client agency, and ethical mandate to pursue therapeutic work from an anti-oppressive stance, making their integration a promising direction for therapeutic work with this population. Tools like the Medicine Wheel of Resistance, and theoretical approaches such as the Expressive Therapies Continuum offer complementary methods for assessment and structuring therapeutic interventions, supporting both verbal and non-verbal forms of expression. However, the integration of these methods is underdeveloped in current literature and epistemological tensions present challenges. Additionally, the absence of direct consultation with Indigenous communities and children limits this research's applicability. Future studies should pursue collaborative, community-based research with Indigenous nations and communities to further develop and evaluate the effectiveness of integrative therapeutic models.

Keywords: resistance, art therapy, response-based practice, domestic violence, Indigenous children, colonization, agency

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Chapter 1. Introduction

The following research paper explores how contemporary art therapy approaches can be adapted to better address the intersection of colonialism, negative social responses, and domestic violence, particularly as they relate to Canadian Indigenous children. Researchers have identified a need for targeted mental health care for Indigenous communities impacted by domestic violence, calling for culturally sensitive, anti-oppressive, and counter-colonial adaptations to evidence-based practice (Fish et al., 2022; Hallet, 2024). The aim of this research is to respond to that need by investigating how a series of art therapy interventions can be developed using the principles of response-based practice for application with Indigenous children affected by violence. Response-based practice is a therapeutic approach that emphasizes individuals' responses to violence and oppression, centralizing dignity and acts of resistance, rather than the effects of adversity (Wade, 2007, as cited in Dhudwal & Sheehan, 2011). Response-based practice challenges decontextualized, hierarchical wellness models and subverts victim-blaming mentalities commonly perpetuated within Western healthcare systems (Richardson & Wade, 2010; Richardson et al., 2021; Yong, 2019).

The outcome of this research will be to provide a theoretical framework to support non-Indigenous art therapists in offering more ethical and empowering therapeutic support to Indigenous populations in response to an issue of ongoing colonial influence within modern mental healthcare. By examining the theoretical and practical intersections between response-based practice and various strengths-based art therapy modalities, this study proposes an integrated model of care that utilizes multimodal forms of expression to centre client agency, promote human dignity, de-pathologize resistance, and challenge oppressive narratives. In doing so, it contributes to a growing body of literature calling for decolonial approaches in mental health practice, particularly those that can be applied responsibly by non-Indigenous practitioners working with Indigenous clients.

Relevance

Systemic racism and colonial ideals continue to perpetuate the socio-economic inequality and marginalization experienced by Indigenous peoples in Canada (Gerlach et al., 2017). These factors contribute to the normalization of violence against these populations and the ongoing lack of accountability for perpetrators (Bonnah & Richardson, 2015). According to Bonnah and Richardson (2015), Canada's "culture of impunity" (p. 195) is evident in the Canadian

government's inadequate response to the abduction and murder of thousands of Indigenous women in this country. This is also reflected in statistics that show Indigenous women in Canada are three times more likely than non-Indigenous women to be violently abused by an intimate partner (Ogden & Tutty, 2023). This disparity is connected to, and exacerbated by, intergenerational trauma stemming from forced assimilation and cultural genocide, and has direct implications for the safety and wellbeing of Indigenous children (Hallet, 2024; Ogden & Tutty, 2023).

Colonial rhetoric informs the way victims of violence are regarded within dominant social and professional discourse by perpetuating the belief that they are helpless, passive, and complicit in their own oppression (Richardson & Wade, 2015). This feeds into victim blaming mentalities, fuels negative stereotypes, and obscures the harm inflicted against Indigenous women and children (Richardson & Wade, 2015; Yuen, 2007). Commonly held perceptions of victim passivity within Western healthcare have been linked to the widespread promotion of pain management and psychological adaptation as a primary form of treatment, which perpetuates mechanisms of compliance and colonial control (Aguirre Solario, 2023). Furthermore, disparaging portrayals of Indigenous women as “unfit” mothers who have failed to protect their children from domestic violence has been linked to the over-representation of Indigenous children involved in the Canadian child-welfare system (Gerlach et al, 2017; Richardson & Wade, 2015). Exposure to deficit-centered colonial narratives may lead Canadian Indigenous youth to feel ashamed of their cultural identity and invisible in the dominant cultural sphere, which could lead them to deny their cultural heritage and threaten their sense of personal pride, autonomy and self-worth (Arslanbek et al., 2022; James, 2023).

According to Carriere and Richardson (2013), when people are denied dignity, their subsequent responses may be misinterpreted by healthcare providers as evidence of mental illness. Furthermore, contemporary Western mental-healthcare systems tend to centralize pathology and neglect evidence of resilience, effectively undermining Indigenous perspectives on health and further marginalizing these populations (Yong, 2019). This practice is reflected in the tendency for Indigenous client's resistance to be viewed by social service and helping professionals as a form of deficiency (2019).

It is also common for children who have experienced trauma to receive clinical diagnosis and be prescribed medications to treat a range of disorders (Yuen, 2007). Bonnah and

Richardson (2015) argue that it is further stigmatizing to apply psychiatric and psychological diagnosis to young Indigenous clients who have already endured racism and oppression. According to James (2023), characterizing Indigenous youth in terms of their hardship may cause further harm by homogenizing their lived experience and diminishing their unique capacity for resilience.

Position of Researcher

I am a thirty-four-year-old, queer, white, cisgendered female of settler descent, and I speak the colonial language English. My ancestors are of primarily German descent, and my great-grandparents immigrated to Canada in the early 20th century. I was raised by my biological family as a cultural Mennonite on Treaty 1 Territory, commonly known as Winnipeg, Manitoba. The place I call home is on the traditional lands of the Anishinaabe, Cree, Oji-Cree, Dene and Dakota people, and is the birthplace of the Métis Nation and the heart of the Métis Nation homeland (City of Winnipeg, 2025). The drinking water in Winnipeg is sourced from Shoal Lake 40 First Nation, which is situated in Treaty Three Territory (2025). For the last two years I have been based in Montreal, Quebec, traditionally called Tiohtià:ke, working towards my master's degree in art therapy at Concordia University, which is situated on unceded Indigenous territory. The Kanien'kehá Nation are recognized as the caretakers of the lands upon which I currently study and reside (Concordia University, 2017).

My interest in this research topic began in my early twenties, when I spent three years working for Métis Child and Family Services in Winnipeg as a youth support worker. The youth I worked with were resilient, creative, and full of wisdom. Many of them had also faced profound adversity in their lives, which had landed them in the care of a child welfare organization that assessed them based on their level of “risk” and centred their experiences of trauma and its impacts. Since that time, I have had the privilege of working with Indigenous children as an art facilitator and program coordinator. I have witnessed how creativity can enhance resilience on an individual and collective level. I have also become aware that there is a lack of adequate mental healthcare resources for marginalized children in my community.

These experiences inspired me to pursue my master's degree in art therapy at Concordia University. In my second year of the program, I completed my practicum at the Native Women's Shelter of Montreal. Through that role I conducted individual and group art therapy sessions for Indigenous women and children who had experienced domestic violence. At that time, I was also

enrolled in a course entitled *Indigenous Approaches to Counselling*, where I was introduced to response-based practice by Professor Catherine Richardson Kineweskwêw. I quickly recognized its applicability to my art therapy work with Indigenous children.

Through this research, I intend to deepen my commitment to an ethical professional practice and invest in restorative and reciprocal relations with the Indigenous communities I work with. I also recognize and acknowledge my profound privilege and complicity in the perpetuation of colonialism, as these factors are deeply intertwined with multiple aspects of my identity. That said, throughout this research process, I intend to rigorously examine the structures in which I am operating through a counter-colonial lens, practice self-reflexivity, and commit to a practice of cultural humility at every stage (Fish et al., 2022; Busche et al., 2023).

Chapter 2. LITERATURE REVIEW

The following literature review will summarize contemporary research highlighting key ethical considerations for non-Indigenous therapists working with Canadian Indigenous populations. This review will go on to describe a selection of art therapy approaches commonly utilized with children who have been exposed to violence and identify cultural considerations when conducting art therapy with Indigenous children and youth. Following that, this review will introduce response-based practice as a guiding framework for therapeutic work with victims of violence and other marginalized groups. The section will close with a summary of child-centred, strengths-based therapeutic approaches that share theoretical compatibilities with response-based practice.

At present, there is no existing research that integrates response-based practice into art therapy for Indigenous clients. This review will summarize relevant findings to inform the development of a theoretical intervention framework that integrates response-based practice into art therapy practice to be ethically implemented by non-Indigenous practitioners working with Indigenous children who have experienced domestic violence.

Considerations in Therapeutic Practice with Indigenous Communities

The Colonial Context

Richardson and colleagues recommend that when working with Indigenous populations, non-Indigenous therapists develop an in-depth understanding of the colonial context and how it intersects with Indigenous people's wellbeing (Richardson & Reynolds, 2014; Richardson & Wade, 2015). Colonialism has been described as a profound source of humiliation in the lives of Canadian Indigenous peoples (Bonnah & Richardson, 2015). As such, an anti-oppressive approach to mental health care for these populations involves addressing this humiliation and seeking to restore dignity wherever possible (Carriere & Richardson, 2013). Historical and ongoing systemic racism and oppression may lead Indigenous families to experience well-intended interventions as an "affront to their dignity and a reminder of other humiliating professional interactions" (Carriere & Richardson, 2013, p. 58), which can undermine the effectiveness of these interventions. In contrast, interventions centering dignity-promoting care is a part of structuring safety for Indigenous clients, and this can be achieved through positive social responses and survivor-centered, collaborative work that honours the client's agency and autonomy (Carriere & Richardson, 2013; Richardson & Reynolds, 2014). This approach is

grounded in Indigenous perspectives on dignity, which refrain from telling people how to live their lives (Richardson & Reynolds, 2014).

Structuring Safety

According to Richardson and Reynolds (2014), structuring safety in the context of a therapeutic relationship between non-Indigenous practitioners and Indigenous clients requires “intentional practices that create consistency, predictability, and set the space for *safe-enough* conversations” (p. 151). Richardson and Reynolds (2014) remind practitioners that “doing harm by replicating oppression is always a potential risk” (p. 151) in scenarios where power dynamics are at play. Structuring safety involves ensuring that there is adequate containment for the client’s experiences of suffering, which requires that therapists respond to disclosures “immediately and in useful ways” (Richardson & Reynolds, 2014, p. 155). This could involve the construction of restorative, counter-colonial narratives (2014).

Richardson and Wade (2010) describe the safety of Indigenous children from a multidimensional perspective that includes cultural, spiritual, psychological and familial aspects. Cultural safety relates to the cultivation of non-judgmental, anti-oppressive spaces that are pro-inclusion, pro-diversity, and actively seeking restoration from colonial harms (Richardson & Romano, 2014; Richardson & Wade, 2010). Spiritual safety involves the creation of therapeutic environments that do not impose religion or healing methodologies upon Indigenous clients (Richardson & Wade, 2010).

Art Therapy with Children Who Have Experienced Domestic Violence

Supporting Self-Regulation

Early exposure to domestic violence may cause children to remain in a state of prolonged physiological arousal, which is related to heightened stress sensitivity, autonomic nervous system dysregulation, and hypervigilance associated with perceived environmental threats (Mills & Kellington, 2012; Miao Wong & Hung Ho, 2022; Schulz et al., 2023). Therefore, in work with children who have been exposed to domestic violence, trauma-informed art therapy emphasizes the importance of establishing safety as an integral first step in supporting the development of adaptive self-regulation strategies (Walker, 2019).

The sensorial nature of art processes may bypass the language centers in the left brain, and kinesthetic art activities may help enhance the client’s capacity for self-regulation and foster self-awareness by emphasizing bodily sensations, which may also help clients safely process stored

trauma memories (Hinz, 2020; Malchiodi & Miller, 2011; Miao Wong & Hung Ho, 2022; Walker, 2019). Visual art processes may also support safe engagement with traumatic material through the metaphorical symbolization of stored sensory experiences (Malchiodi & Miller, 2011; Hinz, 2020). By inviting clients to explore difficult memories using art materials, “transitional spaces” are created (Pierce, 2014, p. 11), which may support self-soothing by facilitating the externalization of distressing stimulus (Hinz, 2020).

Building Trust and Supporting Self Expression

Early exposure to domestic violence may disrupt the formation of healthy attachment bonds by impeding a child’s perception of their caregiver as a reliable source of comfort and protection (Gustafsson et al., 2017; Schulz et al., 2023). Art therapists working from a client-centered framework may build trust, model healthy attachment and support young clients in developing healthy coping mechanisms by “mirroring and validating feelings [and] modelling and supporting the cues of the child with consistent and sensitive responses” (Walker, 2019, p. 56). Such approaches align with Jones’ (2020) suggestion that the safest way to work with young people who have experienced violence is to witness and respect their emotional defenses by following their lead and providing them with variable means to communicate their feelings. Providing a child with a range of art materials may also support them in exploring different forms of self-expression and information processing (Hinz, 2020).

Group and Family Art Therapy

Mills and Kellington (2012) examined the effectiveness of art therapy group processes for children with recent exposure to domestic violence and found that providing diverse and accessible ways to collectively explore their traumatic memories may help them work through feelings of shame. Furthermore, dyadic or family therapy may support collective resilience, help rebuild attachment bonds and enhance communication between parents and children with shared experiences of domestic violence (Miao Wong & Hung Ho, 2022; Malchiodi & Miller, 2011; Thornton, 2014).

Art Therapy Applications with Indigenous Youth

Collaborative and Client-Led Approaches

Arslanbek et al. (2022) “investigated the therapeutic value and meaning of [Indigenous and traditional art practices] and their use in art therapy” (p. 1) and explored the ethical implications in doing so as a non-Indigenous practitioner. In consideration of contextual factors

related to the ongoing marginalization of Indigenous peoples, they advocated for a flexible, non-hierarchical and collaborative therapeutic stance when conducting art therapy with these populations (2022). Furthermore, a recent meta-analysis on resilience-focused programming with Canadian Indigenous youth highlighted the empowering potential of client-led, art-based interventions that facilitate multifaceted forms of self-representation “as a means of coping with and asserting control over [their lives]” (Rowhani & Hatala, 2023, p. 52). Culturally sensitive, client-led, creative therapeutic techniques with young Indigenous children might involve the provision of a wide range of objects, toys, art materials and culturally relevant items and symbols for the child to freely engage with as they choose (Brady, 2015).

Storytelling

Narrative storytelling has been identified as a valuable healing practice within Indigenous populations which may be adapted for use within a therapeutic context to promote cultural continuity through the transmission of intergenerational knowledge (Fish et al., 2023; Kaimal & Arslanbek, 2020). Creating safe spaces for storytelling may also support Indigenous youth in constructing a healthy sense of identity and exploring resilience narratives, thereby disempowering dominant colonial perspectives (Arslanbek et al., 2022; Cameron & Hoshino, 2008; James, 2023; Rowhani & Hatala, 2023).

Land Based Practices and Traditional Materials

Land-based programming has been suggested as a culturally rooted, holistic approach to healing from colonial trauma (James, 2023). Nature-based art therapy interventions might involve facilitating environmental education and connectivity by asking youth to visually depict ecological spaces where they have felt a sense of love, safety, and kinship (James, 2023; Pike, 2021). Art processes might also facilitate exploration of intergenerational ecological knowledge and interconnectedness with nature by incorporating natural, locally available materials and supporting the creation of sustainable products (Arslanbek et al., 2022; Kaimal & Arslanbek, 2020). In a survey of art therapists who work with Indigenous clients, practitioners reported that sensitively incorporating traditional materials and art processes into interventions has the potential to facilitate cultural reconnection (Arslanbek et al., 2022). Such practices may help explore and strengthen cultural identity and address trauma related to colonial oppression (2022).

Community-Oriented Processes

Group art therapy activities have been shown to enhance collective care within Indigenous communities (Kaimal & Arslanbek, 2020). Collaborative, accessible art processes such as group needlework projects can facilitate socialization, storytelling, and memory sharing which may help cultivate a sense of mutual support amongst participants (Arslanbek et al., 2022). In addition, community-oriented activities such as public art exhibitions can be a way to facilitate cross cultural understanding, solidarity and support within and beyond Indigenous communities (2022). Reflections from Indigenous participants in a community-based art therapy program in Perth, Australia indicated that using art making to represent symbols of belonging enhanced a sense of cultural pride and affirmed feelings of community integration (Kaimal & Arslanbek, 2020).

Culturally Appropriate Assessment Tools

A selection of art therapy assessment tools have been adapted for culturally safe applications with Indigenous populations (Betts, 2013). For example, drawing-based assessments that incorporate the human figure have shown to be cross culturally adaptable specifically for work with Indigenous youth (2013). Furthermore, in a recent study, Kanerahtenhá:wi Whyte (2023) combined the traditional teachings of The Medicine Wheel with components of the Expressive Therapies Continuum (ETC), thereby integrating an important cultural symbol used by many North American Indigenous communities into an art-based theoretical model and assessment tool commonly used by art therapy practitioners.

Response Based Practice as a Guiding Framework

Response-based practice is a therapeutic framework rooted in resistance research, feminist theory, narrative therapy and solution-oriented methodologies (Yong, 2019). This practice arose out of direct work with victims of violence, including Indigenous peoples in Canada (Bonnah & Richardson, 2015). According to Wade (2007) response-based practice doesn't focus "on treating the effects but on elucidating individuals' physical, emotional, mental and spiritual responses to specific acts of violence and other forms of oppression and adversity" (as cited in Dhudwal & Sheehan, 2011, p. 13). Furthermore, response-based practice subverts the convention that therapy is a politically neutral process and is critical of decontextualized, hierarchical mental health paradigms that serve to benefit perpetrators and blame victims (Richardson et al., 2021; Yong, 2019). Response-based practice also challenges the commonly held belief that violence

results from a momentary loss of control, instead reframing it as a deliberate, unilateral process carried out over time (Richardson & Wade, 2010).

Response-based practice is also informed by inadequate responses to client resistance within contemporary, Western therapeutic modalities (Yong, 2019). The founders of response-based practice observed that throughout history and cross-culturally, whenever people are mistreated, they find creative ways to resist that treatment (Wade, 1997). However, the concept of healthy resistance does not exist in traditional psychoanalytic theory and in this context, it is often interpreted as a sign of pathology or understood as a defense mechanism (Wade, 1997). Conversely, response-based practitioners understand resistance as “any mental or behavioral act through which a person attempts to oppose any form of violence or oppression, or the conditions that make such acts possible” (Dhudwal & Sheehan, 2011, p. 40). This definition challenges deficit-centered, pathologizing conceptions of passive victimhood and views resistance as a vital component of human wellbeing (Richardson & Wade, 2010; Todd & Wade, 2004). Therefore, response-based practitioners believe that it is therapeutically beneficial to examine a client’s resistance responses in the context of counselling conversations, as it may reveal their inherent capacities, pre-existing abilities, and important information about their values, hopes and dreams (Bonnah & Richardson, 2015; Richardson & Wade, 2010). Examining resistance through this lens is related to the restoration of human dignity, which is a central tenet of response-based practice (Bonnah & Richardson, 2015). In this context, dignity is understood as relating to positive social responses, social justice and acceptance as well as sovereignty, autonomy, and self-governance (Bonnah & Richardson, 2015).

Strengths-Based Therapeutic Approaches with Children Who Have Experienced Domestic Violence

Strengths-based approaches to mental healthcare focus on uncovering and building upon the client’s pre-existing strengths and resources (Richardson et al., 2024). The following section explores the value of such approaches when working with children impacted by domestic violence. It highlights the importance of centering children’s voices, recognizing their agency, and de-pathologizing their resistance in the context of collaborative, dignity promoting therapeutic relationships.

Centring Children’s Voices and Agency

According to Richardson and Bonnah (2015), children seek to have their voices heard and are “orientated to dignity...[and] attuned to fairness and justice” (p. 203). This perspective is supported by research that has found children to be competent, active participants in opposing, surviving, and recovering from experiences of domestic violence (Houghton, 2015; Överlien and Hydén, 2009; Bonnah & Richardson, 2015).

Anti-oppressive approaches to child welfare involve including them in important aspects of decision making as it relates to their wellbeing and supporting them in understanding that it is their human right to do so (Bonnah & Richardson, 2015; Jones et al., 2020). Edleson et al. (2011) suggest that social service programs elevate children’s voices and center their agency by giving them opportunities to self-advocate, incorporating their perspectives into safety planning and offering them opportunities to solve problems.

Överlien and Hydén (2009) promote child-centered therapeutic approaches that view children as “social agents and active constructors of their own social worlds” (p. 480). Therapists working with children may encounter the child’s voice through symbols, metaphors, storytelling, and imaginative play (Jones, et al., 2020). Furthermore, narrative therapeutic practitioners have found that incorporating familiar children’s literature into the therapeutic process may be an effective way to examine their client’s experiences, fears, loves, and values (White, 2005).

Safety Planning and Recognizing Resistance

Assessing safety is a crucial first step in supporting the wellbeing of children who have experienced domestic violence, and safety plans can be conducted as a cooperative act that honour the child’s perspective (Edleson et al., 2011). Assessing and planning for safety from a dignity-promoting framework involves an analysis of dangers as well as protective factors, and an understanding of how a child’s resistance might be functioning in relation to those factors (Wade, 2018). By understanding what a child is currently doing to preserve their wellbeing, a therapist can support them in creating a safety plan that resonates with their pre-existing knowledge and abilities (2018).

Therapeutic approaches that focus on uncovering children’s resistance to violence may counteract disparaging conceptions of victimhood, promote positive identity development, "and contribute to rich second story development without re-traumatizing [the client]" (Yuen, 2007, p. 3). Narrative therapeutic approaches suggest that children’s unique responses to trauma can be

uncovered and understood by “identifying the absent but implicit, identifying problem solving activity, and direct observation of spontaneous interaction” (White, 2005, p. 12).

Reframing Behaviour Through a Strengths-Based Lens

Exploring a child’s unique story of survival and resilience may undermine pathologizing interpretations of their behaviour in response to trauma (Yuen, 2007). For example, parentification is commonly thought of as a potential negative outcome for children exposed to domestic violence and it has found to be related to poor academic performance, emotional distress, externalizing behaviour and relational difficulties (Edleson et al., 2011). However, when viewed from a strengths-based perspective, parentification has been found to promote positive and pro-social behaviours in children such as responsibility, caring for others, resourcefulness, as well as an enhanced sense of self-esteem and self-efficacy (2011). This relates to White’s (2005) perspective that in the context of therapy, a child’s psychological pain and distress in response to traumatic events can be re-conceptualized as evidence of what is precious to them and of their “ability to maintain a constant relationship with what was so powerfully disrespected” (p. 16).

Establishing Comfort and Trust in the Therapeutic Space

Establishing a sense of physical and relational comfort within the therapeutic space is essential when working with child survivors of domestic violence (White, 2005; Malchiodi, 2020). Narrative perspectives argue that creating emotional and psychological security for a child involves helping them discover an “alternative territory of identity” (White, 2005, p. 11) through the development of strengths-based, “subordinate storylines (p. 11) that provide a counterpoint to shame and help avoid re-traumatization as they recall adverse experiences in a therapeutic context. Yuen (2007) suggests that a therapist might build trust and establish a sense of emotional comfort by incorporating light-hearted, accessible questions into the counselling conversation. This could involve inviting the child to identify and introduce the therapist to their “imaginary helpers” (Yuen, 2007, p. 8), such as stuffed animals or pets that have provided them with a sense of comfort during times of adversity. Furthermore, in her counselling conversations with child survivors of domestic violence, Yuen (2007) found that her clients were less likely to feel like “a passive recipient of trauma” (p. 7) when asked to describe their places of safety and the creative coping strategies they utilized in moments when they felt afraid.

Gaps in Knowledge & Literature

This literature review has examined key ethical, cultural, and theoretical considerations relevant to therapeutic work with Canadian Indigenous children who have experienced domestic violence. It highlighted art therapy approaches, client-led, trauma-informed and strengths-based therapeutic practices, and introduced response-based practice as a guiding framework rooted in dignity, agency, and healthy resistance. While each of these areas offers valuable insights, a significant gap remains in the literature as there is no existing research that integrates response-based practice into art therapy modalities for work with Indigenous children. This absence highlights the need for the development of a culturally responsive, theoretically grounded intervention model that combines these approaches. Such a framework could offer non-Indigenous therapeutic practitioners a more comprehensive and counter-colonial way to support Canadian Indigenous children who have experienced domestic violence.

Chapter 3. METHODOLOGY

This study seeks to address the following research questions: 1. How can a series of art therapy interventions be developed using the principles of response-based therapeutic practice as a guiding framework? 2. How can these interventions increase cultural humility and efficacy among non-Indigenous art therapists working with Indigenous children who have experienced domestic violence?

Intervention Research

This research will follow the first two steps of a five-step intervention design model by Fraser and Galinsky (2010) to address the stated research question. Fraser and Galinsky's model of intervention research is defined as "the systematic study of purposive change strategies" (2010, p. 461) which includes "specifying social and health problems in such a way that research can inform practice activities" (p. 460).

The selected methodology addresses my research question by providing structure and guidance to support the thorough conceptualization of targeted, counter-colonial, culturally-salient intervention design in response to an identified gap in literature and scarcity of mental health resources, including art therapy interventions integrating response-based practice, to be implemented with Indigenous children who have been exposed to domestic violence (Hallet, 2024; Kaimal & Arslanbek, 2020).

It is my hope that this research will offer a meaningful contribution to the current literature, responding to gaps by exploring the integration of response-based practice and art therapy treatment frameworks. Furthermore, it is my hope that this research will provide a basis for the development of future research in this area. I also hope that the following research will provide a model for other non-Indigenous art therapists to integrate response-based practice into theoretical intervention designed for their work with Indigenous clients, and that it may eventually inform the real-world application of culturally-salient, counter-colonial art therapy methodologies with Indigenous children.

Relevance

Research shows that colonial oppression and systemic racism are linked to the prevalence of domestic violence inflicted against Canadian Indigenous women and children in Canada; however, there is a lack of anti-oppressive, evidence-based mental healthcare interventions for this population (Hallet, 2024; Fish et al., 2022). The development of culturally sensitive

methodologies within the field of art therapy may reduce the likelihood of perpetuating colonial harms in the context of treatment with Indigenous clients (Kaimal & Arslanbek, 2020). This may require art therapists to shift away from effect-based clinical language that pathologizes Indigenous responses to violence and towards a “response-based dialogue (Yong, 2019, p. 23). Yong (2019) describes how effects-based language is found in the majority of research forwarded by the expressive art therapy modalities and argues that practitioners “have an ethical obligation to consider our field’s worldviews and how we might adapt to consider the cultural and socio-political contexts in which our [sic.] Indigenous populations exist” (p. 25). Malchiodi (2020) encourages trauma-informed art therapy practitioners to view their clients not as patients, but as active participants, stating that “this shift allows people to heal from traumatic events through a sense of autonomy and their own capacities for self-regulatory and strengths-based actions” (p. 54).

Steps in Intervention Research

This research will be limited to the first two steps of the selected research methodology. Fraser and Galinsky (2010) describe the first step as the development of “*problem and program theories*” (p. 463) which involves “examining relevant research to identify risk, promotive, and protective factors related to the problem” (p. 462). In the context of this research, this phase of the process will be largely accomplished through a literature review, which will lead to the identification of “malleable mediators” (Fraser & Galinsky, 2010, p. 462). Malleable mediators are factors that influence the identified problem and can be changed by the targeted agents of change in order to affect the desired outcome (2010). Targeted agents of change refer to the people or groups working to improve the identified problem.

The first stage of intervention research also involves identifying key intervention features, which could include determining where and how the intervention will take place, and who will implement it. In the context of this research, the developed interventions are intended to be conducted by formally trained and licensed art therapists in the context of a confidential therapeutic relationship with the ongoing consent of the client. The client population in focus includes Indigenous children and families who have experienced domestic violence.

Step two is to design the intervention through the “[*specification*] of *program structures and processes*” (Fraser & Galinsky, 2010, p. 463). This will involve the construction and description of empirically supported, theoretical art therapy procedures, including a detailed

summary of therapeutic objectives and activities that may occur, as well as a list of necessary materials, ethical considerations and theoretical underpinnings (2010). In the context of this project, “program structures and processes” will integrate a response-based practice framework into strengths-based, art therapy principles and treatment modalities. In keeping with the tenets of response-based practice, developed interventions will aim to establish safety, support client agency, challenge deficit-centered narratives, and promote dignity through creative explorations of healthy resistance responses to violence.

During the second stage of intervention research, the core processes being developed typically go through a process of review and revision. This phase may involve the incorporation of relevant feedback from “potential intervention agents, participants, and others with expertise related to the target problem, population, or setting” (Fraser & Galinsky, 2010, p. 464) as well as scholars in the field. The review and revision process in step two is intended to prepare the developed interventions for the third step, which involves feasibility testing. Feasibility testing is beyond the scope of this project.

Data Collection, Synthesis and Analysis

In accordance with the first step of Fraser and Galinsky’s (2010) intervention research model, a literature review will be conducted followed by an analysis of emergent themes to identify a theoretical and evidence base for the development of novel art therapy interventions.

Eligibility Criteria

Data collection for the literature review portion of this research will collect existing literature related to the stated research questions. Databases included in the review will include Google Scholar, Sofia, JSTOR and APA PsycINFO. A combination of empirical and grey literature will be sourced and assessed for eligibility criteria. Included sources will be written in the colonial language English and published between 2000 and 2025 (except for Wade, 1997). Included sources must include any of the key search terms “resistance,” “art therapy,” “response-based practice,” “domestic violence,” “Indigenous children,” “colonization,” or “client agency.” Articles will be excluded from the data synthesis if they do not include key search terms, were published before 2000, or were published in a language other than English.

The review will prioritize the inclusion of literature that addresses how the normalization of violence against Indigenous peoples intersects with colonialism, with a special focus on the impact of violence on Indigenous children. Included literature topics will include research that

examines the efficacy and ethics of conducting art therapy with Indigenous populations and literature that highlights how art therapy has been adapted to include Indigenous worldviews and cultural values. Included literature will also incorporate a summary of response-based practice and strengths-based therapeutic approaches when working with children who have experienced violence. Finally, sources written by Indigenous authors and researchers, and sources that centralize Canadian Indigenous perspectives, decolonial methodologies, and strengths-based conceptions of wellness will be prioritized.

Practical Experience

According to Fraser and Galinsky (2010), intervention research “requires evaluating and blending existing research and theory with other knowledge” (p 460). Castro et al. (2014) describes clinical expertise as a legitimate and useful source of data when applying cultural adaptations to interventions. Therefore, throughout this research process I will be considering my own experience working in the field as an art therapy intern with Indigenous children and families who have experienced domestic violence. Through my practicum work as an art therapy intern at a domestic violence shelter, I witnessed the healing potential of positive social responses, as well as the incorporation of dignity and agency-promoting art therapy interventions into my sessions with young Indigenous clients. This first-hand experience illuminated the potential efficacy of integrating response-based practice principles into therapeutic work with the population in focus. Furthermore, when working with children who had experienced violence, I perceived the value of providing a range of creative materials and processes that promoted diverse and accessible forms of self-expression within the context of a safe and trusted therapeutic relationship. Through my experience I gained a deeper understanding of the value of art therapy as a developmentally appropriate form of mental health care for children who have experienced significant adversity.

Limitations

In the context of intervention research, feasibility and efficacy testing are key aspects of refining an intervention and ensuring that its purpose aligns with its outcomes. The testing phase is also a key factor in determining the generalizability of the intervention and informing adaptation guidelines for working with diverse populations (Fraser & Galinsky, 2010). However, the scope of this project will not allow for advancement into the testing and revision phases of the process, therefore it is limited in its ability to determine the feasibility, theoretical

congruence, efficacy, and practical effectiveness of the proposed interventions (2010).

Additional limitations include my role as the sole researcher, my identity as a non-Indigenous practitioner, and my inability to formally seek and include feedback from relevant stakeholders and participants. In all intervention design, collaborating with the intended population is important because they will likely have a more nuanced understanding of relevant contextual information and may be able to speak to any potential factors that may impact the effectiveness of the intervention (2010). Furthermore, cultural adaptations of interventions should be undertaken as a communal process that centers the perspectives of the target demographic to ensure the relevance of the adaptation (2010). This is especially critical in the context of intervention planning for Indigenous populations (Hallet, 2024). Kaimal and Arslanbek (2020) argue that “storytelling traditions, reflective and participatory methods, recognizing appropriate community-led engagement are essential” (p.6) if a researcher wishes to ethically incorporate Indigenous traditional knowledge, artistic processes and worldviews into art therapy practices. Therefore, more in-depth and inclusive research will need to be implemented before the developed interventions can be ethically utilized with Indigenous clients. This means that the continuation of this research must involve consulting with Indigenous communities and organizations at all phases of intervention design and implementation. Community involvement in future research should also take care to seek and incorporate the direct perspectives of Indigenous children who have been impacted by domestic violence. Additional limitations include my inexperience as a first-time researcher, my inclusion of primarily literature written in English, as well as the existent time constraints necessarily imposed by the graduate program for which this research was conducted.

Ethical Considerations

As this study did not involve working with Indigenous communities or participants of any kind, ethics board approval was not needed to carry out this research. That said, non-Indigenous practitioners are encouraged learn about and build relationships with the Indigenous communities they are working with to support the development of salient intervention design (Richardson & Romano, 2014). Furthermore, researchers must consider how minority populations have been excluded from or marginalized by the development of evidence-based, Western healthcare interventions, which includes many foundational art therapy theories and processes (Castro et al., 2010; Fish et al., 2022; Kaimal & Arslanbek, 2020; O’Keefe et al.,

2022).

Conducting research that involves Indigenous communities, it is essential to acknowledge that Western research processes and mental health paradigms are rooted in colonial ideals of power and influence (Richardson et al., 2024). Taking a decolonial approach involves subverting these norms by challenging Western perspectives (2024). Furthermore, when “working across difference” with Indigenous populations, non-Indigenous researchers and practitioners must reflect upon their positionality, have a relationship with their own ancestors, and cultivate a sense of deep self-awareness to understand how culture functions as an aspect of their own identity (Richardson & Romano, 2014).

When developing or adapting interventions for Canadian Indigenous youth, it is also recommended that researchers differentiate between the distinct cultural practices and perspectives of the many Indigenous groups that exist in this country (Castro et al., 2010; James 2023). Researchers can avoid homogenizing approaches by taking intersectional identities into account and addressing smaller subcultural groups “as the unit of analysis for the design of a culturally relevant adaptation” (Castro et al., 2010, p. 4).

Chapter 4. FINDINGS

The aim of this research was to address a critical gap in art therapy literature and scarcity of culturally salient, counter-colonial mental health resources for Canadian Indigenous children impacted by domestic violence. This was done by conducting a literature review as step one of Fraser and Galinsky's (2010) intervention research methodology, and synthesizing findings for applicability in the formation of a new intervention model as step two. The following section summarizes the findings of the literature review portion of this research, then outlines an integrative therapeutic approach informed by response-based practice and strengths-based art therapy techniques, informed by the former.

The section highlights areas of theoretical compatibility between these two approaches and offers recommendations for an integrated application of both methodologies, including art material selection and usage, potential adaptations to pre-existing therapeutic assessment tools, as well as a summary of three theoretical art therapy interventions developed for non-Indigenous practitioners to utilize with Indigenous children exposed to domestic violence. The development of these interventions was informed by relevant contemporary literature speaking to pre-existing, evidence-based therapeutic approaches commonly utilized with the population in focus. The intervention design was guided by counter-colonial, culturally-salient, healing centered, and anti-oppressive values as well as a commitment to cultural humility on the part of the researcher. The findings presented here are intended to contribute to the theoretical development of such integrative practices and to support future non-Indigenous art therapists in designing ethical, interventions grounded in anti-oppressive principles.

Integrating Art Therapy and Response Based Practice

Cultural Humility

The literature review revealed ample research within the respective fields of response-based practice and art therapy that speak to the necessity for non-Indigenous practitioners working with Indigenous populations to take a culturally humble, anti-oppressive stance and seek to cultivate a therapeutic environment that prioritizes the client's safety (Kaimal & Arslanbek, 2020; Richardson & Reynolds, 2014; Richardson & Wade, 2010). Cultural humility is an ongoing process of deep self-reflection in which the therapist considers several aspects of their own identity, their biases, their privilege, and their complicity in the perpetuation of colonial ideals (Kaimal & Arslanbek, 2020). In addition to being self-critical and self-reflexive,

therapists working with these populations should seek to understand the relationship between colonialism and domestic violence and how these factors relate to the perpetuation of racism and negative social responses towards Indigenous peoples in Canada (Richardson & Wade, 2010; Kaimal & Arslanbek, 2020).

Healing-Centred and Anti-Oppressive Practice

Findings pointed to numerous recommendations that align with “healing-centered” (Malchiodi, 2020, p. 55) approaches to art therapy, which bring intersectionality and social justice into practice and situate both trauma and healing in a wider social context. Therefore, practitioners working within response-based or healing-centered frameworks recognize therapy as an inherently political process and take steps to avoid replicating oppressive power dynamics that exist in the wider socio-cultural realm (Malchiodi, 2020; Richardson et al., 2021). This can be achieved through the establishment of a non-hierarchical, collaborative therapeutic process, which involves continually seeking and incorporating the client’s feedback and insight at every stage (Arslanbek et al., 2022; Betts, 2013; Kaimal & Arslanbek, 2020).

Collaborative and Client-Led Approaches

A non-hierarchical, participatory therapeutic stance aligns with humanistic, person-centered and narrative approaches to art therapy, which involve trusting the client’s inherent ability to achieve wellness, and the cultivation of a “growth-promoting atmosphere” (Malchiodi, 2012, p. 101) in which the therapist utilizes artistic materials and processes to harness personal resources and promote change (2012). A core tenet of person-centered art therapy involves meeting the client with unconditional positive regard and facilitating a therapeutic process that honours the client’s agency and expertise over their own life and wellbeing (2012). According to Malchiodi (2020), a therapist’s ability to convey unconditional positive regard is an important aspect of building rapport with children who have experienced trauma. This is also an essential component of structuring safety and providing dignity promoting care for Indigenous clients (Richardson & Reynolds, 2014).

Uncovering Dignity within the Therapeutic Relationship

Honouring human dignity is related to the cultivation of positive social responses, which is an important aspect of therapeutic work with victims of domestic violence (Dhudwal & Sheehan, 2011). This practice is based on research that shows “positive and constructive social responses increase the likelihood of recovery post-violence or oppression” (Dhudwal & Sheehan,

2011, p. 118). The healing potential of positive social responses following violence is related to the strength of the therapeutic alliance (Malchiodi, 2020). Richardson and Wade (2015) identify key elements of building a therapeutic relationship within a response based framework, which include “building rapport without expecting the client to trust us, offering choices whenever possible, asking for permission to raise sensitive topics, especially when required to do so, being honest and direct about the power we possess, and being curious about the clients perspectives and concerns” (p. 213). When working with Indigenous clients this may also involve initiating conversations about life and family connections (Richardson & Wade, 2015, p. 212).

Narrative Repair and Meaning-Making

According to Dhudwal and Sheehan (2011) therapists working within a response-based framework should introduce interventions that encourage a client to consider their values and beliefs, uncover dignity and resistance narratives, and challenge disparaging, socially imposed perceptions that the client may have internalized. Malchiodi (2012) applied narrative therapy concepts to an art therapy intervention framework, using creative processes to support clients in the development of restorative storylines and relieve a sense of blame and responsibility by separating the problem from the person through externalizing art processes. Altering trauma-laden stories and imagining new narratives are two key components of “meaning making” (Malchiodi, 2020, p. 326), which has been described as an essential aspect of healing from trauma (2020).

Cultivating Joy

Richardson and Wade (2015) recommend that therapists working within a response-based framework seek to cultivate moments of joy in sessions with their clients. This aligns with Malchiodi’s (2020) suggestion that an essential phase of reparation following trauma is “the recovery of playfulness and pleasure in the brain, body, and relationships with others” (p. 325), which can be achieved through art making in a therapeutic context. Richardson (2017) suggests that a therapist might assess how a session is going by attending to whether they and their client can laugh together (Department of Communities and Justice: Communities).

The Use of Art Materials and Processes

Response-based practice relies on nuanced, verbal therapeutic discourse and specific linguistic tools to facilitate in-depth interviews that uncover and honor a client’s acts of resistance to violence (Todd & Wade, 2004). That said, in the context of therapy with children

who have experienced domestic violence, in-depth verbal processing may not be an accessible therapeutic intervention (Malchiodi, 2020). Traumatic memories are thought to be processed and stored on a somatosensory level and therefore may be inaccessible for verbal processing (Malchiodi, 2008). Furthermore, some children may be hesitant to talk about their experiences of violence out of loyalty to their caregivers, fear of reprisal, or feelings of shame (Malchiodi, 2020; Mills & Kellington, 2012). The sensory and embodied nature of creative arts therapies may provide a safe and accessible entry point to therapeutic work with young clients who do not have the verbal capacity to process their experiences of violence (Malchiodi, 2020). Facilitating the use of art materials and adapting art intervention processes to reflect a response-based interview framework may offer children a non-threatening and accessible way to explore their resistance responses while respecting their need for safety on an embodied level (Jones et al., 2020; Malchiodi, 2020).

It has been suggested that culturally sensitive, client-led art therapy processes with young Indigenous clients should include the provision of a diverse, but limited spectrum of culturally adaptable art materials, objects, tools and toys to support a range of information processing styles without being overwhelming (Brady, 2015; Hinz, 2020; Malchiodi, 2015). Offering clients the opportunity to select from a wide range of art materials may offer them freedom and flexibility to authentically express themselves, which could promote their agency, self-efficacy and sense of control (Wood, 2019). Culturally adaptive art materials might include clay and drawing materials that reflect a range of skin tones, collage materials containing cross-cultural imagery, or various fabrics, beads, yarn, and jewelry making supplies which could evoke a variety of art making traditions (Malchiodi, 2015).

Assessment Procedures

Within a therapeutic context, assessment procedures are used to collect information about clients to better understand their needs, implement relevant treatment approaches, assess the effectiveness of programs or interventions, and modify treatment goals (Cruz et al., 2013). There are many formal and informal evaluation procedures used by art therapy practitioners, including a variety of culturally sensitive assessment methods that consider contextual and systemic factors when working with diverse clients (Malchiodi, 2015).

The following pre-existing assessments were selected based on their relevance to the response-based practice theoretical framework and their adaptability for ethical, culturally

sensitive implementation by non-Indigenous art therapists working with Indigenous children who have experienced domestic violence.

The Response Based Contextual Analysis

The Response Based Contextual Analysis is an assessment tool that was created for use by social service professionals working with survivors of violence and oppression (Bonnah & Richardson, 2015). The assessment was then forwarded by response-based practitioners for use in a therapeutic context with Indigenous clients, including Indigenous children (2015). This assessment was developed based on the belief that to understand a person's behaviour in response to adversity, contextual factors must be considered (2015). The assessment examines factors such as socio-economic status, the actions of the offender, and the social responses the client received following their experience of violence (2015). This assessment model aligns with guidelines for conducting culturally adaptive art therapy assessments that seek to understand the diverse worldviews of clients (Malchiodi, 2015). This assessment also aligns with recommendations that mental health interventions for Indigenous children should be implemented in consideration of colonial contexts and avoid making generalizations about the unique experience of the client (Fish et al., 2022; Guy-Evans, 2014).

The Medicine Wheel of Resistance

The Medicine Wheel of Resistance was first developed “as a framework for understanding Indigenous resistance to colonization, racism and oppression” (Richardson & Wade, 2015, p. 206). Within a response-based therapeutic context, this tool has been used as an assessment tool for therapists to gain deeper knowledge about a client's acts of resistance in response to violence (Carriere & Richardson, 2013). This tool was developed based on Richardson's (2017) idea that “there are so many kinds of information that guide us to safety if we can listen” (Department of Communities and Justice: Communities, Dr. Cathy Richardson – Healing Communities, 37:25). The assessment is divided into four sections to guide inquiry, corresponding with the four elements comprising the traditional Medicine Wheel, representing the intellectual, emotional, spiritual, and physical components of resistance (Richardson & Wade, 2015). The intellectual component might involve the development of a safety plan, the spiritual component might involve exploring where the client derives their values, the emotional component might involve assessing the client's feelings in relation to the violence, and the physical component may include the ways in which the client physically protected themselves from

harm (2015). This can also be used as a self-assessment tool by practitioners to analyze the different ways that they know a client has experienced a sense of dignity and hope in the context of their sessions (Department of Communities and Justice: Communities, 2017).

The Expressive Therapies Continuum

A tool such as the Medicine Wheel of Resistance may be utilized within the framework of the ETC. The ETC is a theoretical model that includes an assessment process and frameworks for structuring therapeutic interventions in the context of art therapy and other creative arts therapies (Hinz, 2020). Betts (2013) describes the ETC as a broadly applicable and culturally adaptable means to gain insight into how clients process the world through their interactions with art materials. The ETC assesses creative expression and healing as a multifaceted and dynamic construct that is unique to each client (Hinz, 2020).

The ETC is composed of multiple levels, each comprising two related components that exist on a spectrum of “information processing and image formation” (Hinz et al., 2022, p. 1). These include the kinesthetic and sensory components, which consider embodied, pre-verbal material experiences, the perceptual and affective components, which consider the creative expression of emotion and the aesthetic use of forms, the cognitive and symbolic components which involve the ability to utilize high-order cognition and metaphorically represent thoughts and feelings, and the creative component, which encapsulates the unique, transformative process of creativity and the integration of all previous levels (2020). The client-led, collaborative nature of the ETC functions to reduce power dynamics within the therapeutic relationship, which aligns with recommendations for ethical therapeutic practice when working with Indigenous clients (Arslanbek et al. 2022; Betts, 2013).

Based on their identified compatibilities, it is conceivable that when used together, the Medicine Wheel of Resistance and the ETC may contribute to a deeper sense of safety and a more inclusive therapeutic environment for young Indigenous clients. The ETC could help illuminate a client’s comfortability with various art materials and creative processing styles, which may help guide a more nuanced exploration of resistance using the Medicine Wheel.

Art Therapy Interventions Informed by Response Based Practice

The following section includes a detailed description of guidelines for ethical therapeutic practice when conducting art therapy from a response-based framework. Following that, this section will summarize three art therapy interventions integrating the key tenets of strengths-

based art therapy and response-based therapeutic frameworks for culturally sensitive work with Indigenous children who have experienced domestic violence. Each intervention will identify the intended clientele, summarize the intended objectives, provide detailed process guidelines, and identify relevant theoretical underpinnings.

Ethical Considerations

Dhudwal and Sheehan (2011) analyzed language use in the context of response-based counselling conversations and found that clients benefited when therapists were transparent about the rationale behind uncovering resistance responses to violence (Dhudwal & Sheehan, 2011). This could present a barrier when working with children who may not have the cognitive capacity to understand the nature of the practice or to understand what is being asked of them. Therefore, practitioners should take care to frame interventions in developmentally appropriate ways (Association des art-thérapeutes du Québec, n.d).

Children who have experienced domestic violence may not feel safe enough to immediately engage in structured art making or imaginative storytelling processes (Malchiodi, 2020). Sensitive practitioners should honor the child's caution and understand the importance of establishing a sense of trust and safety and supporting the development of self-regulation strategies before the described interventions can be effectively implemented in the context of therapy (2020).

Practitioners must take care not to diminish the pain associated with such circumstances and to address the negative consequences that may have occurred in the child's life as a result of violence (White, 2005). Similarly, practitioners working with Indigenous populations from a response-based perspective must take care not to romanticize marginalized communities or acts of resistance (Wade, 1997). Uncovering subordinate storylines of dignity and resistance cannot undo the violence that has been committed or stop it from recurring in the future, and this therapeutic process is not a substitute for equality (Bonnah & Richardson, 2015; Wade; 1997).

If a therapist perceives that a client's resistance may be increasing their risk or contributing to their harm, they should avoid lecturing the child and instead offer positive social responses that involve recognition of the child's strengths, followed by a collaborative exploration of safer resistance responses (Wade, 2018).

Ethical considerations must also be applied to the use of cultural symbols and materials. While sensitive and informed use of culturally resonant art materials have been shown to be an

effective way to explore personal values and identity with Indigenous clients, therapeutic practitioners should avoid making assumptions about what may resonate with a given client and ensure that their client is ready and willing to work with cultural elements before introducing them into the therapeutic process (Arslanbek et al., 2022).

Intervention 1: Brave Actions Animal

Overview

The following intervention was developed for use with Indigenous children who have been exposed to domestic violence. It is intended for implementation over the course of one or more sessions with a trained art therapist. The intervention first involves inviting the client to choose or create an animal to represent themselves using available art materials or figurines. This aspect of the intervention is informed by the ETC, which suggests that visual symbols may represent a connection between a client's internal world and their external reality (Hinz, 2020). In the context of art therapy, externalizing symbolic material through visual representation or play can help a client develop self-awareness and personal growth, while maintaining a measure of reflective distance (2020).

The art therapist then facilitates a discussion about the animal's name, qualities, strengths, and adaptive traits. According to Hinz (2020), inviting a child to create a "self-symbol" (p. 132) based on an animal may be a developmentally appropriate way to support self-exploration and enhance self-awareness. Furthermore, by engaging in a discussion of animal qualities that they admire, young clients may come to "embrace the admired traits in themselves" (Hinz, 2020, p. 132). The practice of integrating animals into psychodynamic processes stems from the idea that therapeutic change may occur through the observation and discussion of an animal's feelings and behaviour (Parish-Plass, 2013). Research suggests that early interactions with animals teach children about animal characteristics (Bédard-Gascon, 2014). Furthermore, children tend to view animals as emotional beings, implying that they have a "capacity to connect and to use animal symbols as representing parts of themselves" (Bédard-Gascon, 2014, p. 21). It has also been found that the use of animal symbolism is universal and diverse across history and cultures, which suggests that the use of nature-based symbols may be a culturally adaptable way to work with Indigenous children (2014).

The next phase of the intervention involves the visual representation of the animal's family followed by a creative exploration of how the animal might keep itself and others safe in

response to danger. According to Malchiodi (2020), children who have experienced or witnessed domestic violence may believe that they are responsible for protecting others, while simultaneously desiring to be protected. With the guidance of a supportive therapist, children may discover “islands of relief” (Malchiodi, 2020, p. 353) through storytelling, play and dramatic enactment using figurines and symbolic objects. Such processes may support meaning making and the emergence of reparative narratives by providing the child with experiences that facilitate “safety, self-regulation and inhabiting the body in healthy and pleasurable ways” (Malchiodi, 2020, p. 339). Through the visual depiction of an animal’s journey through danger and survival, children may be supported in identifying elements of their personal story of survival and realizing their own wisdom and resilience (Hinz, 2020).

Throughout the intervention, the art therapist supports the child in drawing connections between the animal’s responses and their own lived experiences (Denborough, 2008). In this way, the therapist fosters personal insight, externalization, emotional regulation, and the development strengths-based resistance narrative (2008). This aspect of the intervention is based on Denborough’s (2008) “Tree of Life” narrative approach, which he adapted for use with children who had experienced violence and displacement. According to Denborough (2008), by facilitating conversations about how animals actively respond to danger, it is made possible for children to understand and contest limiting narratives of their own passivity in the face of adversity and oppression.

Objectives

The objectives of this intervention are to empower the client through a structured art making process that honors their agency and dignity by inviting them to creatively explore their responses to adversity rather than its negative effects. This intervention considers both developmental and cultural factors through the provision of a wide variety of materials, the client-led format, and the incorporation of universally recognized symbols. Furthermore, through the therapeutic use of storytelling, symbolism, projection and reflective distance this intervention supports the development of self-regulation strategies and makes it possible to explore emotionally challenging subject matter without overwhelming or re-traumatizing young clients. Finally, by exploring the child’s pre-existing skills and resiliencies, this intervention may support the formation of strengths-based safety assessments and the development of a safety plan.

Suggested Materials

Mixed media art materials such as paper, glue, scissors, fabric, drawing materials, loose cardboard and/or cardboard boxes, acrylic paint, air dry clay, pre-cut magazine images of animals, selection of animal figurines, natural materials such as sticks, dried moss, shells, stones, leather, fur, sand fake plants etc.

Process

Step 1. Invite the client to first imagine that they are a real or imaginary animal and create a visual representation of that animal using any of the provided art materials (Hinz, 2020). Alternatively, invite the client to select an animal figurine to represent themselves from those provided. Invite the client to name the animal and discuss the animal's unique qualities, skills, and strengths (2020).

Step 2. Invite the client to visually represent the animal's family. They may do so using any of the art materials provided or by selecting figurines to represent each family member.

Step 3. Invite the client to imagine that their chosen animal is in a dangerous situation such as a storm, wildfire, or running from a predator. Then ask the client to consider what the animal might do to stay safe, protect others, and survive. To facilitate a developmentally accessible conversation with young clients, the art therapist might first initiate a discussion about the various ways in which animals respond to danger and support the client in making a list of everything they come up with (Denborough, 2008).

Step 4. Invite the client to use mixed media materials to create a diorama or image representing the animal's journey through danger to safety. This might include the creation of a map or storyboard depicting the phases of the journey or the construction of a safe environment (Hinz, 2020). Discussions following this process might involve inviting the client to consider how the animal's survival is related to their own resilience in response to adversity (Denborough, 2008).

Intervention 2: Collaborative Map to Safety

Overview

The following intervention was adapted from a pre-existing art therapy assessment to incorporate practical and theoretical elements of a response-based practice framework. This intervention is intended for use with Indigenous mothers and children with shared experiences of domestic violence. The intervention is designed to be implemented over the course of one or

more sessions with a trained art therapist. Through a semi- structured, multi-step process, clients are invited to work separately to create visual representations of personal “safe spaces” on the same sheet of paper. The clients are then invited to collaboratively depict a shared “space of danger.” Finally, clients are invited to visually depict symbolic pathways that link their individual safe spaces. Following the intervention, clients are invited to engage in an in-depth discussion about multiple dimensions of their art-making experience, including the emotional and embodied aspects of the process.

The dyadic nature of this intervention is supported by Richardson and Wade’s (2010) argument that “meaningful safety planning is likely to occur when professionals work consciously to restore dignity to [Indigenous] parents” (p. 138). The basic format of this intervention is based on an adapted version of the Joint Painting Procedure (JPP), which is a 5-step art-based evaluation that was originally designed to assess the implicit aspects of parent-child relationships and examine children’s resiliencies and challenges in that context (Gavron, 2013). Maio-Wong and Hung Ho (2022) incorporated child-centered, strengths-based perspectives into the JPP and used it as an art therapy intervention to support mothers and children who had shared experiences of domestic violence. When approached in this way, the JPP can help facilitate mutual enjoyment and promote agency in participants, while also encouraging non-hierarchical dialogues between children and adults (2022). This aligns with Malchiodi and Miller’s (2011) suggestion that parent-child therapeutic work following domestic violence should include “providing a safe and creative space for family members to work together on a common project” (p. 345) as well as Bonnah and Richardson’s (2015) argument that children’s voices should be elevated in therapeutic spaces. The emphasis on mutual enjoyment also aligns with Richardson and Wade’s (2015) suggestion that practitioners working from a response-based perspective should seek to cultivate moments of joy throughout the therapeutic process.

Inviting clients to render a metaphorical safe space and create a pathway through danger is supported by recommendations that children who have experienced violence should be provided with opportunities to make choices (Edleson et al, 2011; Jones et al., 2020). It is also supported by Yuen’s (2007) finding that clients were less likely to feel like “passive [recipients] of trauma” (p. 7) when asked to articulate their places of safety and their coping strategies in moments of fear. Furthermore, research suggests that externalized creative processes may create

the emotional distance needed to address adverse experiences without re-traumatization, which supports the therapeutic use of metaphor and symbolism to explore themes of safety and danger with survivors of domestic violence (White, 2005; Hinz, 2020).

Initiating a post-intervention discussion inviting clients to reflect on various dimensions of their experience is based on an important aspect of response-based practice in which a therapist explores a client's resistance through a "micro-analysis" (Richardson & Wade, 2010, p. 140) of their efforts to stay safe. Inviting clients to reflect on the embodied aspects of their experience is based on Malchiodi's argument that embodiment may contribute to "somatosensory experiences of strength, mastery, and self-efficacy" (Malchiodi, 2020, p. 334), which could be built upon to challenge internalized notions of victim passivity in the context of violence. This also relates to the component of the Medicine Wheel of Resistance that explores embodied knowledge and physical acts of resistance (Carriere & Richardson, 2013).

Objectives

This intervention is intended to support clients in recognizing their agency and strength through a creative exploration of personal boundaries and felt safety. This intervention also seeks to explore and honor the client's unique perspectives, knowledge, and problem-solving skills in the face of adversity. Furthermore, discussions following the completion of the intervention intend to illuminate knowledge as a holistic concept by asking questions that draw attention to the embodied, spiritual, cognitive, and emotional forms of knowing. Furthermore, this intervention is framed in a way that seeks to equalize power relationships between children and adults and nurture a sense of safety within the mother-child relationship following experiences of domestic violence by providing an opportunity to participate in a collaborative creative process. Finally, information gleaned from this intervention may be used to support the collaborative development of a strengths-based safety assessment and safety plan.

Suggested Materials

Large paper or canvas, collage materials, diverse selection of drawing and painting materials such as acrylic paints, watercolor paints, oil pastels, chalk pastels, markers, crayons, pencil crayons, pencils, erasers etc.

Process

Step 1. The art therapist will invite clients to participate in a "fun activity of [creating art] together on the same piece of paper" (Maio Wong & Hung Ho, 2022). The invitation will be

followed by a discussion surrounding guidelines for safety, consent, and mutual respect while engaging in collaborative art processes (Maio Wong & Hung Ho, 2022; Malchiodi, 2014). Following the description of the art making process, the clients will be invited to choose any material they like and participate in any aspect of the activity as described (Hinz, 2020).

Step 2. Clients will be asked to each draw or paint a boundary representing a “safe space.” Clients will be invited to fill this space with shapes, colours, drawings, paintings or collaged images representing things they love and that help them feel safe.

Step 3. In the space between their respective drawings, clients will be invited to work together to create a “space of danger.” Clients will be asked to work together to fill that space with shapes, colors, drawings, paintings or collaged images that represent their worries, fears, or dangerous elements.

Step 4. Clients will then be asked to use art materials to visually connect their respective places of safety (Maio Wong & Hung Ho, 2020). This may be framed as creating a bridge, path, road, or river. Clients will each be invited to use art materials and processes to represent how they would like to navigate the dangers represented in the shared space and find a way to reach one another’s safe zone.

Step 5. Following the completion of the art making process, clients will be asked to independently discuss the contents of their respective places of safety. Participants will then be invited to “tell their own stories” (Maio Wong & Hung Ho, 2022, p. 4) about how they navigated the space of danger to reach one another. Clients will be encouraged to take turns listening to one another and share about their personal experiences completing the intervention (2022). The art therapist will offer discussion prompts that invite clients to share multifaceted aspects of their experience. For example, prompts that invite reflections about the physical aspect of the experience may include inviting clients to enact elements of their story using their bodies (Malchiodi, 2020) or asking them questions such as: 1. Did you notice different feelings in your body when you were creating the “safe space” compared to the “space of danger?”

Intervention 3: The Tree of Resistance

Overview

The following intervention was adapted from pre-existing narrative and trauma informed art therapy interventions to incorporate elements of response-based practice and ethical considerations when working with Indigenous communities. This intervention was developed for

use with Indigenous families who have experienced domestic violence and is designed to take place over one or more sessions with a trained art therapist.

This intervention invites families to work together to use natural and mixed media art materials to construct a symbolic “Tree of Resistance,” in conjunction with a developmentally appropriate discussion connecting aspects of the tree to the family’s story of resilience and resistance to violence. The tree is intended to represent the client’s cultural roots, personal strengths, supportive relationships, and hopes for the future (Denborough, 2008; Malchiodi, 2020). The collaborative nature of this intervention is supported by Richardson and Wade’s (2010) suggestion that the safety of Indigenous children is dependent on the wellbeing of their entire family. This is also informed by research that shows social support for children who have experienced domestic violence should involve opportunities to explore and enhance sibling relationships (Edleson et al., 2011).

This intervention is comprised of structured art-making prompts that guide each stage of the creative process—from constructing the roots (family and cultural foundations), to the trunk (resilience and skills in adversity), branches (supportive people and systems), and leaves or fruit (dreams and aspirations). This format is based on Malchiodi’s (2020) “Tree of Strength” (p. 331) intervention, which she utilized in dyadic art therapy to support a mother and child in developing a transformative narrative of mutual resilience following domestic violence. Aspects of this intervention are also based on Denborough’s (2008) “Tree of Life” (p. 71) narrative approach, which he implemented as a group narrative therapy process to illuminate values and enhance family and cultural connectedness with children who had experienced collective trauma.

The discussion prompts throughout this intervention are informed by narrative therapy, dignity driven practice, and response-based counselling conversation guidelines (Denborough, 2008; Richardson & Wade, 2015; Wade, 2018). Each prompt encourages clients to compare their personal struggles and strengths to that of a tree (Malchiodi, 2020). According to Denborough (2008), discussing the “hazards faced by trees allows for a safe entry point into a discussion about children and the problems and dangers they face in life” (p. 86). Therefore, comparing real acts of violence to metaphorical storms may help therapists facilitate a developmentally appropriate discussion that challenges notions of victim passivity and places blame with perpetrators (Denborough, 2008; Richardson & Wade, 2010). Each prompt is also designed to uncover multifaceted aspects of the client’s resistance to violence and how that resistance relates

to their historical and social context (Richardson & Wade, 2010). In exploring the client's understanding of how wider contextual factors relate to domestic violence, therapists can explore the many ways that clients seek to preserve their dignity and control their circumstances, which may reveal information about their skills and values (Richardson & Wade, 2015).

By creatively exploring family lineage, this intervention aligns with Richardson and Wade's (2015) suggestion that response-based therapeutic conversations with Indigenous clients should incorporate conversations about family (p. 212). Furthermore, by linking the client's current strengths (trunk) to their history and culture (roots), they may be supported in recognizing "intergenerational histories of resistance" (Richardson & Wade, 2015, p. 216). Finally, the use of natural materials was informed by research that suggests nature-based art processes may be a culturally salient way to work with Indigenous clients (Arslanbek et al., 2022; Kaimal & Arslanbek, 2020). Using natural materials and symbols could facilitate exploration of intergenerational ecological knowledge and incorporate Indigenous worldviews that speak to human interconnectedness with nature (Arslanbek et al., 2022; Kaimal & Arslanbek, 2020).

Objectives

This intervention is intended to support Indigenous families through a collaborative process of constructing restorative personal narratives following experiences of domestic violence. This intervention seeks to honor the client's dignity and promote positive and mutually affirmative communication between the child and their parent by focusing on sources of personal and collective strength, values, and hopes. Through the exploration of culture, origin and memory, this intervention seeks to acknowledge the intergenerational aspects of resilience and resistance. Furthermore, by framing wellness as a reciprocal, communal concept and using nature-based symbolism and materials, this intervention integrates traditional Indigenous views of holistic wellness and human interconnectedness with the ecological realm.

Suggested Materials

Natural materials such as various kinds of branches, driftwood, seashells, stones, clay, twine, leather, soil, sand. Synthetic art materials such as paper, collage materials, string, ribbon, wire, beads, clay pot, cardboard, glue, scissors.

Process

Step 1: The art therapist will invite the clients to work collaboratively to construct a tree representing their resistance to adversity, using any of the art materials provided (Hinz, 2020; Malchiodi, 2020). The invitation will be followed by a discussion surrounding guidelines for safety, consent, and mutual respect while engaging in collaborative art processes (Maio Wong & Hung Ho, 2022; Malchiodi, 2014).

Step 2: When constructing the roots of the tree, the art therapist might prompt the clients to consider their family history, as well as their historical and cultural origins (Denborough, 2008; Wade, 2018). Questions the art therapist might ask at this stage could include: 1. Can you tell me about your family? 2. What are your favorite traditions and holidays to celebrate together? 3. Who or what has taught you the most in your life? 4. What are your fondest memories?

Step 3: When constructing the trunk of the tree, the art therapist might invite the clients to represent their skills and strengths when faced with adversity (Denborough, 2008; Malchiodi, 2020). The therapist may frame this portion of the intervention with a pre-emptive discussion about the hazards faced by trees in the forest, such as storms (Denborough, 2008). This may include helping the clients generate a list of ways that the tree stays standing throughout a storm. The art therapist might provide further guidance by asking the clients questions about specific times in their lives that they remember demonstrating their skills and strengths (Denborough, 2008). If indicated, this aspect of the process might be used as a basis for inquiry into what skills they implemented to protect themselves and others during lived experiences of violence (Richardson & Wade, 2015). This inquiry might be supported by questions such as: 1. Who taught you so much about safety? 2. How did you learn to stay calm even when you were scared?

Step 4: When constructing the branches, leaves and fruits of the tree, the art therapist might invite clients to identify and visually represent the circumstances and people in their lives that have been supportive during times of adversity (Denborough, 2008; Wade, 2018). This may lead to further discussion about the people and circumstances that have *not* been helpful or supportive (Richardson & Wade, 2015). Prompts to consider when approaching the leaves and fruit of the tree might include questions about the family's individual and collective hopes and dreams for the future (Denborough, 2008).

Conclusion

The interventions outlined in this section respond to the lack of culturally salient and counter-colonial mental health resources available for Indigenous children impacted by domestic violence. By integrating response-based practice and strengths-based art therapy approaches, the interventions contribute to a developing body of theoretical work that examines healthy resistance to violence and centres dignity, agency, and relational safety over deficit- or trauma-focused models. The findings emphasize points of compatibility between these methodologies and demonstrate how creative processes, material choices, and therapeutic structure can be ethically adapted to align with anti-oppressive, healing-centered, and culturally responsive principles. Informed by existing literature and grounded in cultural humility, these interventions offer practical tools for non-Indigenous practitioners seeking to engage in ethical, effective work with Indigenous children and families. Beyond clinical application, the findings hold broader implications for the training of art therapists, underscoring the need for education in response-based frameworks, anti-colonial practice, and culturally grounded approaches to safety and healing. As such, this research addresses a critical gap in literature and provides a foundation for further development of integrative, socially just art therapy practices.

Chapter 5. DISCUSSION

The following chapter discusses findings from an intervention research process that explored how response-based practice can inform the development of art therapy interventions for non-Indigenous practitioners working with Indigenous children affected by domestic violence. This section summarizes key findings in the areas of theoretical alignment, examines limitations related to methodological and epistemological tension arising in the application of response-based practice to art therapy, and outlines future research directions to support culturally responsive and ethically grounded practice.

This research has illuminated some ways in which the theoretical model of response-based practice, which was originally intended for use within verbal psychotherapy, may be applied within a strengths-based art therapy treatment framework for application with Indigenous children. Response-based practice seeks to dismantle hierarchies of power, and challenges political neutrality within therapeutic practice (Wade, 1997). This model was founded based on direct work with victims of violence, including Canadian Indigenous peoples (Wade, 1997). Similarly, art therapy approaches such as healing-centered art therapy, emphasize the importance of taking an anti-oppressive stance and promote the use of contextual analysis in consideration of systemic factors when working with marginalized clients, including Indigenous populations (Malchiodi, 2020).

It has also been demonstrated how various strengths-based, trauma-informed, and narrative art therapy approaches align with response-based practice. These modalities are similar in that they prioritize client safety, centre resilience, promote agency, and seek to challenge disparaging narratives through the construction of restorative storylines (Malchiodi, 2015; Richardson & Wade, 2015). Furthermore, response based-practice and strengths-based art therapy treatment frameworks offer practical therapeutic tools that explore the multifaceted nature of expression and utilize knowledge of the client's inherent resiliencies to inform future treatment (Richardson & Wade, 2015; Hinz, 2020). Just as response-based practice illuminates the complex nature of resistance through the artful use of dignity-promoting language and assessment tools such as the Medicine Wheel of Resistance, art therapy assessments such as the ETC explore each client's unique way of processing information (Richardson & Wade, 2015; Hinz, 2020). In addition, both approaches place strong emphasis on the establishment of safety and trust within a therapeutic relationship with clients who have experienced oppression (Malchiodi, 2020; Richardson &

Wade, 2010). Finally, both approaches have been adapted for application with children and hold the belief that children are autonomous beings who benefit from therapeutic processes that value their wisdom, uplift their voices and follow their lead (Bonnah & Richardson, 2015; Jones et al., 2020).

In addition, this research has shown that integrating response-based ideology and client-centered, strengths-based art therapy frameworks may produce a more comprehensive approach to structuring safety in work with Indigenous children who have experienced domestic violence. A criticism of popular therapeutic approaches, including those within the field of art therapy, is that they are rooted in Western treatment modalities and informed by colonial perspectives that position the therapist as the expert and the client as the victim in need of saving (Richardson & Wade, 2015). Furthermore, many art therapists tend to rely on effects-based language and assessments to frame treatment protocols, which is an inherently pathologizing approach and may further stigmatize Indigenous clients (Yong, 2019). Finally, many art therapy modalities speak to the importance of cultivating culturally therapeutic environments, but at present there is no generally accepted mental health paradigm “that privileges Indigenous epistemologies and ontologies as legitimate scientific knowledge that inform practice” (Fish et al., 2022, p. 623).

This research has highlighted the potential for assessments such as the Medicine Wheel of Resistance to be used in conjunction with art therapy theoretical models such as the ETC, which may create a more comprehensive basis for anti-oppressive therapeutic practice. Using tools such as the Medicine Wheel of Resistance, practitioners can integrate Indigenous wellness perspectives into an assessment framework that guides a process of nuanced, strengths-based therapeutic inquiry. This model may be used to positively reframe and expand notions of resistance, thereby challenging narratives of victim pathology and passivity. Furthermore, art therapy may offer additional resources to guide a response-based therapeutic inquiry that does not completely rely on verbal processing, which may make resistance-focused therapeutic conversations more developmentally appropriate for young children.

Limitations and Future Research Directions

There is a scarcity of research examining the integration of creative art therapy treatment modalities with a response-based practice framework (Yong, 2019). Furthermore, there is no research examining the effectiveness of integrating response-based practice into art therapy for ethical implementation by non-Indigenous practitioners with Indigenous children who have

experienced domestic violence. Therefore, this study has no basis for comparison. Exploring the possibility of integrating response-based practice and art therapy frameworks could provide a more robust knowledge base and offer further insight into the significance and necessity of the present study.

A significant hurdle and limitation throughout this research process was finding ways to address incompatibilities between art therapy and response-based practice given the lack of research speaking to a functional integration of these two methods. The most significant of these incompatibilities is the prevalent use of effects-based language in art therapy literature, especially in relation to treating trauma as experienced by children. Most of this literature frames trauma in terms of physiological and behavioral symptoms and measures healing on a basis of symptom reduction, which directly contradicts the moral imperative of response-based practice.

Conversely, literature describing response-based practice does not include practical strategies that therapists might employ to cultivate a physiological sense of safety when working with children who have been exposed to violence and who may not have the verbal capacity to articulate their experiences. Response-based practice strongly emphasizes the use of affirmative rhetoric to describe responses to violence, including embodied responses which might be otherwise framed as hyper-vigilance or emotional dysregulation in trauma-informed art therapy literature (Dhudwal & Sheehan, 2011; Malchiodi, 2020). However, based on the reviewed literature it seems that response-based practice does not account for the ways in which embodied resistance might impact the therapeutic process. In order to address this limitation, this researcher examined therapeutic practices that aligned with the foundational principles of response-based practice and adapted those practices for implementation within an art therapy framework.

Future research might include a more rigorous evaluation of response-based practice literature and a further examination of how the method might be effectively adapted for use within an art therapy intervention framework. For example, future research could involve a more in-depth exploration of how the ETC and the Medicine Wheel of Resistance might be used in conjunction with one another. Future research directions could also include the development of a response-based intervention framework that incorporates self-regulation strategies and ways to support young clients in feeling safe on an embodied level.

Although this paper incorporated insight gained from direct therapeutic work with children who have experienced domestic violence, no children were directly consulted for the purpose of this study. This is a major limitation. Therefore, future research directions should strive to consult young people directly to gain their perspectives on the effectiveness and feasibility of artistically exploring resistance in a therapeutic context.

Similarly, this research is limited in its failure to include the direct feedback and perspectives of Indigenous communities. Although this work sought to prioritize the perspectives of Indigenous authors, that is not an adequate substitute for direct engagement and collaboration with the population in focus. Future research directions might also include a further examination of the ways in which response-based practice might be integrated into group art therapy processes.

Conclusion

This chapter examined the integration of response-based principles with art therapy approaches to inform ethical, culturally responsive interventions for Indigenous children who have experienced domestic violence. While promising areas of congruence were identified, key limitations, such as theoretical incompatibility and lack of consultation with Indigenous communities, highlight the need for further research. Future research directions might include developing practice-based tools, deepening engagement with Indigenous perspectives, and refining integrative models to support safe and empowering therapeutic work.

Chapter 6. CONCLUSION

A key imperative of this research was to illuminate how racist colonial rhetoric, pathologization of resistance, and victim blaming mentalities are commonly perpetuated within professional and social discourse, contributing to the ongoing marginalization and disproportionate levels of violence perpetrated against Indigenous peoples in Canada (Bonnah & Richardson, 2015; Gerlach et al., 2017). These factors uniquely impact Indigenous children and are compounded by the common perception that victimized children are helpless and lack agency (Richardson & Wade, 2015). This points to the need for mental health professionals to challenge and reframe disparaging social perceptions when conducting therapeutic work with victims of violence and oppression. This research sought to respond to that need by integrating a response-based practice framework into a series of theoretical art therapy interventions to be implemented by non-Indigenous practitioners working with Indigenous children.

Furthermore, this research has highlighted that client-centered, strengths-based art therapy and response-based practice are two approaches that may be uniquely prepared to offer culturally sensitive, counter-colonial wellness interventions for Indigenous children who have experienced domestic violence. Furthermore, this research has illustrated several theoretical compatibilities between response-based practice and strengths-based art therapy, as well as their combined potential as a more comprehensive therapeutic approach for the population in focus. Integration of these two approaches has addressed gaps in literature that speak to the need for anti-oppressive, targeted mental healthcare for Indigenous children who have experienced domestic violence, as well as gaps in art therapy literature clearly outlining decolonial approaches for non-Indigenous practitioners to utilize in work with Indigenous clients.

References

- Arslanbek, A., Malhotra, B. & Kaimal, G. (2022). Indigenous and traditional arts in art therapy: Value, meaning, and clinical implications. *The Arts in Psychotherapy*, 77(101879).
- Association des art-thérapeutes du Québec. (n.d.). *Code of ethics*. Retrieved June 15, 2025, from <https://aatq.org/en/art-therapy/code-of-ethics>
- Bédard-Gascon, A. (2014). *The animal symbol within: An exploration of the potential benefits of exploring animal symbols in art therapy with children*. [Graduate Projects (Non- thesis)] (Unpublished). <https://core.ac.uk/download/211517672.pdf>
- Betts, D. (2013). A review of the principles for culturally appropriate art therapy assessment tools. *Art therapy: Journal of the American Art Therapy Association*, 30(3), 98-106. <https://doi-org.lib-ezproxy.concordia.ca/10.1080/07421656.2013.819280>
- Bonnah, S. & Richardson, C. (2015). Taking children's resistance seriously: A response-based approach to children experiencing violence. In J. Carriere & S. Strega (Eds.), *Walking this path together: Anti-racist and anti-oppressive child welfare practice*. Fernwood.
- Brady, M. (2015). Cultural considerations in play therapy with Aboriginal children in Canada. *First Peoples Child & Family Review*, 10 (2). 95-109. <https://doi.org/10.7202/1077264ar>
- Busch, L., Smith, H. & Simpson, A. (2024). Applying and integrated indigenist ecologist systems model to research on justice-involved indigenous youth in Canada. *Crime & Delinquency*, 00(0). <https://doi.org/10.1177/00111287241277761>
- Carriere, J. & Richardson, C. (2013). Relationship is everything: Holistic approaches to Aboriginal child and youth mental health. *First Peoples Child & Family Review*, 7(2). 8-26. <https://doi.org/10.7202/1068837ar>
- Castro, F. G., Barrera Jr., M. & Holleran Steiker, L.K. (2014). Issues and challenges in the design of culturally adapted evidence-based interventions. *Annual Review of Clinical Psychology*, 6. 213-239, <https://doi.org/10.1146/annurev-clinpsy-033109-132032>.
- Concordia University Indigenous Directions Leadership Group (2017). *Territorial Acknowledgement*. Concordia University.
- Cruz, R.F., Feder, B., Betts, D.J., & Wheeler, B.L. (2013). Purposes of evaluation. *The art and science of evaluation in the arts therapies: How do you know what's working?* (2nd ed). (pp. 3-24). III: Charles C. Thomas.
- Department of Communities and Justice: Communities. (2017). *Dr. Cathy Richardson – Healing*

- Communities* [Video] YouTube.
<https://www.youtube.com/watchv=Qu7iGxm3lQo&t=2114s>
- Denborough, D. (2008). *Collective narrative practice: Responding to individuals and communities who have experienced trauma*. Dulwich Centre Publications.
- Dhudwal, S. & Sheehan, C. (2011). *A Content Analysis of Response-Based Practice* (Thesis). University of Victoria. <https://dspace.library.uvic.ca/server/api/core/bitstreams/c5cdb279-5a5e-49e6-8e48-cbe49647592a/content>
- Edleson, J.L., Nguyen, H.T., Kimball, E. (2011). Honour Our Voices: A guide for practice when responding to children exposed to domestic violence. Minneapolis, MN: Minnesota Center Against Violence and Abuse (MINCAVA). <http://hdl.handle.net/11212/1748>.
- Fish, J. et al. (2023) "...Inside of my home, I was getting a full dose of culture": Exploring the ecology of Indigenous peoples' development through stories. *American Journal of Orthopsychiatry*, 93(6). 461-475. <https://doi.org/10.1037/ort0000690>
- Fish, J., Hirsch, G. & Syed, M. (2022). "Walking in two worlds": Toward an Indigenist ecological systems model for group therapy. *The Counselling Psychologist*, 50(5), 622-648. <https://doi-org.lib-ezproxy.concordia.ca/10.1177/00110000221083028>
- Fraser, M. W., & Galinsky, M. J. (2010). Steps in intervention research: designing and developing social programs. *Research on Social Work Practice*, 20(5), 459–466. <https://doi.org/10.1177/1049731509358424>
- Gavron, T. (2013). Meeting on common ground: Assessing parent-child relationships through the Joint Painting Procedure. *Art Therapy: Journal of the American Art Therapy Association*, 30(1), 12-19. <https://doi-org.lib-ezproxy.concordia.ca/10.1080/07421656.2013.757508>
- Gerlach, A. J., Browne, A., J., Sinha, V. & Elliot, D. (2017). Navigating structural violence with Indigenous families: The contested terrain of early childhood intervention and the child welfare system in Canada. *The Intergenerational Indigenous Policy Journal*, 8(3). <https://doi.org/10.18584/iipj.2017.8.3.6>.
- Groth-Marnat, G., & Wright, A.J. (2003). *Handbook of Psychological Assessment* (4th ed.). Wiley (Excerpts: pp. 69-70 & pp. 78-91).
- Gustafsson, H.C., Brown, G.L., Mills-Koonce, W.R., Cox, M.J. & Family Life Project key Investigators. (2017). *Intimate Partner Violence and Children's Attachment*

- Representations during Middle Childhood. *The Journal of Marriage and Family Therapy*, 79(3), 865-878. <https://doi.org/10.1111/jomf.12388>
- Guy-Evans, O. (2014, January 17). *Bronfenbrenner's ecological systems theory*. Simply Psychologic. <https://www.simplypsychology.org/bronfenbrenner.html>
- Hallett, C. (2024). *Integrating culture: Evaluating the process to adapt evidence-based programs for Indigenous mothers & children impacted by intimate partner violence in Canada*. [Master's thesis, University of Manitoba.] <http://mspace.lib.umanitoba.ca/items/dd7b8de2-fe69-4652-9a80-519dc1828d79/full>
- Hinz, L. D. (2020). *Expressive therapies continuum: A framework for using art in therapy* (2nd ed.). Routledge.
- Hinz, L. D., Rim, S.-r., & Lusebrink, V.B. (2022). Clarifying the creative level of the Expressive Therapies Continuum: A different dimension. *The Arts in Psychotherapy*, 78. <https://doi.org/10.1016/j.aip.2022.101896>
- Houghton C. (2015). Young people's perspectives on a participatory ethics: Agency, power and impact in domestic abuse research and policy-making. *Child Abuse Review*, 24, 235–248. <https://doi.org/10.1002/car.2407>
- James, C. (2023). *Indigenous child and youth care: Weaving two heart stories together*. Toronto: Canadian Scholars.
- Jones, P., Cedar, L., Coleman, A., Haythorne, D., Mercieca, D., & Ramsden, E. (2020). *Child agency and voice in therapy: New ways of working in the arts therapies*. Routledge.
- Kaimal, G., and Arslanbek, A. (2020). Indigenous and traditional visual artistic practices: Implications for art therapy clinical practice and research. *Frontiers in Psychology*, 11(1320), 1-7. <https://doi.org/10.3389/fpsyg.2020.01320>
- Malchiodi, C. A. (2020). *Trauma and expressive arts therapy: brain, body, and imagination in the healing process*. The Guilford Press.
- Malchiodi, C.A. (2015). *Handbook of art therapy* (2nd edition). Guilford Press.
- Malchiodi, C. A. (2014). Art therapy, attachment and parent-child dyads. In C. A. Malchiodi & D. A. Crenshaw (Eds.), *Creative arts and play therapy for attachment problems* (pp. 52-66). Guilford Publications.
- Malchiodi, C.A. & Miller, G. (2011). Art therapy and domestic violence. In C. A. Malchiodi (Ed), *Handbook of art therapy*. (pp. 335-348). The Guildford Press.

- Miao Wong, A.C., & Hung Ho, R. T. (2022). Applying the joint painting procedure to understand implicit mother-child relationship in the context of intimate partner violence. *International Journal of Qualitative Methods*, 21 1-14.
<https://doi.org/10.1080/17454832.2011.639788>
- Mills, E. & Kellington S (2012). Using group art therapy to address the shame and silencing surrounding children's experiences of witnessing domestic violence. *International Journal of Art Therapy*, 17(1). 3-12.
<https://doi.org/10.1080/17454832.2011.639788>
- Wade (2018). *Dignity driven practice*. National Inquiry into Missing and Murdered Indigenous Women and Girls: The Final Report. https://www.mmiwg-ffada.ca/wp-content/uploads/2018/10/P02-03P03P0501_Winnipeg_Exhibit_57_Wade.pdf
- Ogden, C., & Tutty, L. M. (2023). My parents, my grandparents went through residential schools, and all this abuse has come from it: Examining intimate partner violence against Canadian Indigenous women in the context of colonialism. *Journal of Interpersonal Violence*, 38(23-24), 12185-12209.
<https://doi.org/10.1177/08862605231192580>
- O'Keefe, V., Fish, J., Maudrie, T., Hunter, A., Tai Rakena, H.G, Ullrich, J., Clifford, C., Crawford, A., Brockie, T., Walls, M., Haroz, E.E., Cwik, M, Rumbaugh Whitesell, N., & Barlow A. (2022). Centering Indigenous knowledges and worldviews: Applying an indigenist ecological systems model to youth mental health and wellness research and programs. *International Journal of Environmental Research and Public Health*. 19(10) 6271. <https://doi.org/10.3390/ijerph19106271>
- Överlien, C., & Hyden, M. (2009). Children's Actions when Experiencing Domestic Violence. *Childhood: A Global Journal of Child Research*, 16(4), 479–496. <https://doi-org.lib-ezproxy.concordia.ca/10.1177/0907568209343757>
- Parish-Plass, N. (2013). *Animal-Assisted Psychotherapy: Theory, Issues, and Practice*. Purdue University Press.
- Pike, A. A. (2021). *Eco-art therapy in practice*. Taylor & Francis Group.
- Pierce, L. (2014) The integrative power of dance/movement therapy: Implications for the treatment of dissociation and developmental trauma. *The Arts in Psychotherapy*, 41(2014). 7-15. <http://dx.doi.org/10.1016/j.aip.2013.10.002>

- Richardson, C. [Catherine Richardson aka Cathy]. (2023, January 25). *Embodied resistance- A conversation with Mexican feminist therapist Tania Aguirre Solario* [video]. Substack. <https://catherinerichardson.substack.com/p/embodied-resistance-a-conversation>
- Richardson Kinewesquao, C., Aveiles-Betel, K., Ismail-Allouche, A., & Picard, V. (2021). Healing and rebalancing in the aftermath of colonial violence: An Indigenous-informed, response-based approach. *Genealogy*, 5(69). <https://doi.org/10.3390/genealogy5030069>
- Richardson, C., & Reynolds, V. (2014). Structuring safety in therapeutic work alongside Indigenous survivors of Residential Schools. *Canadian Journal of Native Studies*, (2), 147-164. <https://fcssbc.ca/wp-content/uploads/2015/06/2014-Richardson-and-Reynolds-Structuring-safety-Indigenous-survivors-res-schools.pdf>
- Richardson, C., Romano, I. (2014). Supporting Indigenous children and parents in early childhood settings. *Early Childhood Education*, 42(1). 4-11. <https://nebula.wsimg.com/507f756616890988041ec273aaa1d58a?AccessKeyId=8DB6CB205565DFDD2A82&disposition=0&alloworigin=1>
- Richardson, C., & Wade, A. (2015). Taking resistance seriously: A response-based approach to social work in cases of violence against Indigenous women. In S. Strega & J. Carriere (Eds.), *Walking this path together: Anti racist and anti-oppressive child welfare practice*. (pp. 204-220). Fernwood Publishing.
- Richardson & Wade (2010). Islands of safety: Restoring dignity in violence-prevention work with Indigenous families. *First Peoples Child & Family Review*, 5(1). 137-145. <https://fpcfr.com/index.php/FPCFR/article/view/182>
- Richardson, M., Waubanascum, C., Waters, S. F. & Sarche, M. (2024). A decolonial perspective on Indigenous infant and early childhood mental health: Reclaiming Indigenous ways for the next seven generations. *Infant Mental Health Journal*, 1-15. <https://doi-org.lib-ezproxy.concordia.ca/10.1002/imhj.70000>
- Rogers, L. O. & Way, N. (2021). Child development in an ideological context: Through the lens of resistance and accommodation. *Child Development Perspectives*, 15(14), 242-248. <https://doi-org.lib-ezproxy.concordia.ca/10.1111/cdep.12433>
- Rowhani M. & Hatla, A. R. (2023). A systematic review of resilience research among Indigenous youth in contemporary Canadian contexts. *The International Journal of*

- Health, Wellness and Society*. 7(4). <https://doi.org/10.18848/2156-8960/CGP/v07i04/45-58>
- Todd, N. & Wade, A. (2004). Coming to terms with violence and resistance: From a language of effects to a language of responses. In T. Strong & D. Pane (Eds.), *Furthering talk and advances in the discursive therapies* (pp. 145-161). Kluwer Academic/Plenum Publishers.
- Thornton, V. (2014). Understanding the emotional impact of domestic violence on young children. *Educational & Child Psychology*, 31(1) 90-100.
<https://doi.org/10.53841/bpsecp.2014.31.1.90>
- Wade, A. (1997). Small acts of living: Everyday resistance to violence and other forms of oppression. *Contemporary Family Therapy*, 19(1), 23-39
<https://doi.org/10.1023/A:1026154215299>
- Wade, A. (2007). Despair, Resistance, Hope: Response-Based Therapy with Victims of Violence. In I. McCarthy & C. Flaskas (Eds.), *Hope and Despair in Narrative and Family Therapy: Adversity, Forgiveness and Reconciliation*. Hove: Brunner-Routledge.
- Walker, M.K. (2019). "My Passed!!!" A case study in the efficacy of art therapy with adolescents with complex trauma and attachment disruptions. In M. Berberian & B. Davis (Eds.), *Art therapy practices for resilient youth: A strengths-based approach to at-risk children and adolescents*. (pp. 53-77). Taylor & Francis Group.
- White, M. (2005). Children, trauma and subordinate storyline development. *International Journal of Narrative Therapy and Community Work*, (3), 10-21.
<https://lib-ezproxy.concordia.ca/login?url=https://www.proquest.com/scholarly-journals/children-trauma-subordinate-storyline-development/docview/2618437891/se-2?accountid=10246>
- Whyte, M.K. (2023). Stepping Into the Circle: Inviting Spirit Through Medicine Wheel Teachings in the Expressive Therapies Continuum. *Canadian Journal of Art Therapy*, 36(1), 20-30. <https://doi.org/10.1080/26907240.2023.2210984>
- City of Winnipeg. (2025). *Homepage*. <https://www.winnipeg.ca/>
- Yong, B., Concordia University (Montréal, Québec), & Concordia University (Montréal, Québec). Department of Creative Arts Therapies. (2020). *Honouring Resistance A performance autoethnography created by a second generation Chinese settler drama*

therapist working with Indigenous clients using response-based practice. [Concordia University]. <https://spectrum.library.concordia.ca/986894/>

Yuen, A. (2007). Discovering children's responses to trauma: A response-based narrative practice. *The International Journal of Narrative Therapy and Community Work*, 4. 3-18. <https://search.informit.org/doi/10.3316/informit.059632175830395>

