

A decorative border of various black and white floral and leaf patterns surrounds the central text. The patterns include simple flowers, leaves, and more complex botanical sketches.

Addressing and Preventing Family Violence Hubs of Expressive Arts for Life (HEAL) Project

Summative Report April 2022 to March 2026

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Executive summary

Hubs of Expressive Arts for Life (HEAL) project

The HEAL Project is a multi-year, community-based participatory initiative that uses expressive arts as a tool and approach to prevent and address family violence. This report reflects project milestones and findings from April 2022 to March 2026. It provides an overview of the main project components, examines the effectiveness of the 12-session intervention, and shares findings from data collected from newcomer women survivors of gender-based domestic violence (GBDV). In conclusion, the report identifies sustainability considerations and recommendations for healthcare, settlement, GBDV, and the arts sector.

Access Alliance Multicultural Health and Community Services is a community-governed health organization committed to ensuring that Toronto's diverse communities can achieve health with dignity. Access Alliance works alongside immigrants, refugees, and other equity-deserving populations who face systemic barriers and poverty, delivering accessible, client-centred services grounded in collaboration, equity, innovation, accountability, and evidence-informed practice. Through interprofessional primary health care, health promotion, illness prevention, chronic disease management, and community capacity building, the organization addresses health inequities with a strong focus on the social determinants of health. HEAL reflects this mandate by prioritizing culturally responsive, trauma-informed approaches and strengthening partnerships that address service gaps, build community capacity, and support an integrated system of care for newcomers.

Key findings

Expressive arts support mental health and emotional well-being

Participation in the HEAL program led to consistent improvements in emotional regulation, self-confidence, coping, and stress reduction across all cohorts. The expressive arts approach offered a non-stigmatizing and culturally accessible alternative to traditional talk-based services, enabling participants to process trauma safely and meaningfully, particularly in contexts shaped by language barriers and cultural stigma around mental health.

Expressive arts function as a social infrastructure

Expressive arts practice provides a powerful framework for creating spaces that foster connection, trust, and a sense of belonging. Through individual and collective co-creation, participants strengthen peer support networks, thereby reducing social isolation and loneliness. The arts offer a safe environment that encourages experimentation, allowing participants to reframe challenges as opportunities to recognize and build on their strengths. These relational outcomes were central to participants' engagement, supporting sustained involvement in the program and promoting deeper connections within the broader community.

Arts-based programming reframes identity, integration, and agency

Through storytelling, movement, and visual expression, participants reconnected with disrupted identities and reframed themselves as cultural creators rather than passive recipients of services. This process supported renewed agency, confidence, and a strengthened sense of home and belonging, positioning integration as a relational and community-driven experience.

Systemic and evaluative gaps limit long-term impact

Despite strong individual and community outcomes, findings highlight structural constraints, including short-term funding cycles and evaluation frameworks that prioritize narrow, measurable indicators. Participants identified the limitations of community programs in addressing longer-term needs, such as economic stability, professional pathways, and the relational dimensions of healing, as the most meaningful.

Reccomendations

Strengthen and scale cross-sector partnerships

Sustained collaboration between community arts organizations, settlement services, healthcare providers, and gender-based violence support is essential to addressing the complex needs of newcomer survivors. Scaling interdisciplinary models like HEAL can enhance continuity of care and expand access to culturally responsive supports.

Remove barriers to participation through integrated supports

Wraparound supports such as interpretation, childcare, transportation, and flexible delivery models were critical to participant engagement and retention. These elements should be embedded as core components of program design and funding to ensure equitable access for those facing structural and social barriers.

Center cultural safety and trauma-informed practice

Cultural competency, co-design, and trauma- and violence-informed principles must remain at the heart of expressive arts programming. This includes pairing participants with culturally and linguistically aligned facilitators, engaging peer researchers, and prioritizing staff well-being through protected planning, debriefing, and supervision.

Adopt evaluation approaches that reflect relational and community-level change

Conventional evaluation methods are insufficient for capturing the impacts of community-based expressive arts programs. Funders and organizations should support mixed-methods and participatory approaches that recognize belonging, trust, identity restoration, and community connection as critical outcomes alongside quantitative indicators.

In context

Before we begin to share research findings, understanding the landscape of gender-based domestic violence is crucial. This project is timely.

The COVID-19 pandemic triggered a “shadow pandemic,” marked by a sharp rise in gender-based violence driven by lockdowns, economic instability, and social isolation. Women and gender-diverse individuals, particularly from newcomer and refugee communities, faced increased risk due to confinement with abusers, reduced access to support services, and language or technological barriers to help-seeking. Access Alliance observed similar patterns among its clients, where disruptions to settlement, employment, and social supports intensified mental health stress and exposure to violence.

Expressive Arts Therapy (EAT) is a holistic and culturally adaptable approach to trauma recovery that uses artistic practices to support emotional expression, self-awareness, and psychological well-being (Ugurlu et al., 2016). Defined as the intentional integration of movement, music, image-making, performance, writing, and imagination for healing and wellness (Malchiodi, 2020), EAT enables survivors to express experiences that may be difficult to articulate through words alone.

For newcomer and refugee populations, the arts provide a universal language that transcends linguistic and cultural barriers, enabling individuals to process experiences of displacement, loss, and violence. Expressive arts interventions, delivered by trained therapists and supported by mental health counsellors, strengthen resilience, emotional regulation, and social connection (Bird, 2018; Luzzatto et al., 2022).

The healing role of artistic expression is well documented in anthropology and medicine, reflecting its long-standing use in emotional and communal repair (Malchiodi, 2007). Building on this foundation, Access Alliance’s Expressive Arts program offers safe, inclusive spaces where newcomers can rebuild agency, belonging, and hope within a new sociocultural context.

Evidence demonstrates that Expressive Arts Therapy effectively supports trauma recovery and mental health, including in the context of gender-based violence. Research with refugee and immigrant populations links EAT to improved emotional regulation, reduced post-traumatic symptoms, and increased resilience (Koch et al., 2019). Studies also find that women survivors of domestic or intimate partner violence experience reduced anxiety, greater interpersonal trust, and improved self-efficacy following participation in expressive arts groups (Quinlan et al., 2016; Dieterich-Hartwell & Koch, 2017).

Arts-based group programs strengthen community connection and collective healing, reducing isolation and revictimization. Their nonverbal, participatory approach promotes safety and inclusion, enabling emotional expression without re-traumatization. Research also indicates that these interventions encourage help-seeking and reduce stigma related to mental health and gender-based violence in culturally diverse communities (Rowe et al., 2017). Overall, expressive arts interventions are flexible, evidence-informed, and provide a trauma-responsive, equity-oriented approach to supporting newcomer survivors of gender-based and family violence.



HEAL project overview

The Hubs of Expressive Arts for Life (HEAL) Project is an intersectional, culturally grounded, interdisciplinary, and creative initiative aimed at improving the mental health and wellness of newcomer women who have survived domestic and gender-based violence (GBDV). Access Alliance led this multi-year participatory-action research project as a response to the local and global pandemic of increased GBDV. With over two decades of arts-based practice and trauma-informed health promotion, the HEAL Project emerged, aiming to fulfil the following primary objectives:

- **Program delivery:** The project delivered interdisciplinary, team-based Expressive Arts Therapy (EAT) programs to six groups of newcomer survivors in partnership with local agencies.
- **Co-design and adaptation:** Participants and trained peer researchers worked collaboratively to adapt expressive arts programs, tools, and processes to participants' lived experiences, particularly related to family violence and mental health challenges.
- **Research and evaluation:** Using a co-designed, mixed-methods research approach, the project examined measurable health outcomes, psychosocial benefits, awareness of healthy relationships, and willingness to access support services pre-, during, and post-program.
- **Knowledge mobilization and systems change:** The project mobilized emerging evidence by contributing to communities of practice, publications, service provider training, networking, and coordinated social action to support system-level change and extend impact to new population groups.

GBDV is a form of domestic violence that involves intentional physical, sexual, or psychological harm directed at an individual because of their gender identity (Cotter & Savage, 2019). According to Statistics Canada's General Social Survey (GSS) 2019, approximately 432,000 women experienced intimate partner violence (IPV), a subset of GBDV (Conroy, 2019).

Newcomer women who survive gender-based violence face distinct and intersecting challenges, including language barriers (Timshel et al., 2017), precarious immigration status (Robillard, 2018), prior experiences of trauma (Jiwani, 2005), social isolation (Guruge & Humphreys, 2009), and poverty or low socioeconomic status (Timshel et al., 2017), among other factors (Ontario Council of Agencies Serving Immigrants, n.d.). Together, these conditions heighten vulnerability to GBDV and increase the risk of re-victimization among newcomer populations.

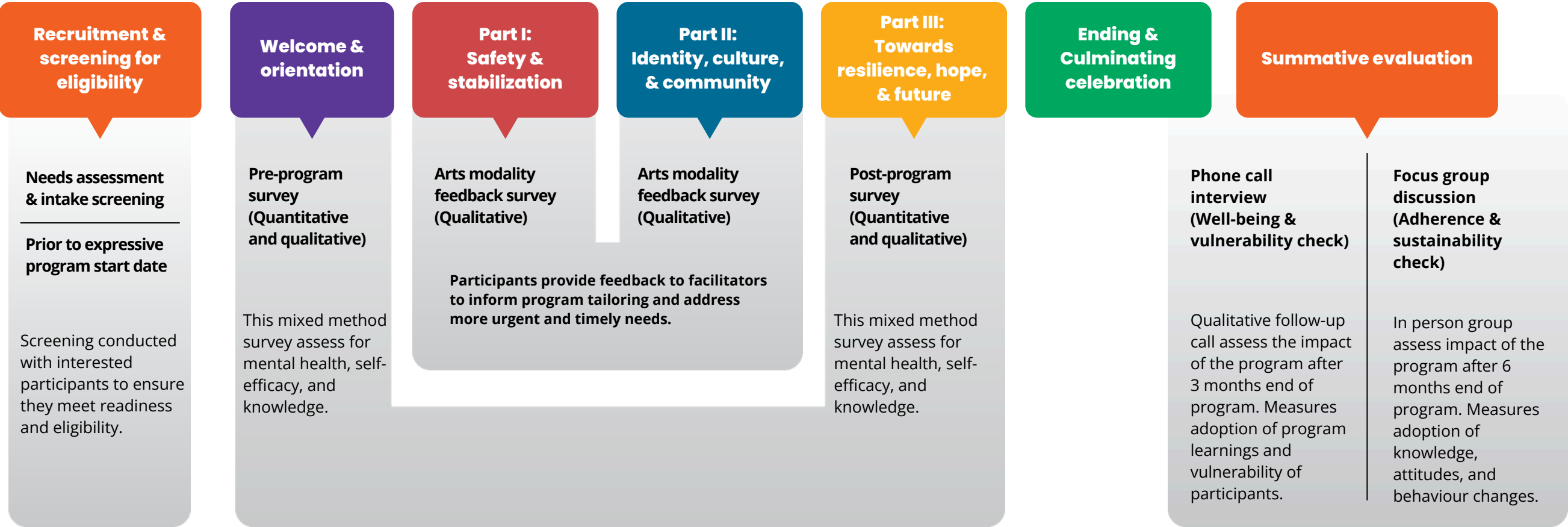
Newcomers, including immigrants, refugees, non-status individuals, and asylum seekers, are also less likely to seek formal support due to literacy barriers, distrust of systems, and stigma associated with therapy in many cultural contexts (Cohen, 2013). As a result, there is a critical need for alternative, culturally responsive approaches that reduce access barriers. Given the feelings of fragmentation and stagnation often experienced by survivors, responses to domestic violence must be integrative, holistic, and oriented toward healing (Serlin, 2020).



What does it look like visually?

The HEAL program was developed through national and local co-creation sessions with practitioners working across gender-based domestic violence, healthcare, settlement, and arts-based sectors. These collaborative design processes informed both the structure and sequencing of the 12-session intervention, ensuring that the program reflects lived realities, practice-based knowledge, and culturally responsive approaches to healing.

The program's flow follows a progressive arc, moving from safety and stabilization toward identity, connection, resilience, and future-oriented hope, while seamlessly embedding evaluation activities throughout the participant journey. Rather than positioning evaluation as a separate or extractive process, the HEAL model integrates reflection and feedback at multiple points in the program. This allows learning, adaptation, and responsiveness to occur in real time, while maintaining continuity, trust, and emotional safety for participants.



Eligibility:

- Must be a survivor of gender-based domestic violence
- 18+ years and older
- Identify as a newcomer (immigrant, refugee, & asylum seeker, born outside Canada)
- Able to commit to program
- Open to engaging in feedback

“This program taught me that women have rights and a powerful voice. I also learned to express my emotions through colours and want to find ways to maintain lasting mental well-being.” - HEAL participant

Key features of the HEAL program

Ongoing trauma- and violence-informed practice

Trauma- and violence-informed principles guide every stage of program delivery and data collection. Facilitators prioritize safety, trust, and transparency by ensuring informed choice, respecting confidentiality and privacy, and supporting participant autonomy. Participants are encouraged to set the pace of their engagement, with flexibility built into both creative activities and feedback processes to respond to individual comfort levels and needs.

Intermodal expressive arts approach

The program uses an intermodal expressive arts framework, integrating movement, visual art, storytelling, music, and collective creation. This approach allows participants to engage through multiple forms of expression, supporting emotional processing beyond language and accommodating diverse cultural, linguistic, and learning preferences. Intermodality also enables participants to move fluidly between art forms, deepening reflection, connection, and meaning-making across sessions.

Integrated feedback and adaptive learning

Participant feedback is actively incorporated throughout the program to inform facilitation, pacing, and content. Qualitative reflections gathered during and between sessions support ongoing adaptation to cultural contexts, emerging needs, and group dynamics. Multiple options for participation and data collection are offered, reinforcing accessibility while strengthening the program's effectiveness and responsiveness.

Culturally responsive and intersectoral sustainability strategy

The HEAL model is designed to be culturally and linguistically adaptive, grounded in trusted relationships between community members, facilitators, and partner organizations. Intersectoral collaboration across settlement, health, violence prevention, and arts-based services leverages existing networks and expertise, supporting continuity of care and long-term sustainability. By embedding capacity building, shared learning, and relational infrastructure into program delivery, HEAL strengthens conditions for replication, adaptation, and integration beyond the project's life.

Participant retention using arts and culture socials

The project emphasized participant sustainability well beyond the conclusion of the 12-session intervention. To support ongoing growth and connection, participants, along with their family members and friends are invited to attend bi-monthly arts and cultural social events. These gatherings encourage continued engagement with Toronto's diverse arts, cultural, and community arts landscape while fostering lasting relationships, social inclusion, and a sustained sense of belonging.

Participants as cultural consultants and engaged in co-design process

Newcomer women served as cultural consultants in the co-design of the expressive arts program. Guided by community-based participatory research principles, their lived experience and cultural knowledge informed program development and delivery. This approach strengthened leadership skills, increased confidence, and promoted empowerment through meaningful involvement in decision-making.



Key activities

Many contributors were involved in the implementation of key activities:

Advisory Committee: An interdisciplinary group of members, including experts in gender-based violence, health promotion, settlement services, art therapy, public health, research, and peer support. The committee provides guidance on intervention and evaluation design and advises on ethical practices based on their areas of expertise.

Research and Evaluation Team: Led by a research lead and supported by immigrant research fellows, trained peer researchers, placement students, and volunteers. This team is responsible for designing, developing, and implementing the research and evaluation components of the project.

Program Implementation Team: The project collaborates with more than 13 partner organizations, including settlement agencies, shelters, and community arts organizations, to deliver the program and share findings. A multidisciplinary team of facilitators and peer researchers supports culturally safe, trauma-informed implementation and knowledge mobilization throughout the project.

Using co-design and mixed-methods approaches

Apply a co-designed and mixed-method research approach to investigate whether the intervention will result in improved mental health outcomes, psychosocial benefits, and increased awareness and willingness to access support services.

Project activity

- **Advisory Consultation:** Hold the yearly Advisory Committee meeting to review research design, methodologies, and ethical considerations.
- **Partnerships and Ethics Approval:** Secure research partners, refine the research plan, and submit it for Research Ethics Review.
- **Research Framework:** Co-develop a Theory of Change with peer co-designers, defining indicators, metrics, and milestones aligned with desired outcomes.
- **Tool Development:** Create research instruments such as surveys, interview questions, and observation logs, and translate them into participants' languages.
- **Implementation:** Finalize the research plan with timelines and logic model, and carry out the participatory action research as outlined.

Outcome

- **Preliminary Research Plan:** Initial research framework developed.
- **Ethics Approval:** Research Ethics Board (REB) approval obtained.
- **Evaluation Framework:** The HEAL Project strengthened its evaluation framework to reflect expanded outcomes and trauma-informed practice.
- **Final Research Plan:** Intervention research plan finalized for implementation.
- **Data Collection:** Compilation of survey results, focus group findings, attendance records, and related data.

Capacity building for practitioners and organizations

Maximize learning as member of the Family Violence Community of Practice (CoP)

- **Community of Practice (CoP) Engagement:** Actively participated in annual in-person and quarterly virtual CoP meetings, contributing to relevant workgroups and shared learning activities.
- **Research Completion:** Completed the intervention research and produced the project's final report.
- **Knowledge Translation and Dissemination:** Translated the final report into French and disseminated findings widely through multiple channels, including a targeted social media campaign highlighting key outcomes.
- **Training Development:** Developed a training curriculum and modular learning resources informed by the Stepping Up Toolkit 2.0 and best-practice guidelines.
- **Capacity Building:** Delivered six training sessions for service providers and facilitated additional workshops focused on resource development and grant writing to strengthen organizational capacity for Expressive Arts initiatives.
- **Final Documentation:** Completion of a bilingual (English and French) final project report.
- **Public Outreach:** Dissemination of key findings through social media posts.
- **Training Resources:** Development of a comprehensive set of training modules and curriculum.
- **Capacity Building:** Delivery of six training sessions reaching over 90 service providers.
- **Resource Development:** Support the facilitation of two workshops for 20 service providers focused on resource creation.

Key Activities

Immigrant insight scholars were contract hired to support and conduct the research activities for the project.

The Immigrant Insight Scholar (IIS) Initiative is a mentored, paid fellowship program designed for internationally educated and un- or underemployed researchers and analysts (e.g., epidemiologists, qualitative researchers, statisticians, and evaluation specialists).

The program enables participants to apply and further develop their expertise while gaining Canadian work experience, building a professional track record, and expanding their professional networks to support successful career transitions in Canada’s research and analytics sectors. The initiative partners with research institutes and academic institutions to establish and host fellowship placements.

IIS Fellows contribute to one or more research projects under structured mentorship and supervision from sector leaders and established researchers, receiving ongoing professional guidance and support throughout their placements.

Using expressive arts as an intervention

Using Expressive Arts programs to improve the physical, mental and spiritual well-being of six diverse groups of newcomer survivors of family violence

Project Activity

- Team Formation and Onboarding: Hire a qualified health promoter to recruit a multidisciplinary team of arts-based therapists, advisors, partner facilitators, placement students, and volunteers. Onboarding will focus on trauma-informed practice, role clarity, and safe, collaborative program delivery.
- Participant Recruitment and Program Delivery: Recruit program participants from identified population groups affected by or at risk of family violence. Conduct six consecutive Expressive Arts groups, each with 10–15 participants, and implement a 12-session Expressive Arts program that integrates education on gender-based violence, healthy relationships, and available support services.
- Collaboration and Wrap-Around Support: Partner with community and health service providers to offer holistic care pathways that address social determinants of health.
- Community Engagement and Follow-Up: Organize Arts and Culture visits with participants, friends, and family to strengthen ongoing retention and complete the evaluation cycle for up to 6 months.

Outcome

- An Interdisciplinary Team: The HEAL Project recruited an interdisciplinary team, both internally and externally, to build six facilitation teams with partner organizations.
- Participant Engagement: 52 participants completed the HEAL Program.
- Program Delivery: Delivered 72 interdisciplinary Expressive Arts sessions.
- Community and Family Events: Hosted 12 Arts and Culture social events for participants, their friends, and families.
- Showcases and Follow-Up: Hosted 6 culminating program celebrations for each HEAL subgroup, with a 6-month focus group discussion following.

Tailoring expressive arts activities and tools

Tailor the art mediums, tools and processes to the needs and experiences of the participants and come up with recalibrated tools, methods, and guidelines.

- Collaborative Governance: Recruit community members with lived experience as co-designers, and form an advisory committee that includes GBV experts, health promoters, settlement workers, art therapists, public health professionals, researchers, and peers.
- Research and Framework Development: Review existing practices and develop a new process map and logic model reflecting expanded outcomes and pandemic-related contexts.
- Co-Design and Tool Creation: Select suitable art mediums and co-design culturally, age-, and gender-appropriate activities and tools, alongside a tailored outreach strategy and materials.
- Testing, Learning, and Adaptation: Pilot and refine tools during actual sessions, document learnings, adjust approaches, and test participant- and facilitator-generated innovations.
- Evaluation and Knowledge Sharing: Provide regular reports to the advisory committee and compile best practices into a revamped toolkit and guidelines that integrate feedback, discoveries, and pandemic-informed adaptations.

- Team and Governance: 10 peer workers/co-designers engaged, and an advisory committee of 6–8 diverse, multi-sector members established.
- Co-Design Process: The HEAL Project delivered one co-design training for peer workers and held six co-design meetings.
- Program Planning: 6 tailored activity plans developed, one for each participant group.
- Resources and Documentation: Outreach materials (ethics-approved), new or revamped tools, learning logs, and compilations of new ideas created.
- Final Product: Development of the “Stepping Up Tool Kit 2.0”, incorporating all new tools, insights, and best practices.

Year I: Adaptation & intervention planning

Public announcement and funding recognition

On October 19, 2022, the Honourable Carolyn Bennett announced \$3.5 million in federal funding to address family violence, including \$800,000 awarded to Access Alliance's Hubs of Expressive Arts for Life (HEAL) Project. On the same day, the Public Health Agency of Canada publicly announced funded projects across the Greater Toronto Area, and the HEAL Project developed a project flyer to support outreach, strengthen partnerships, and foster new collaborations.

Knowledge mobilization and sector engagement

As part of the public announcement activities, Access Alliance representatives presented the HEAL Project at the 5th Metropolis Identities Summit in Winnipeg. This session engaged stakeholders from settlement, mental health, research, and policy sectors. It used co-design approaches to invite participants from across Canada to contribute insights and thematic priorities relevant to the project.

Awareness building and knowledge translation

Placement students from the University of Toronto Health in Community program authored a blog post, "Re-Imagining Home: Improving Newcomer Mental Wellbeing through Art," in recognition of Domestic Violence Month. The piece raised awareness about domestic violence, highlighted survivor support resources, and explored the role of expressive arts in trauma recovery and rebuilding a sense of home.

Practice-based knowledge development

In addition, qualitative interviews were conducted with Expressive Arts Therapists to document practitioner perspectives on the core elements, structure, and conditions required for practical Expressive Arts Therapy sessions. Interview transcripts were analyzed and synthesized into a summary report, contributing practice-informed insights to guide program delivery, training development, and sector learning.

Program co-design and development

In December 2022, Access Alliance hosted an in-person and virtual co-creation session. It brought together experts in expressive arts therapy, community-based research, social work, and domestic violence support to collaboratively shape the 12-session HEAL intervention. Co-design activities and discussions generated qualitative data that informed the development of the HEAL program plan.

Academic engagement and capacity building

On February 28, 2023, Access Alliance delivered a virtual guest lecture for the University of Toronto course HLTC55: Methods in Arts-Based Health Research, offering practical insights into theory, methodology, and application across diverse populations. A summary report documenting student reflections and responses was produced after the session.

Overall, Year 1 of the HEAL Project focused on intervention planning, adaptation, and sector engagement. The project successfully gained visibility within the settlement, mental health, and violence prevention sectors; established and strengthened partnerships; connected with expressive arts therapy practitioners; and built a strong foundation for implementation and growth in subsequent project years.



Year II: Implementation & data collection

Phase I program implementation

After a year of co-creation and partner collaboration, the first HEAL program launched on April 25, 2023, for Arabic-speaking newcomer women with the Arab Community Centre of Toronto (ACCT), using expressive arts to explore domestic violence, mental health, and migration challenges. Insights from this cohort guided later Phase I programs.

The second program began on June 3, 2023, for Bengali-speaking women with Bangladeshi-Canadian Community Services (BCS), showing the program's adaptability across ages and experiences.

The third program started on September 5, 2023, for Farsi-speaking women with Toronto Neighbourhood Group (TNG), described by participants as a "nest" fostering safety, trust, and collective healing.

Interdisciplinary facilitation

An interdisciplinary team delivered HEAL programs led by professionals from the domestic violence, settlement, healthcare, and mental health sectors. 16 placement students from 5 educational institutions, along with 7 trained volunteers and 9 language support staff, contributed to program delivery and research activities.

Participant engagement

On December 1, 2023, the first HEAL arts and culture visit took place at the Royal Ontario Museum, followed by visits to Toronto art and museum institutions. These outings helped maintain engagement after program completion and strengthened peer connections.

Collaborative data collection

The HEAL Project used a mixed-methods, Community-Based Participatory Research (CBPR) approach, led by trained peer researchers and fellows. Trauma- and culturally informed data were collected through focus groups, facilitator reflections, partner feedback, and follow-ups across pre-, in-, and post-program stages. This approach captured participants' experiences, program impacts, group dynamics, and organizational conditions, reflecting diverse perspectives across all cohorts and partners.

Partnership development

New partnerships strengthened the program's educational components. Guest speakers on healthy relationships, human rights, and self-defence increased participants' awareness of and access to local gender-based violence supports.

Knowledge exchange

The HEAL Project team presented the project at various local and international gatherings focused on newcomer employment, mental health, and community-based research. These presentations highlighted innovative partnerships with galleries, museums, and arts organizations that demonstrate how arts-based initiatives promote newcomer mental well-being.

[Year 2 of the HEAL Project focused on program implementation, partnership growth, and data collection through ongoing learning and adaptation. The year featured strong participant engagement, cross-sector collaboration, and increasing recognition of arts-based approaches to newcomer mental health and gender-based violence prevention, with Phase II continuing the intention of "New Beginnings Together."](#)



Year III: Implementation & data analysis

Phase II program implementation

Building on Phase I successes with Arabic-, Bengali-, and Farsi-speaking newcomer groups, Year 3 focused on Phase II program implementation, using Phase I insights to refine and adapt programs.

On June 8, 2024, the Tigrinya-speaking program launched with Art + Health, integrating culturally grounded practices like Buna coffee ceremonies, rooftop garden sessions, and culturally adapted psychoeducation. Nature- and art-based activities supported healing, self-regulation, and trust-building.

On July 23, 2024, the 2SLGBTQI+ program, in partnership with Sherbourne Health, demonstrated the power of collective participation in expressive arts. Participants shared cultural music, food, and experiences, fostering emotional exploration and pathways to mental well-being.

The final HEAL program concluded on December 20, 2024, in partnership with the Barbra Schlifer Commemorative Clinic. Delivered in a shelter setting, participants engaged in discussions on trauma and violence, including intergenerational and cultural impacts.

Interdisciplinary team-based practice

HEAL's interdisciplinary approach was practical, with Expressive Arts Therapists supporting healthcare, settlement, and gender-based violence services. Over 20 participants continued in Access Alliance mental well-being programs, while arts, culture, and community events fostered ongoing connection, creativity, and integration into the wider community.

Research and evaluation

In Year 3, the HEAL Project published its first research article, highlighting the use of Expressive Arts Therapy (EAT) to support newcomer survivors of gender-based domestic violence in Toronto (2024). Guided by CBPR principles, quantitative and qualitative data were analyzed with peer and participant validation, generating insights that are informing future knowledge products and dissemination efforts.

Leadership development

Several HEAL participants became "Art Assistant Volunteers," supporting initiatives such as Nesting Grounds and Newcomer Mental Wellbeing programs, reflecting the project's focus on empowerment and capacity-building. Creativity and imagination were key to restoring identity and agency for those impacted by abuse. Participant leadership in community settings demonstrates the program's effectiveness in promoting sustained wellbeing and strengthening community capacity (Malchiodi, 2020).

Overall, Year 3 marked the successful completion of HEAL program implementation, alongside robust data analysis and emerging research outputs. The project team expresses deep gratitude to HEAL partners for their ongoing collaboration and commitment to centring participant voices throughout all phases. As the project moves into Phase III, the HEAL team looks forward to continued co-creation, more profound exploration of findings, and expanded integration of arts-based practices across the settlement, healthcare, and gender-based violence sectors.



Year IV: Knowledge mobilization & capacity building

Strategic direction

In Year 4, the HEAL Project prioritized knowledge mobilization, sharing findings, and strengthening cross-sector partnerships to expand the impact of arts-based approaches for the well-being of newcomer families. Activities focused on disseminating learnings from prior program implementation and research to practitioners, researchers, policymakers, and community members at local, national, and international levels.

Outcome harvesting

Year 4 focused on the analysis and synthesis of mixed-methods data collected in earlier phases of the project, using a Community-Based Participatory Research (CBPR) and trauma- and culturally-informed approach. Data sources included focus group transcripts, facilitator reflections, partner feedback, and pre-, in-, and post-program materials. Outcome harvesting and thematic analysis were used to identify key patterns in participants' experiences, program impacts, group processes, and organizational conditions across cohorts and partner sites.

Data analysis and community validation

Mixed-methods data were analyzed using trauma- and violence-informed principles, highlighting themes of well-being, self-expression, coping, confidence, and empowerment. Findings were interpreted through a culturally responsive lens, integrating participant, facilitator, and partner perspectives to generate actionable insights to guide the scaling of culturally safe expressive arts interventions.

Knowledge mobilization and public engagement

On November 12, 2025, the Healing Arts for Newcomer Family Well-being event at the Toronto Reference Library showcased HEAL program artwork, interactive art-making, and knowledge exchange. The panel emphasized integrating artists into interdisciplinary teams and using practices such as social prescribing to support newcomer well-being.

Digital knowledge hub

In January 2026, Access Alliance launched the Arts for Family Health website, a knowledge hub providing tools, resources, and insights from HEAL program research and implementation. Designed for practitioners, managers, researchers, and community members, it supports culturally responsive, trauma-informed arts-based programming. It ensures the project's knowledge continues to benefit communities and service providers beyond its lifecycle.

Year 4 of the HEAL Project centred on reflection, outcome harvesting, data synthesis, and public knowledge sharing. Through community validation, cross-sector dissemination, and accessible knowledge products, the project expanded its impact and laid the groundwork for continued integration of arts-based approaches across healthcare, settlement, and mental health systems.



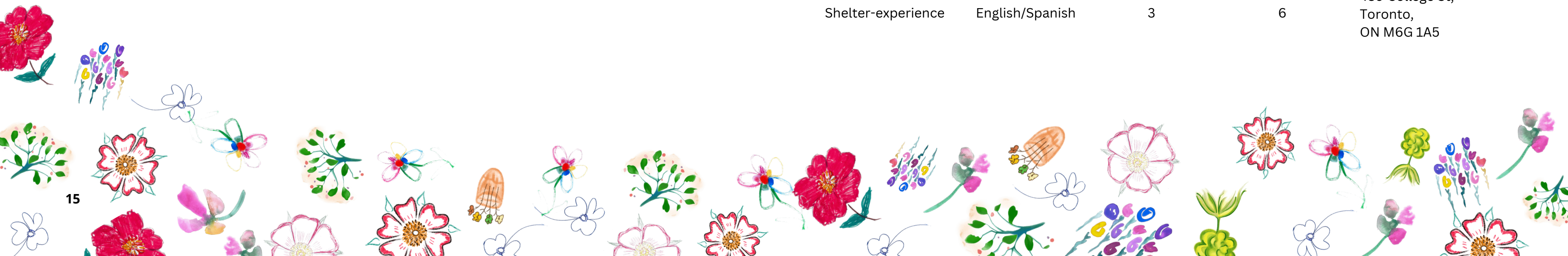
Participants

The HEAL Project recruited 53 participants using clear inclusion and exclusion criteria to ensure safety and meaningful engagement. The program did not enroll individuals experiencing immediate safety risks, living in unsafe or abusive situations, or assessed as not ready for group participation. The team referred these individuals to crisis services, safety planning, and other appropriate supports. Participants who could not meet attendance requirements or participate safely were redirected to relevant services. These criteria maintained a trauma-informed group environment that prioritized safety, empowerment, emotional healing, and community connection.

- On average across all cohorts, participants attended on average 8.3 sessions out of 12 sessions.
- Group completion rates ranged from 60% to 90%.
- Referrals were provided for all participants up to 1 - 2 years following the end of the program ending.

It is crucial to understand the intersectional identities of newcomer participants. Although participants were newcomer women whose experiences of harm, healing, and resilience reflected intersecting social, cultural, and structural factors. The program recognized their multiple identities, strengths, and forms of agency, rather than defining them solely by experiences of violence. Many faced systemic barriers, including language differences, precarious immigration status, economic insecurity, social isolation, and prior trauma, which affected access to services, help-seeking, and participation in group programs. Using culturally and linguistically responsive facilitation, flexible participation, and expressive arts-based methods reduced reliance on verbal disclosure. This intersectional approach supported emotional safety while addressing participants’ mental well-being within the broader social and structural contexts of their lives.

HEAL subgroup	Language	Number of participants	Average sessions attended	Implementation location
Arabic-speaking	Arabic	11	10.5	295 The West Mall, Suite 200, Etobicoke, ON M9C 4Z4
Bengali-speaking	Bengali	11	9.3	2670 Danforth Avenue, Toronto, ON M4C 1L7
Farsi-speaking	Farsi	12	9	3079 Danforth Ave, Scarborough, ON M1L 1A8
Tigrinya-speaking	Tigrinya	5	7	3079 Danforth Ave, Scarborough, ON M1L 1A8
2SLGBTQI+ newcomers	English	10	8	333 Sherbourne Street, Toronto, Ontario M5A 2S5
Shelter-experience	English/Spanish	3	6	489 College St, Toronto, ON M6G 1A5



Implementation team

Geographic scope and delivery sites

HEAL activities were delivered across six community sites in the Greater Toronto Area (GTA) in collaboration with local newcomer-serving and gender-based violence organizations.

Through these multi-site partnerships, the project achieved broad geographic coverage across the GTA, supporting equitable access for participants in both urban and suburban settings.

Implementation and facilitation structure

Program delivery relied on an interdisciplinary team composed of expressive arts therapists, community service providers, and peer researchers. Across all sites, six expressive arts facilitators led sessions.

Each facilitation team included at least one mental health professional, a settlement worker, and interpreters as required. Facilitators participated in structured planning meetings and regular debrief sessions to support reflective practice, staff well-being, and trauma-informed delivery across sites. Larger host organizations also provided supervision and implementation support to smaller grassroots partners, strengthening facilitation capacity and consistency across the program.

Guest speakers from Nellie’s Shelter, Barbra Schlifer Commemorative Clinic, and Scarborough Centre for Women contributed specialized workshops on empowerment, rights awareness, and safety planning. This interdisciplinary and multi-sectoral structure supported high-quality delivery and alignment across sites.

Accessibility and inclusion measures

Accessibility and cultural safety were central to program delivery. The HEAL Project conducted sessions in Arabic, Bengali, Farsi, and Tigrinya, engaging certified interpreters as needed. To accommodate participants affected by pandemic-related restrictions or mobility barriers, the project adopted hybrid and online delivery models, particularly for the 2SLGBTQI+ cohort. Participants received art kits for home use, while childminding, transportation assistance, and flexible scheduling reduced barriers to in-person participation. These measures supported equitable participation and fostered an inclusive, trauma-informed environment throughout all stages of the HEAL Project.



Role	Number	Primary responsibilities
Art-based facilitators	6	Delivered 12-session expressive-arts curriculum.
Peer researchers	45	Trained existing staff members in partner organization.
Volunteers & placement students	30 +	Data collection, interpretation, and logistical support.
Guest speakers as subject matter experts	4 +	Delivered empowerment and safety-planning sessions.
Advisory committee members	10	Act as a consultation group on relevant topics to the project.

Barrier identified	Response / adaptation	Outcome
Language barriers	Multilingual facilitation and professional interpreters	Increased comfort and comprehension
Mobility / public-health restrictions	Hybrid and virtual options	Maintained participation and safety
Childcare & transportation constraints	On-site childminders and transit supports	Improved attendance and retention
Privacy limitations at home	Confidential scheduling and secure online platforms	Enhanced participant safety

Photo left to right: Jasmine Sidhu (year 4 research fellow), Shruthi Anne Thomas (Year 3 research fellow), Christen Kong (HEAL Project Coordinator), Shangjucta Das Pooja (Year 2 research fellow).

Cross-sectoral collaboration

Cross-sectoral partnerships were central to the HEAL program's success. Established organizations provided infrastructure for mental-health and settlement supports, while grassroots agencies contributed cultural expertise and community trust. The HEAL program brought together partner organizations, expressive-arts facilitators, guest speakers, peer researchers, participants, the advisory committee, placement students, and volunteers through coordinated implementation and knowledge-sharing activities.

The six partner organizations that hosted HEAL groups were Arab Community Centre of Toronto (Arabic-speaking cohort), Bangladeshi-Canadian Community Services (Bengali-speaking cohort), The Neighbourhood Group Toronto (Farsi-speaking cohort), Sherbourne Health Centre (LGBTQ+ cohort), Art + Health Collective (Tigrinya-speaking cohort), and Barbra Schlifer Commemorative Clinic (shelter-experienced cohort). Together, these partners supported the delivery of expressive-arts programming to 52 newcomer women survivors of gender-based and family violence.

Partnerships also included expressive-arts facilitators, peer researchers, guest speakers, and volunteers, as well as participation in knowledge-mobilization activities such as conferences and the Knowledge Hub Community of Practice. Each organization contributed to program delivery through group facilitation, participant support, and cross-sector collaboration, which strengthened trauma-informed and culturally safe practices across sites.

Key learnings from partnerships:

Capacity building and mentorship: Smaller grassroots agencies benefited from mentorship, shared tools, and supervision from larger host organizations, highlighting the importance of coaching, knowledge transfer, and resource sharing in building organizational capacity.

Protected planning and debrief time: Partnerships reinforced the necessity of protected planning and facilitator debrief time to sustain staff well-being and prevent compassion fatigue, particularly in trauma-intensive community-based work.

Collaborative infrastructure: Sustained collaboration enabled cross-agency referrals, shared evaluation tools, and continuous learning, strengthening both participant outcomes and research consistency across sites.

Equitable resource distribution: Collaboration surfaced disparities in access to funding, staffing, and infrastructure between grassroots and established agencies, underscoring the need for equitable planning, compensation, and resourcing models in future initiatives.

Trauma-informed organizational practice: Learnings emphasized that trauma-informed programming must prioritize staff emotional health alongside participant safety through peer support, supervision, and regular mental health check-ins.

Collectively, these insights demonstrate that effective cross-sector collaboration requires attention to equity, sustainability, and organizational care, supporting both participants and facilitators while fostering trust and resilience across service systems.



Knowledge mobilization

The HEAL Project's Knowledge Mobilization (KMB) strategy actively shared program findings, tools, and best practices with community organizations, service providers, researchers, and policymakers across Canada. The project embedded knowledge dissemination across all four years, enabling the timely sharing of emerging insights, lessons learned, and promising practices as the work evolved. This sustained approach responded directly to the realities of gender-based and family violence services, where organizations face ongoing capacity pressures and require practical, evidence-informed resources that can be applied in real time. By prioritizing continuous dissemination rather than limiting knowledge transfer to the end of the project, HEAL strengthened ongoing learning, reflection, and adaptation across multiple sectors.

The HEAL Project emphasized trauma- and violence-informed expressive arts approaches tailored to the needs of newcomer survivors, with deliberate attention to cultural and linguistic inclusion. The project matched dissemination strategies to specific audiences to maximize relevance and uptake. HEAL developed practice-oriented tools and training for frontline service providers, while webinars and conference presentations advanced knowledge exchange among researchers, policymakers, and sector leaders. By using multiple formats, the project ensured accessibility, accommodated diverse learning styles, and strengthened the practical application of HEAL's evidence-based approaches across varied organizational contexts.

Key highlights:

- **Over 30 dissemination products** were developed, including toolkits, reports, trainings, videos, and events that supported both practical implementation and broader knowledge sharing.
- **4 national and 3 international conference** presentations highlighted HEAL's evidence-based practices and contributed to cross-jurisdictional dialogue on trauma-informed, arts-based interventions.
- **Six webinars and six capacity-building sessions** trained more than 90 service providers, strengthening their skills and confidence in delivering expressive-arts programming grounded in trauma- and violence-informed principles.
- **The Access Alliance Arts for Family Health Hub** extended HEAL's trauma-informed expressive-arts approach into broader health-promotion settings, supporting integration beyond specialized violence-response services.

Together, these knowledge-mobilization efforts enhanced the visibility, accessibility, and credibility of HEAL's work while fostering stronger connections across community, health, research, and policy sectors. By prioritizing sustained, audience-specific dissemination, the project contributed to improved service-provider capacity and reinforced cross-sector collaboration. It supported the national exchange of evidence-based strategies to improve mental-health and violence-response supports for newcomer survivors of gender-based and family violence.



Conferences, trainings, and gatherings

Shared HEAL program findings and expressive-arts model with national and international audiences in settlement, mental-health, and policy sectors.

Publications

Disseminated HEAL's theoretical framework, evaluation outcomes, and best practices through academic and community-accessible publications.

Webinars & guest lectures

Trained more than 90 service providers on trauma-informed expressive-arts facilitation and program evaluation.

FLOURISH symposium

presentation in partnership with the University of Toronto Scarborough

4 knowledge exchange gatherings

with the community of practice connecting PHAC funded recipients

Knowledge Hub webinar

Arts for Creative Healing Communities: Gender-based Violence Work and Prevention with Immigrant and Refugee Families in partnership with Arte et Contes.

Knowledge Hub webinar

Digital Platform for Arts Integration in Healthcare and Settlement: Access Alliance Arts for Family Health

The 5th metropolis Identities Summit, Diversity, Equity and Inclusion: Practices, Policies and Programs

Calgary, Canada

27th Metropolis Conference Resetting Canada's Immigration Plan and Program for a New Era

Toronto, Canada

1 TEQ LIP Bridges 2023 Collaboration Forum with Toronto East Quadrant Local Immigration Partnership looking to the future inclusive leadership and meaningful collaborators

1 YWP Mental Health Conference with Toronto South Immigration Partnership Wellness in Challenging Times

1 Pathways To Inclusion Conference Community-Based Research In Immigration and Settlement Conference. Calgary, Canada

Exploring the Intersection of Newcomer Employment & Mental Health with Toronto North Local Immigration Partnership Toronto, Canada

OCASI Mental Health Promotion Exchange Toronto, Canada

1 ICRG 7th International Conference on Gender Research Barcelona, Spain

1 peer-reviewed paper in International Conference on Gender Research Proceedings

The healing arts, foraging alliances of arts & medicine conference Berlin, Germany

2nd International Meeting of Arts Prescribing in HealthCare Olympius, Greece

6 trainings for peer researchers on Personal Health Information Protection Act (PHIPA) and "safety protocol and arts based practice".

4 immigrant research support network (IRSN) coffee chat on art-based research and recruitment for project research fellows

12 advisory committee meeting with our projects advisory committee group of 8-10 subject matter experts

1 CANRISK Peer Researcher Training on art-based data collection with vulnerable populations newcomer women survivors of gender-based domestic violence Access Alliance's practice-based case study

Ontario Counsel of Agencies Serving Immigrants webinars including: Part I: Cultivating Art-Based Practice for Newcomer Mental Health

Ontario Counsel of Agencies Serving Immigrants webinars including: Part II: "Learn it, Lead it" Art Based Approaches Where You Are At

15 Guest Lectures in the faculty of social work at the following universities, University of Toronto, York University, Western University, and University of Virginia

4 housing training with East York East Toronto (EYET) "Building a nest together to support practitioners working alongside newcomers" arts-based training

Ongoing arts-based consultation meetings with practitioners and organizations seeking to integrate arts in their existing practice.

Anti-oppression/Anti-Racism Committee Access Alliance Takin Action on Gender Based Violence

1 Healing Arts for Newcomer Family Wellbeing culminating event campaign on November 12, 2026, at the Toronto Reference Library.

Photo: Tigrinya -speaking HEAL participant showcasing one of two collective paintings.



Resource hub digital website

Integrated HEAL learnings into broader organizational health-promotion programming and provided digital resources and training for service providers.

Visual products

Provide tangible knowledge mobilization products for partner agencies and conference attendees.

Social media campaigns

Increased public engagement and awareness of HEAL outcomes and newcomer mental health through bilingual and multimedia outreach.

1 Access Alliance Arts for Family Health digital platform campaign as a central resource hub for practitioners, academics, managers, and researchers.

Published a over 50 + arts-based resources for newcomer mental health and wellbeing knowledge products drawn from project mixed method findings, such as:

- Activity guides
- HEAL resources
- How to guides
- Program and research reports
- Facilitated trainings
- Research papers
- Toolkits

2 collective gallery booklets containing visual descriptions of 12 collective paintings created by program participants.

1 glossary booklets featuring notable terminology used in the project related to mental health, GBDV, expressive arts and program implementation.

3 co-design reports showcasing the development of the 12-session expressive arts intervention.

6 creative pathway webinars featuring 12 panelists from the arts, healthcare, and GBDV sectors sharing learnings.

4 #16DaysOfActivism Against Gender - Based Domestic Violence campaigns focused on newcomer impacts and integration of arts.

4 Mental health month social media campaigns focusing the impacts of GBDV on newcomer mental health and well-being.

12 program collective painting postcards distributed to participants and partner organizations

12 collective painting collection Paintings used as a mobile gallery across Toronto, ON. Showcased at Access Alliance's sites.

5 persona cards illustrating participant profiles Presented as character cards, they illustrate common mental health stressors, healing priorities, and the ways arts-based programming supports well-being

4 milestone reports It provides a quick snapshot of the project and how it has strengthened its approach to newcomer mental health and well-being working across all levels of society.

6 subgroup reports reports underscore the importance of tailored gender-based violence support resources and services

5 healtht debate articles series titled "arts as a health behaviour" with graphic illustrations

"Art, in all its forms, can bring us joy, contemplation, and opportunities to reflect on where we are in our lives. It can also help us better manage the impacts we experience as individuals and communities. Art and health are intricately connected in my mind." —Cliff Ledwos, Acting Executive Director and Director, Primary Care



Photo: Attendee at the Healing Arts for Newcomer Family Wellbeing takes in the "Journey to safety" collective painting.

Project outcomes: Quantitative

The HEAL Project aimed to enhance the mental health, safety, and social well-being of newcomer women and gender-diverse survivors of family and gender-based violence, while strengthening professional capacity for trauma- and violence-informed care. Using a mixed-methods evaluation framework, the project assessed changes in participant well-being, sense of belonging, access to supports, and professional capacity across six community sites.

Quantitative data were collected using translated participant surveys administered in participants' preferred languages. Surveys used a 5-point Likert scale:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral / Don't Know
- 4 = Agree
- 5 = Strongly Agree

HEAL evaluation data indicate meaningful improvements in survivor well-being and professional capacity. Across six cohorts, participants reported increases in self-esteem, coping, sense of belonging, and access to services, alongside reductions in stress, self-blame, and social isolation. In parallel, more than 160 health, settlement, and community practitioners participated in training and knowledge-sharing activities, strengthening cross-sector capacity for trauma- and culturally responsive care.

Improving the health and well-being of survivors of family violence		
Outcome domain	Indicator	Results
Emotional well-being	Participants reporting improved self-esteem, optimism, and emotional regulation	Across groups, 70–100% of participants noted improved confidence and self-esteem (Bengali 100 %; Tigrinya and Shelter ≈ 70 %).
Reduction in helplessness / self-blame	Decrease in self-reported helplessness or guilt related to violence	55–70 % reduction in feelings of helplessness; 50–60 % decrease in self-blame post-program.
Sense of belonging and safety	Participants reporting increased trust, belonging, and safety in relationships	Over 80 % of participants across all cohorts reported stronger connection and trust.
Knowledge of rights and supports	Increased awareness of rights, services, and help-seeking resources	Arabic cohort improved from 36 % → 80 % awareness; Tigrinya and Shelter groups +55 %; Farsi/Arabic cohorts 89–92 % took action post-program.
Peer and emotional support	Comfort in sharing experiences with peers vs. family	Up to 70 % reported comfort sharing with peers (vs. 30–44 % with family); Farsi cohort improved 58 % → 83 % receiving peer support.
Family stress reduction	Participants reporting reduced family or household stress	Bengali cohort stress levels dropped 60 % → 30 %; Farsi 42 % → 25 %.
Perceived helpfulness of services	Participants finding HEAL and partner supports effective	78 % of Arabic/Farsi/Tigrinya participants rated services helpful; perceived barriers declined 45 % → 0 % in Arabic cohort.

Increasing the capacity of practitioners		
Outcome domain	Indicator	Results
Facilitator and staff training	Number of expressive-arts facilitators, counsellors, and volunteers trained	Approx. 72 staff and volunteers trained across six sites.
Knowledge and skill development	Number of service providers trained via webinars and workshops	90 + professionals participated in six webinars and six capacity-building sessions.
Partnership development	Cross-sector agencies collaborating on implementation	Eight partner organizations engaged (health, shelter, arts, immigrant services).
Knowledge uptake	Service providers accessing HEAL resources or integrating practices	90 + professionals adopted expressive-arts or trauma-informed techniques through toolkits and training.
Public dissemination	Conferences and presentations showcasing HEAL findings	Four national and two international conferences presented program results (2023–2025).

Project outcomes: Qualitative

The qualitative findings highlight participants' lived experiences and personal growth throughout the HEAL program. They reflect how expressive arts activities supported healing, emotional regulation, and community connection. Participant stories, facilitator reflections, and follow-up discussions reveal the processes that contributed to empowerment, belonging, and improved well-being across all cohorts.

The qualitative findings demonstrate a clear progression of change across the HEAL program. In the short and medium term, participants reported improvements in emotional regulation, stress reduction, and self-expression through art, movement, and storytelling. These early shifts created the foundation for trust, belonging, and peer connection within the groups. Over time, these interpersonal bonds supported longer-term outcomes, including increased self-confidence, more effective boundary-setting, and greater engagement with community supports.

Facilitator and partner reflections revealed similar patterns of growth at the organizational level. Teams reported enhanced confidence in trauma- and violence-informed facilitation, stronger collaboration across agencies, and a deeper understanding of the importance of debriefing and co-facilitation to prevent burnout. Collectively, these insights confirm that expressive arts interventions can address both individual and systemic dimensions of healing. Participants gained tools to manage emotions and rebuild social networks, while facilitators developed the skills and structures needed to sustain safe, inclusive, and equitable programming beyond the funding period.



Project themes

1

Knowledge gained as domestic violence survivors

(short term)

"The program was really helpful because I faced many abusive situations in my family and community. I did not know my rights before, but now I understand my rights, even at work. I discuss and learn more about my rights in Canada with Bengali-speaking social workers to apply this knowledge in my daily life."

- HEAL participant

The program provided foundational knowledge in mental health, human rights, healthy relationships, and self-defence and empowerment, strengthening participants' confidence to improve their own well-being and support others. It also fostered meaningful social connections among participants and subject matter experts.

Through creative and educational activities, participants developed practical skills to support healing and recovery. Expressive arts were used both for emotional processing and as an engaging learning approach, helping survivors better understand stress management and emotional regulation.

Participants increased awareness of their rights, community resources, and available supports, including how to access assistance when needed. Education on personal boundaries and healthy relationships strengthened decision-making skills, promoting self-advocacy, resilience, and confidence in guiding their healing journeys.

2

Expressive art activities improve mental health

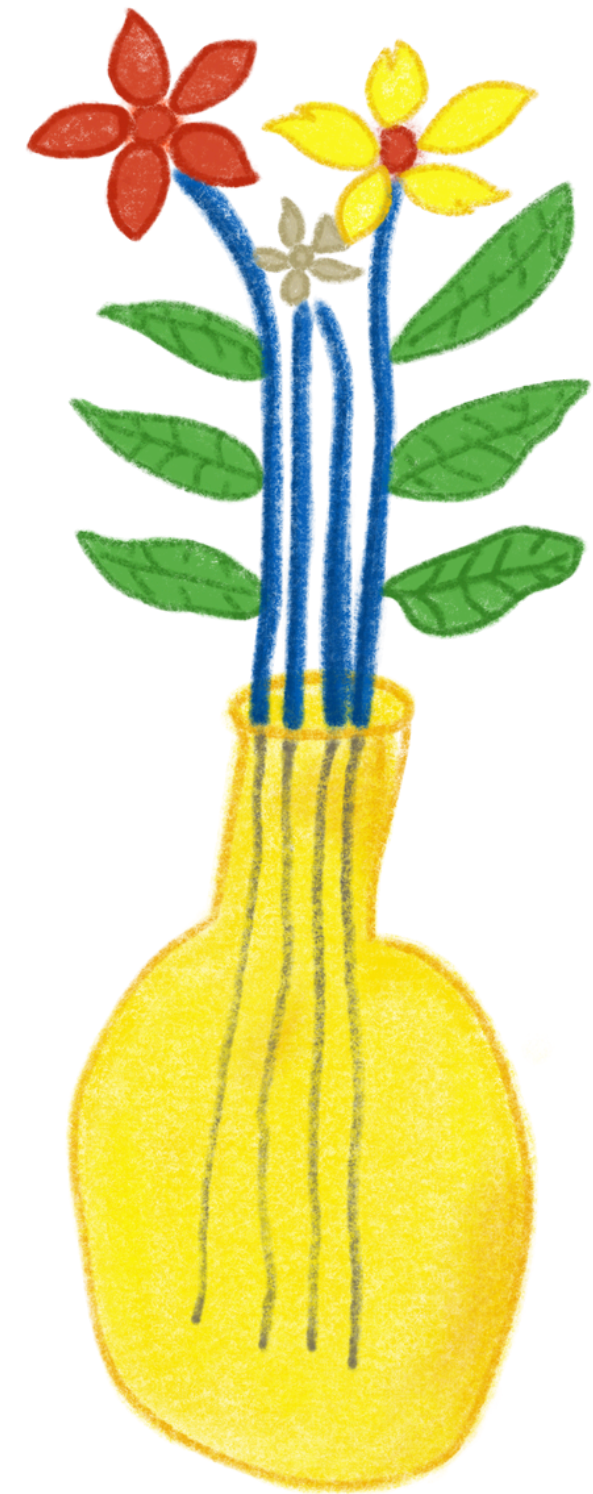
(short term)

"I learned techniques to care for myself, like deep breathing, drawing, and listening to music when I feel stressed. These practices help me feel happy, refreshed, and calm. I am applying them in my daily life, and it has made a real difference." - HEAL participant

Participants who actively engaged in expressive art activities found them effective for coping, self-expression, self-regulation, and understanding their own mental health and well-being.

Expressive arts activities offered meaningful therapeutic benefits by providing a safe and non-threatening way for participants to express feelings and work through complex emotions. Taking part in creative activities helped reduce stress, supported emotional regulation, and strengthened coping skills through both self-soothing and shared regulation with others.

Engaging in art also fostered a sense of control and self-worth, contributing to overall psychological healing. By using multiple forms of creative expression, participants were able to communicate and process trauma without relying solely on words, which can be especially important when experiences are difficult to talk about. These creative practices complemented other therapeutic supports, helping build resilience and improve overall mental health outcomes.



Project themes



3

Effective and empowering pathway for self-determination

(short term)

"The expressive arts have helped me grow as a person, making me more confident and compassionate toward myself while learning to prioritize my mental health. I feel stronger in who I am and more hopeful about the future. Working with peers in this program also gave me the courage to face things I had been afraid of, reminding me of my own abilities and showing me that real progress is possible when we learn and create together."

- HEAL participant

The program was designed to nurture a safe and inclusive environment that promoted emotional well-being, personal growth, and meaningful connections. As a result, participants felt supported, reflective, and empowered to become active decision-makers in their healing journeys.

It fostered a trusting space where individuals could safely explore their experiences, strengthening emotional resilience and self-awareness. Participants reported increased self-determination and a stronger sense of agency, feeling more confident in taking ownership of their healing and settlement processes. Many experienced a positive shift in mindset and began making practical changes to their daily habits to support their well-being. As confidence grew, participants set personal goals, took actionable steps forward, and sustained self-care practices beyond the program.

4

Personal growth

(short term)

"When I experience negative energy, I disengage and go to a place where I enjoy nature, which helps me release my emotions and regain my balance. I've started to feel stronger and more capable. I have new skills, more faith in myself, and feel more comfortable and confident than before." - HEAL participant

Participants developed greater self-awareness, self-efficacy, and self-compassion, leading to improved self-acceptance and a more growth-oriented mindset.

Throughout the program, many experienced meaningful personal transformation, reflected in positive shifts in self-perception, attitudes, and behaviours. Increased self-awareness enabled participants to better recognize their emotions, patterns, and personal triggers, leading to healthier, more intentional responses to challenges.

This deeper understanding fostered self-compassion, strengthening resilience and overall emotional well-being. As confidence grew, participants felt more capable of managing difficulties and pursuing personal goals. By emphasizing reflection and personal development, the program established a strong foundation for integrating these changes into daily life, ensuring sustained growth and lasting impact beyond completion.

Project themes



5

Peer-engaged co-design approach

(long term)

"Programs like this keep me engaged because they connect us to resources and guidance that truly help. Knowing what support is available and how to access it makes me want to continue participating and stay involved."

- HEAL participant

Participants valued being involved as co-creators and/or cultural consultants offering insights for culturally tailored programs. As a result, it led to active engagement, ownership, skills development, and capacity building of transferrable skills (e.g. effective communication, planning, group facilitation, peer support etc.)

A co-design approach actively involved participants in shaping the program, which fostered a strong sense of ownership, engagement, and shared responsibility. Through this process, participants developed valuable, transferable skills such as communication, planning, and group facilitation, strengthening their leadership capacity.

Involving participants in program design also deepened community engagement and supported the program's long-term sustainability. The participatory framework ensured the program was culturally relevant and flexible, making it adaptable for use in other communities. Overall, the skills and experience gained through co-design offer a strong model for building leadership and sustaining community-driven programs.

6

Access to interdisciplinary art programming

(long term)

"This program taught me that women have rights and a powerful voice. I also learned to express my emotions through colours and want to find ways to maintain lasting mental well-being." - HEAL participant

Participants reported the importance of interdisciplinary, multigenerational arts-based programs in supporting newcomer families. Support resources and services across family generations can strengthen community well-being.

Access to interdisciplinary art programs supported survivors' emotional and psychological well-being by offering multiple ways to express themselves creatively. Participation also helped strengthen connections with family and loved ones, supporting relational healing and building shared resilience.

By bringing together people of different ages and backgrounds, these programs enhanced community engagement, strengthened support networks, and contributed to broader systems of care. Using a holistic approach that combined multiple artistic modalities allowed the program to respond to a wide range of emotional, psychological, and social needs. Expanding access to these programs has the potential to increase their impact, improve overall health and well-being, and inform future community-based interventions.

Project themes

7

Sense of belonging and community

(long term)

"Since joining the program, I have been connecting more with my family and feel more trusting of them. I also made friends I can share with and support. I wish my family could participate too because the arts activities would benefit them and strengthen our relationships."

- HEAL participant

Participants' experiences of peer support in the program acted as a catalyst for a deeper sense of belonging, offered opportunities for community connection, and provided avenues to apply their skills and knowledge.

Peer support within the program fostered a strong sense of belonging by creating an environment of inclusion, trust, and shared understanding, helping participants feel connected to a supportive community. Active involvement in group and community activities strengthened social connections and fostered meaningful relationships.

This increased sense of belonging contributed to positive changes in attitudes, knowledge, and behaviours, supporting long-term healing and well-being. Prioritizing program spaces that encourage community engagement and connection is essential for sustaining the program's success and supporting future adaptations.

8

Implementation of knowledge gained

(long term)

"Since joining the program, I have been connecting more with my family and feel more trusting of them. I also made friends I can share with and support. I wish my family could participate too because the arts activities would benefit them and strengthen our relationships." - HEAL participant

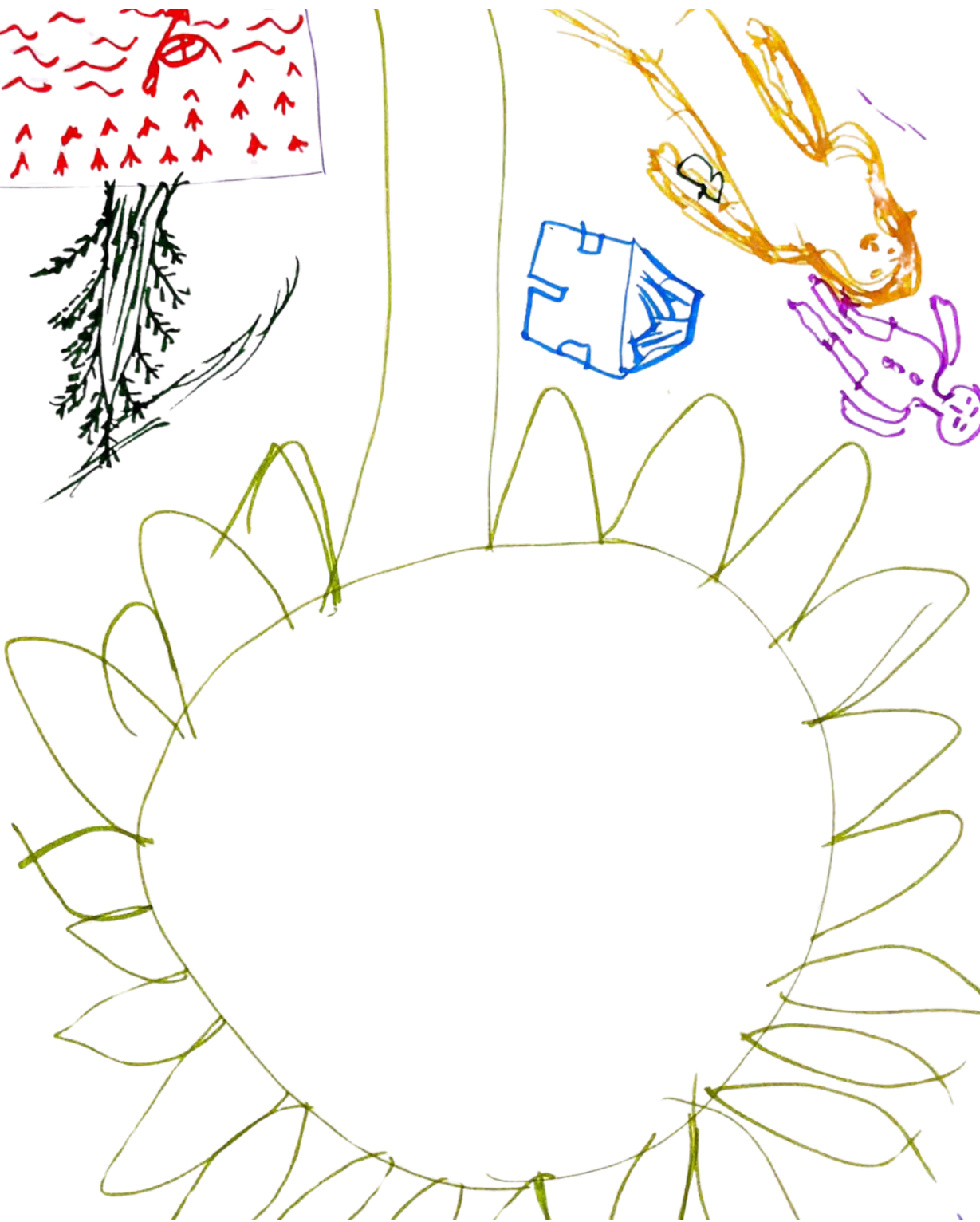
Participants gained new knowledge about themselves and others, leading to a change in perspective, increased self-autonomy, healthier relationships, and improved positivity towards life and their futures.

Participants turned what they learned in the program into real, everyday actions. They used new knowledge to shift their attitudes, make healthier choices, and change daily habits in ways that supported their well-being. Many reported feeling more independent and better able to cope with challenges, with a stronger sense of control over their own lives.

These changes also had a positive effect on relationships, leading to healthier connections and more positive interactions with others. Having time to practice and reflect helped participants fully absorb what they learned, making these improvements more likely to last over time. These findings suggest that future programs should focus not only on sharing information but also on building practical skills, so participants feel confident using what they learn in their daily lives.



Project themes



9

Expressive arts as a tool for personal growth

(long term)

"Painting the peace bird made me emotional and helped me express my feelings. It reminded me that even when peace feels out of reach, believing in it is empowering." - HEAL participant

Participants reported expressive arts helped increase self-expression, adopt emotional regulation strategies and manage difficult emotions. Engaging in these practices helped participants prioritize their mental well-being, leading to sustained self-care

Engaging in expressive arts gave participants a safe and creative way to explore, express, and work through their emotions. Through these activities, many developed healthier coping strategies and improved their ability to manage their emotional responses. Participants also reported personal growth, including greater confidence in their ability to handle challenges, stronger emotional resilience, and ongoing self-care practices.

Overall, participation supported a more positive outlook on life and lasting improvements in mental well-being. These findings suggest that including expressive arts in programs can be a powerful way to support emotional healing and empower survivors throughout their recovery journeys.

10

Broadening trusted support systems

(long term)

"Many participants were surprised to learn that the Women's Assaulted Helpline (WAHL) could provide shelter referrals and other support. This helped them see that there are trusted resources they can turn to when they need help." - HEAL participant

Increased awareness of support services and resources within the Domestic Violence, Healthcare, and Settlement sector, and of the sector's services, leads to greater confidence and trust in navigating the system.

The HEAL Program helped participants become more aware of the support services available to them across domestic violence, healthcare, and settlement sectors. This increased knowledge boosted their confidence and sense of control, enabling them to navigate these systems more independently. Access to culturally and language-specific resources, along with information about legal and shelter supports, further strengthened participants' sense of safety and expanded their options.

By improving service navigation skills, the program empowered participants to use available resources effectively, supporting their long-term recovery and well-being. These findings suggest that future programs should focus on developing navigation skills and fostering collaboration across sectors to create accessible, supportive environments for survivors.

Project themes

11

Continued empowerment to invest in self

(long term)

"Working with peers in this program gave me the courage to tackle things I had been afraid of. It reminded me of my own abilities and that progress is possible when we learn and create together." - HEAL participant

Positive change in participant attitudes and behaviours led to sustained improvements in mental well-being and a greater ability to seek and accept help.

Participants translated knowledge into action by applying what they learned to make meaningful changes in their attitudes, behaviours, and daily practices. This process supported increased self-autonomy, the adoption of healthier coping strategies, and a stronger sense of control over their personal well-being. As participants implemented these strategies, many experienced improvements in their interpersonal relationships and interactions. Ongoing opportunities to practice and internalize new knowledge further reinforced positive changes and contributed to sustained personal growth.

These findings highlight the importance of designing future interventions that not only provide information but also build practical skills, ensuring participants can confidently apply their learning in everyday context.

12

Program participant retention

(short and long term)

"The program was really helpful because I faced many abusive situations in my family and community. I did not know my rights before, but now I understand my rights, even at work. I discuss and learn more about my rights in Canada with Bengali-speaking social workers to apply this knowledge in my daily life." - HEAL participant

Sustained participant retention was supported by consistent, accessible, and culturally responsive engagement throughout the program, strengthening trust, connection, and continuity of care.

Participants remained engaged when programs reduced barriers and created a sense of predictability, safety, and belonging. Early strategies that introduced activities in low-pressure settings and provided clear information helped participants feel prepared to attend. During the program, consistent scheduling, practical supports such as food, childcare, and transportation, and culturally meaningful activities encouraged ongoing participation and strengthened group connections. Continued access to activities and follow-up supports after the program helped maintain relationships and extend engagement.

These findings highlight the importance of designing future interventions that prioritize continuity and accessibility, ensuring participants experience ongoing support and meaningful opportunities for connection across all stages of engagement.



Project impact

The HEAL Project has achieved measurable impact across individual, organizational, and systems levels by providing expressive arts programming for newcomer women survivors of family violence.

Grounded in the Health Promotion Model of Care as established in the Ottawa Charter, the project transcends clinical treatment by fostering personal well-being, strengthening community action, and reorienting health services toward holistic empowerment.

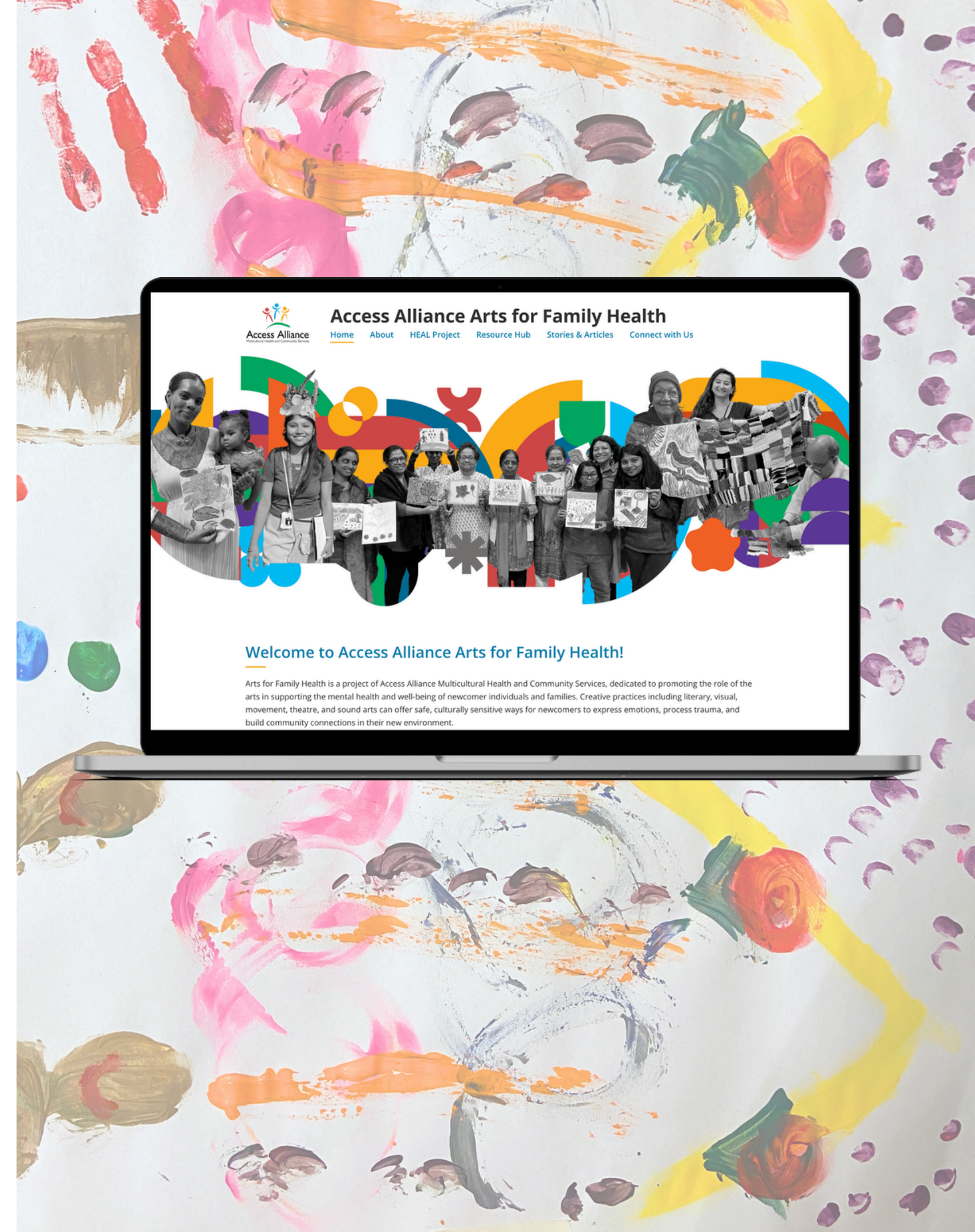
By utilizing expressive arts as both a therapeutic and preventive tool, the project establishes a sustainable, adaptable model for trauma-informed health promotion. Its influence extends beyond individual participants to shape agency practices, enhance cross-sector collaboration, and inform long-term strategies in family violence prevention. Ultimately, the project advances the mandate of Access Alliance Arts for Family Health by institutionalizing creative, culturally responsive approaches that can be scaled across community health settings to create more supportive, equitable environments for all newcomers.

"By focusing on newcomer populations and the determinants of health, we are driving systemic change. We encourage our partners to integrate these arts-based resources into their ongoing work to ensure our healthcare system becomes more responsive to those who need it most." —Axelle Janczur, Form executive director at Access Alliance

"This is incredible. Having been involved in art therapy for nearly 20 years, I haven't seen such a comprehensive resource backed by research. Incorporating this into health teams is something I could only have dreamed of 20 years ago. It's a 'stake in the ground' for other art therapists." —Serena Nudel, Director of Community program, The Neighbourhood Group

"The website looks amazing. I'm particularly interested in the manuals and guides. Working in the frontline sector, I know how much these group sessions mean to clients they meet friends, learn, and find happiness." —Shankari Balendra, Case manager and self represented litigants worker, Barbra Schlifer Commemorative Clinic

"Our rallying cry is 'an artist on every team.' If people don't see the value of an artist within an interdisciplinary team, we cannot change the system. We must expand our partnerships within the arts community so they can advocate for their place in health; it is a vital lens for supporting people and driving systemic change." —Cliff Ledwos, Acting Executive Director and Primary Healthcare



Project impact

Systems & policy building healthy public policy

Reduced access barriers. Culturally grounded, arts-based approaches improved accessibility for marginalized populations, addressing language, stigma, and systemic inequities.

Enhanced service retention. Non-traditional therapeutic modalities increased participant engagement and sustained involvement, demonstrating effectiveness for survivors who may not access conventional services.

Policy and practice insights. HEAL highlighted systemic gaps, including long wait times, funding limitations, and the need for sustained investment in culturally specific programming.

Knowledge translation. The project contributed to national dialogue through conference presentations, Knowledge Hub engagement, and peer-reviewed publications, advancing evidence for arts-based trauma recovery.

Cross-sector collaboration. By bridging healthcare, settlement, and arts sectors, HEAL established a scalable, community-driven model for holistic health promotion.

Alignment with national strategies. The project supports Canada's gender-based violence prevention efforts and informs trauma- and violence-informed policy and practice.

Sustainable systems change. HEAL's evidence-based framework promotes survivor well-being, strengthens organizational and community capacity, and provides a blueprint for replicable, long-term interventions.



Organizational & community capacity building community action and reorienting healthcare services

Enhanced trauma-informed capacity. Partner agencies adopted interdisciplinary, participatory approaches, strengthening trauma-informed facilitation, reflective supervision, and culturally responsive program design.

Transferable skills development. Staff, peer researchers, and facilitators gained leadership, mentorship, community engagement, and collaborative problem-solving skills applicable across programs.

Sustained programming. Agencies continue to deliver expressive arts interventions and have integrated HEAL methods into new programs beyond the project's funding period.

Improved staff well-being. Structured facilitator debriefs and interdisciplinary teamwork support ongoing staff wellness and quality trauma-informed care.

Cross-sector collaboration. Partnerships between settlement, healthcare, and arts organizations created lasting networks for coordinated community response and shared learning.

Expanded understanding of arts-based approaches. Agencies recognize expressive arts as a culturally grounded, safe, and effective method to engage survivors, address stigma, and reduce systemic barriers.



Individual & interpersonal creating supportive environments and developing personal skills

Enhanced emotional regulation and coping skills. Participants developed lasting tools for managing stress, emotions, and trauma, including expressive arts practices such as journaling, drawing, movement, and creative visualization.

Increased self-efficacy and personal agency. Engagement in the program strengthened participants' confidence, sense of control, and ability to take proactive steps in their healing and daily lives.

Personal growth and self-compassion. Participants experienced meaningful growth, enhanced self-awareness, and increased self-compassion.

Sustained emotional well-being and resilience. Continued use of creative practices beyond program sessions promoted self-reliance, optimism, and long-term emotional stability.

Improved relationships and communication. Many participants reported greater empathy, patience, and confidence in setting boundaries, expressing needs, and seeking support from others.

Culturally accessible emotional expression. Expressive arts provided a safe avenue for participants with limited English or cultural hesitancy toward talk-based therapy, fostering agency and tangible life changes.

Trauma- and violence-informed health promotion

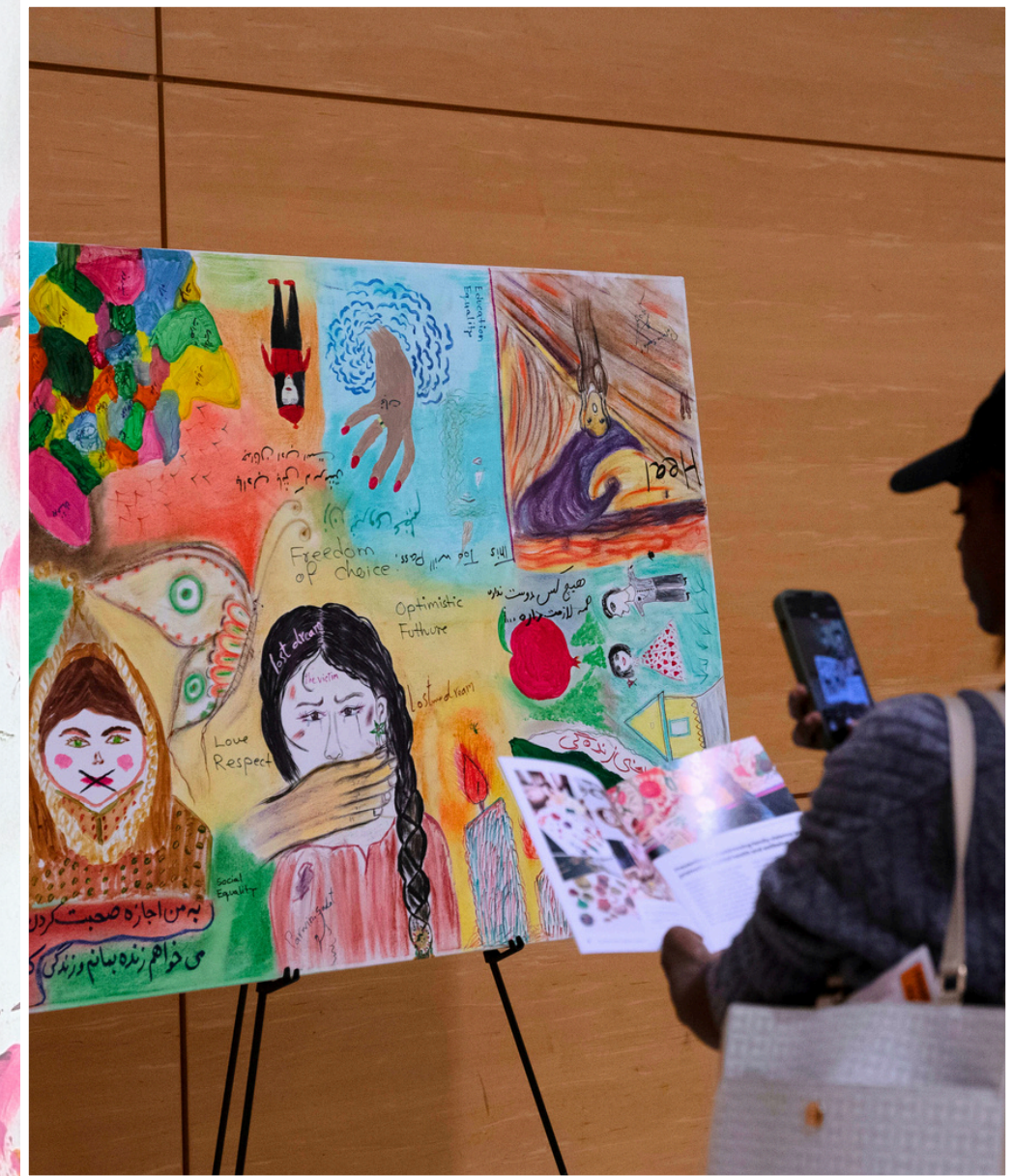
The HEAL Project has demonstrated that integrated Trauma- and Violence-Informed Health Promotion (TVIHP) is essential for addressing the multifaceted needs of family violence survivors (Mulholland, 2016). By merging expressive arts with psychoeducation, safety planning, and community referrals, the project established a holistic framework that simultaneously targets mental health, emotional regulation, and systemic barriers.

Core trauma-informed principles, safety, trust, collaboration, choice, and empowerment, were embedded throughout every phase, allowing participants to build confidence and reconnect with community supports at their own pace. This model recognizes recovery as a complex process, utilizing expressive arts as an accessible entry point while providing structured education on legal rights and essential services. By emphasizing co-creation and reflective dialogue, the project ensures participants retain full agency as they navigate their unique paths toward healing.

For many newcomers particularly those from collectivist or stigma-sensitive backgrounds the arts-based format reduces the intimidation often associated with traditional talk therapy. By situating expressive arts within a trauma-informed health promotion lens, the HEAL Project fosters emotional release, cognitive reframing, and social connection, bridging the gap between clinical care and community well-being to advance both individual recovery and systemic responsiveness.

At the organizational level, HEAL integrated Trauma- and Violence-Informed Health Promotion (TVIHP) by prioritizing workforce sustainability and ethical care. Through structured facilitator supervision, team debriefing, and protective scheduling, the project addressed the risks of burnout and vicarious trauma. This comprehensive approach reinforces that trauma-informed programming must support practitioner resilience as much as participant care. Collectively, these findings affirm that integrating trauma-informed principles with culturally grounded, participatory methods drives sustained improvements in health outcomes for survivors of family violence.

"To ensure 'intellectual sustainability' and reduce barriers to entry, shifting our language from stigmatized terms like 'gender-based domestic violence' to the more inclusive framework of 'Family Health.' By reframing these challenges as issues of family health and integrity, we create a safer, more comfortable space that invites broader community participation and fosters deeper healing."
—Akm Alamgir, Director, Organizational Knowledge & Learning, Access Alliance



A way forward for key sectors

The HEAL Project leaves a lasting legacy by driving systemic change in how organizations address newcomer mental health and family violence. The project embeds trauma- and equity-informed arts-based approaches into institutional practice, strengthens workforce capacity, and deepens cross-sector partnerships. Through knowledge mobilization, HEAL positions expressive arts as an effective and enduring approach to preventing and responding to family violence beyond the life of the project.

Healthcare

The project has demonstrated that healthcare settings are essential hubs for integrating expressive arts alongside clinical care, creating culturally responsive and non-stigmatizing pathways to well-being for newcomers.

Arts-based programming successfully reaches survivors by transcending linguistic and cultural barriers, fostering emotional regulation and connection in a supportive environment. By training interdisciplinary staff in trauma-informed expressive arts, healthcare organizations have built the internal capacity to sustain holistic, long-term responses to migration-related trauma.

This shift is now moving toward structural and institutional integration, as seen in Access Alliance's commitment to embed art-based therapists and/or facilitators into every program department. The project is transitioning from temporary grants to a standardized, interdisciplinary model by advocating for permanent funding through Interprofessional Care Team and Allied Health Professional streams. By demonstrating clinical value to Ontario Health Teams, this approach aims to institutionalize expressive arts as a sustainable core component of primary care.

Settlement

The project has institutionalized expressive arts within the settlement sector by adopting stigma-reducing frameworks like "Family Health" and "Family Integrity" to better engage newcomer communities. By transitioning from research to active knowledge mobilization and leveraging diverse government and private funding, the project ensures the permanent availability of trauma-informed tools through its digital resource hub and Toolkit 2.0.

These efforts reach survivors by bypassing linguistic barriers and fostering emotional regulation in supportive environments. Settlement organizations play a central role, fostering belonging and identity alongside practical needs. As interdisciplinary staff gain capacity in trauma-informed approaches, healthcare and settlement partners are building sustainable responses to the complex impacts of migration.

Deepened cross-sector partnerships and coordinated referral pathways further strengthen this transition, moving expressive arts from temporary pilots into a standardized, holistic model that addresses newcomer mental health indefinitely.



A way forward for key sectors

Gender-based domestic violence

The HEAL Project has redefined the gender-based domestic violence (GBDV) sector by positioning expressive arts as a vital pathway for long-term healing and empowerment beyond immediate crisis response. By utilizing creative, non-verbal mediums, the project allows survivors to process trauma, rebuild trust, and strengthen agency without the pressure of verbal disclosure a crucial alternative for those facing cultural stigma or fear.

Participants reported increased confidence, a greater awareness of their rights, and deeper community connections. At the organizational level, the project institutionalized trauma-informed care by prioritizing staff well-being through reflective debriefing and protected planning time. These survivor-centered conditions ensure that GBDV services remain sustainable and responsive to the intersecting impacts of violence and migration, ultimately reinforcing the legitimacy of arts-based approaches within the broader public safety and health systems for newcomer survivors.

To shift from temporary pilots to a sustainable system of care, we must institutionalize expressive arts as a core component of newcomer services. By securing permanent interprofessional funding and embedding specialized facilitators within healthcare and settlement teams, we can navigate linguistic barriers and provide culturally grounded, trauma-informed healing. Let's commit to this holistic model to ensure every newcomer has access to dignified, arts-informed support to improve their mental health outcomes.

The arts

The HEAL Project has repositioned the arts as a critical partner in health promotion and violence prevention, moving beyond short-term projects into sustained, ethical practice. By utilizing intermodal expressive arts, including movement, image, and sound, the project enables culturally grounded healing that bypasses linguistic barriers for diverse newcomer communities.

This integration is bolstered by a robust student pipeline, providing practicum placements through the Create Institute to specialize a future workforce in newcomer health. By expanding collaborations into the broader arts community, the project has built an advocacy coalition that reinforces the legitimacy of community-based arts within public systems.

These trauma-informed, interdisciplinary partnerships ensure that expressive arts are a standardized, holistic component of healthcare and settlement systems, fostering long-term community well-being and systemic impact through a specialized, sustainable professional network.



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