

***'The Transformation of Silence into Language and Action'* – understanding  
the impact of structural violence and activism (in asylum seeking contexts)  
on Black and racialised women activists and their bodies**

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## **ABSTRACT**

**Background:** Structural violence perpetuates widespread social inequity and marginalisation; with the oppression it creates existing on the continuum of trauma. However, current conceptualisations of trauma struggle to capture diverse physical, embodied, and psychological manifestations of trauma and their impact on marginalised groups and those involved in activism.

**Aims:** This study sought to explore and deepen understanding of embodied experiences relating to structural violence in Black and racialised women activists, through a Black feminist intersectional lens.

**Methods:** A transformative, participatory approach was adopted which involved a co-researcher with lived experience of the phenomena supporting the research. Body mapping, an arts-based methodology was used with 12 Black and racialised women activists who have lived experience as refugees and asylum seekers. They produced life size maps of their bodies and shared a testimonia detailing the story of their map and their lived experiences of structural violence and activism.

**Analysis:** Data was analysed using a combination of reflexive thematic analysis (for testimonia) and axial embodiment (for visual body maps). Four themes were identified: Theme 1 – *Caught in the asylum web: structural enactments of harm*; Theme 2 – *Feeling and Felt Realities of Violence*; Theme 3 – *Uncertain Spaces: Home(less)ness, Displacement, and Movement*; and Theme 4 – *NOT everybody's free... so, Unite, Act and Empower... feel good*.

**Conclusions:** Exposure to structural violence was found to have impacted Black and racialised women in emotional, physical, psychological, and embodied ways, particularly in the contexts of structural racism and anti-immigration rhetoric. Activism was found to have an empowering influence, enabling connection with community, one's self and one's body. Implications and recommendations for clinical and research practice are discussed.

**KEYWORDS:** Body Mapping, Structural Violence, Activism, Black Women, Racialised Women, Embodied Trauma, Arts-based Research, Participatory Research, Structural Racism, Intersectionality, Asylum Seekers, Refugees, Black Feminism

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## **ABBREVIATIONS**

BLM – Black Lives Matter

BME – Black and Minority Ethnic

BAME – Black, Asian, and Minority Ethnic

CLEBA – Clinician Led Evidence Based Activism

EBA – Evidence Based Activism

IPV – Intimate Partner Violence

NHS – National Health Service

POC – People of Colour

POGM – People of the Global Majority

Post-WWII – Post World War II

PTSD – Post Traumatic Stress Disorder

RTA – Reflexive Thematic Analysis

TA – Thematic Analysis



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***“In Our World, Divide and Conquer Must Become Define and Empower”***

- Audre Lorde (1977)

## **1. INTRODUCTION**

This chapter will introduce the key concepts, constructs and language used within this research. In line with this context, a position statement from the author is provided. This chapter will then move on to an analysis of the operationalisation of structural violence and activism, with a focus on Black and racialised women within the UK context. Following this, the author will explore the impact of oppression, specifically in relation to manifestations of trauma in the body. A systematic scoping review of the literature will then be presented. The author will close this chapter outlining the rationale and clinical relevance of this study, along with aims, objectives, and research questions.

### **1.1. Notes on Language**

Language has many functions and the transmission and (re)production of power are enmeshed within this (Foucault, 1978). The use of language and notably its acronymised form (e.g., BME, BAME) in relation to race and ethnicity has changed significantly in the UK (Boulila, 2019), alongside growing criticisms of language uses to describe and frame people who are not white as ‘the other’ (Pickering, 2001). Ethnicity tends to be the term favoured in the UK which arguably forms part of an avoided dialogue surrounding race, due to race being perceived as a ‘problematic’ entity in conversation (Dalal, 2002), and the challenges of academic disciplines trying to differentiate these terms but engaging in problematic language dynamics in the process (Boulila, 2019). This research will focus on race and racialisation. Racialisation is the process of activating race to enact the sociocultural and political positioning of people through the assignment of racial identity on an individual and group level (Tazzioli, 2021), facilitating systems of structural privilege, discrimination, and inequity. The racialisation process is inextricably linked to power relations and the distribution of socioeconomic resources (Gonzalez-Sobrin

& Goss, 2020), which serves to centre and facilitate whiteness (a system that facilitates the social construction of a superior 'white race' granted power and privileges on this basis (Green et al., 2007)), and thus position white people as the dominant group (Guess, 2006).

Considering the above, this research will use the term racialised when referring to people whose racial identities are othered from white within these sociopolitical power enactments. Terms for specific racial groups will be used when focusing on lived experiences specifically relating to said racial identity. This is reflected in the title of this research referring to 'Black and racialised' women. Gordon's (2022) theorisation of the entanglements of conceptualising race present within historical and present day racial taxonomy demonstrates the distancing of whiteness and blackness to facilitate a normalisation and rationalisation of whiteness and thus a white race, and locates other racial identities somewhere on a scale of rationality from whiteness (hyper-rational) to blackness (non-rational). Drawing on Gordon's theorisation prompted the author to consider how racialisation processes influence and impact all groups but also highlighted the need to speak to blackness in a more prominent manner. Whilst collective terminology such as people of colour (POC) and people of the global majority (POGM) serves to promote solidarity amongst racialised people, it also contributes to the erasure of Black people's experiences and does not explicitly address issues of anti-Blackness perpetuated amongst both white and racialised non-Black groups. Further to this, terms such as POC and Black, Asian, Minority Ethnic (BAME) will only be used when explicitly used within the literature.

## **1.2. Key Concepts and Constructs**

### **1.2.1. Intersectionality**

Intersectionality is a theoretical framework and critical praxis (Collins & Bilge, 2016), that defies imperial policing within its definitional fluidity (Collins, 2015), although the primary considerations of intersectionality pertain to power relations and social inequality. The term 'intersectionality' was coined by Kimberle Crenshaw (1989), to speak to the double jeopardy that racialised, but particularly Black, women were exposed to in the context of legal proceedings. This definition built upon the many decades of work and collective action from the Black feminist (Nash, 2019) and Asian American feminist (Chow, 1992) movements.

Despite its definitional fluidity, intersectionality is understood to be composed of six core principles (Collins & Bilge, 2016):

- Social inequality – exploring the intersections of inequalities and their collective impact;
- Power – exploring the dynamics between oppressive systems and inequalities;
- Relationality – considering the interconnected nature of systems, inequalities and identities;
- Complexity – acknowledging and accepting the complexity of living experience and of intersectionality itself;
- Social context – understanding experiences in social, cultural, political, and historical contexts;
- Social justice – seeking fair distribution of privileges, opportunities, and resources for all.

Employing an intersectional addresses the need to synchronously examine exposure to structural inequity, power and oppression, in order to fully understand their influences within people’s lives (Esposito & Evans-Winters, 2021). Consequently, adopting an intersectional approach enables thorough consideration of what Collins (2000) describes as the “matrix of domination” – the structural enmeshment of identities and oppressive sociopolitical, economic systems that impact individually and collectively. Given that the nature of this research centres the experiences of multiply marginalised people and clinical psychology remains early in its journey to dismantle its complicity in structural harm (McCubbin et al., 2023), an intersectional approach is fitting.

### **1.2.2. Structural Violence**

“Structural violence calls for us to attend to the dead, the dying, the left for dead, marked for death, worked to death, the deselected and the disposable” (Haynes, 2023).

The term structural violence was coined by Galtung (1969) to speak to the ways in which people are prevented from reaching their potential through a process of deficit as an inhibitor of actualisation of said potential. It involves the complex interactions between structure and action (Parsons, 2007), facilitated by power relations that enable and enact harm through social systems (Weigert, 2010). Thus, arrangements within the social, political and economic organisation of the world are violent through the multitude of ways in which they cause harm, typically but not exclusively to those such arrangements create inequity for (Farmer, 2004). When such harm is normalised, it facilitates the continued marginalisation and exclusion (direct and indirect) of groups with social identities that have lessened

access to power (Anglin, 1998; Rylko-Bauer & Farmer, 2016). Considering oppression and violence from a structural standpoint can facilitate a shift from individualising circumstance and blame, and moving from a place of inaction to reimagining ways in which a more just society can be formed and addressing the structural factors that contribute to experiences of trauma for marginalised people (Sharif et al., 2022).

### **1.2.3. Structural Racism, Structural Sexism and Misogynoir**

Structural racism is the multitude of ways in which racism is perpetuated within society and reinforced through a range of systems including health, employment, housing, and criminal justice. Principles, behaviours and practices within these systems facilitate the reinforcement of discriminatory beliefs and actions (Bailey et al., 2017). Structural sexism involves systematic gender discrimination reinforced by a broad range of social structures (Homan, 2019). Both structural racism and sexism operate on micro, meso and macro levels, impacting and influencing individual, group and institutional dynamics (Voldberg et al., 2022). The intersection of anti-Black racism and sexism is misogynoir (Bailey, 2010).

### **1.3. Author Position Statement**

In line with intersectionality and Black Feminist theory, the author offers a positionality statement to address the discursive-location position(s) of self and how these correlate with power within the research process and beyond (Evans-Winters, 2019) and the ways in which this influences values and assumptions (Watts-Jones, 2010). A process of *positioning* will occur throughout this research to ensure there is a recursive reflexive approach to power and to evade the possibility of only engaging with the surface level of positionality which is commonplace in research not informed by intersectional principles (Boveda & Annamma, 2023).

I am a Black-mixed, Jewish, disabled, neurodivergent, cis gendered, heterosexual woman, from an underclass background. I am aware of the marginalisation I experience in relation to my identities, but also the privileges I hold in relation to others (e.g., benefiting from colourism).

As a psychologist, researcher and thinker, I do not subscribe to what Gordon (2022) terms 'disciplinary decadence' in that I do not view psychology or any other discipline as capable of conveying and explaining reality independently nor do I romanticise discipline as method. I firmly believe that knowledge is produced beyond institutional and disciplinary boundaries, especially when working with

oppressive systems and people marginalised by them. This coincides with my decolonial approach to clinical psychology (Bhatia, 2020) with the view that oppressed people do not need to adapt to survive oppression but instead oppressive systems need to be abolished (Fanon, 1986) to be transformed.

#### **1.4. Contextualising Structural Violence**

In exploring the origins and perpetual growth of structural violence in society, it is useful to draw on the work of Weber (1918) regarding the historical, cultural and theoretical relationship between violence and the state. When we consider the state as a sociocultural political agent that exists in environments in which violence is a part of society, and wider societal level decision making is a collaboration between 'experts' (Scheper-Hughes, 1995), we can see the state as both a legitimiser and enforcer of violence as this enables it to protect itself and its interests, and simultaneously maintain the status quo with regard to the production and distribution of power. Barriteau (2011) argued that there is "no 'contemporary' in feminist theory but a recurring, repeating, refracting past". When applying this to the context of structural violence, we can consider how the (re)production of violence is cyclic and transcends space in many ways (temporal, geographical, generational, and psychic). Structural violence is operationalised across the micro, meso and macro levels of structures and systems of sociocultural institutions (Price, 2012) but came to be as a result of the (re)production of practices and ideological stances that perpetuate the idea that things are 'as they should be'. This normalisation of structural violence enables it to remain hidden in plain sight and thus more difficult to identify, challenge and dismantle.

Structural violence arguably contributes to what Kelly (2005) describes as the 'landscape of risk' in reference to ill-health, when sociocultural, political and economic factors influence life outcomes and opportunities more greatly for some than others. This is essential to consider in a healthcare context given that extensive research has documented disparities in mortality rates for different minoritized identities (e.g., racialised, lower socioeconomic status), in different contexts (e.g., criminal justice system) and across the lifespan (Bansal et al., 2014; James & Bangura, 2016; Morita, 2021), along with broader disparities in both physical (Bailey et al., 2017; Stopforth et al., 2021) and mental health outcomes (Haarmans et al., 2016; Halvorsrud et al., 2019), employment (Yearby, 2018) and transitions e.g., on the 'school to prison' pipeline (Wald & Losen, 2003). Exploring these outcome patterns using intersectionality enables understanding of how multiple marginalised people are exposed to double (or multiple layers of) jeopardy (Crenshaw, 1989) through interlocking systems of oppression. For example,

at the intersection between race and gender, there are many manifestations of violence experienced by racialised people (Haynes, 2023), but particularly Black people. This can be understood by drawing on a cogent theory of racism (Gordon, 2022) in that semiological and genealogical ideas enable 'strange rationalisations' of racism by centring whiteness as normative and distant from Blackness which becomes 'the other', and generates the idea that whiteness has always been there and is default. Sharpe's (2016) analogy of phases of 'the wake' (the aftermath of a death or a ship passing) attempts to speak to how the historical, sociocultural and contemporary experience of slavery has shaped 'Black life' and normalised Black death and limitation. This can be witnessed in the current sociocultural context the murders of unarmed Black men by police in the United States (before and) during the Covid-19 global pandemic. The virality of Black death on social media may draw attention to these events but also illustrates the eroticisation of atrocity (Jacobs, 2008), and the reduction of 'Black life' to something to be spectated whilst 'trending', but not to be witnessed as the daily lived realities of many.

Homing in on the UK context and the legacy of the British Empire, it is essential to attend to the living histories of structural violence along with their evolution over time, which has arguably enabled it to thrive as it adapts to changes in systems, laws, and policies both locally and internationally. Comparisons are often drawn between the UK and USA particularly in the context of racism and gender inequality, with a social narrative that the state of play is far worse in the USA (Cole, 2011) in the context of racially motivated murders (Staggers-Hakim, 2016) and reproductive rights (L. J. Ross, 2017), although atrocities of this nature have occurred in the UK in police custody (James & Bangura, 2016) and in Ireland (McCarthy, 2016), respectively. Context is key in understanding that structural violence often manifests as what can be understood as 'same text, different fonts'. America was built upon imported ideologies and practices from the British Empire; and whilst atrocities in America have occurred on US soil, much of the atrocities of the Empire occurred off British soil (e.g., colonial violence that led to the Mau Mau uprising in Kenya), speaking to how spatial-location plays a role in structural violence manifestations.

Spatial-locations require nuanced consideration when examining how geographies (re)produce, impact and, are influenced by power. Social identities are closely related with geographies of power as they can be understood on a multitude of scales (Mahler & Pessar, 2001) e.g., spatiality with our own bodies, within family and community groupings, in relation to the state and its systems. For this reason, when examining how power (re)enacts violence, it is essential to draw on a broad range of levels of understanding and interpretation to make sense of how structural harm reaches groups and individuals. Further to this, local and global economics impact patterns and cultures of geographies of power, along

with the notion that individual actions form part of the bi-directional fabric of cultural politics and power dynamics (Ong, 1999).

A current and pressing example of this is state/governmental financial tactics, often framed as 'strategies', which legitimise control and violence toward particular groups. For example, UK welfare benefits systems reform in the context of austerity has led to increased financial precarity for vulnerable groups (Campbell, 2021; Galloway et al., 2018). This is significant given that thirteen years of austerity measures under coalition and Conservative government rule have led to a profound decline in living standards and a reduction in quality and access to statutory service provision (Shahvisi, 2019; Sowels, 2021; Unison, 2022). This continual erosion of resources contributes to the further systematic marginalisation of the most vulnerable groups in society. This system also enacts and operationalises a range of tactics that perpetuate harm to refugees and asylum seekers. The use of controlled debit cards (Azure cards in the UK) for those with what Lori (Lori, 2017) terms 'precarious citizenship' is an example of financial stratagem within the context of bordering practices (Coddington, 2019). Precarious citizenship refers to the temporary and ambiguous legal statuses assigned by governments in efforts to avoid granting citizenship. This functions as a form of structural but also slow violence, by inhibiting the provision of care and access to life opportunities to destitute people, whilst marginalising and oppressing them through means that go relatively unnoticed and worsen over time.

State practices and ideologies become embedded in a broad range of contexts and can be seen across the healthcare sector. Institutions become part of the "social machinery of oppression" (Farmer, 2004, p307) when particular practices, cultures and ideologies become a normalised part of 'routine' care (Hamed et al., 2020) (see table 1). To challenge and dismantle such practices and the normalisation of structural violence in healthcare and beyond, numerous activist efforts have been made.



*Table 1 Examples of practices and ideologies normalised as ‘routine’ care*

Practices and Ideologies	Example
Conflating equality with equity (Hole et al., 2015)	Women having the right to vote (equality) versus addressing historical and current inequities so that all women have the right to and not just those who are more privileged (e.g., white, middle-class women) (equity)
Conflating sex and gender and therefore not recognising or understanding the needs of trans and non-binary people (Fish, 2010)	Trans men and women attempting to access healthcare but providers conflating sex and gender resulting in appropriate healthcare not being offered (e.g., not being offered breast or prostate screenings)
‘Hard to reach’ narratives surrounding engaging racialised communities with services (Vahdaninia et al., 2020)	Health providers assuming and emphasising the idea that young Black men will not engage with therapy and dismissing or not attending to the impact of pervasive stereotyping and discrimination in young Black men’s lives, thus curating a vicious cycle (i.e., the circles of fear phenomena (Keating & Robertson, 2004))

### **1.5. Activism**

Activism is the practice of intervening through action typically within social, economic and political contexts; often resisting multiple forms of violence and motivated by social justice (Bhattacharyya et al., 2020). Activism is a key feature of social movements which involve an organised group taking collective action in pursuit of a common goal (Batliwala, 2012); with progressive social movements having a more pronounced human rights focus and the aim of using collective action to achieve resource and power redistribution within society (Batliwala & Brown, 2006). Typically, activism and social movements are catalysed by the implementation, development or continuation of oppressive and discriminatory practices and policies (Millward & Takhar, 2019).

However, alongside the progress attained by progressive social movements, we have also seen a resurgence of populism (political stances that emphasise a separation between ‘the people’ and ‘the elite’), which can cultivate dualist narratives e.g., “us” versus “them” within society and due to its “thin-centred” nature, is heavily influenced by its “host” ideology e.g., left-wing or right-wing (Mudde & Rovira Kaltwasser, 2018). Populism can have both positive and negative impact in that it platforms the views of the average person but also can lead to a dismissive approach to bureaucracy which can significantly impact protections such as human rights (Gustafsson & Weinryb, 2020). Human rights are a key consideration in the context of activism, with activist movements being one of several vehicles for translating human rights orientated practices within and between localities (Merry, 2006). In attending

to human rights, we are concerning ourselves with the rights that people have irrespective of state recognition but obliging the state to meet basic needs through social standards and state practices, which is an essential consideration for ethical healthcare practice (Merry, 2005).

In the context of health, human rights activism spans across the general public and health professionals. Mobilising bodies and minds among marginalised groups in the UK and globally has progressed health justice to enable significant advances within public health (Campbell & Cornish, 2021). For example, the formation of ACT UP London (*ACT UP London Archive*, n.d.) in the 1980s was to challenge the government to respond to the AIDS crisis as well as raise awareness of HIV and AIDS. They used protest methods such as “die in”s where activists would lie on the floor with crosses. In this instance, use of the body as a resource of resistance can be understood as a tactic of activism that enables action in response to ideological and institutional processes relating to power and oppression (Madison, 2010). The body is also used in live art and activism (art-based activism) to push for reproductive justice. For example, Speaking of IMELDA (n.d.) are a feminist performance collective, who use interventionist live art to campaign for abortion rights for women in Ireland. They wear red to enable other women to identify them in public. In this context, the body is used to take space and to communicate solidarity, whilst simultaneously highlighting the very threat to women’s bodies being enacted by the State.

In the NHS context, there has been a growth in both evidence-based activism (EBA) and clinician led evidence-based activism (CLEBA) (Pushkar & Tomkow, 2021). Whilst both models endeavour to achieve change in the health context, the former is focused on redistributing power between service users and medical professionals, whilst the latter capitalises on the legitimacy and agency of professionals’ titles and credentials (reflecting the hierarchy of status within capitalist society (N. Fraser, 2005)). Such tactics of activism have been employed in a range of contexts including the austere and the hostile environments (Kang et al., 2019) that have been legalised then culturalized within the NHS (e.g., healthcare charging for migrants of up to 150% of treatment costs) resulting in the further marginalisation of migrant groups. The use of such tactics facilitates knowledge redistribution and serves as a driver for health justice. However, it is essential to remain in dialogue with such processes and the implicit power dynamics that present differently within the two: do we strive for justice by any means necessary (harkening to Fanon (2018) and Malcolm X (1992))? Do we always seek to redistribute power within our endeavours? And if not, is that the most ‘just’ and ethical option?

Tactics of activism are particularly significant in the context of mental health. In recent years, UK mental health experts by experience and practitioners united for the #StopSIM campaign (StopSIM, 2021) to

cease the implementation of the High Intensity Network's Serenity Integrated Mentoring (SIM) model within mental health care, which would enable the use of coercive methods in practice. Social media and virtual organising played a role in broadening the reach of this campaign. Cyber activism plays a key role in curating symbolic capital for social movements (Carty & Reynoso Barron, 2019) by being a resource for attracting recognition and engagement, we've witnessed this in the context of 'Black Lives Matter', 'Me Too', and 'Free Palestine' over the past decade. However, it can at times hinder progressive social movements due to right-wing strategizing online via disinformation and conspiracy theories undermining the efforts of the left (Freelon et al., 2020), which often serve to delegitimise knowledge and action from marginalised groups. Furthermore, there has been a movement toward the policing of activist activity online likely in the wake of the increasing levels of police powers that can be exercised in 'on the ground' activism contexts (e.g., the Public Order Act 2023 enabling police to restrict and criminalise aspects of activist activity).

Racial justice activists are often disproportionately faced with police powers, particularly use of force, which has been linked to heightened levels of PTSD (Geller et al., 2014; Ni et al., 2020), low mood (Meade et al., 2017) and suicide ideation (DeVylder et al., 2017). This demonstrates how structural violence continues to harm when using oneself as a resource for resistance and the subsequent consequences of challenging the state through protest on one's mental health and wellbeing. Similar patterns of distress have been found in activists who participate in peaceful protests (no exposure to force), with heightened rates of low mood and PTSD (Galovski et al., 2016; Yimgang et al., 2017), and heightened levels of anxiety for those without access to peer and/or professional support (Albright & Hurd, 2023). Considering the wealth of evidence around psychological distress experienced by activists, it is essential for clinical psychologists to be attuned to these potential presenting difficulties, whilst not pathologizing distress responses or avoiding engaging with the wider picture of structural harm.

There is evidence suggesting that activism can be helpful for wellbeing in that it enables a greater sense of empowerment in relation to oneself and one's social circumstances, as well as an overall greater sense of personal growth and social integration (Glister, 2012; Klar & Kasser, 2009). This suggests that despite activists being at greater risk of exposure to violence, there can also be positive effects of engaging with this activity. The collective nature of activism can also serve to enable community level resilience, cultivated by solidarity among activists and a shared commitment to social progression (Ellis & Dietz, 2017), which can be particularly significant for collective wellbeing within marginalised communities (Kinouani, 2021). These findings are in keeping with the idea that activism and collective action are a

form of resistance that can be a radical means of healing from the impact of trauma, particularly racial trauma (French et al., 2020). The utility of acts of activism and activist identity require further consideration in the context of trauma to better understand how they can serve to address particular manifestations of trauma in both mind and body.

Changes in somatic experiencing have been documented for activist groups. Much of the existing research in this area conveys that activists are at risk of higher levels of negative somatic experiencing (Jung et al., 2008) coinciding with higher levels of activist burnout (Chen & Gorski, 2015), both of which can increase the risk of debilitating long term health difficulties (Maslach & Gomes, 2006). This manifestation of bodily experiencing can result from the psychological effect of exposure to violence and activist acts not being named and attended to (by the self or others), which can lead to 'exhausted bodies' complicated by shame-based feelings (Jones, 2007). This is important within the mental health service context, as racialised people can experience extensive surveilling and silencing of their bodies particularly when involved in any form of 'righteous social unrest' (Haarmans & Maxwell, 2021). This inhibits any opportunity to explore and begin healing from embodied rage (Ablack, 2000) or intergenerational trauma (Kira, 2001). Research has demonstrated that collective somatic experiencing can serve as a learning experience and a means of regaining bodily autonomy (Roadman, 2021). Sociopolitical, temporal and ideological underpinnings of activism become embodied and part of everyday ways of being (Ibrahim, 2011), which is why attending to the body within the context of resistance and violence is essential to better understand the impact of exposure to such experiences.

## **1.6. Oppression and Trauma in the Body**

### **1.6.1. Understanding Trauma and the Body**

Trauma can be understood as a wound of sorts (Garland, 2018). Traumatic events impact the mind by wounding its protective mechanisms and infiltrating thoughts and feelings. This can leave people who've experienced trauma with a broad range of distress presentations, in response to what has happened to them. The effects of trauma can be long-lasting beyond the length of the traumatic event(s) itself and, in and of itself, trauma produces its own living legacy (Fisher, 2017) that impacts daily life by transforming one's emotional, physical and perceptual responses to the self, others and the sociocultural-spatial-temporal environment. When trauma is remembered or triggered, it is often through the sensory

manifestations of the *event* and less likely to be in a organised, coherent narrative (Ogden et al., 2006) and can (re)produce varied physical, psychological and emotional responses – much of which is linked to how the brain *survives* these *events*. Extensive neuropsychological research (Bremner, 2006; Carvajal, 2018; Powers et al., 2015; Resick et al., 2017; Van der Kolk, 2014) has demonstrated that trauma changes the brain, with key affected areas including the prefrontal cortex (decreased functioning affecting emotional regulation), hippocampus (decreases in size affecting trauma memory processing and differentiation of past and present), and amygdala (increased activity in relation to emotional valence of events and fear responses). It is also of note how sometimes the relationality and connectivity of the brain as a part of the whole body is forgotten and as a result, the dialogue between brain and body is not always attended to or acknowledged (Damasio & Damasio, 2006). People experiencing severe and enduring trauma often describe chronic dysregulated and/or disconnected body experiences along with psycho-emotional difficulties (Reeves, 2015). To explore this, we will focus on literature related to domestic, sexual and other forms of abuse, as somatisation is often apparent in these contexts (Iloson et al., 2021). It is of note that there is a historical context of the term ‘somatisation’ being used pejoratively within clinical psychology and medical fields to undermine lived experiences particularly of women (Hotopf et al., 2001). In this context, somatisation is being discussed to understand and recognise physical/body-based experiences manifesting relating to emotional and psychological distress.

Emotional dysregulation, body dissociation and experience of childhood abuse have been closely associated with one another (Henschel et al., 2019), particularly in women who’ve experienced different forms of sexual violence (Schmitz et al., 2021). For many survivors from a range of sexual violence contexts, some body parts may become trauma associated leading to heightened negative affect and bodily disconnect (Dyer et al., 2015; Northcut & Kienow, 2014), along with a heightened likelihood of reduced levels of interoception (internal bodily awareness) (Reinhardt et al., 2020) and difficulties with interpersonal intimacy (Mills & Turnbull, 2004). This evidence demonstrates the profound impact of sexual violence on a range of aspects of people’s physiological and psychological experiences. The pattern of disconnection from the body is important (Northcut & Kienow, 2014), given that the body psychotherapy literature has highlighted the benefits and importance of working with the body and mind together (Cornell & Landaiche, 2007) rather than attempting an artificial syphoning off of lived experience of mind from body, even though this work can never be done without someone and their body being present. This raises considerations for clinical psychology regarding what meaning(s) bodies have in therapy space e.g., what do the psychologist’s and client’s bodies represent, what meanings are

attached to them and how does the space influence this. Clinical psychology's focus on cognition and mind arguably hinders this integration with the body, and thus the space to work with the whole person.

In the context of intimate partner violence (IPV), women have been found to experience heightened levels of bodily dissociation, which increases their risk of experiences of low mood, anxiety and PTSD (Machorrinho et al., 2022). Furthermore, research has shown that ethnically minoritized women are at greater risk of experiencing trait dissociation and dissociative disorders in IPV contexts (Eubanks Fleming & Resick, 2016). These findings convey the extent of the impact of IPV on women and their ability to remain in the present, thus highlighting the importance of providing support that enables them to accept and process traumatic experiences. It is also important to note the different experiences of racialised women and how their experiences of IPV whilst existing within a racialised body differ from their white counterparts in terms of their experiences of the *events*, but also their experiences of accessing help, race-gender dynamics of the relationship and the ongoing impact of living within a society embedded with structural racism. Furthermore, whilst IPV and sexual violence can be experienced by people of all ages and genders, understanding the effects of violence against women through the lens of structural violence enables an attending to the many ways in which structural facets of society facilitate the harm that women are exposed to, and feed into the cyclic nature of their traumatic experiences across the lifespan and intergenerationally and globally.

#### 1.6.2. Trauma, Oppression and Racialised, Gendered Pathologized Bodies

Bodies are core features of society that act as a narrator of social structure and process (Turner, 1992). This understanding of the body is essential for considering the effects of structural violence and the multitude of ways it plays out. As previously discussed, there is an extensive and growing body of research evidencing the profound psychological and physiological impact of trauma (Boon et al., 2011; Cromer & Smyth, 2010; Herman, 1992; Stolbach et al., 2013; Van der Kolk, 2014), but to a lesser extent does the field of clinical psychology offer an extensive exploration or recognition of sociopolitical oppression, or consider more eco-systemic ways of working in the context of trauma (R. Goodman & Gorski, 2015). Understanding the relationality of oppression, trauma and bodies is key for clinical practice. Bodies can become sites for what Audre Lorde described as 'being open to fearlessness' and what Sara Ahmed describes as 'openness to fear' in the context of violence and resistance (Nayak, 2013),

which prompts consideration of the interconnectedness of the body, the psyche, the social context and the act of mobilising the body itself.

Given the insidious and chronic nature of oppression (Burstow, 2003), it is unsurprising that research has documented how such experiences impact the health and life trajectories of adults (Miller et al., 2007; R. C. O'Connor et al., 2021; Pressley & Smith, 2017) and in the context of structural racism in particular, this can become embodied within a racial trauma context (Grimes & Roosma, 2022; Kinouani, 2021; McCluney et al., 2017). In the context of racial and intergenerational trauma, there is an unsettledness that manifests within and spreads between bodies that are also unsettled, which on a group level can ripple out in collective embodied experiences of trauma, grief, rage and pain as a means of detaching from white-body supremacy (Menakem, 2021). Relating to and experiencing one's own Black or other racialised body is influenced by the lenses through which the body is positioned. Scheper-Hughes and Locke (1987) proposed a three-pronged conceptualisation of the body: the self (lived experience within our own body), the social (symbolic positioning of the body in sociocultural contexts) and the politic (social control, policing and surveillance of bodies to enforce social compliance). Applying this interpretation of the body along with intersectionality can facilitate more nuanced understandings of the impact of oppression on the body and, which bodies are most at risk of harm and trauma. Starting with the body politic, the living legacy of colonialism is an important consideration given that colonialism fashions bodies deemed 'the other' to conform yet remain unequal to, and control yet position as distant (in the light of the European bourgeoisie). This coupled with the western curation of individualism created conditions for what it means to have and be in a body (Boddy, 2011). In doing so, the body becomes an artefact of colonialism enabling power structures such as whiteness to deem which bodies are useful and how e.g., positioning Black bodies as primarily useful for sex and labour (Bakare-Yusuf, 2017). This coupled with enactments of gendered racism poses significant risks to Black and racialised women, their bodies and how they make sense of and experience themselves (Collins, 2000; hooks, 2004); the curated social body then significantly impacts upon the self body. This is of importance within the clinical psychology context given the field's psychologization of women's experiences and the need to strive for a better understanding of nuanced experiences in light of the impact of social constructions of femininity and oppressive structures on women's bodies and embodiment (Bayer & Malone, 1996).

Perception can be seen on a global social scale as a tool of oppression in that it is shaped by sociocultural, political, and personal contextual factors and thus influenced by cognitive biases. For example, the virality of Black death on social media is an example of the social eroticisation of atrocity

(Jacobs, 2008) in that Black bodies are subject to voyeurism even in death, which contributes to collective traumatic experiencing. In the context of Nussbaum's principles of objectification (1995), Black people's bodies are instrumentalised for virtual consumption and within the process, violated and depleted of agency. Within this, there are two embodied experiencing positions – the voyeur and the objectified, which raises considerations regarding what happens when Black people are repeatedly exposed to Black death. Drawing on racial trauma literature (Harrell, 2000) enables us to understand the vicarious and collective experience of racism, we can link this to the bodily experiencing literature (Cahill, 2012; Holohan, 2022) to better understand the layered and nuanced manifestations of racialised objectification and its impact on racialised people. Acts that can be taken to mitigate eroticizations of atrocity include the shift from voyeuristic spectatorship to ethical witnessing (S. A. Oliver, 2010), which involves moving away from moral indifference and instead moving to a position of connecting with loss, rendering the invisible visible and not (re)producing othering narratives. Such a shift of action also has implications in the clinical context when working with Black and racialised people as it invites us to be more 'response-able' and 'address-able' (K. Oliver, 2001) by centring the inextricable relationship between wider social and narrower interpersonal experiences. Thus, addressing the notion that if we are to act ethically then we cannot consider justice an 'outside', distant, or unrelated issue to the work that we do with racialised and otherwise marginalized clients.

Racialised groups are not monolithic and have unique experiences based on their other identities, histories, and life events. Therefore, it is essential to attend to nuance when considering experiences of racism. This prompts further consideration of assumptions that are made about trauma presentations in those who have racialised, politicised bodies. For example, PTSD can be understood as a colonial diagnosis centring white men's veteran experiences, but through a lens of capitalism and individualism, thus suggesting that they can be 'fixed' and continue to be 'productive' in society (Thompson, 2021). When we consider how this impacts racialised people, specifically women, we must consider the positioning of racialised bodies within the labour market and colonial impact of slavery in shaping perspectives in this area. This positionality coupled with living legacies of slavery will subsequently impact racialised women's embodied experiences (Menakem, 2021). And so, it is essential to remain conscious and critical in the context of conceptualising trauma (Casper & Wertheimer, 2016) so as not to (re)produce multiple forms of structural violence and to ensure that racialised bodies are not pathologized (Carvajal, 2018) and othered within this process to think and respond differently. This also curates opportunities for clinicians to examine the psychological professions' complicity in harmful narratives, events and actions, and simultaneously assess its disengaged attitudes towards the body



(Sampson, 1996). This may subsequently have implications for the conceptualisation and implementation of trauma-informed care (Cornell & Landaiche, 2007), particularly when working with racialised and otherwise marginalised people.

### **1.7. Scoping Review**

Within the existing literature base, there is a heavy focus on understanding the impact of trauma on the body with a range of groups of people, but the effects of oppression-based trauma on the body remain under-researched, with the impact of structural violence in particular not being addressed. Whilst this area of research is growing specifically in the context of racial trauma, little remains known about how this translates to the experiences of racialised activists and specifically women. This is likely a reflection of epistemic injustice within psychology which bypasses, dismisses and delegitimises the experiences of marginalised groups (Esposito & Evans-Winters, 2021). This systematic scoping review conducted in December 2023 focuses on racialised women activists' experiences of trauma in the body consequential of oppressive violence. It follows systematic scoping guidelines to ensure the mapping and synthesising of relevant literature that enables review of a complex body of evidence not amenable to a more traditional systematic review and supports the identification of research gaps (Peters et al., 2015). The question for this search was "How have women's and activists' experiences of structural violence and trauma in the body been examined in the literature?".

For this search, the following databases were used: PSYCHINFO, SCOPUS, PsychArticles, and Science Direct. Reference lists were also searched for relevant literature. The following key words were used as search terms to facilitate answering the orienting question:

"Structural violence" OR "structural racism" OR "systemic racism" OR "oppression" AND "trauma" OR "mental health" AND "body" OR "embodied" OR "bodies" AND "women" OR "activist".

Originally search terms included reference to the location of the study sample e.g., "UK", however these terms were removed as they returned limited results. Publication date was not limited in the search parameters due to limited literature. This search returned 411 articles. The titles and abstracts of articles were screened to establish their suitability for analysis. The following exclusion criteria were used:

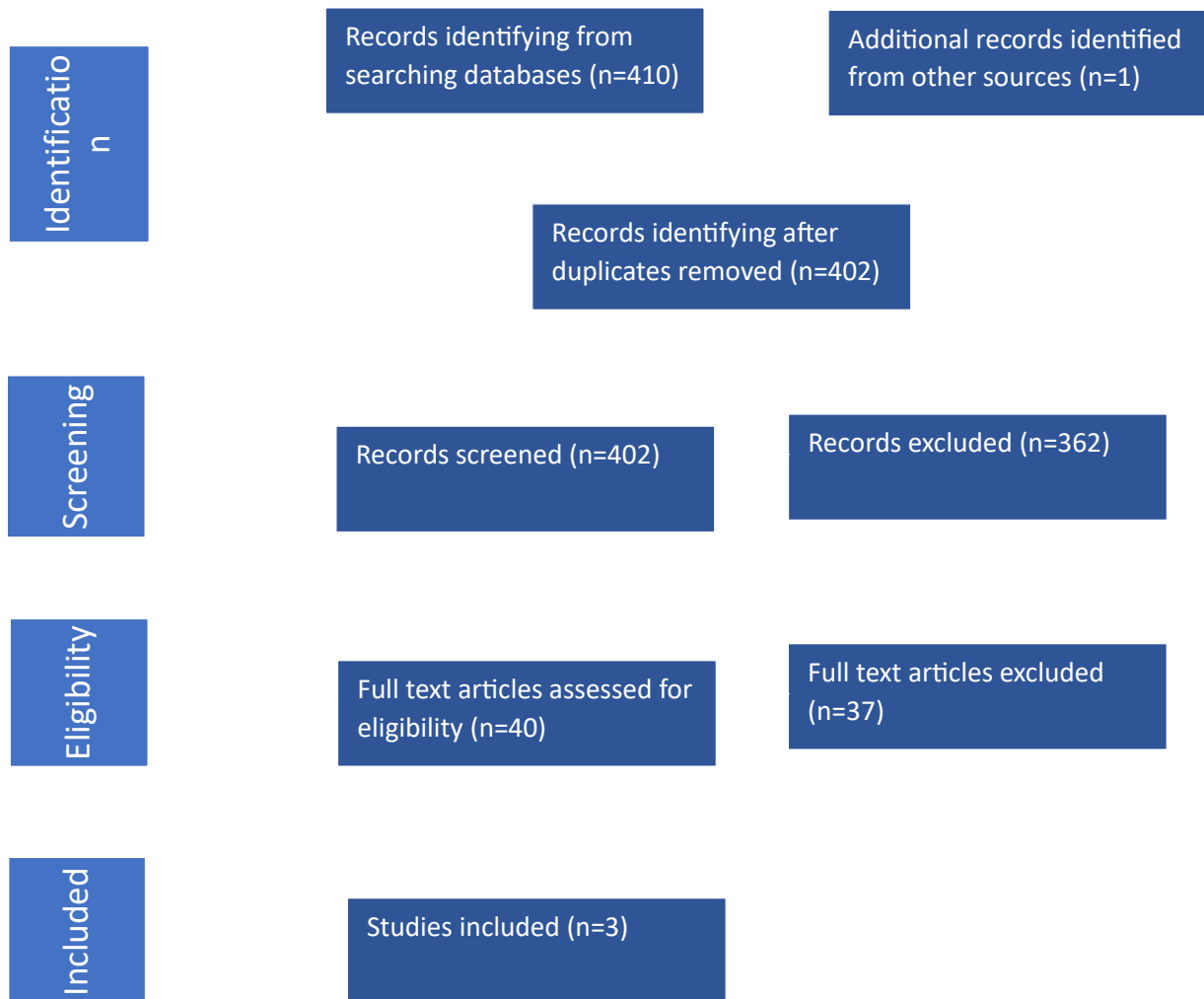
- The article was not related to the social sciences;
- The population sampled included children;

- The article was solely theoretical and did not include participants (i.e., not empirical studies);
- The article was a systematic review and thus, a secondary study.

Remaining full text articles were further screened for suitability using the following criteria:

- Suitability of participant sample (must be a majority of racialised women);
- Forms of social oppression were not discussed, specifically racism;
- The study solely focused on online/virtual activist activity.

Figure 1 displays this review process. Following the removal of duplicate articles, three studies were deemed to be suitable to be included in this review.



**Figure 1:** Flow chart showing stages of systematic scoping review

#### 1.7.1. Koning (2019)

Koning (2019) conducted a study in northern Thailand exploring the embedded nature of structural violence within ethnic minority women's experiences of displacement and its influence on health and social outcomes in post-migration locations. They conducted 520 surveys in women's homes (women aged 18-35 and pregnant within the previous five years) to better understand their experiences of stressful life events and circumstances pertaining to displacement. They found that the women had been exposed to significant contexts of threat (livelihood and security), However, those exposed to military violence appeared to have reduced perception and awareness of their exposure to oppressive experiences than women who hadn't been exposed to this, indicative of the impact of exposure to normalised everyday violence. Exposure to force and abrupt displacements were also significant in women's experiences of threat and became embodied with time.

#### 1.7.2. Fennig and Denov (2022)

Fennig and Denov (2022) conducted a study exploring the coping strategies of Eritrean people displaced in Israel (19 women, 55.9% of the sample, aged 26-40). In-depth interviews were conducted in Tigrinya, Hebrew, and English with people experiencing psychological distress. Key findings were around coping strategies being closely linked to Eritrean culture, values, and knowledge, particularly for those who had been exposed to violence or struggling to adapt to life in Israel. Coping strategies included: faith, self-silencing, forgetting, hiding, and seeking professional support. Structural factors in Israel negatively impacted Eritrean refugees' lives and would often mitigate the effectiveness of coping strategies. Findings indicate the need to reconsider how to conceptualise and respond to trauma in the structural violence context.

#### 1.7.3. Howell (2023)

Howell (2023) conducted a study exploring middle class Black women's experiences of United States reproductive health services in the contexts of gendered racism and the legacy of slavery. 12 interviews were conducted with Black (83%), and Black-mixed (17%) women aged 20-60 (average age 30). The study was conducted from a constructivist grounded theory and Black feminist perspective. Findings

from the study indicated the embodied nature of gendered racism and intergenerational trauma (slavery) in the context of gynaecological trauma. The study encourages clinicians to reflect on their application of anti-racist practice as well as the role of structural racism in reproductive justice.

#### 1.7.4. Discussion of Findings

These studies may illustrate the commonality of structural violence in the lives of marginalised people, particularly racialised women, and how this impacts their embodied experiences of trauma and/or relationality to their bodies. Together, they could indicate that marginalised people, specifically women, are: (1) likely to experience significant distress in relation to chronic and/or sudden life events, (2) that displacement and migration experiences can be a significant factor within this, (3) that structural violence impacts the trajectory of trauma, coping and bodily and/or embodied experiencing.

However, there were limitations to these studies, particularly with regards to the orientating question of this scoping review: 'how have women's and activists' experiences of structural violence and trauma in the body been examined in the literature?'. These limitations relate to geo-sociopolitical and cultural context of the research, epistemological approach, limited focus on the body, fewer Black and mixed heritage women within the participant pools. The studies were conducted in Asia, the US, and the Middle East, therefore there is no explicit consideration of structural violence in the UK context and how this affects trauma presentations in marginalised women. Moreover, the studies involving Black women had small samples and were in very specific contexts (refugee displacement and middle-class reproductive health) and therefore have limited generalisability to Black women in a broader range of contexts (e.g., activism). Further to this, all three studies fail to attend to the body and embodiment in depth, they either tend to the body as it arises in their findings, or their focus is on narrower aspects of embodiment. Thus, limiting insights in relation to whole body experiencing and/or its relationship to psychological and emotional experiences. No studies were found that explicitly centred the body.

Data collection methods within the studies were also survey and/or interview based, limiting the opportunity of other means to elicit experiences, or using methods that more directly connect to or centre the body. None of the final studies included in this review made explicit reference to activism. Moreover, epistemologically, the studies were varied from Black feminism (Howell, 2023) to unspecified (Fennig & Denov, 2022; Koning, 2019), making it more difficult to draw conclusions on the positionality of the researchers and the world view from which these studies have been conducted. The Black

feminist approach used by Howell (2023) indicates orientating epistemology to a position that centres the experiences of the participants.

### **1.8. Rationale and Clinical Relevance**

Considering the conceptualisations, contexts, epistemologies, and methodologies outlined in this introduction, this research study seeks to explore the impact of structural violence on racialised women activists and their bodies, and whether activism influences those experiences. The body has been disavowed within the psychological professions (Hevern, 2008) but more widely socially; arguably a reflection of the profession's functioning as a microcosm of wider society and broader messaging about bodies (C. Young, 2006). This is inextricably linked to colonialism in the conceptualisation and meaning of the body. Hence, there is the need for active decolonisation of the dialoguing, curating and positioning of all bodies particularly politicised bodies (A. E. Young & Nadeau, 2005) given how they are perceived and constructed across multiple levels (Scheper-Hughes & Lock, 1987). Consideration of the body is important in the therapeutic context, however working with clients beyond talking therapy approaches by engaging with the body and embodied experiences is often viewed as marginal to clinicians' work in favour of approaches that centre language, affect and cognition (Ogden et al., 2006). Within clinical psychology, if we are to have a more holistic understanding of clients' experience of distress, we must not abandon the body because (1) it is a disservice to racialised women and making sense of their embodied experiences of structural gendered-raced violence (Dabiri, 2023; Orbach, 2009), and (2) to attend to the somatic transferences and countertransferences (unconscious redirection of feelings into physical sensations within therapy and the therapist's unconscious reactions) that occur within the therapy space to ensure these insights are not lost or avoided as they pertain to the work (Gubb, 2014; M. Ross, 2000).

This study seeks to steer away from the psychologization of racism (Trawalter et al., 2020) (framing racism as an individual psychological difficulty rather than a structural, sociopolitical issue) and instead towards dismantling manifestations of structural racism in psychological practice. Intersectionality is often used as a buzzword within clinical psychology contexts yet remains epistemically excluded in the context of global psychological knowledge production, particularly in relation to marginalised groups and practitioners (Settles et al., 2020). Further to this, the field and profession cannot hold an apolitical position given that racialised people inhabit the world in politicised bodies (Baines, 2003), the

organisational structures we work within are influenced by socio-economic affairs (Shahvisi, 2019) and as a profession we are obliged to do no harm (BPS, 2021a) and are duty bearers of the Human Rights Act.

Clinical psychology must examine its activity and complicity in the (re)production of structural violence along with the role(s) it may have in terms of social action to dismantle this. By drawing on and applying social action and “breaking bread” with activism (Hooks & West, 1991) in the clinical context, injustice in the local and global context can be conversed with to explore ways to practically action making changes to curate a more just world and specifically for clinical psychology, more just service provision. Engaging in social action brings a mix of opportunity and risk (Nayak, 2020) which isn’t always welcomed or accepted by wider society (Ishkanian & Glasius, 2018), this may thus compromise clinical psychologists’ comfort, willingness and ability to apply this within their clinical practice. This study seeks to centre the lived experiences of activists navigating structural violence related trauma and in doing so prompt clinical psychology to reconsider how it conceptualises and responds to trauma presentations, where the body fits into this (as reclaiming the body is an act of social resistance (R. Johnson, 2009)), and what the potential implications are in relation to trauma-informed care and clinical practice (Sweeney et al., 2016). It also opens up opportunities for consideration of how specific approaches such as community and liberation psychology can be applicable across the board in clinical practice as well as drawing on the knowledge and skills of our colleagues in art and body psychotherapy.

In focusing on the experiences of racialised women engaged in activism, this study seeks to address their lack of visibility within the existing literature and explore their lived experiences alongside them in a way that is informed by intersectionality and activist principles.

### **1.9. Research Aims and Questions**

This study aims to explore and deepen understanding of embodied experiences of structural violence in Black and racialised women activists, using participatory visual methods.

The research questions are:

RQ1. How do Black and racialised women activists construct and experience their bodies in the context of a) structural violence and b) activist activity?

RQ2. How do Black and racialised women activists use activism to navigate power dynamics of structural violence?

***“The master’s tools will never dismantle the master’s house”.***

- Audre Lorde (1979)

## **2. METHODOLOGY**

This chapter will begin by addressing the philosophical and value positions underpinning this research. The study design, sampling, ethical considerations, procedure, and analytic approach will then be outlined.

### **2.1. Ethico-onto-epistemology**

To address the research questions, it is necessary to consider the philosophical and value base underpinning the study. The author draws on Barad’s (2007) concept of ethico-onto-epistemology based on the notion that one cannot fully separate epistemology from ontology and ethics in the context of knowledge production, especially given that all research paradigms possess a socio-political ethos of sorts (Stetsenko, 2020). Both intersectionality and abstinence from disciplinary decadence (privileging knowledge of one discipline) are important to the researcher and inform the thinking surrounding this study. Considering this and the rationale for this study, a Black feminist ethico-onto-epistemological position has been taken. This is an act of epistemic resistance (Collins, 2017) which critically examines the locatedness of Black and racialised people within sociocultural, economic, geographical and political context(s) (Collins, 2000). In taking a Black feminist stance, the author seeks to move beyond presence and towards perspective (Nadar, 2014), through knowing that it is one thing to be present within the academic and practice elements of clinical psychology, but it is another to bring a perspective to the work that doesn’t strive to uphold and maintain the white, patriarchal structural violence embedded within the academy. The author is invested in transforming knowledge production and possession (Boveda & McCray, 2020), by ensuring that research is about process not just output, acknowledging the position and influence of the researcher within the process, and ‘unmask(ing) the faceless body of

research' (Nnaemeka, 2003) by being part of an active dialogue that centres the lived experiences of Black and racialised women (Combahee River Collective, 1978; Dotson, 2015). It is radical and political in its inherent activism and invested in the liberation of Black women, which would bring widespread freedom for all.

Employing a Black feminist positions is paradigmatically transformative (Mertens, 2009), which enables participation to be a key aspect of the research process (Chilisa, 2012) facilitating a shift in means and methods of knowledge production that brings lived experience to the forefront through means of co-production (Omodan, 2020). This also facilitates activism within the academy. The work of activists such as Audre Lorde is often dismissed even within critical psychology contexts and thus, we must consider why Black feminist activist knowledge that speaks to the process of survival (primarily as multiply marginalised Black women) is often overlooked in a 'growing orthodoxy' of the discipline (Nayak, 2014). Engaging with Black feminist participatory approaches seeks to centre Black and racialised lives, strengths and futures through collaboration, activism and challenging the status quo of the academy.

## **2.2. Design**

To address the research questions, this study employed a critical arts-based participatory qualitative methodology. This was chosen as it offers alternate means of communicating and exploring multi-layered, nuanced lived experiences without being limited by the parameters of language (Dew et al., 2020; Reavey, 2021), which can be useful in enabling people to access non-conscious and/or unconscious and express feelings and memories through visual means (Leclerc, 2006), as well as (re)linking trauma and the body. In facilitating a means of participants sharing accounts of their lives through visual storytelling, art-making enables a process of what Freire (1970) describes as conscientization to occur, in which they are able to observe (themselves and the world), reflect their experiences, envision alternative futures and engage in a conscious process of judgement and revision within sense-making of experience and action. Such processes closely relate to the activist context and facilitate ways of engaging with the body in the research context. Critical arts-based methods are not at odds with the social sciences and scientific thinking, but seek to attend to human experience from a position of combining scientific and artistic ways of making sense and conceptualising (Haywood Rolling, 2010). Such an approach also strives to find alternate ways to dialogue with knowledge (re)production through a transformative lens that centres imagination and possibility, whilst simultaneously facilitating



sociopolitical resistance within the academy (Finley, 2017). Critical arts-based approaches are transformative in nature (Göb, 2022) and therefore congruent with the adoption of participatory approaches to research.

A participatory approach also informs the design of this study. This was chosen as it enables direct engagement and collaboration with people from the researched community to work towards social action and change in the context of knowledge production, and thus potential practical solutions to support the community (Cargo & Mercer, 2008). Co-curating knowledge in this way creates space for affective witnessing (Nash, 2019), the process by which space is made for connectedness and attunement to embodied differences in exchanges between (story)tellers (e.g., research participants) and witnesses (e.g., researchers). This can offer shared space for meaning-making as well as highlighting ebbs and flows in power dynamics (Ahmed, 2004), when sharing personal experiences (Rice et al., 2021). This study involved working with a co-researcher, the inclusion of whom seeks to counterbalance epistemic injustice, democratise knowledge production, centre lived experience and transform thinking and practice across contexts (Collins, 2000; Haarmans et al., 2022). Furthermore, given the constraints of the clinical psychology doctorate, it was not feasible and therefore not appropriate to attempt a full-scale participatory action research approach and so the researcher sought to draw on PAR principles. This included: conducting research with rather than to communities (Orlowski et al., 2015), 'deep' as opposed to 'shallow' inclusion of lived experience involvement and knowledge (Southby, 2017), avoidance of co-option of said knowledge (Colder Carras et al., 2022), minimising power differentials and providing an honest account of the process (Wilkinson & Wilkinson, 2018).

### **2.3. Ethics**

Ethical research involves the application of moral principles to ensure the dignity and privacy of research participants, minimisation of harm and engagement in appropriate research practices. Outlined below are key considerations for this study, informed by the BPS code of human research ethics (BPS, 2021b).

### 2.3.1. Ethical Approval

Ethical approval was sought from the University of East London School of Psychology ethics committee (appendix 1) and granted (appendix 2) prior to recruitment and data collection.

### 2.3.2. Informed Consent and Marginalised People

The researcher critically reflected on the living legacy of the representation of Black and racialised people within research and the multitude of power dynamics embedded within this process (Chilisa, 2009). This required conscious consideration of the impact of colonialism, cultural insensitivity, and structural violence in its broadest sense within research processes but also within society. The researcher adopted a process of continued consent (Chilisa, 2012) and transparency about processes to participants to continually check they were comfortable to continue with the research process (Gupta, 2013). This felt particularly important given that body mapping arguably has a function (in the context of this study) as a form of racial storytelling in that it enables: exploration of the complexity of our lived experiences of racialisation, expressions of vulnerability as a means of liberating stories from the control and narcissism of white supremacy (L. L. Johnson, 2017).

### 2.3.3. Co-researcher Involvement

The wellbeing of the co-researcher was considered paramount within this work given the nature of the role and of this study. Regular check-ins were arranged between the researcher and the co-researcher, as well as the co-researcher having access to a named person at the partner organisation should they wish to access further support with someone whom they are more familiar with.

Although it is good practice to offer a token of thanks/payment to a co-researcher for their time and knowledge given their level of input and activity within the research process (NIHR, 2022), I was mindful that the nature of the study (structural violence) may impact on participants feeling comfortable providing the personal details required by the university due to HMRC regulations (multiple institutions) in order to receive remuneration via a voucher. Following two meetings with the co-researcher it was concluded that provision of vouchers was not an appropriate course of action given the nature of this study. The co-researcher said she wanted to continue in the role with regular reviews and check-ins regarding her involvement and so she was more involved in some aspects of the project than others.

#### 2.3.4. Psychological Harm

Distress can occur within the context of trauma and arts-based research. Debriefing information was made available to participants highlighting free services local and nationally from which they may access support (appendix 1C), and the researcher was available at the end of each session to debrief with anyone who required this. Self-care practices were discussed within sessions and singing was used as a grounding activity. Some participants expressed being new to art within their screening call which linked to the researcher's prior considerations about art anxiety and 'capacity as an artist' (Laliberte Rudman et al., 2016). The researcher explained in each workshop that this was a space for expressing the self and not an art class, and that she'd be happy to provide some guidance (e.g. on how to use materials) if needed. She also explained colour mixing to participants with limited art experience and made mini charts for reference.

#### 2.3.5. Confidentiality and Anonymity

Confidentiality and anonymity were explained (verbally and written; see appendix 1B) to participants at multiple points during the study (screening call, workshop, debrief). The researcher remained attuned to the risks of further marginalisation to participants and attended to stepping away from focusing on deficit narratives of racialised activists, and consequently used pseudonyms and anonymised specific locations as far as possible within the study (Esposito & Evans-Winters, 2021).

#### 2.3.6. Ownership and Dissemination of Maps

Ownership is a concept that requires significant and sensitive consideration when working with marginalised groups (de Jager et al., 2016; Dew et al., 2020). Specific considerations around copyright and distribution of maps will hold in mind choice and autonomy of research participants e.g., they were able to choose if they wanted their map disseminated via an art exhibition and whether they wanted to have their physical map returned to them following the author's completion of the doctorate. This was clearly communicated in consent forms (Solomon, 2007) along with information around university data storage information. It is commonplace within body mapping research to disseminate the research via

art exhibition, hence the importance of participants being aware of this, making an informed choice and being supported to emotionally prepare for this process (Guillemin & Drew, 2010).

Following completion of the doctorate, the intention is to disseminate the research via an art exhibition open to the public prior to the return of body maps to participants.

### 2.3.7. Supervision

This study was supervised by Professor David Harper (Director of Studies) and Dr Matthew Jones Chesters (Second supervisor), both of whom work on the University of East London Doctorate of Clinical Psychology programme and have extensive experience of conducting and supervising research.

## 2.4. Method and Procedure

### 2.4.1. Co-researcher Involvement

This study involved working with a co-researcher who is a Black woman activist and campaigner, with lived experience of structural violence. She was recruited via one of the two community organisations who had agreed to support recruitment for this study. The organisation's research committee shared information about the study with members and along with information about the opportunity to become a co-researcher. There were two women who expressed an interest in the role. The one who was selected had capacity for the length of the project.

A co-researcher agreement was drawn up, inspired by agreements used in other studies (e.g., Weil, 2023). This outlined roles and responsibilities for both the researcher and the co-researcher (appendix 1). The co-researcher had the opportunity to be involved in the design, recruitment, data collection, analysis, and dissemination stages of the study, but with an emphasis on her being free to choose her level of involvement at different stages. The co-researcher was involved in all stages outlined, but more significantly with recruitment, data collection and dissemination. She reviewed study materials (recruitment poster, body mapping guide and testimonia schedule) and reviewed analysis conducted by the researcher and supported with the process of member checking.

#### 2.4.2. Sampling and Recruitment

Sample sizes tend to vary within arts-based (K. D. Fraser & Al Sayah, 2011) and body-mapping (Dew et al., 2020) research. Thus, qualitative data saturation recommendations were referred to with an aim of recruiting a minimum of 8-10 participants, with 12 being more favourable for reaching nuance and drawing conclusions (Guest et al., 2006). To reduce the risk of sampling bias and to supportive ‘qualitative clarity’ (making theoretical, methodological and analytic assumptions/interpretations clear) (Luborsky & Rubinstein, 1995), a multi-layered sampling strategy was used. Purposive and volunteer sampling was used to ensure participants could self-select, that the study subject matter was relevant and significant for them (Patton, 2002). Snowball sampling occurring during the study recruitment phase as a potential result of the nature of the study (activists sharing information with other activists). Snowball/respondent-driven sampling is often criticised for its associated risk of sampling bias, however it can be useful in engaging with research populations that may be harder to locate (Goodman, 2011). Study recruitment was supported by two Manchester-based community organisations, who work with women who are the target demographic of this study. Social media was also used to broaden reach. Following contacts made to the researcher by email/social media or directly to the co-researcher, the researcher conducted screening calls to assess the eligibility of potential participants (inclusion and exclusion criteria detailed in table 2). Fourteen screening calls were made, twelve participants were

*Table 2 Inclusion and exclusion criteria for potential participants*

Inclusion	Justification	Exclusion	Justification
Black and racialised women, aged 18+ living in the UK (and able to travel to Manchester, UK)	No upper age limit implemented due to not wanting to engage in ageism within the research process and to acknowledge the wealth of experience from women of all ages	Have been living in the UK for less than 3 years at the commencement of the study.	Participants living in the UK prior to the Covid-19 pandemic due to the significant impact this had on daily life and activist activity.
Have been/are currently involved in activism challenging structural harm	Participants must have lived experience directly related to the study phenomena	Women who’ve solely engaged in online activism.	Whilst their online activism has a place within activist action, lived experiences and relationality with the body will likely differ due to the change in environment and position of self (Akinyemi, 2022). Positionality in relation to danger and police presence was also considered in light of the research evidence discussed in section 1 of this study.

eligible to participate in the study. Those excluded had only been involved in online activism or had just arrived in the UK. Participants were offered three workshop dates (maximum of four attendees each).

#### 2.4.3. Participants

Study participants were twelve Black and racialised women aged early 30s to late 60s, living in the UK who have experienced displacement from countries in West and Southern African, and the Middle East. They have been activists for varying lengths of time (2-13 years). Seven of the women who participated were of Christian faith and two identified with having lived experience of mental health difficulties. Three of the women had French as their first language, their *testimonia* were spoken in a mix of French and English (see appendix 3 for translations). The identity information shared by each woman can be found with their maps in this study's results section.

### **2.5. Data collection and Analysis**

Body mapping was the chosen data collection method. It involves creating life-size drawings (maps) of participants' bodies using art-based techniques, followed by the sharing of a *testimonio* (an accompanying oral narrative of the map) (MacCormack & Draper, 1987). It is a useful tool for exploring embodied experiencing and the meaning-making of these and other lived experiences, whilst visually conveying the social processes involved in the oppression and dehumanisation of certain bodies (Gastaldo et al., 2012). This may then offer insights into how oppressed groups experience their bodies (Scheper-Hughes & Lock, 1987) with studies exploring the experiences of women (Collings et al., 2021) and racialised groups (Aroussi et al., 2019) and offering the opportunity to more deeply explore the personal narratives embedded within collective lived experiences of phenomena. The accompanying *testimonia* offers a further layer of expressive dialogue, allowing for multimodal exploration of lived experiences, which is not typical of more 'traditional' qualitative studies (Reavey, 2021) and a means of triangulating data, thus increasing study credibility (Cope, 2014). Body mapping is not typically used within clinical psychology, however it offers opportunities to engage in transformative, intersectional research (Boydell et al., 2020) attending to issues of oppression, discrimination and structural harm

(Fields et al., 2021) and stepping away from Eurocentric, colonial methodologies with the aim of redistributing power (Mignolo, 2012).

A reflexive log and field notes were also kept by the researcher to facilitate tracking of reflections, decision making and the events of the body mapping workshops.

#### 2.5.1.1. Development of the body mapping guide and topic guide

Prior to commencing work with the co-researcher, the author submitted draft body mapping and topic guides with the initial ethics application. The body mapping guide was adapted from procedures outlined in manuals and previous studies (Solomon, 2007) and can be found in appendix 1H. This guide takes people through the stages of producing their map (drawing an outline; adding shapes, symbols, and colour; locating own power; adding statements). The questions in the topic guide invited the sharing of a *testimonia* (the story of a map), along with questions around experiences of structural violence and activism, with linkage to the body. Given that (re)claiming the body is an act of political resistance (Johnson, 2009), the open-ended nature of the initial topic guide question for the participant to tell the group about their map can create space for a more liberatory space for exploration of lived experience (Comas-Díaz, 2000). Both guides were reviewed with the co-researcher and also used in the trial body map session to assess for clarity, understanding and applicability.

#### 2.5.1.2. Trial body maps

To develop an understanding of the embodied experience of engaging in the body mapping process and consider practical considerations for the workshops, the researcher completed her own body map and completed trial maps with another trainee clinical psychologist and with the co-researcher. The researcher reviewed the steps as outlined in the REPSSI body mapping guide (Solomon, 2007) and then modified this into shorter phases so that body maps could be completed in the course of one half day workshop rather than over several weeks in a therapeutic format. *Testimonia* interview guide questions were also trialled. Figures 1-3 show the trial maps produced during this phase of the study.

Researcher reflections:

The process was intense and cathartic. At times I felt overwhelmed and at others I felt complete peace. Thinking about what my body holds and what my activism gives me (a sense of validation) has reminded me how far I've come, how much I have fought and how the women who've come before me inspire me to keep going. I'm always aspiring to be more disruptive and to take up space and to derail the status quo, by any means necessary.

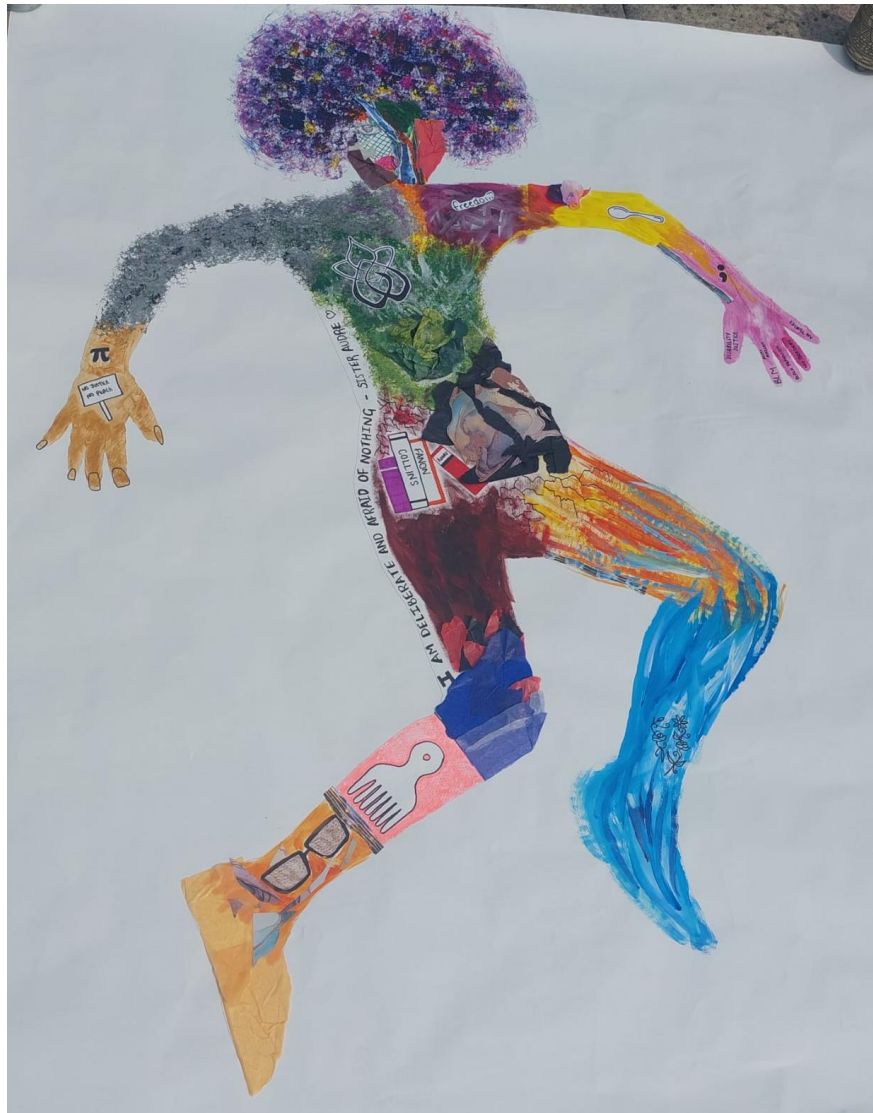


Figure 2: Researcher's Body Map



Trainee reflections:

Initially it was a scary experience as I don't consider myself creative or able to connect with abstract concepts. Starting was the hardest part but once I got going, I found it a really freeing and reflective experience. I felt able to connect to myself more than I've done previously and dig deep into parts of my identity.

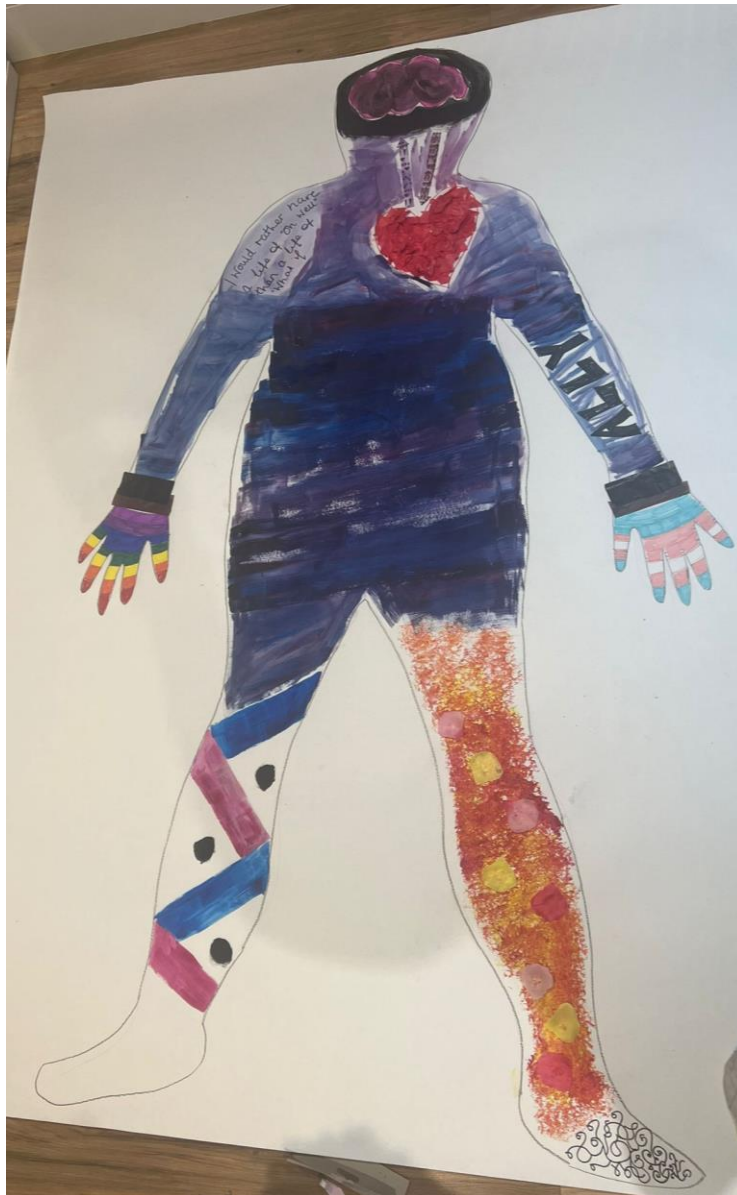


Figure 3: Trainee's Body Map

Co-researcher reflections:

Making the map feels like an empowering way to tell our stories of who we are. It feels like a way to share my identity as a campaigner, activist and as a Black woman. I think it will really help to connect people to one another.

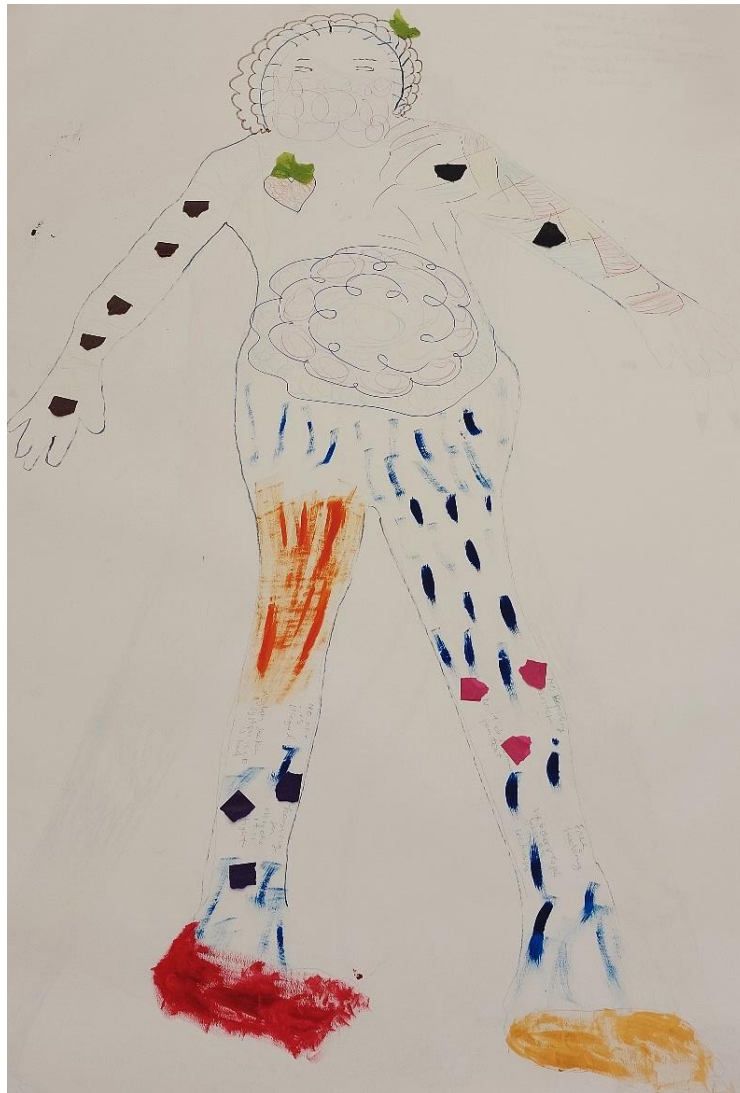


Figure 4: Co-researcher's Body Map

### 2.5.1.3. Procedure: Workshop structure

Four participants were invited to attend each workshop, each of which was scheduled to last 4 hours. The workshops were led by the researcher and the co-researcher. On arrival, participants were given time to ask the researcher any questions (e.g., questions not asked during the screening call) and complete consent forms. The researcher and co-researcher welcomed everyone, outlined the agenda, and aims of the workshop. Trial maps (the researcher's in workshops 1-3, the co-researcher's in workshop 1) were shown as examples.

The researcher and co-researcher cut paper to the heights of the participants. Participants were asked to lie on the floor and form a shape with their bodies. The researcher/co-researcher drew around each woman to create a life-size representation. The women were then invited to edit these outlines and creatively express themselves within and around the body shape using various mediums (appendix 1H). The women had 1.5 hours to complete their maps, with breaks encouraged as required.

In the latter part of the workshop, the women shared their *testimonia* to the group. These ranged from 10-25 minutes in length. They were audio recorded, with the researcher asking questions to prompt exploration of the maps (as outlined in the topic guide). Two *testimonias* were shared either completely or partially in French (the co-researcher and researcher are French speaking; fluent and working proficiency, respectively).

### 2.5.2. Analytic approach

Despite body mapping as a research tool growing in use, there is little guidance on how to synthesise the visual and textual data produced by this approach (Dew et al., 2020). Analysis typically requires a combined strategy in order to be responsive to the wealth of data produced (Collings et al., 2020), which is important given that textual data is often prioritised over other forms of data (Bagnoli, 2009), and epistemological stance influences orientation, perception and responsiveness of the clinician-researcher to art-based/visual data (Leclerc, 2006). Two analytical approaches are outlined below, followed by a description of how the analyses were combined.

### 2.5.2.1. Textual Data Analysis

Thematic analysis (TA) is a theoretically and philosophically flexible qualitative data analysis approach that facilitates the identification, analysis and interpretation of meanings within the data by exploring themes (Clarke & Braun, 2017). TA is also compatible with Black feminism and intersectionality (Esposito & Evans-Winters, 2021).

There are many variations of TA, with differing characteristics and procedures (Fugard & Potts, 2020). Polytextual thematic analysis (Gleeson, 2020) involves examining visual (and textual) data and identifying recurring themes. This method was considered by the researcher, however wasn't selected due to the risk of identified themes becoming overly disembodied and thus losing some of the integrity of the body maps (Collings et al., 2020). A phenomenological TA approach was also considered as TA is often linked closely to phenomenology, however the researcher was mindful of losing the critical elements of some TA approaches that interrogate the sociocultural nuances of meaning within language (Clarke & Braun, 2014). Reflexive thematic analysis (RTA) (Braun & Clarke, 2019) was the chosen textual analysis method for this study due to its flexibility in enabling analysis of lived experience, the application of multiple theories, compatibility with visual analysis methods, and promoting researcher reflexivity.

The stages of RTA (Braun & Clarke, 2022) included:

- a) Data familiarisation: involved immersing oneself within the *testimonia* data set through a process of (re-)listening to and (re-)reading transcripts to increase familiarity and noting down initial ideas for analysis (individual data and whole dataset).
- b) Generating codes: involved systematically working through the dataset and identifying meaningful segments in relation to the research questions and applying coding labels as such.
- c) Generating themes: involved identifying patterns of meaning across all textual data by exploring codes and grouping them together conceptually based on common ideas or meanings. Themes do not emerge and cannot be searched for, as they do not randomly appear nor is the researcher "discovering" them. Themes were developed from the data (by the researcher) and informed by the research questions and researcher knowledge and experience. Theme frequency was not reported numerically but instead indicative of rough quantitative values to ensure data is not interpreted through a quantitative lens (Braun & Clarke, 2022).
- d) Reviewing themes: involved re-evaluating the provisional themes identified thus far against the whole dataset by assessing if themes make sense in relation to the data and if they effectively

story the most significant patterns of meaning. The relationships between themes were also considered and themes were collapsed together or discarded as required. Themes were also reviewed in supervision and with the co-researcher.

- e) Defining and naming themes: involved ensuring every theme had a clear and significant core concept by composing a synopsis of each theme and re-evaluating its presence in relation to the dataset. Theme names were also selected.
- f) Producing the report: involved writing up the findings. Informal writing up began through the process of reflexive journalling and field notes (appendices 4 and 5). Formal write up focused on weaving together all aspects of the study to convey a meaningful narrative to the reader.

#### 2.5.2.2. Visual Data Analysis

There are numerous ways of analysing visual data, but few that centre the body. When exploring the ethics of body mapping in the conception of this study, the researcher came across axial embodiment (Orchard, 2017), a visual data analysis developed specifically for the analysis of body maps. This model attends to anthropological ideas presented by Douglas (1970) and Scheper-Hughes and Lock (1987) regarding the body as symbolised (by contexts) rather than a natural symbol in and of itself, thus attending to the sociocultural, political and economic framing of bodies, and the contextual variation within this that can provoke varied subjective emotional and material reactions (Shildrick, 2015). This is particularly important in the interpretation of body maps created by participants exposed to structural violence as their making sense and resistance to these experiences will be reflected in what their art communicates about the relationality of structures, systems, symbols, identity, and bodily experiencing. Alongside this, axial embodiment is a method that draws on the principles of content analysis to facilitate a systematic observation and interpretation process of the data to contribute to the development of a conceptual map of the phenomena (Elo & Kyngäs, 2008).

The stages of axial embodiment included (Orchard, 2017):

- a) Two-story level analysis: on the body map, observing the body itself and the background (area surrounding the body) as two levels of visual storytelling. This involved counting and organising text and symbols on each level, by content.
- b) Creating eight locales of analysis presented in a grid: locales enable the organisation of content to facilitate the later building of a conceptual map. These locales were: Text on map; Text on

body; Symbol on map; Symbol on body; Colour on map; Colour on body; Mark Making on map and Mark making image on body. If appropriate, elements would be reviewed further and broken down into structural violence and activist elements, however this did not occur due to many creative choices not being differentiable on this axis. The locales were chosen based on the key elements of visual creation to be linked back to the research questions.

- c) Identifying units of analysis: units (text and visual) were identified, and their relationship examined. When tabulating content, n=1 represented a single word, phrase or statement that represents a stand-alone idea, concept, or subject.

### 2.5.2.3. Combining Analyses

Combining RTA with axial embodiment enables a thorough analysis of the multitude of data types produced by this study. Thematic analysis and content analysis methods have been found to be compatible and complementary in previous studies (Neuendorf, 2018) and feel fitting in the context of analysing multiple data formats (visual and textual map elements alongside verbal-text *testimonia*). Textual and visual data analyses were conducted simultaneously enabling the researcher to explore the relationality of the two data types and thus inform interpretations of findings.

### 2.5.3. Quality and rigour

Principles of quality and rigor were incorporated into this study to ensure best practice, as follows:

- Confirmability through researcher reflexivity and transparency (Miles et al., 2013)
- Credibility to reflect and maintain authenticity of participants' accounts (Tobin & Begley, 2004)
- Dependability through reliability and documentation of the study process (Nowell et al., 2017)
- Transferability to convey relevance and replicability of findings beyond the study context (Lincoln & Guba, 1985).

The application of these principles to this research are outlined in the critical evaluation section later in this study.

***'Your silence will not protect you'.***

- Audre Lorde (1977)

### **3. ANALYSES**

This chapter begins by introducing the women who took part in this study through their body maps and information they shared about themselves. This is followed by an axial embodiment analytic summary that was generated through the researcher's analysis of the body maps, and a thematic map showing salient themes (and subthemes) that were generated and constructed by the researcher during the analysis of participants' *testimonia*. Each theme will then be discussed and accompanied by extracts from *testimonia* and/or snapshots of body maps to support the researcher's interpretations.

#### **3.1. Participant Body Maps**

Participant body maps can be found on following pages. A note to the reader, to fully engage with this chapter, it may be helpful to use a digital device or print in full colour.

Ana is a Black African woman. She has been involved in activism for many years.



Figure 5 – Ana’s Body Map (P1)



Moira is a Black African woman. She has lived experience of mental health difficulties. She has been an activist for 12 years.

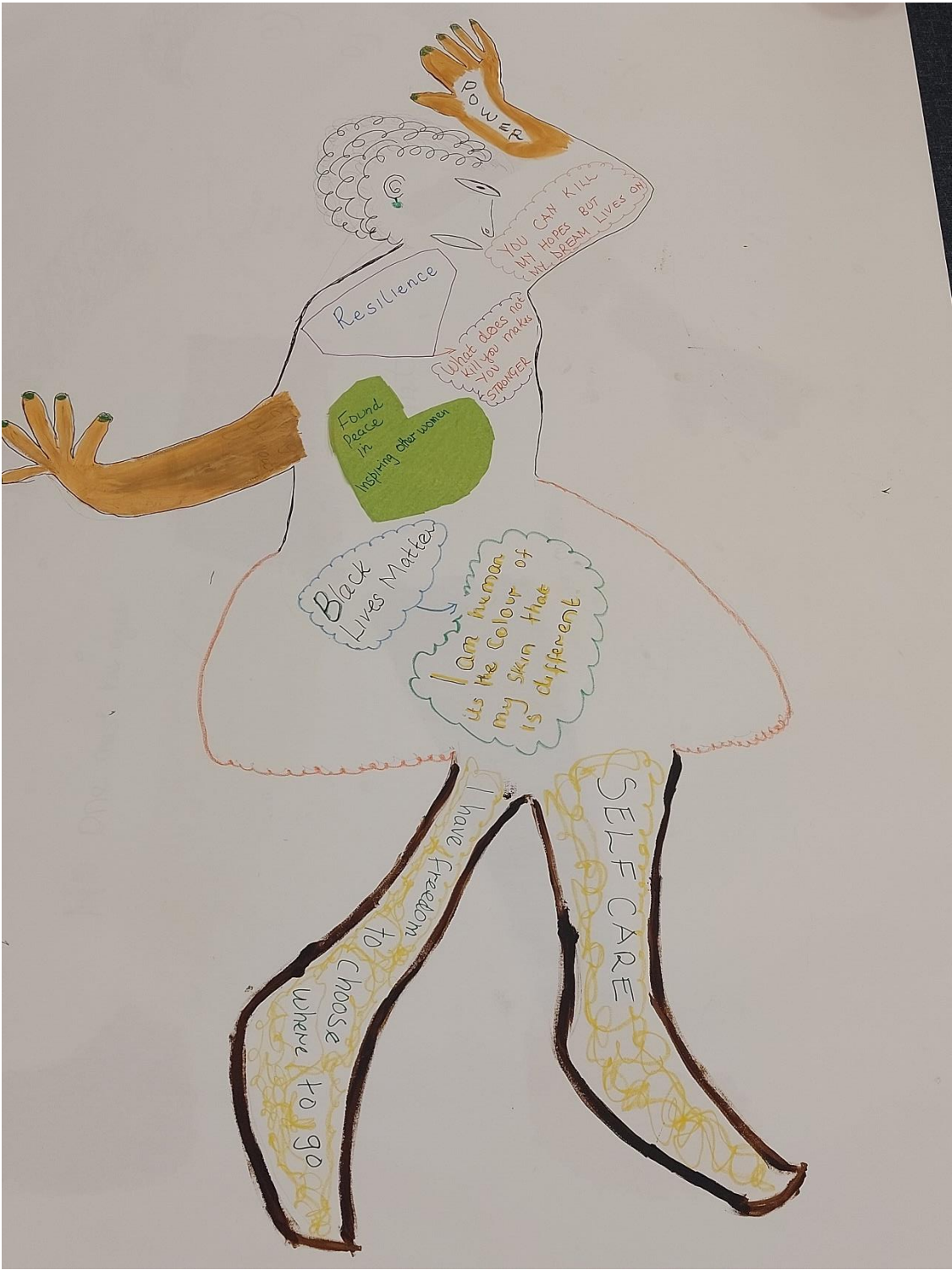


Figure 6 – Moira’s Body Map (P2)

Carla is a Black African, Christian woman. She has been an activist for 8 years.

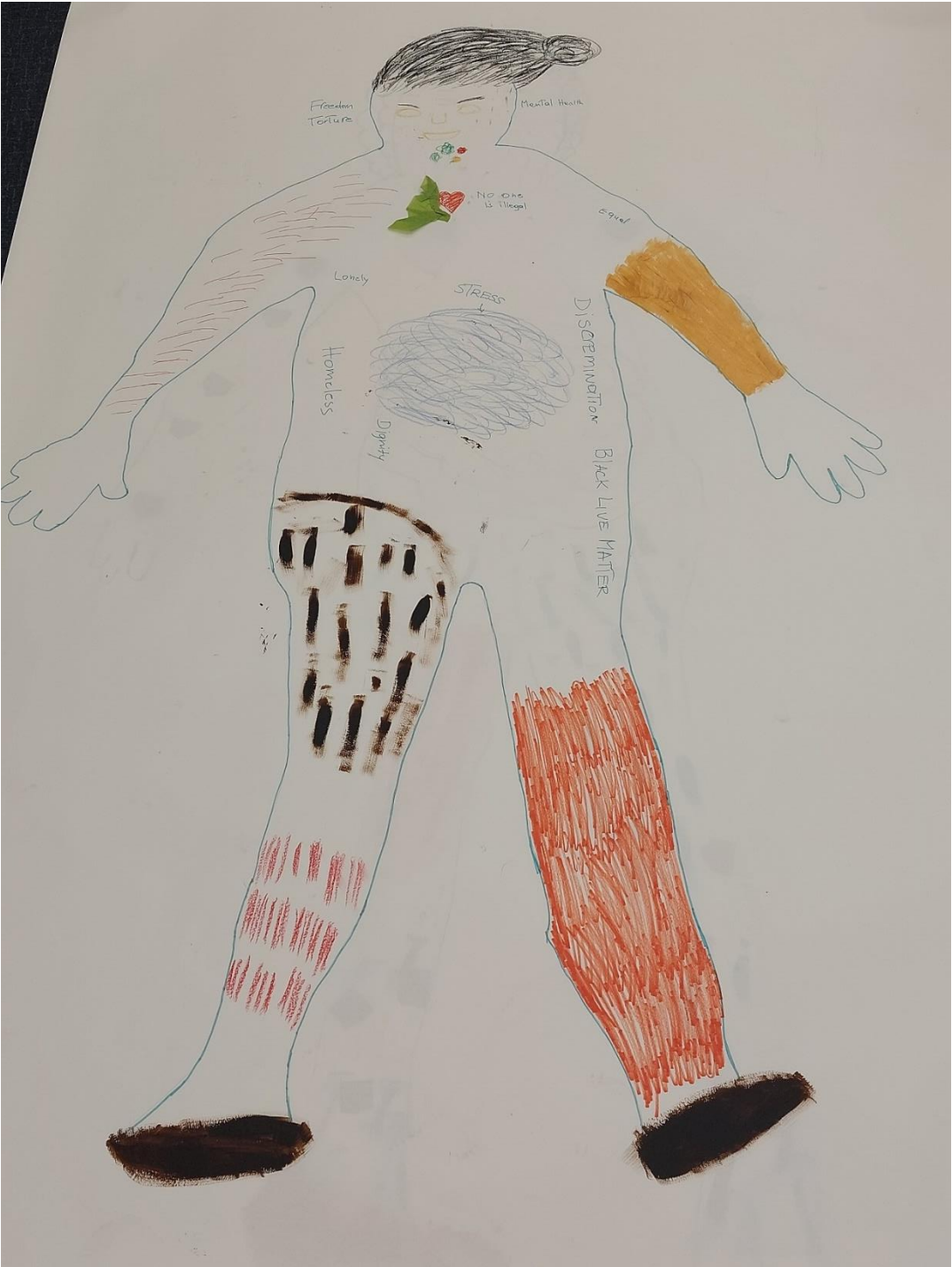


Figure 7 – Carla’s Body Map

Leah is a Black African, Christian heterosexual woman. She is disabled and has lived experience of mental health difficulties. She has been an activist for 15 years.

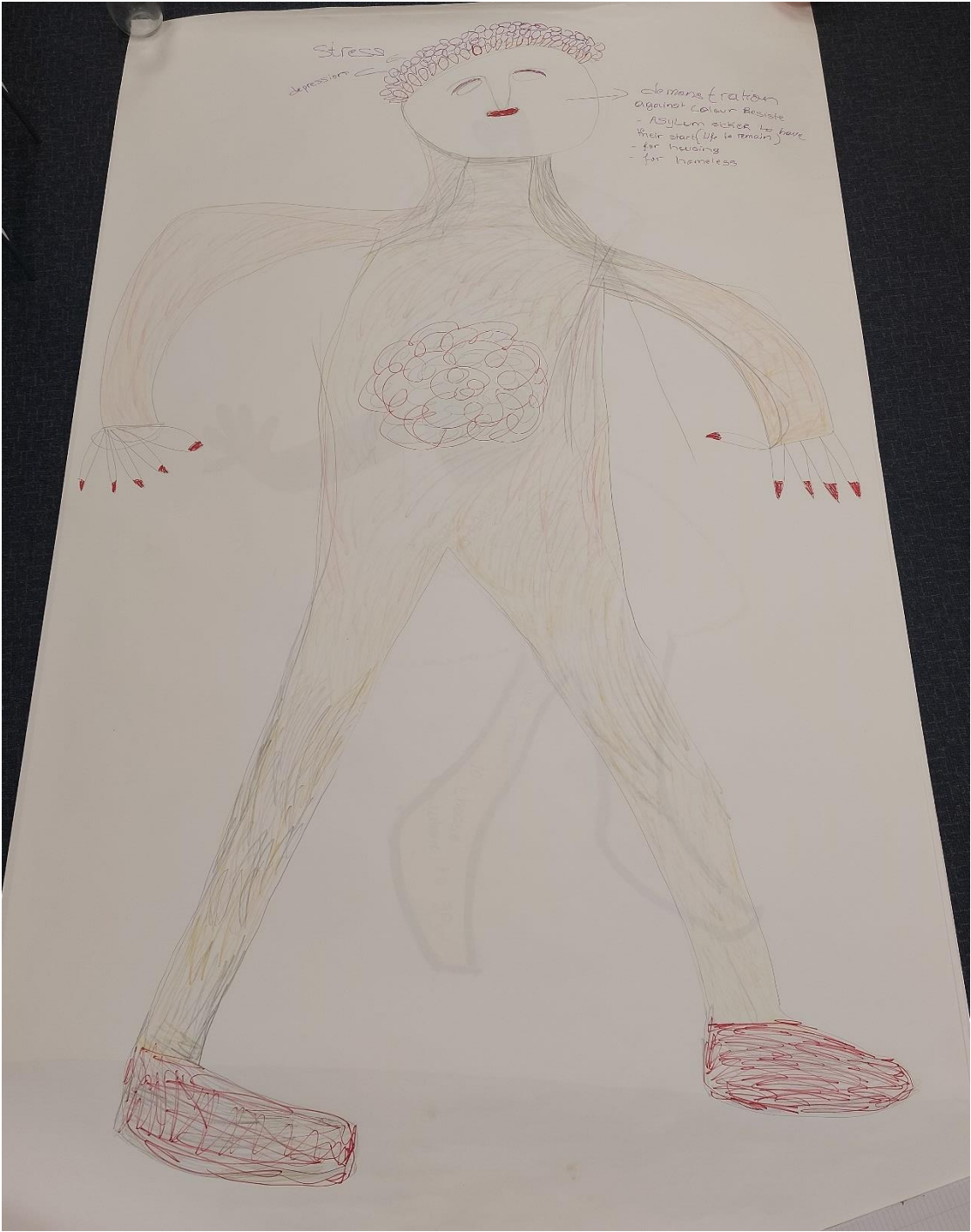


Figure 8 – Leah’s Body Map

Precious is a Black mixed race, Christian, middle class woman. She has been an activist for 2 years.

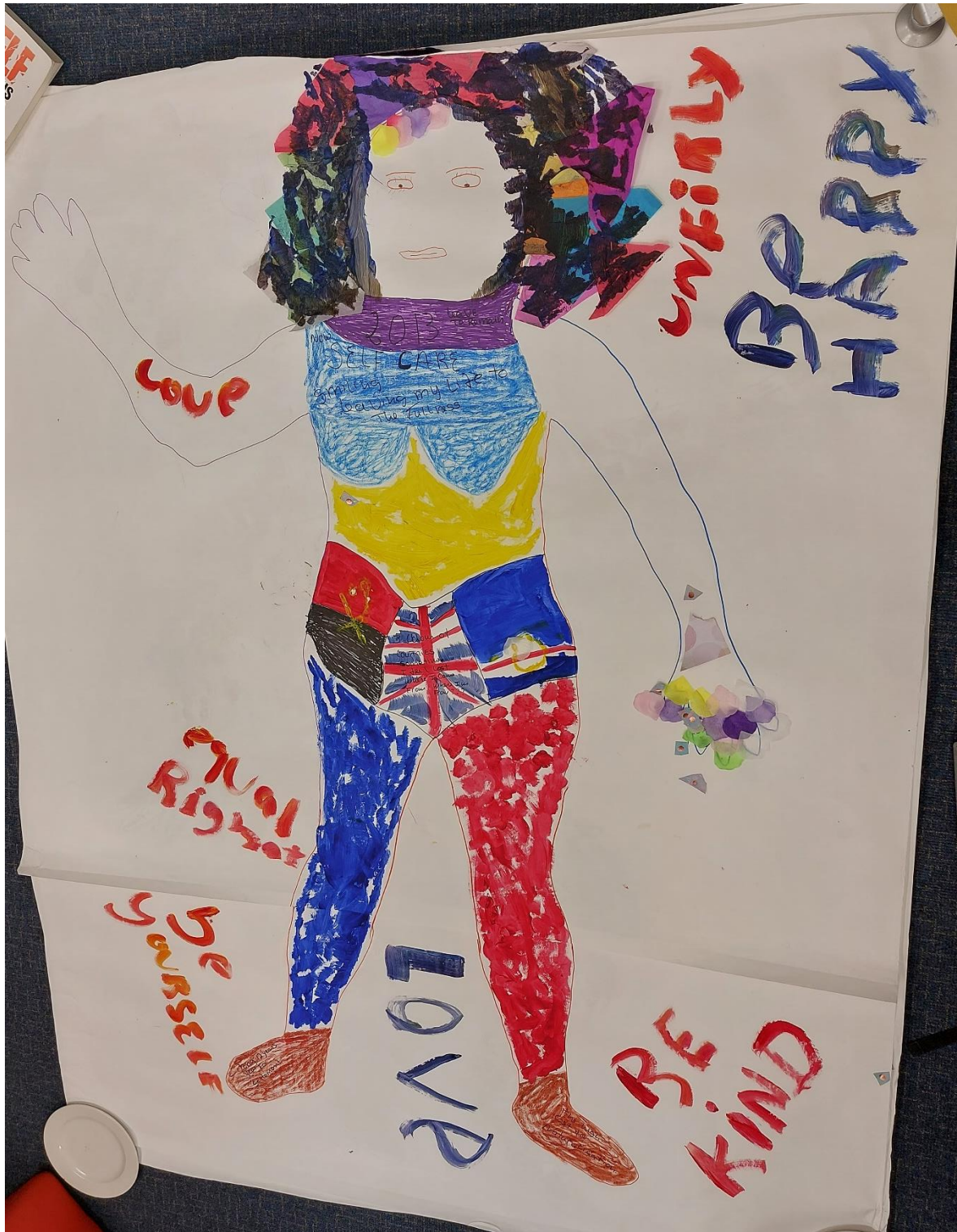


Figure 9 – Precious' Body Map

Constance is a Black African, Christian woman. She has been an activist for 5 years.



Figure 10 – Constance’s Body Map

Mia is a Black African, Christian, working class, heterosexual woman. She has been an activist for 13 years.



Figure 11 – Mia's Body Map

Tina is a Black African, Christian, bisexual woman. She has been an activist for 10 years.

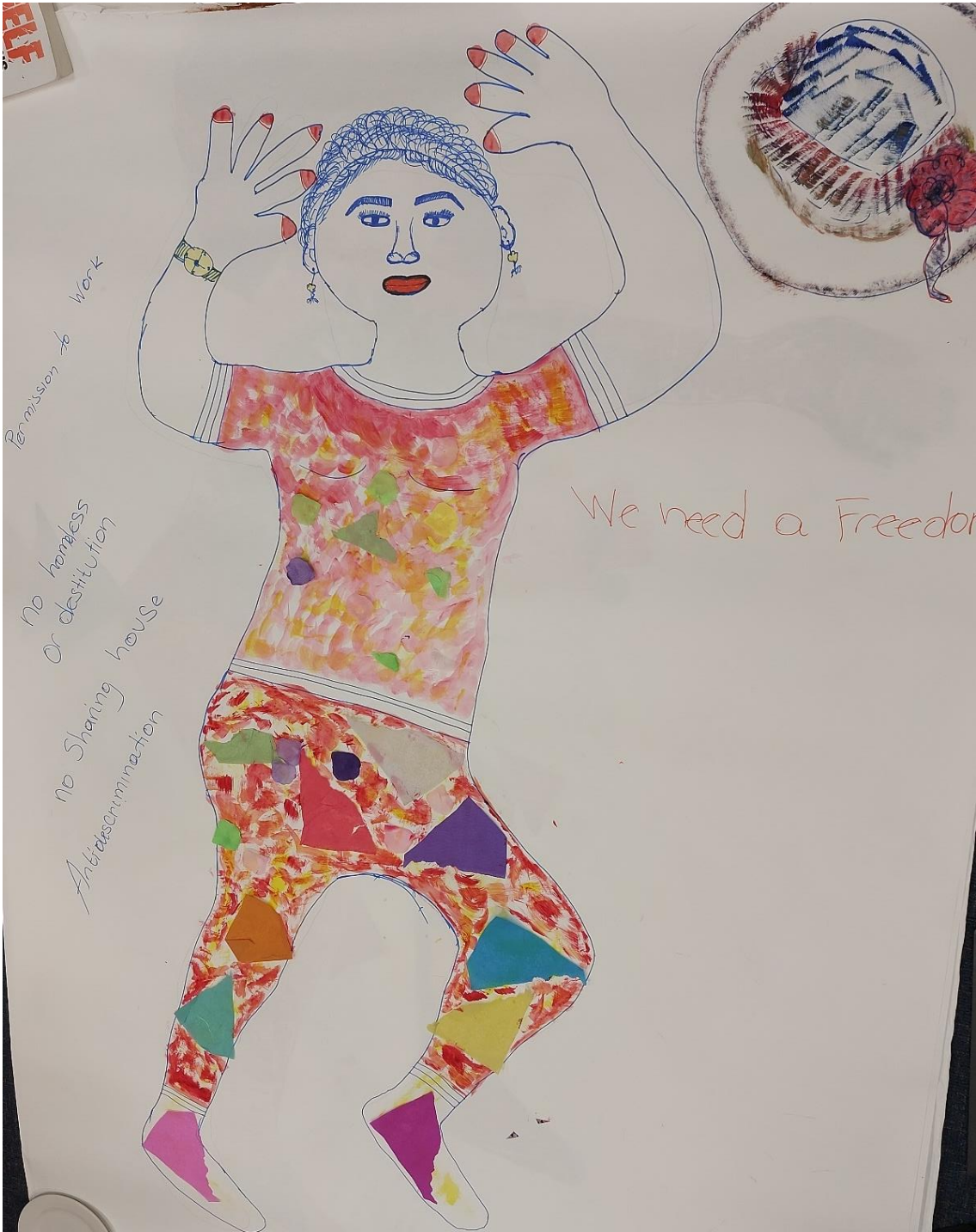


Figure 12 – Tina’s Body Map

Natalie is a Black African, Christian, heterosexual woman. She has been an activist for 4 years.



Figure 13 – Natalie’s Body Map



Sara is a mixed Iranian, Asian and White woman. She has been an activist for 6 years.



Figure 14 – Sara's Body Map

Pantia is an Iranian, heterosexual woman. She has been an activist for 7 years.

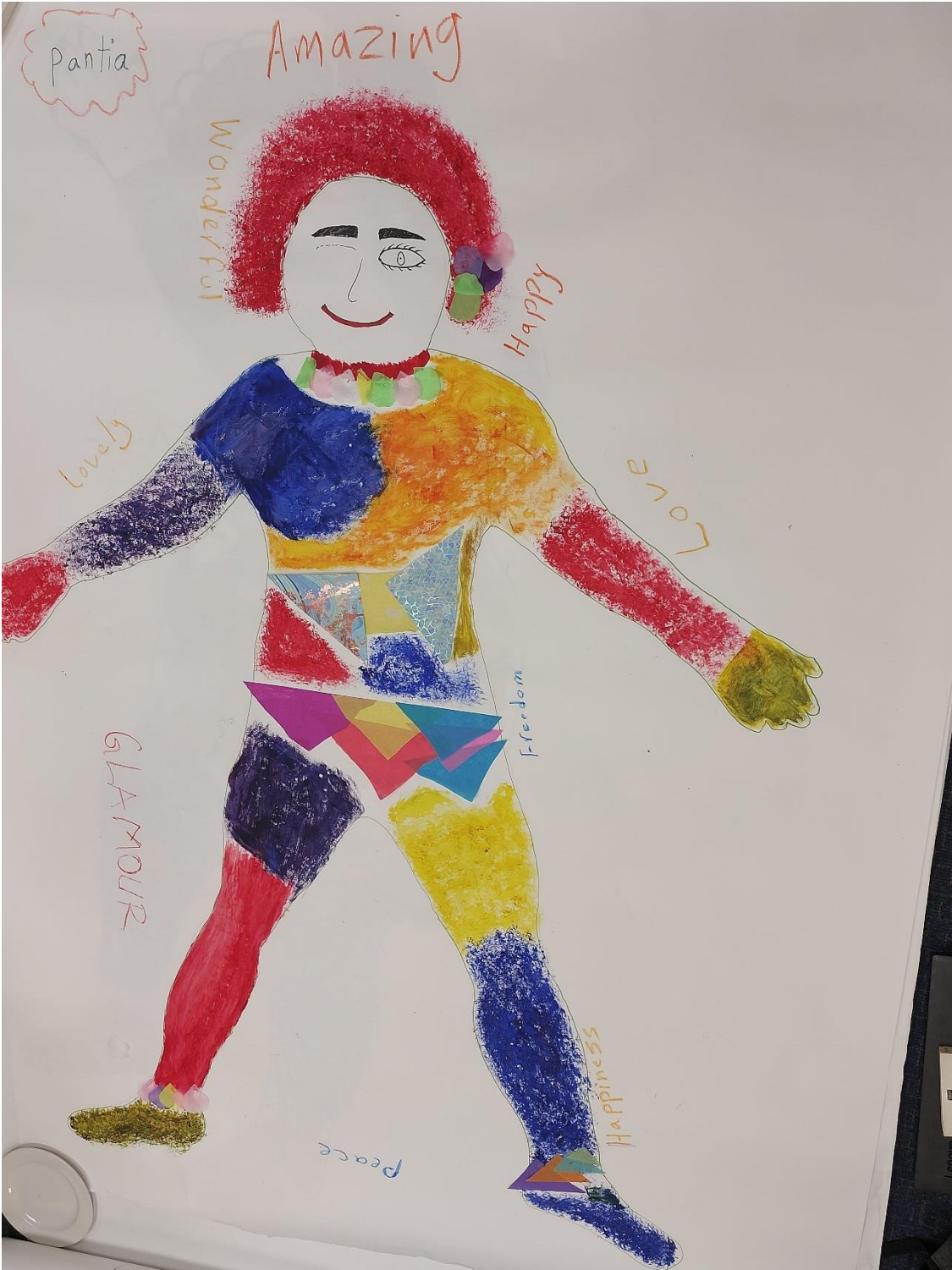


Figure 15 – Pantia’s Body Map

Vicky is a Black African, Christian woman. She has been an activist for 9 years.



Figure 16 – Vicky's Body Map

### 3.2. Axial Embodiment

Axial embodiment was used to explore the numerical distribution, content, and positioning of different elements on the body maps. A full grid can be found in appendix 6. Key patterns within the grid are discussed below.

#### 3.2.1. Text Surrounding and On The Body

Across the body maps, all participants had used text either on or surrounding their bodies. The most prevalent words and phrases across the maps were 'Freedom', 'Leave to remain', and text related to human rights & equality, homelessness & housing, and emotional experiences (positive and negative). Some had made the decision to include their pseudonym on their map. Within these uses of text, there appears to be a strong sense of focus on social justice and equity, which given the activist identity these women have may be particularly prominent within their lives and narration of their lived experiences. There also seems to be an emphasis on welfare and social support.

Whilst the women did not speak to their choices regarding the placement and positioning of text on their maps, there is a higher prevalence of maps with text surrounding the body than on the body. Tentatively, one way of interpreting this could be that text around the body signifies ideas, experiences and events that surround, shape, and impact the body. Alternatively, another interpretation may be that they wanted to focus on colour, shape, and symbol on their creative expression of their bodies, with text being a supplementary addition around this that can later be enhanced through storytelling (*testimonia*). As map text closely correlates with *testimonia* extracts, this will be discussed in greater detail in results section 3.3.

#### 3.2.2. Symbols Surrounding and On The Body

Use of symbols was relatively consistent across maps with participants all drawing elements of what would typically comprise a face and hair. Several participants also gave themselves clothing and accessories or added beauty products (e.g., nail polish), whilst several also gave themselves a heart. Participants commented in their *testimonia* about their faces being a likeness to themselves (Tina, P8), wanting to convey beauty (Vicky, P12) and wanting to portray particular feelings such as relaxation (Sara,

P10) and happiness (Pantia, P11). Inclusion of faces within the body maps as a focused aspect within the process of whole body self-portraiture potentially speaks to the women exploring their relationship to themselves in an opportunity for self-reflection of what they may wish to portray of themselves and their inner and outer worlds (Muri, 2007). The additions of clothing, accessories, and beautification (nail polish and lipstick) may speak to a multitude of ideas surrounding identity, gender, and wellbeing. Some of the women talked about beautification and its importance of making themselves feel good (Leah, P4 and Moira, P2) and wanting their map to appear beautiful (Vicky, P12) and representing of a good woman (Constance, P9). This may show insights into how the women shape their relationship with gender and/or their own wellbeing, but also highlights considerations around the impact of sociocultural context(s) that can shape these relationships, including in this context the possible impacts of asylum seeking and displacement.

### 3.2.3. Colours Surrounding and On The Body

An array of colours was used across the maps, with the most common colours used to express feelings (as expressed in *testimonia*) being red (pain, struggle, happiness, overwhelm), blue (depression, freedom, beauty), green (peace), purple and yellow (happiness). Colours having a variety of meanings for different women offers insights into the personal meaning making that shapes creative decisions and connections to concepts such as colour. The wider variety of meanings shared for use of red and blue potentially speaks to these colours holding particular significance within the women's lives individually and collectively and may be influenced by the sociocultural context(s) they have experienced. The researcher opted to not use 'traditional' colour theory and associated meaning interpretations within this analysis due to the heavy white, western influence on its onto-epistemology (Z. O'Connor, 2021) and awareness that her own experiences of learning in the British education system will have significantly influenced her perceptions of colour.

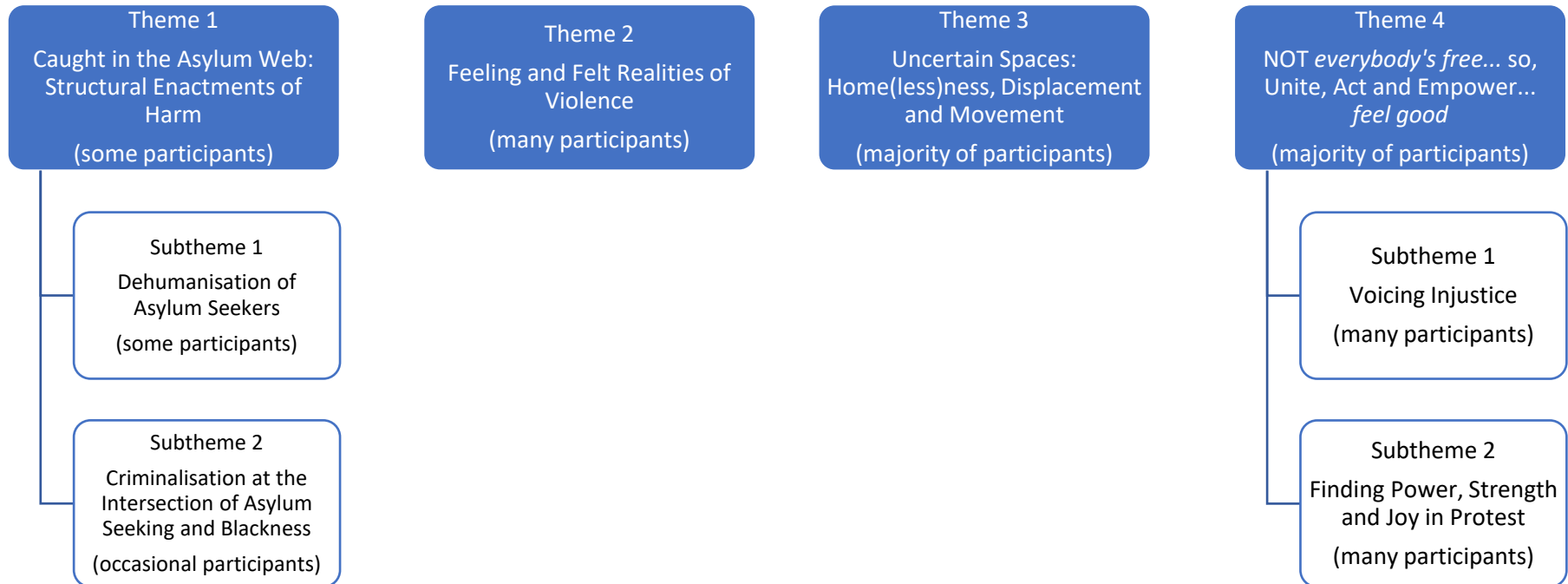
Within the workshops, some basic principles of colour mixing were shared with the women by the researcher to assist them in mixing the colours that they would like to have on their map as opposed to only using the solid colours provided. This in itself may have supported the women to access the artist within by equipping them with some knowledge but may also have inhibited experimentation in other ways. One of the women (Natalie, P9) had shared that she had 'never done art before' and so this was an 'exciting' experience for her, whilst another (Pantia, P12) said she felt 'very proud' she'd been able to

create something 'happy and colourful'. Tentatively, this may indicate the positive benefits of being able to explore colour when accessing and unpacking their life experiences.

#### 3.2.4. Mark Making Surrounding and On The Body

Patterns of mark making across the maps, whilst not always explicitly discussed in the women's *testimonia* make for intriguing creative decisions. Almost all the women only made marks or added texture on rather than around their bodies. Whilst this was not explicitly discussed by the women in their *testimonia*, one possible consideration may be that the marks are physical representations of the impact that experiences have had on them, almost like physical and emotional markers left on them as a person and/or on their bodies. From a more psychoanalytic perspective, one could infer that patterns within mark making are a reflection of the unconscious and an insight into the inner world of the person (McMurray & Schwartz–Mirman, 2001). Some of the women did share that their use of cloud-like markings was to reflect 'depression and stress' (Carla, P3 and Leah, P4). This could be an artistic demonstration of how the women experience these feelings, possibly illustrating an inner sense of movement, turmoil, disorganisation, or confusion through the use of markings and the movement within the continuous lines.

### 3.3. Thematic Map



**Figure 17** – Thematic map and an indicator of participants associated with each theme (in brackets)

### 3.4. Theme 1: Caught in the asylum web: structural enactments of harm

Theme one focuses on the intersecting structures of harm and violence that women are exposed to within the asylum-seeking system and how they can feel trapped, invalidated, and controlled within such circumstances. Two key subthemes were identified focused on exploring processes and experiences of dehumanisation and criminalisation that occurs at the intersection of blackness.

#### 3.4.1. Dehumanisation of Asylum Seekers

This subtheme focuses on narratives of dehumanisation that were present within the women's experiences. It encapsulates the complexity of the process of dehumanisation and its position as a key facet of structural and interpersonal enactments of discrimination. The women grapple with experiences of confinement, money and the hostile environment and the impact of this upon them.

Here Mia talks about her experiences within the asylum system, social systems, and the need for asylum seekers to be humanised:

*"...no one listens or feels it feels the pain, they need, whoever works in there needs to listen to the people who are wearing tight fitting shoes like me I wear a 6 in this situation it's like I'm trying to be forced into wearing size 4 ...how is it not painful, it's painful so yeah so they need to feel like human beings they need to sit down and think what if it was their own children, what if it is their own sisters and siblings, will they treat them like this..."*

Mia (P7)

Here, the analogy of the wrong size shoe may signify the idea of being forced to adapt to harmful circumstances and the dehumanising pain this conjures. There's also a sense of encouraging empathic perspective-taking in others, maybe with the hopes of enabling them to exhibit some compassion. The extremities of a lack of compassion are apparent in Carla's experience, where she describes how she experienced treatment from staff at a detention centre:



*“I was just crying, I was told that if you continue to cry, we will put you in the basement. In the basement, can people live there? I was taken like an animal. These are the animals they put in cages! The cages, they lock you up and you become an animal. And then, I hadn't done anything bad to anyone, I didn't steal, I didn't kill, I didn't commit a crime.”*

Carla (P3)

The degradation described by Carla is stark and signifies a complete stripping of personhood and humanity. The idea of being punished for crying speaks to an invalidation of her emotional response to her experience. She describes how experiences of confinement lead to being transformed into an animal, potentially expressing a relationship between the removal of freedom as a catalyst in the loss of humanity. She then goes on to emphasise that she had not done anything that was wrong or would be considered a crime, which may be implying the importance of responses being proportionate to a given situation and how responses beyond this can serve to propel and embody dehumanising action.



Figure 18: Carla's left leg with brown and red markings

Other women spoke of the multitude of discriminatory systems simultaneously at play:

*“...the population that were campaigning were citizens who've been even born here but still that racism still exists so it doesn't mean that if I've got my stay all these problems will be solved no, it will be struggle...”*

Moira (P2)

*“we have the hostile environment, and we have the people who are anti-immigration and with the narrative of social media it's very easy to kill somebody's hopes that they have come to the UK to seek safety and then whether in the neighbourhood or on the bus or at the supermarket you find a lot of racism”*

Moira (P2)

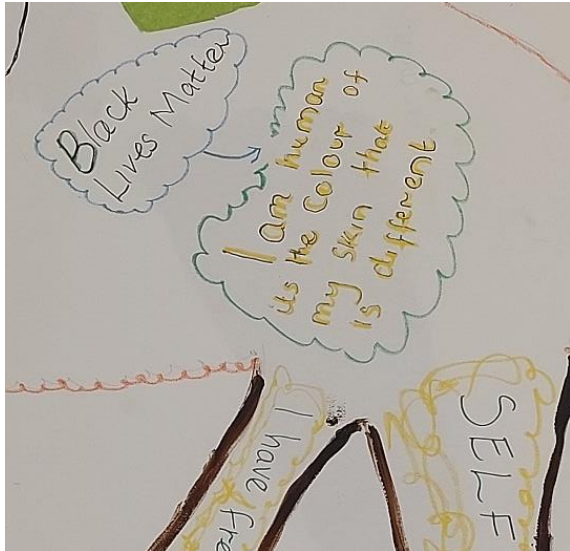


Figure 19: Moira's lower body and skirt. Statements reading "Black Lives Matter" and "I am human it's the colour of my skin that is different"

In both excerpts, Moira refers to anti-racism activism from UK citizens and how racism is another facet of oppression she faces in addition to being an asylum seeker. She then goes on to talk about the lack of agency asylum seekers have in governmental decision making and the context of the hostile environment (a set of policy devised under Theresa May as Home Office minister of the UK Conservative government). This may point to ideas surrounding the complex intersections of oppressive systems, how they manifest in virtual and real life, and how the act of challenging one will not necessarily dismantle the other. Such a reality may lead to a

sense of hopelessness from oppressed people, along with maybe feeling that there is no way out of the complex maze of socially constructed means of controlling identities, experiences, and bodies. These may link to her reference to media narratives and prompt consideration around how the presence of anti-immigrant rhetoric in the media influences the sociocultural and political landscape and the reactions of British nationals, and the profound impact this can have on asylum seekers. Moira's map seems to convey links between activism and (de)humanisation (figure 19). Her using an arrow to connect 'Black Lives Matter' to 'I am human it's the colour of my skin that is different' potentially speaks to the racism, colourism and colonisation that continues to shape and influence her experiences. This lack of equity felt evident across many of the *testimonia*. For example, Leah talks of a need for the Home Office to improve their response to asylum seekers:

*"Oh my god, I just want to be treated, want everyone to be treated equally. I want home office for when somebody seek asylum seeker in the country, treat the person well... please can home office just give a tv to asylum seekers, tv, they have to listen to the news, being an asylum seeker does not mean that you are stupid, you cannot mock asylum seekers, you have people that are educated, they need to listen to the news and listen to what's going on in the whole world, not just in the evening"*

Leah (P4)

She uses an example of the importance of needing a television, not for the purposes of entertainment, but for accessing information via the news. This potentially speaks to her experience

of feeling information is being withheld from her, which can subsequently impact her ability to 'know' what is going on in the world. Speculatively, there may be a sense of an experience of being on the receiving end of the controlling and gatekeeping of knowledge. Other possible means of gatekeeping and social control were apparent across the *testimonia*. For example:

*"it's like we are asking too much but we are human beings and if its money saving money, money can be saved... if we are given choice, right to work then that will save and this this creates hatred, no wonder why there's hatred to be honest because even me if I was a tax payer do you think I would be smiling at asylum seekers when I know my tax is going there, I can't, this kind of things makes the mood angry, not to like us, it's not our fault, we want to work most of us, we want to work"*

Mia (P7)

Mia's account speaks to the hatred and anger she witnesses surrounding how money is spent in the UK. She describes some of the complexities of navigating the welfare system within the UK and the impact of (anti-welfare) narratives upon her. This speaks to the potential role of money and capitalism within the defining and delineating of humanity and how this can serve to curate a process that positions asylum seekers as the problem as opposed to seeing the problem that is the system, and the discrimination embedded within it. When she speaks to the possible perspective of 'the taxpayer', this may signify the in-group out-group dynamics that are present in the context of anti-immigration rhetoric, but also the layers of capitalism embedded within this e.g., people's value being linked to their contribution to the economy.

#### 3.4.2. Criminalisation at the Intersection of Asylum seeking and Blackness

Within the *testimonia*, several of the women spoke to their experiences of being treated like criminals by a range of social systems and services. In feeling 'treated like criminals', there was a sense within the women's stories of feeling treated unjustly and unfairly by systems and people in positions of power within different social systems. Criminalisation and power were prevalent within Leah's experiences when she talked about crossing borders.

*"We all deserve better because the good news is when you cross it what happens for a better life, in 20 years, 70 years, 10 years, you've never committed a crime, that means you weren't*

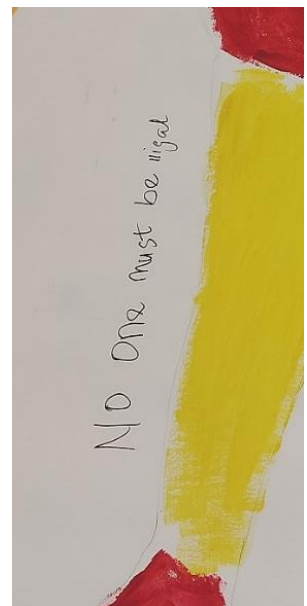
*coming for something that is bad you were just coming for life although if you want to change your life for better it shouldn't be people like home office who see that as a crime"*

Leah (P4)

Here, Leah speaks to her experience that irrespective of your age and no history of crime, your journey to the UK in and of itself can be viewed as a crime by the Home Office; asylum seeking and/or being a refugee become criminalised identities. The idea of being positioned as doing something illegal for seeking a 'better life' raises questions around how society decides what is and isn't a crime and what ideologies inform systems surrounding this. There are possible indications of a sense of objectification in which anyone who crosses the border in some way(s) becomes the geopolitical other – their crossing becomes associated within suspicion and criminalisation when seeking better for oneself and this involves a process of border crossing. This could be somewhat alienating, isolating and positioning them as the intruder or invader. There also seems to be something quite colonial about policing entry to the UK despite being involved in global colonisation and enactments of slavery.

Ana also touched on ideas of legality on her map, she wrote, *"No one must be illegal"*, which speaks to the idea of upholding humanity over applying a legal lens onto who is valid as a person. This contrasted with Leah's choice of map colours which she had said during her *testimonia* were to radiate 'happiness' from the inside. But there may be a relationship between focusing on emanating positive narratives on her body drawing and writing more negative narratives surrounding her within her societal context – almost like how social narratives sound and construct our and others' reception toward our bodies.

The theme of criminalisation continues within Carla's experience of being arrested and detained. Here, Carla talks about being detained for a week and despite this maybe being perceived as a short amount of time, she talks of how it affected her mental health.



**Figure 20:** Ana's right leg painted yellow, with the statement "No one must be illegal" beside it.

*"They preferred to arrest me as if I were a criminal, as if I were a bandit... I spent two weeks there. No, a week! I did a week and then I was released. Even so, I had caught the "Mental Health" of going to prison there."*

Carla (P3)

The act of arresting and detaining is linked to the positioning of her as a criminal. This potentially speaks to the politicisation of bodies in terms of who society chooses to criminalise and why, what factors and facets of bodies physically and socially can influence this. There's also something about the idea of 'catching' mental health from an experience of prison. It suggests that in her experience, mental health difficulties or responses to what has happened, can be contracted from the prison system or that the prison system can curate and impose such responses following being exposed or subjected to its systems and structures. This also potentially poses questions and considerations around how we conceptualise and understand mental health and the factors that shape and experience our own lived experiences and relationship to the term.

Criminalisation through systems was also prevalent at another point within Mia's *testimonia*, where she talked about male SERCO officers searching women's rooms in section 4 accommodation:



*"... it's not acceptable, why, what would they be looking in women's rooms, that's all I can say, they say we are free, we're not free because we feel like prisoners, the only thing we don't have is, we are not handcuffed but the treatment is we are like in chains all the time because we can't be free"*

Mia (P7)

**Figure 21:** Mia's right arm and trunk. Her right hand reads "Why is it SERCO housing officers treat people like criminals".

Here, Mia's description of women's rooms being searched feeling like a breach of freedom and privacy attends to ideas around the social consequences that can be enacted

as part of criminalisation, and how these are then applied to vulnerable women seeking safety. She speaks about the metaphorical chains used to control the women. This possibly speaks to the hidden in plain sight nature of enactments of social control, but also symbolically could conjure up associations of shackles and slavery. The symbolism of the chains possibly conveys the relationality between systems of slavery, criminality, and detention and how they are all interlinked by power, control, and a removal of rights and freedom.

There is also something in her reference to gender. It prompts consideration of the moral, ethical, and power dynamics of men entering, patrolling, and intruding within women's private spaces and

how this may facilitate enactments of misogyny and fears of exposure to acts of violence against women and so potentially feel like a violation of the potential for safety in a private space such as your own bedroom.

Mia also talked about gender and criminalisation in relation to racism in public spaces.

*“I’ll give an example we are going in a bus me, her [gestures to co-researcher], her [gestures to another participant], this is us, see, the driver is ‘morning’ to one like you [gestures to researcher] in front ‘morning love’ to you and then ‘morning’ t- [co-researcher] and then the bus driver he goes deaf, he keeps quiet... it’s sometimes I feel why does I feel angry but sometimes I sit down and I start praying and say ‘God, touch that silly man’s heart’, why does he go death when it’s us but when it’s someone with this colour [gestures to researcher], they say ‘thank you hello love’ but this we see this happen on daily*

*[researcher asks a follow up question regarding colourism affecting her daily life]*

*... Yes, because when you’re dark you’re a robber whether you are a woman, it’s always that mentality.”*

Mia (P7)

Here, Mia speaks to her experience of a social process of criminalisation that is enacted in response to and within her experience of racism. Colourism (discrimination based on skin shade, privileging lighter skin) is also prominent within her account, potentially speaking to the positionality of being darker skinned within western social contexts and how particular narratives become centred, thus controlling narratives within the social construction of Black life. It also potentially summons a multitude of questions about the factors that contribute to the maintenance of the mentality that Mia alludes to. The myth of Black criminality is potentially at play here and thus maintaining an idea of the other who is ‘bad and dangerous’ (Walker et al., 2020). Her commentary that this applies across genders seems to attend to the criminalisation and stereotyping of Black men, but also possibly the masculinization of Black women (as an act of misogyny).

Carla extended ideas about criminalisation in her *testimonia* by questioning who the ‘real criminals’ are. She described the Home Office as follows:

*“And it's all the people at the Home Office, they're really... they're... I don't know how to describe them, they're criminals, they're killing people like that, in the head. They are giving people stress, so you become tortured.”*

Carla (P3)

Here, Carla speaks to the impact of Home Office actions on people's mental health. Her description of people being mentally and internally killed and tortured potentially speaks to the erasure of self that can be experienced when people are part of abusive systems and goes on to possibly suggest that these are the acts that should be criminalised. Her searching for a word to label them with and settling on criminals, maybe speaks to the voicelessness that can be experienced when challenging people in positions of power, the need to search for a word that truly encompasses the group and possibly a reversal of how she has been positioned and identifying the home office as the harmful perpetrator.

### **3.5. Theme 2: Feeling and Felt Realities of Violence**

Theme 2 focuses on the emotional and physical feelings and felt experiences, including those that may feel felt to the body (drawing on reference to the process of compressing and manipulating materials in the process of making felt) that occur within the context of repeated and continual exposure to structural violence. The women convey their emotional, bodily, and somatic experiences and how these relate to their experiences of injustice and discrimination on an individual and collective level. Vicky talked about her experience of seeking asylum and the impact on her.

*“Yes, I believe that when you live somewhere, you are welcomed. But they torture people first... I was tortured, I fell, I had high blood pressure, they took me to the hospital. They took me to the hospital I was... and they first poured cold water on me so that my blood pressure would drop”*

Vicky (P12)

Here, Vicky speaks to the physical health impacts of her experience of coming to the UK being torturous. The contrast between her anticipating being welcomed but experiencing grave harm is stark and possibly echoes some of the shock embedded within her experience. Her account also narrates the things that happened to her – torture, being taken, having water poured over her. The actions Vicky describes possibly signify an experience of objectification by the different people and systems involved in what happened to Vicky, and the multitude of ways in which power and control can harm. Vicky, like several of the women, also spoke of headaches and problems with her head during her *testimonia* and had pointed to her map to gesture that her head is where she feels the impact of the discrimination she has experienced.



Figure 22: Vicky's head with blue hair and facial features, and swirls of orange.

Mia, who during her interview shared her experience living with PTSD, also talked about experiencing headaches in relation to exposure to discrimination and said the following:

*"It can make you not even to like yourself not to feel to feel worthless useless you know not worthy you know if someone abuses you how can you feel your body how can you get your confidence back you can't get all... Me, it always affect, I feel terrible headache if I'm so depressed like that, I feel headache, it might lead even to tummy ache that the body is shutting down..."*

Mia (P7)

Mia describes how her headaches and depressive episodes can spread through her body until she experiences a sense of shut down. This may signify the somatisation of her moods leading to a complete bodily disconnection. This idea may complement her questioning of how one can feel their body when they have been abused. This maybe speaks to a numbness or detachment from one's own body, and like Vicky, possible objectifying experiences occurring in relation to her body and their contribution to a depletion of self-worth and self-confidence. There also seems to be an element of hopelessness in questioning how to regain confidence which may speak to ideas of what can be or feel restorative in the face of violence and injustice and how could it be obtained.

Tina was another participant who spoke about her head and face, when describing an experience of racism, she had on the bus with a white woman and her son.



*“When they, they do something wrong you feel your whole towards like panic and the feeling’s grand and it’s stressful and this this expression in my mind is now to feel that I’m scaring because of um of these people and all of them any anyone can little noise but no everybody was just silence not talk I’m feel- immediately I’m feeling scary”*

Tina (P8)



**Figure 23:** Tina’s head with blue line work for hair and facial features. Her arms are raised beside her head.

Tina, like Mia, describes a whole-body experience, but one that is primarily shaped by fear. She conveys the feeling as one that is intense and potentially has a pronounced sense of overwhelm. It seems that this feels as though it is perpetuated by onlookers who remain silent and do not intervene in this experience. This may convey her experience of voyeuristic spectatorship from others and speak to acts of silence as a means of complicity within enactments of harm. It may also speak to how exposed and spotlighted Tina could feel which could result in a sense of alienation and again, feel objectifying. There is also something about the idea of ‘scaring’, both in Tina feeling overwhelmingly afraid in such situations, but also processes involving onlookers may enact projections surrounding ‘fear of the other’ – the other, being Tina. The fear appears to centre on the inactivity and non-responsiveness of others, or possibly their choice to remain silent and how this can convey a sense of threat and a lack of safety.

Many of the women expressed their embodied feelings through use of colour on their maps. Red was a colour of particular significance across them.

*“I have a I have a red sign there that that is pain and struggles and then you know going through a lot with the children you know... because she can’t live (her) life, (she) can only live for the children”*

Natalie (P9)



**Figure 24:** Natalie’s waist painted red

Natalie said her use of the colour red around her waist was to signify pain and the difficulties she has experienced as a single parent of a displaced family unit. Natalie did not elaborate on the positioning of this red band but based on her description, tentatively, it could signify the association between

her children and carrying them through pregnancy, or links could also be drawn between pain, menstruation, and child labour. There is also the potential for the choice of red around the waist to be a means of communicating a core pain that is significant in its intensity but also its wrap around influence across life.

Sara also included a red band around her waist on her map. She did not speak to her rationale for this, however, did express that she had used red elsewhere on the map to represent struggle. It is possible that there may be a tentative link between the two uses of red banding which consequently may show a similarity across the maps and the women's experiences (Sara also spoke in her *testimonia* of struggles on arriving to the UK with her young son). Sara also conveyed some pain through other means on her map. She drew her legs as connected at the thighs and the legs painted blue and red (sometimes merging to purple) markings on them. When asked about where she felt the impact of discrimination within her body, she said:



Figure 25: Sara's waist painted red

*"I think it my heart it gets pain, yeah it's very painful and my leg as well I cannot move my leg, it is so difficult moving"*

Sara (P10)

Here, Sara speaks of a stuckness and loss of movement she feels when reflecting on her exposure to discrimination. When considering Sara's account metaphorically, it conjures an image of quicksand – a sense of helplessness beyond our control, a sense of waiting and not knowing how things will turn out, and a loss of agency. From a less abstract perspective, she may also be expressing a physical health consequence of her experiences. It also possibly conveys an inability to engage with fight or flight and instead being stuck in a perpetual state of freeze, with (re)exposure to discriminatory harm reinforcing this state. The contrast between the stuckness of her legs and the pain in her heart also creates a visceral image of the emotional turmoil that may come with witnessing discrimination as well as being exposed to it yourself.

*“because it doesn’t show any sign of happiness, brightness or whatever, I just put that because that is where I see it has a problem, stomach and head, you know when it’s not working, the head is not working”*

Leah (P4)

### **3.6. Theme 3: Uncertain Spaces: Home(less)ness, Displacement, and Movement**

Theme three focuses on the uncertainty and instability brought about by migration experiences shaped by displacement and forced movement. This uncertain instability often coincides with influencing ideas of home, whilst conveying the harsh realities of homelessness. The women described the challenges and fears associated with their journeys that were taken not by choice but by necessity. Natalie described the overwhelm and vulnerability that arose for her:

*“...and how to put things together for herself like how will she survive in a in another man’s land so these are all the things it represents all the things that go around in her brain thinking about how to survive what the future looks like... and the eye I have the eye bag there those represent the eye bag the stress and struggles”*

Natalie (P9)



**Figure 26:** Natalie’s head with pink circles to represent under-eye bags

She showed this in her body map through the drawing of under eyebags and pointed to the hair when describing the cycle of never-ending uncertain thoughts about what life would be like now and how she would navigate these unknowns. The idea of ‘another man’s land’ speaks to that sense of feeling completely out of place and possibly within an almost forbidden territory (being on land that appears to belong to another) and thus being unsure what will be the next best move, possibly reflected in the overthinking that she described. The watercolour texturing she used to create the eyebags could communicate a softness and vulnerability within her struggles but could also reflect a tearfulness in the face of struggle. Such a sense of uncertainty was apparent across the women’s stories especially for those who had no fixed address.

Constance talked about the impact of the asylum process and her reason for writing ‘Leave to Remain’ on her body map.

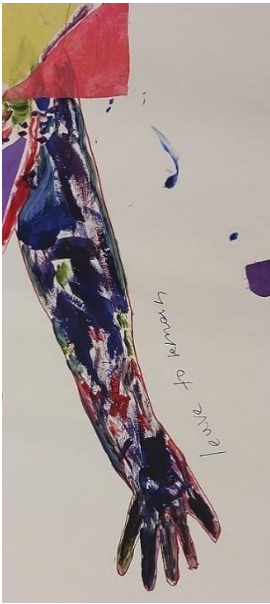


Figure 27: Constance's left arm with "Leave to remain" written beside it

*"Well, I put that because I'm not, I'm not staying in a fixed place because I don't have any papers. Today I can be there, I can be in... I am not fixed in a fixed place."*

Constance (P6)

Constance speaks to the impact of the legalities of the asylum process and how in her experience, this leads to a continuous sense of movement without being able to ground oneself and find secure space whilst seeking asylum. Something which several of the women communicated on their maps in and their testimonia. Vicky also spoke to this idea, whilst questioning the logic of the UK Conservative government's 'Rwanda plan' when refugees and asylum seekers from around the world are seeking safety and protection:

*"The way that they... we are going to send people to Rwanda.... This is not normal because people are fleeing the country because of the unrest to come and hide."*

Vicky (P12)

The idea of safety was particularly prominent in several of the women's stories of experiencing homelessness.

*"...you find yourself homeless, still in this same system, please, HOMELESS, nobody could believe you find yourself being homeless on the street here because you don't have paper ... is it the truth, homeless on the street as a woman. Who will help you this time, you will be raped by men, raped by men because you are homeless. When you are homeless you lose, you don't have any dignity, it doesn't have any respect, it shouldn't be that way. It shouldn't be that way. It shouldn't be that way."*

Leah (P4)

Leah's experience illustrates the multiple layers of instability and lack of safety she has experienced because of the systems around her not supporting her. She speaks to her loss of basic human rights, her incredulity at being designated homeless and violent consequences of this systemic designation potentially resulting in exposure to sexual violence. Her repetition of 'it shouldn't be that way' emphasizes her view of how wrong, broken, and harmful systems are and why we shouldn't accept these things as they are.

Many of the women included 'homelessness' relating to the asylum system within their body maps. Leah showed this through using darker colours on her legs to convey her experience of homelessness. When asked how she'd expressed her experience of homelessness on her map, she said "you can see this, it's kind of dark, not bright". Carla wrote the word 'homeless' on her torso, beside a 'stress' cloud she had drawn in the centre of her stomach – possibly speaking to how such experiences have affected her at her core.

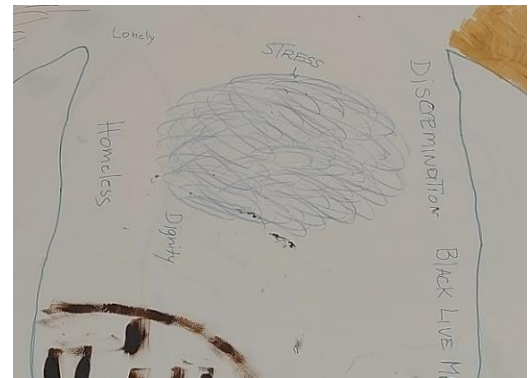


Figure 28: Carla's torso with 'homeless' written on her right side

Some of the women also spoke to the length of their journey to settlement and how this had affected them. Precious spoke of her twelve-year journey to settlement.



Figure 29: Precious' legs in red and blue with the word 'love' written in between.

*"...the legs it represents the suffering, the long journey of erm applying for the right erm the life in UK umm the immigration so how long it took just for erm just for the home office to take that decision to give me the settlement it took more than 12 years and I remember the last years I had to write 3 letters every week just to call their attention..."*

Precious (P5)

Precious talks about her use of red and blue on her legs to represent suffering over many years and speaks to her need to write copious amounts of letters to be heard. The contrast between the pain represented on her legs and the word 'LOVE' written between them on her map feels stark. I was struck by the visual and oral juxtaposition when revisiting her

*testimonia* alongside her map. This may potentially speak to the complexities of her, and her family's displacement experiences, as Precious talked about this throughout her *testimonia*.

Sara also spoke of her journey to the UK as a single mother of a young child.

*"it was very very very difficult we take it especially when we first arrive we don't know anything about a new country, it was so so difficult for us".*

Her repetition of 'very' emphasises how challenging her experience was and navigating adjusting to a new context. Sara also used red and blue to represent her journey but placed these colours on her feet. She said, *"the red one shows difficult way and the blue one is a better way to find it easier, so I want to show like that"*. This potentially shows the complexity in her experiences and a possible attempt to show that with difficulty there is also possibility to ease the challenges. Both women visually conveyed the difficulty of their journeys by marking it onto body parts that can contribute to the anatomy of walking and movement, which may show a physical and emotional connection point in the creative visualisation of their experiences.

Ideas of movement and crossing were also apparent within some of the women's thoughts about borders. Carla spoke to how coming to the UK can involve being questioned on your right to be here:

*"When God created the planet here, he did not make any boundaries, there were no boundaries. But if someone comes here (UK), they ask you how you came here or this, they are creating boundaries."*

Carla (P3)

This idea of the construction of boundaries may speak to orchestrating a distance from 'the other' (in this case a Black woman who is an asylum seeker) by disconnecting people from space and using the idea of foreignness as a means of objectification. It may also speak to the artificiality of boundaries and how these interlink with the shaping of ideas surrounding citizenship and how we can be citizens of the world. Ana also speaks to this idea of borders but places an emphasis on freedom and borders as a means of infringing on human rights.



Figure 30: Sara's feet – one red and one blue with black spots.

*"I want to freedom, there should be freedom for everybody you know, freedom of speech, freedom of movement, you know, crossing a border should not be a barrier you know, it should be free, everyone should be free to move in and out. I do not think there should be a barrier"*

Ana (P1)



**Figure 31:** 'Freedom' written in blue beside Pantia's waist.

Many of the women spoke about freedom and embedded this within their maps, sometimes with a greater emphasis on a sense of freedom now following leaving challenging circumstances elsewhere in the world. Pantia included this on her body map and said:

*"...and freedom especially freedom because we don't have that in our country but here in this country they have you know freedom, it's very important for us".*

Pantia (P12)

Here, Pantia conveys her experience of the UK differing from that of her country of origin and the importance of this. This contrasts with the narratives of some of the other women's experiences of coming to the UK, potentially highlighting the complexities of how freedom can shift with context and, how personal perceptions and lived experiences can shape this based on our existing points of comparison.

### **3.7. Theme 4: NOT everybody's free... so, Unite, Act and Empower... feel good**

Theme four focuses on the motivations, acts, and experiences of engaging in activism, attending to the multitude of emotions, connections and shifts in perception that can come with it. All the women talked about their activism in ways that brought to life, the energy they offer to this along with their commitment to the causes they care about. Here, Mia likens activism to the journey of an overdue pregnancy, the emotional impact of this experience, and that moment that everything that

you have been journeying towards comes into fruition – the stress can be dealt with because of the end goal.

*“I feel so, it’s like when you are pregnant, maybe the baby is 9 months and it’s getting over 9 months and you start getting distressed because the baby is now ready to come out and it makes you to be stressed but when you deliver the baby, you feel stressed that’s the same, you forget all about the pain and everything that’s the same thing here”*

Mia (P7)

Her metaphor has a visceral quality, connecting with ideas of existentialism, new life, and change, but also attending to the immense relief that can come from finally having the opportunity to welcome change. This was potentially reflected in Mia’s colour choices for her body map. She used reds, yellows, and pale greens to communicate the complexity of feelings, and said:

*“...use the the bright colours, this now explains the situation I am in is always dark and I did not want to paint the whole in black, this is how if I am free, a free person I can fly...that’s why I put this green light bright colour to represent when I am out of this now when I will be out now bright like this”.*

Mia (P7)



Figure 32: Mia’s trunk and legs painted in yellow, red, and green.

### 3.7.1. Voicing Injustice

Throughout their *testimonia*, many of the women expressed the importance of using their voice, both individually and collectively, within their activism. Moira talks about storytelling as a means of raising awareness.

*“...going out and sharing our stories to people who don’t know what asylum seeker is in the first place. We were raising awareness telling the population or the community what it*



*means to be an asylum seeker in the country and that was not enough because when you're just telling stories you don't need sympathy you need support and when you need support so what are you going to do about your story put some action into your story you've told your story so what so I felt there was a next step, I've told my story so how do I impact people with my story"*

Moira (P2)

Here, ideas of methods of communication within activist action feel particularly salient. She focuses on stories to bring attention to asylum seeker experiences on a group level and invite a response from others that is supportive, but not sympathetic. There is a sense that telling stories differs from storytelling, and that this potentially lies within the action that punctuates the act of storytelling. Use of storytelling techniques was prevalent within the women's accounts of why it is important to speak out. For example, Mia shared:

*"...when we do that we will be looking forward because it will be long to see a change because keeping quiet and being shy doesn't work at all because nobody will know, it's like us in Africa in our days when we did we did have our babies, we would put them at our back ...the more the baby is quiet I assume it is always well, but if the pin the safety pin in our days if it open then pricking they start screaming like mad, ...so we say so if the baby as anyone who has problems if you keep it to yourself nobody will know, you have to cry out, this is the crying out we do".*

Mia (P7)

Continuing her analogy relating to babies, Mia goes from her earlier representations of activism and birthing labour to conveying the need to voice harm being akin to a baby needing to cry for its needs to be responded to, possibly enveloping cultural images of mothers and babies. It may also signify that our capacity to communicate our needs, especially in relation to pain and harm, is something that comes naturally to us from birth, and so we must not lose that in adulthood when we are being exposed to the safety pin of system induced pain.

This baby-based imagery at first glance contrasts with that from Tina's *testimonia* where she talked about how she feels the UK government treats asylum seekers:

*“...they don't allow to do anything, you are like a baby, they use you like they want you know...”*

Tina (P8)

Here, Tina speaks to her experience of infantilisation mechanisms within the asylum process and being incapacitated in relation to what she can do without permission from an authority. When drawing the baby imagery within Mia and Tina's *testimonia* together, there may potentially be an underlying message that even when your choices are limited, you can use the tools you have as a means of challenging that.

Many of the women spoke about challenging the government, particularly the Home Office, and wanting to send a strong message to the government regarding the unfair treatment of marginalised people.

*“Yes because I want the government to know and society to know the pains we are people are going through some people are inside they can't even the disabled ones they can't come out to speak for themselves but coming out to campaign you're making the government, society to see what people are going through to make out social change and erm protect the rights of every individual”*

Natalie (P9)

The idea speaking up and showing up for others who may not be able to do so is particularly prominent. It may signify the importance of allyship and unity when challenging large structures such as government, but also how essential it is that this involves communicating the harsh realities of people's lived experiences and striving for human rights oriented social change.

### 3.7.2. Finding Power, Strength, and Joy in Protest

Throughout the women's *testimonia*, there was exploration of the positive feelings and self-perception shaping that activism and campaigning bring about for them. There was a sense of empowerment, connection and shared joy found within their activism and through the collective nature of being involved in protest and campaigning. Constance shared what activism means to her and Precious shared how she feels when she is out campaigning:

*"The first important thing is the people. When there is joy, you can do things for yourself."*

Constance (P6)

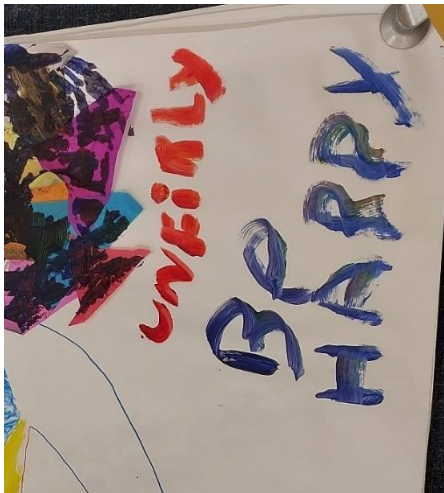


Figure 33: 'Be Happy' painted beside Precious' head.

*"I do feel, I feel happy because even though we see a lot of people who comes out in this kind of activism or the campaigns, I wish we could come more to help and pass the message, yeah I feel really proud of myself that I can do this to pass the message to future people that they can do the same as well, they can all come together"*

Precious (P5)

Feelings of joy, pride and happiness are embedded in Precious and Constance's narratives illustrating the potential and possibilities in acting for the causes you believe in. This feeling of happiness was present on Precious' map (and also featured on Pantia's map) in one of the colours (blue) that she had also used to represent struggle on another part of her map. Tentatively, this could suggest that despite the circumstances that often evoke activist action, positive feelings can still be experienced within them. Another prominent aspect within Constance and Precious' accounts is the notion of connectedness with other people. There is a sense that being with others feels empowering but also presents the opportunity to empower others.

*"I liked using a lot of green because green is my favourite colour, to me it depicts peace and I do the heart because I found peace in inspiring other women because we find women sometimes and they're not able to speak up they just lost the will to live.... So I come with love, and I just want to show the other women that you can have a voice you only need to take care of yourself and get that confidence because you have the power to do what you can"*

Moira (P2)

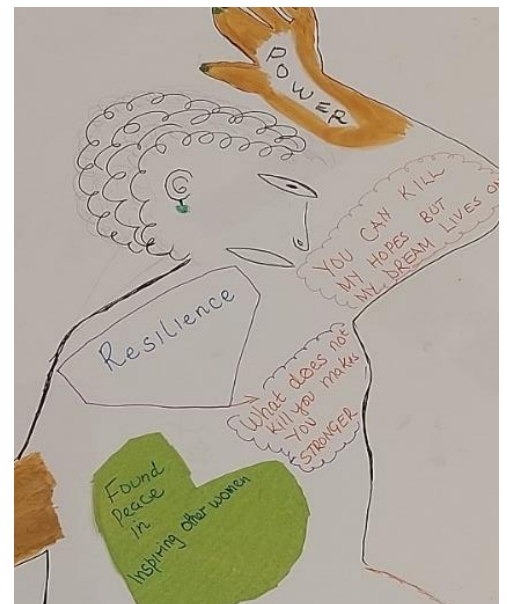


Figure 34: Moira's green heart reads 'Found peace in inspiring other women'.

The idea of empowerment continues in Moira's narrative in which she speaks to her passion for supporting and empowering other women and how this gives her an inner sense of tranquillity. Her decision to depict this feeling using her favourite colour, green, potentially speaks to the value attached to this feeling, a sense of peacefulness, and the passion within the action of inspiring others.



**Figure 35:** Sara's face in side profile which she described as 'relaxation'.

Another woman, Sara, also represented a sense of peace in her map which she described as 'relaxation' after struggling for many years. Sarah drew the face on her map in side portrait (a drawing choice also present on Moira's map) and pointed to this when talking about relaxation. Tentatively, this could portray the idea of lying down and resting following the emotional and physical labour of navigating adversity and taking action through campaigning.

Ideas of peace also presented in other women's narratives of how they hope protest will be. Natalie had shared:

*"every campaign should be peaceful and something exciting, do it with joy doing it to make a change, people should be aware of what you want to campaign about and not just doing campaign for campaigning sake"*

Natalie (P9)

Her account suggests a need to avoid violence for the maintenance of peace, but this may also link to ideas of safety within protest. The idea of peaceful protest being purposeful and joyful speaks to the importance of acting from an intentional place, which feels significant given the hardships and human rights violations many of the women have experienced.

Moira encompasses this in her *testimonia* and speaks to the inner strength these experiences have given her to continue to protest. She describes what she wrote on her map.

*“what I wrote here after resilience is what does not kill you makes you stronger because if detention didn’t kill me, homelessness didn’t kill me then I am stronger so I will wake up and fight for another day because we are fighting for the rights of people seeking asylum and mostly the rights of women to live in the country”*

Moira (P2)

Here, Moira speaks to her experience of surviving hardship and the resilience this has given her. She talks about continuing to fight, but with an emphasis on fighting for the rights of asylum seeker women. This possibly speaks to the connection between her own lived experiences and the social action that matters most to her, but also has a sense of allyship and sisterhood within her activist motivations.

Ana also speaks to the strength she gets from campaigning but how she feels her body is the provider of this strength to do what she is passionate about.

*“My body is my strength (laughs). It gives me the strength to campaign and that is why I love to campaign.”*

Ana (P1)

Here, Ana links her activist activity back to her body, with her body being the source of power and energy that enables her to campaign. She describes this as the reason she loves campaigning which could show that her activism enables her to feel connected to and appreciate her body, but also see it as a resource that supports her to make change.

***“And where the words of women are crying to be heard, we must each of us recognize our responsibility to seek those words out, to read them and share them and examine them in their pertinence to our lives.”***

- Audre Lorde (1977)

## **4. DISCUSSION**

This chapter will summarise the aims and findings of this study, and the analyses will be reviewed and discussed in relation to the research questions and the existing literature. It will then explore the implications of this study and suggest recommendations for policy, clinical and research practice. This will be followed by a critical review of the study encompassing an appraisal of study quality and a reflexive exploration of the research process from the perspectives of the researcher, co-researcher, and participants.

### **4.1. Summary of Research Aims of Findings**

This study aimed to explore and deepen understanding of embodied experiences of structural violence in Black and racialised women activists, using participatory visual methods. The findings were in keeping with previous theory and research along with highlighting new insights specifically relating to the activist population.

Combined thematic and visual analyses generated the following themes:

- Theme 1: Caught in the asylum web: structural enactments of harm
- Theme 2: Feeling and Felt Realities of Violence
- Theme 3: Uncertain Spaces: Home(less)ness, Displacement, and Movement
- Theme 4: NOT *everybody's free...* so, Unite, Act and Empower... *feel good*

These themes were generated through analysis and interpretation and seek to narrate and convey the experienced and felt nature and impact of structural violence within the women's lives, and the positioning and experience of their activism within these contexts.

## 4.2. Structural Violence, Activism and Bodily Construction and Experiencing

The first research question aimed to understand how Black and racialised women activists experience and construct their bodies in the contexts of structural violence and activism. Themes 1 'Caught in the asylum web: structural enactments of harm', 2 'Feeling and Felt Realities of Violence' and 3 'Uncertain Spaces: Home(less)ness, Displacement, and Movement' largely address this research question. Below, these findings will be discussed in relation to the existing literature along with further exploration of the author's interpretations of the women's artwork and *testimonia*, and how these relate to the broader context of structural violence and activism. The three bodies (social, political and self) (Scheper-Hughes & Lock, 1987) will be drawn on as a frame for this (see section 1.6.2. for further detail). This discussion will not focus on centring trauma (as it is understood within the clinical psychology field) or conceptualising the women's experiences as such, this is to purposefully step away from individualised and pathologized narratives surrounding traumatic experience and, to avoid depoliticising and pathologizing structural violence.

### 4.2.1. Structural enactments of harm, realities of violence, and the three bodies

Dehumanisation appeared to be a commonly depicted enactment of harm within the women's stories, specifically relating to their experiences of the asylum system. In the women's stories, their experiences seemed to show a spread of acts of dehumanisation relating to navigating the "hostile environment" (implemented under Theresa May as the UK Home Office secretary), feeling they were being treated like animals in detention and feeling as though they were being caught in a welfare trap. The women's stories seemed to illustrate a sense of feeling compromised and compressed by multiple layers of oppression in relation to race and their asylum seeker status. This aligns with findings from previous research which suggest that Black and racialised women are more likely to be exposed to interlocking systems of oppression (Collins, 2000) and that asylum seekers are more likely to be exposed to 'slow' violence (Coddington, 2019) that is so embedded within structure that it is both insidious and 'hidden' in plain sight. This plays out on a scale across the different systems within the women's lives and potentially echoes the effects of wider global systems surrounding finances, borders and assumptions of worth – all of which can form part of experiences of 'precarious citizenship' (Lori, 2017).

There is also something to be said regarding the 'welfare trap' (and the broader context of capitalism), bordering practices, and the utility of bodies, particularly when we hold in mind the theory of the body as colonial artefact (Bakare-Yusuf, 2017). The theory proposes that bodies (Black bodies in particular) are held through a colonial gaze as primarily useful for the purposes of labour and thus contributing to capitalism 'effectively'. However, asylum seekers are not able to work and

therefore there is a conflict produced within this colonial structuring of labour, economy, and bodies. The women's stories speak to this as they talk about wanting to work, not being able to and how they are then socially positioned in a negative light. Here, we arguably see anti-immigration, racist and anti-welfare rhetorics collide (Burgoon & Rooduijn, 2021), with the impact targeting those who are socially and politically positioned as the other, which will subsequently influence self-positioning and relating to one's own body. Furthermore, we witness the enactment of the body as colonial artefact in the context of displacement, bordering and the geopolitical policing of space. Many of the women talked of their experiences of displacement and the subsequent distress, anxiety, and uncertainty this caused, with some of the women also experiencing homelessness. This is in keeping with previous research which has conveyed the impact of displacement on mental health (Fennig & Denov, 2022), but also potentially speaks to broader ideas of landscaping (people's relationship to self, others, activity and environment) and how these can impact people especially in the context of colonial and postcolonial imprints and ideologies (Roux & Parnell, 2020).

Experiences of criminalisation were present in some of the women's narratives, often at the intersection of asylum seeker and Black identities. The women's stories express their experiences of arrest, detention, racial profiling, and 'crimmigration'. Crimmigration is a term used to describe the discourse surrounding migration and crime and the processes that can be enacted within this discourse (Khalema, 2020), and may be the connecting thread throughout these women's experiences alongside the social discourse surrounding the separation of Blackness from Britishness via the race-crime myth (in which Black and racialised people are framed as perpetrators of crime with no attendance to the post-WWII context of police and anti-immigration brutality) (Long, 2018). Within the experiences conveyed and described in the results section of this study, there are patterns of racism and anti-immigration rhetoric throughout, albeit the visibility of these will likely be shaped by the social-locations from which the reader approaches this work (Picower, 2021). Some of the women's experiences of being made to feel like a criminal for seeking safety or the extremities of treatment experienced in detention arguably speak to the processes by which society maintains social control through the politicisation of identities and bodies. Previous research has evidenced systemic patterns of surveilling and silencing Black and racialised bodies (Haarmans & Maxwell, 2021), which the women's experiences arguably align with. In the social discourses that have been constructed since WWII regarding 'the Black Other' in Britain (Long, 2018), it is unsurprising that such narratives continue to manifest in the negative perception of Black people as the other in geopolitical space defined as 'Britain'. Here, we come back to the idea of 'geographies of power' (Mahler & Pessar, 2001) (discussed in the first chapter of this study) and how these ultimately influence how our bodies are positioned within spaces based on the social construction of what



those spaces are and who they belong to. We will now discuss space and displacement in greater detail.

#### 4.2.2. Activism and the three bodies

Theme 4 primarily conveyed the women's relationship with their activism and the interlinking with their bodies. The women talked of some of the complex feelings they experience in the activism context, and the importance of speaking up and taking action. They conveyed this through their body maps through text, colour, and shape, often using colours to convey sensations and feelings about their experiences. These mixed feelings and an emphasis on action also potentially speak to ideas from Lorde and Ahmed describing the body as 'being open to fearlessness' and 'openness to fear' in the context of violence and resistance, respectively (Nayak, 2013). This reflects the process of emotionally engaging with fear and being open to the feelings and responses that exposure to structural violence can provoke when we choose to resist. These experiences show the intersection between the self body and the social and political bodies in that the self is shaped and (re)created in relation to social and politically constructed experiencing of bodies. This interlinks with ideas surrounding with how the body can be a resource of resistance (Madison, 2010) which echoes some of the women's narratives of talking about their body as their strength and driving force for their activism, and thus is a key tool in their action against injustice.

Several of the women also spoke of feeling a sense of empowerment and connection to others along with their felt sense of the importance of collective action. These findings are in keeping with previous research which has linked activism to personal growth and social integration (Glister, 2012; Klar & Kasser, 2009), and also potentially relates to previous research that has suggested that collective experiencing can support regaining of bodily autonomy (Roadman, 2021) which in itself can be an empowering experience. Some of the women had talked about how exposure to structural violence had negatively impacted their relationship to their self and their body, so this contrast of feeling reconnected to self in the activist context potentially demonstrates how activism can facilitate a multiplicity of feelings towards self and body, but also potentially serve as a means of redeveloping that relationship and connectivity.

The emphasis on speaking up and taking action within the women's stories and body maps interlinks with previous research emphasising the importance of mobilising of both bodies and minds in order to progress justice seeking (C. Campbell & Cornish, 2021).

### 4.3. Structural Violence, Activism and Power Dynamics

The second research question aimed to understand how Black and racialised women activists use activism to navigate power dynamics in relation to structural violence. Theme 4 'NOT *everybody's free... so, Unite, Act and Empower... feel good*' largely addresses this research question, whilst the other three themes also contribute to answering this question. Below, these findings will be discussed in relation to the existing literature along with further exploration of the author's interpretations of the women's artwork and *testimonia*, and how these relate to the broader context of structural violence and activism.

Many of the women talked about their activism in the context of having visibility, speaking up to make themselves heard and taking action to challenge injustice and the powers that enact this injustice. The women primarily talked of their activism as a positive, empowering experience that enabled them to feel connected to themselves and others. This is in keeping with previous activist research (Glister, 2012; Klar & Kasser, 2009) conveying that engaging in activism can have positive effects on wellbeing and support people in navigating challenging circumstances. Drawing on previous research and theory in this area, it can be inferred that one means of navigating power dynamics interlinked with structural violence is through the solidarity developed through collective action (Ellis & Dietz, 2017) (echoed in the women's *testimonia*), which can contribute to growth in collective wellbeing (Kinouani, 2021). This speaks to the power of collective experience in the context of injustice and how experiences of empowerment can occur through both input and output channels (being empowered and empowering others) in the developing context(s) of social action as people partake in it (Drury et al., 2014).

Previous research has shown that collective experiencing can also involve feelings and embodied experiences of pain, grief, rage and shame (Menakem, 2021). Whilst the women in this study did not explicitly link their activism and activist collectivist experiences to such embodied feelings, pain, sadness, and depression appeared to be common among the women when they talked of their experiences of structural violence within the asylum system and in relation to racism. This may speak to how activist involvement enables the women to access feelings collectively such as joy and empowerment, but how this does not detract from or deter the other embodied experiences they have from exposure to structural violence. Furthermore, previous research has shown that PTSD and low mood are more common place in activists engaged in protest (Geller et al., 2014; Meade et al., 2017), and so speculatively, there may be some considerations around the lingering impact of exposure to structural violence (even when challenging it) and how this may impact upon the self and the collective after the fact.

Displacement experiences and the processes that underpin them are key elements in discussions around activism, structural violence, and the navigation of power. The women's stories primarily illustrated challenges and struggles within their displacement experiences, with some needing to take action e.g., through frequent letter writing and others experiencing homelessness. One of the women highlighted that feelings of freedom and safety are context dependent, which may well illuminate how power navigation within individual and collective experiences is influenced by a range of contextual factors (e.g., historic, transitional, current and future contexts (Holliday, 2020)). Power navigation may also be influenced by geographies, global economies and western individuation (Ong, 1999). Several of the women referred to the Home Office as a particular system of power that had been difficult to navigate and in some women's experiences had felt harmful. But there was also a narrative about using activism to challenge systems such as the Home Office and using protest as a method of communicating with them. This activist approach arguably focuses in on one of the systems that gatekeeps displacement (the Home Office) to attempt to evoke systems change.

#### **4.4. Critical Review**

##### **4.4.1. Study Quality**

Lincoln and Guba's (1985) four part criteria for quality and rigor in qualitative research informed the evaluation of this study: confirmability, credibility, dependability and transferability.

- **Confirmability:** reflexive logs were kept by the researcher throughout the research process to document how her own responses and experiences of the process (along with location of self) may impact interpretation of findings (Miles et al., 2013). This facilitated reflection on her own lived experience associated with the nature of the study, but also considerations around the privileges and proximity to power she holds, thus prompting mindful attending to the research data and critically examining her own interpretations. A reflexive log extract can be found below with additional extracts in appendix 4. An extract of transcript coding and a visual representation of the evolution of themes can also be found in appendices 7 and 8, respectively.

*"I feel really motivated after today's body map workshop, whilst I know in many ways my thesis may be a drop in the ocean, I really want to try make as much impact as possible because these women's voices really deserve to be heard and their stories deserve to be seen. Very aware I now feel an immense sense of pressure to do the best write up I possibly can but*

*also mindful that my inner perfectionist is an excellent saboteur of progress when I'm trying to think and explore freely, so I'll have to make sure it doesn't turn into a hindrance of possibilities".*

*[Reflexive log 10/08/2023]*

- **Credibility:** key themes from the researcher were reviewed and discussed in supervision to support the development of the analytic process. They were also reviewed and discussed in detail with the co-researcher, who felt that the themes reflected the women's experiences and what they had shared verbally and on their maps. This further enriched the analytic process. Member checking was then carried out in order to reflect and maintain authenticity of participants' accounts (Tobin & Begley, 2004). Unfortunately, due to this being carried out close to the submission deadline, it was only possible to speak with four participants. They felt the themes identified reflected their experience, with themes 1 and 4 feeling particularly prominent for them.
- **Dependability:** field notes and reflexive logs were kept to document a logical, coherent study process (Nowell et al., 2017). Field notes were kept in response to each workshop, these served to support the researcher to keep a record of how the workshop unfolded as well as how art making processes and *testimonia* telling occurred. This enabled the researcher to link *testimonia* more closely to body maps through participants use of gesture and pointing. An example extract can be found below, with additional extracts in appendix 5.

*"Today's workshop involved a pause during the body map creation for us to have a little bit of a conversation about colour theory (colour mixing, the colour wheel and colour contrast). Not a super formal conversation but enough to equip people with the knowledge to enable them to create their maps in the way that they want. Some of the women shared they had limited experience of doing art before, so this felt like a helpful approach to help them unleash more creative possibilities".*

*[Field notes 09/08/2023]*

- **Transferability:** a clear description of the study methodology (Lincoln & Guba, 1985) has been provided in the methodology section of this study, along with body mapping guidelines (appendix 1H) to enable transfer of findings and study replication.

Another key factor considered in evaluating the quality of this study was translation in qualitative research. Three of the twelve women spoke a mixture of French and English throughout the research process with French being their first language. Questions were asked to the participants in English (and also French in 2 of 3 *testimonia*) and responses were a mixture of English and French from one participant and the other two predominantly French. The researcher is French speaking (working proficiency level), and the co-researcher is French speaking (native language level). Due to time constraints surrounding completion of the thesis, these three *testimonia* were translated and transcribed by an external translator and translations were also then reviewed by the researcher and co-researcher. The participants were contacted and provided their consent for this external process.

There is extensive research within the area of translation within qualitative research, which raises key questions surrounding the relationship between language and identity, the permeability of language boundaries, and the lack of perfect correlation between language and meaning (Temple & Young, 2004). There are also potential issues of accuracy within translation in that the act of interpretation in itself involves interpretation, which can relate to omissions, style, register and renditions of the original speech/text (Major & Napier, 2012).

The researcher was mindful of wanting to remain as open and engaged as possible and steer away from not declaring that translation has occurred within this study (as can be common in qualitative research) and attend to how this relates to power within the research process. The three French speaking participants wrote on their body maps in English (when one had asked in a workshop, I had said she could write in French, English or both). The act of communicating a cross-language aspect to this study feels important and is largely informed by the Black feminist, intersectional stance of the researcher. In sharing *testimonia* space with the co-researcher also contributing to semi-structured question asking and the shared reviewing of translations by the 3<sup>rd</sup> party, the researcher sought to address some of the insider-outsider power-related challenges that can arise in translation work and thus influence the interpreted meaning of texts (Twine, 2000).

#### 4.4.2. Strengths and Limitations

This study adopted a Black feminist, intersectional, arts-based, participatory approach to qualitative research. This combination is not commonplace within the psychology field. It has enabled a continued engagement with lived experience and in doing so sought to redistribute power within the research process and focus on knowledge and experience from the community whom the research was carried out with. It has also facilitated a maintained focus on the intersections of oppressive systems and centred the experiences of Black and racialised women. In doing so, the researcher has

sought to centre lived experience, push against invisibility and prompt the acknowledgement of Black and racialised women as experts in their own lives (Owens et al., 2018).

The women who took part in the study had a broad age range providing insights into activist experiences across the lifespan and shared themes within these experiences. Most of the women who participated in the research were Black and so there was a lesser exploration of the experiences of other racialised women within this study and so this could also be an area for further research to explore similarities and differences in activist lived and embodied experiences. Moreover, given that this study was conducted in groups (3 groups of 4 participants), there is also the possibility that desirability effects could have influenced aspects of the process. However, it is important not to adopt a binary view of whether a group approach was 'better/worse' or 'good/bad', as it offered a different way to gather information (verbally and visually) and there were also notable positives experienced by the women from using this approach. This included a sense of connection with others, which given the activist context of this research feels particularly apt.

On the topic of generalisability, this study draws on the principles of intersectional generalisability (Fine et al., 2008) in order to bypass the assimilation and colonisation embedded in the architecture of research. Generalisability, as a concept, has been hegemonized to centre sameness and other difference and underpinned by technicality and empiricism. It is also plagued by quantitative frames and ideology curating the validity of qualitative research (Braun & Clarke, 2022), which arguably leaves little in the way of understanding it in the context of theory generated by social action and resistance. Consequently, this study can be understood to offer insights into body and bodily experience within the UK activist context, specifically for Black and racialised women with experience of the asylum seeker system.

#### 4.4.3. Reflexivity

Reflexivity is an essential component of reflexive thematic analysis (Braun & Clarke, 2019) but also key in my coming to this research from a Black feminist, intersectional perspective. In adopting a reflexive stance, the researcher aims to attend to how they have come to this research, how they can speak up and platform the voices of Black and racialised women and how to speak this back to academic institutions (Hamilton, 2020; Owens et al., 2018). Further reflexive extracts are included in appendix 4.

#### 4.4.3.1. Researcher Reflexivity

*I turned up to this research process as a Black-mixed, working class, disabled woman who has always felt out of place in the academy but loves to learn and wants to get closer to 'the table' (not interested in getting a seat), to remove the screws and watch it collapse. I considered writing this in a more formal paragraph, feeling as though that is the way I am expected to write. There is always some level of pressure to assimilate within academia. But it's important for me to write these reflections as they come and have come to me throughout this journey. Doing this piece of research has prompted me to dig much deeper than I'd have ever imagined in relation to myself and how I make sense of the world around me. It has invited me (with warmth) to process and grieve past losses and see the subtle ways intergenerational trauma lives on within my own life, but also what difference it could have made if my grandma and the generations of my people who've come before me would have had space to talk, act and live through her experiences differently. To be seen. To be heard. To be experienced. In full.*

*At times working on this project felt incredibly hard, I felt such a strong commitment to trying to do justice to the stories of these incredible women, but also feeling unsettled by the harms they have and continue to live through. I've had to sit with that discomfort and use it as fuel to act in a way that is change driven. At times, I have also found great joy in this work through meeting the women, spending hours looking at their artwork, listening to my co-researcher's reflections and thoughts (and singing) and feeling motivated to keep speaking and acting up in the face of injustice. It is all of these moments together that remind me why it felt so important to do the study that mattered to me in a way that didn't lose sight of the women who it could not have been done without.*

*Sometimes during this process, I have sat and wondered about psychology, wondered about how it can be helpful in contexts of structural violence, wondered if it is just another one of 'master's tools'. I have no doubt that psychology as a discipline 'will never dismantle the master's house' but psychology can give me access to power in a way that the Black and racialised women in this study and those I work with in therapy do not have access to. That is something I need to use in a way that is always liberatory at its core, I need to co-discover ways to redistribute it, and the challenge now is to continue to work out the most ethical way to do that. I never want to wake up and realise that I lost sight of my values, that I put my Black feminism on the back burner just to make my day 'easier' or that I assimilated to feel like a "proper" psychologist. My driver has always been to help and empower others as part of working towards a more socially just world because Black and racialised women deserve to live and be, unapologetically and freely. This*

*thesis is a contribution to that goal and a call to action, to stop just reflecting on why we 'might' engage with social justice, but to actually go and do it.*

#### 4.4.3.2. Co-researcher Reflexivity

The co-researcher and I discussed her experience of being involved in the research. I asked if she would like to write about her experience or if she would rather I write a summary of the key things that came up in our conversation. She said she would prefer I write a summary.

*We talked about some of the logistical aspects of the project and how these at times may have made things feel slow, unpredictable and 'wrapped in tape'. Sometimes these things were institutional e.g., waiting on ethical amendments and other times they were external e.g., a double booking of the workshop room resulting in us needing to change a date. These things were bumps in the road along the way along with a wobble at the beginning of the research journey of the project feeling somewhat enormous.*

*What was enjoyed most by her was the opportunity to work directly with the women and co-deliver the body mapping workshops. Each workshop she became more active offering support within the space and as her confidence built she also became involved in gathering the testimonia (particularly supporting with those that were delivered in a mixture of French and English). She felt it was 'so important for the women to tell their stories and this drawing approach and making art can really help them do it and be comfortable' by providing a way to help them think about how they want to tell their story before they speak and produce something on paper they are proud of. Although she was not able to be actively involved in all parts of the project (analysis stage), she was always keen to hear updates, review the themes, and has a particular enthusiasm for disseminating the work – 'this is a chance to really get these stories out there and hopefully to those who need to listen'.*

#### 4.4.3.3. Participant Reflexivity

At the end of each *testimonia*, the women were asked how they found the experience of body mapping and sharing their story, and also asked what advice they would give to a young Black or racialised woman who was interested in getting involved in activism. Many of the women described the experience as 'therapeutic' and said it had left them feeling 'calm' and 'happiness'. The idea of the experience feeling therapeutic maybe speaks to the possibilities of collective healing in group spaces or healing through exploring and expressing one's own story and feelings. Some expressed particularly enjoying the opportunity of connecting with the other women in their group and one also talked of never having drawn before and how much she enjoyed this as her first experience.

During the workshops, some of the women expressed worries about their English language and drawing ability which may have been influenced by desirability pressures, group context, previous experiences questioning ability and their own relationship with art. The researcher and co-researcher



reassured participants, reminded them there are no standards or expectations from their art, and that questions can be modified and/or they may use French as required.

All of the women shared some advice around getting involved in activism with key suggestions involving 'speaking up', 'having confidence' and 'coming together'. These key messages may speak to their shared view of the importance of community action, empowerment and finding one's voice. This speaks to bell hooks' (1990) notion that radical action on the journey to liberation must include the voices of marginalised, displaced people.

#### **4.5. Implications and Recommendations**

This study has several implications for clinical practice, clinical training, research, and policy.

##### **4.5.1. Clinical Practice and Clinical Training**

This study highlights the importance of integrating the body within clinical practice and preventing further othering and marginalising of the body, as can often happen within psychologically focused work (Ogden et al., 2006). In drawing links between structural violence and bodily experiences through speech and drawing, a more holistic and inclusive approach can be fostered for the facilitation of creative expressions unsaid and unheard narratives, particularly in relation to traumatic experiences. It also draws attention to the importance of consideration of context within therapeutic work using art given that colour and symbol will all carry varied personal, social, political, and collective meanings. Previous research has found art to be an effective means of accessing memories, histories and traumas (Talwar, 2007) and fostering a liberatory connection with the body (Malchiodi, 2020). The current study proposes the potential utility of using art as a facilitative tool to connect with historic and/or embodied experiences and exploring the impact of structural violence within clients' lives. Such tools may also be beneficial within the clinical training context as a means of facilitating and encouraging dialogue surrounding structural violence to support trainees to navigate these conversations clinically, but also to explore their own relationality to them. It may also indicate the potential benefits of collaborative working between clinical psychology and art psychotherapy.

This study also sought to encourage the adoption of evidence-based (EBA) and clinician-led evidence-based (CLEBA) activism (N. Fraser, 2005; Pushkar & Tomkow, 2021). Such clinical activism has occurred in NHS related contexts previously (Kang et al., 2019) but in order to be effective requires engagement and commitment from clinicians to the process itself. In adopting such

approaches and providing related teaching within clinical training, more clinicians will need to have an awareness and knowledge base of how to go about engaging with activism within their work, whilst also exploring avenues to redistribute power e.g., through service user involvement channels and lived experience engagement. The present study intended to be EBA and for the most part it has been, however, it is not possible to ignore that the constraints of the doctoral training may have at times constrained aspects of CLEBA.

#### 4.5.2. Research

In terms of research, this study sought to convey the importance of the implementation of participatory approaches within psychological research, particularly clinical psychology. The inclusion of a co-researcher is not commonplace within the field and the inclusion of such can contribute significantly to coproducing knowledge, thus contributing to a more rigorous and credible study that steps away from the (re)production of epistemic injustice. In co-constructing research, clinical psychology can actively seek to redistribute power along with connecting with issues relevant to communities in ways that do not seek to psychologise or pathologize those experiences, and acknowledge community members as experts of their own experience (Smith, 2021). The study has also highlighted how participatory arts-based approaches can be beneficial for participants both in terms of their experience of engaging in the research process e.g., feeling cathartic and connecting with others, but also in terms of what they are able to express about their lived experience through verbal and nonverbal means to facilitate an exploratory space. This could present unique research opportunities applying a Lacanian or Jungian lens to psychological exploration of emotions conveyed through creative expression. Further to this, the use of an arts-based approach involving dual data collection (verbal and visual) is uncommon in psychological qualitative research (and qualitative research more broadly) which may speak to a disconnect to engaging with creativity in research contexts and thus highlight the importance of exploring broader ways of conducting research.

In terms of implications for further research, this study has begun exploration of activist experiences of structural violence and the impact on the self and the body, individually and collectively. Further research is warranted in this area. For example, although not a specific participant requirement, this study primarily involved activists whose activism was focused on challenging anti-immigration and racism, and so further research could explore if similar embodied experiences are shared by people whose activism has a different focus and/or who do not have direct experience of the asylum system.

It is also recommended for clinical psychology researchers to consider the importance and utility of Black feminist, intersectional approaches to clinical research when working with communities of Black and racialised women, from the exploration of literature and study design through to the

analysis and interpretation of findings. This is to actively facilitate the focus of Black and racialised women's experiences remain centred and are explored with sensitivity, context, and focus.

#### 4.5.3. Policy

In terms of implications for policy, this study has sought to change the apolitical culture that can be commonplace within the clinical psychology profession and encourage clinicians and researchers to become more engaged in becoming aware of structural enactments of harm impacting marginalised groups, but attending to how this can be embedded within government policy, and thus subsequently influence Trust and service policies. For example, this study has provided insights into asylum seeker women's experiences who themselves have referred to the "hostile environment" and the Rwanda plan as UK Home Office policies that have and could negatively impact their lives. Thus, clinicians need to hold awareness of such policies and be mindful to the impact these may have on clients, but also consider what their role could be as clinician advocates or clinician activists in challenging such policies.

This study's focus on activists and their experiences also hopes to draw attention to the potential impact of the Public Order Act 2023, which contains measures that the government had previously but unsuccessfully tried to implement through the Police, Crime, Sentencing and Courts ("Policing") Act 2022. The 2023 Act increased police powers including: new and expanded use of stop and search; new offences linked to particular types of protest (e.g., tunnelling and locking-on) and orders that ban some participation in activist activity. It is essential that clinicians and researchers are aware of the potential implications for activists of this Act and how possible heightened risk of exposure to police powers may impact their mental health, particularly those who are racialised as Black (DeVylder et al., 2017; Durán & Shroulote-Durán, 2021).

***“I am not free while any woman is unfree, even when her shackles are very different from my own”***

- Audre Lorde (1997)

## 5. CONCLUSION

The aim of this study was to explore and deepen understanding of embodied experiences of structural violence in Black and racialised women activists, using participatory visual methods. To the author’s knowledge, this is the first study of its kind within the clinical psychology field.

Four themes were identified from visual and reflexive thematic analyses:

- Theme 1: Caught in the asylum web: structural enactments of harm
- Theme 2: Feeling and Felt Realities of Violence
- Theme 3: Uncertain Spaces: Home(less)ness, Displacement, and Movement
- Theme 4: NOT *everybody’s free...* so, Unite, Act and Empower... *feel good*

These themes narrate and convey the experienced and felt nature and impact of structural violence within the women’s lives, and the position and experience of their activism within these contexts.

This study has demonstrated the benefits of adopting a Black feminist, intersectional, participatory, arts-based framework to understand the lived experiences of Black and racialised women in the context of structural violence and activism, with a focus on their bodies. This facilitated a means of exploring body and bodily experiences by engaging with the body prior to orally narrating lived experiences. It has highlighted implications for clinical practice regarding use of creative methods and attending to the body, whilst also highlighting the need for clinicians to attend to the potential impacts of policy on clients. It has also highlighted avenues for future research that could be carried out using this approach.

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## **7. APPENDICES**

**APPENDIX 1: Ethics Application**

**APPENDIX 2: Ethical Approval Letter and Amendments**

**APPENDIX 3: Original French and English Translated Extracts included in Results Section**

**APPENDIX 4: Reflexive Log Extracts**

**APPENDIX 5: Field Note Extracts**

**APPENDIX 6: Axial Embodiment Grid**

**APPENDIX 7: Transcript Coding Extract**

**APPENDIX 8: Evolution of Themes**

**APPENDIX 9: Materials List**

**APPENDIX 10: Revised Data Management Plan**

UNIVERSITY OF EAST LONDON

School of Psychology

APPLICATION FOR RESEARCH ETHICS APPROVAL  
FOR RESEARCH INVOLVING HUMAN PARTICIPANTS  
(Updated October 2021)

FOR BSc RESEARCH;

MSc/MA RESEARCH;

PROFESSIONAL DOCTORATE RESEARCH IN CLINICAL, COUNSELLING & EDUCATIONAL PSYCHOLOGY

Section 1 – Guidance on Completing the Application Form  
(please read carefully)

1.1	Before completing this application, please familiarise yourself with: <ul style="list-style-type: none"><li>▪ British Psychological Society’s Code of Ethics and Conduct</li><li>▪ UEL’s Code of Practice for Research Ethics</li><li>▪ UEL’s Research Data Management Policy</li><li>▪ UEL’s Data Backup Policy</li></ul>
1.2	Email your supervisor the completed application and all attachments as ONE WORD DOCUMENT. Your supervisor will look over your application and provide feedback.
1.3	When your application demonstrates a sound ethical protocol, your supervisor will submit it for review.
1.4	Your supervisor will let you know the outcome of your application. Recruitment and data collection must <b>NOT</b> commence until your ethics application has been approved, along with other approvals that may be necessary (see section 7).
1.5	Research in the NHS: <ul style="list-style-type: none"><li>▪ If your research involves patients or service users of the NHS, their relatives, or carers, as well as those in receipt of services provided under contract to the NHS, you will need to apply for HRA approval/NHS permission (through IRAS). You DO NOT need to apply to the School of Psychology for ethical clearance.</li><li>▪ Useful websites:</li></ul>

	<p><a href="https://www.myresearchproject.org.uk/Signin.aspx">https://www.myresearchproject.org.uk/Signin.aspx</a>  <a href="https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/">https://www.hra.nhs.uk/approvals-amendments/what-approvals-do-i-need/hra-approval/</a></p> <ul style="list-style-type: none"> <li>▪ If recruitment involves NHS staff via the NHS, an application will need to be submitted to the HRA in order to obtain R&amp;D approval. This is in addition to separate approval via the R&amp;D department of the NHS Trust involved in the research. UEL ethical approval will also be required.</li> <li>▪ HRA/R&amp;D approval is not required for research when NHS employees are not recruited directly through NHS lines of communication (UEL ethical approval is required). This means that NHS staff can participate in research without HRA approval when a student recruits via their own social/professional networks or through a professional body such as the BPS, for example.</li> <li>▪ The School strongly discourages BSc and MSc/MA students from designing research that requires HRA approval for research involving the NHS, as this can be a very demanding and lengthy process.</li> </ul>
1.6	<p>If you require Disclosure Barring Service (DBS) clearance (see section 6), please request a DBS clearance form from the Hub, complete it fully, and return it to <a href="mailto:applicantchecks@uel.ac.uk">applicantchecks@uel.ac.uk</a>. Once the form has been approved, you will be registered with GBG Online Disclosures and a registration email will be sent to you. Guidance for completing the online form is provided on the GBG website: <a href="https://fadv.onlinedisclosures.co.uk/Authentication/Login">https://fadv.onlinedisclosures.co.uk/Authentication/Login</a>  You may also find the following website to be a useful resource: <a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service">https://www.gov.uk/government/organisations/disclosure-and-barring-service</a></p>
1.7	<p>Checklist, the following attachments should be included if appropriate:</p> <ul style="list-style-type: none"> <li>▪ Study advertisement</li> <li>▪ Participant Information Sheet (PIS)</li> <li>▪ Participant Consent Form</li> <li>▪ Participant Debrief Sheet</li> <li>▪ Risk Assessment Form/Country-Specific Risk Assessment Form (see section 5)</li> <li>▪ Permission from an external organisation (see section 7)</li> <li>▪ Original and/or pre-existing questionnaire(s) and test(s) you intend to use</li> <li>▪ Interview guide for qualitative studies</li> <li>▪ Visual material(s) you intend showing participants</li> </ul>

## Section 2 – Your Details

2.1	<b>Your name:</b>	<b>Charlotte Maxwell</b>
2.2	<b>Your supervisor's name:</b>	<b>David Harper</b>
2.3	<b>Name(s) of additional UEL supervisors:</b>	<b>Matthew Jones-Chesters</b>
		3rd supervisor (if applicable)
2.4	<b>Title of your programme:</b>	<b>DClinPsy Prof Doc in Clinical Psychology</b>
2.5	<b>UEL assignment submission date:</b>	<b>01/05/2024</b>
		Re-sit date (if applicable)

## Section 3 – Project Details

Please give as much detail as necessary for a reviewer to be able to fully understand the nature and purpose of your research.

3.1	<b>Study title:</b> <u>Please note</u> - If your study requires registration, the title inserted here must be <u>the same</u> as that on PhD Manager	‘The Transformation of Silence into Language and Action’ – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies
3.2	<b>Summary of study background and aims (using lay language):</b>	This study aims to explore and deepen understanding of embodied experiences of structural violence in Black and racialised women activists, using participatory visual methods.
3.3	<b>Research question(s):</b>	RQ1. How do Black and racialised women activists construct and experience their bodies in the context of a) structural violence and b) activist activity? RQ2. How do Black and racialised women activists use activism to navigate power dynamics of structural violence?
3.4	<b>Research design:</b>	An arts-based participatory qualitative methodology. This study will involve a co-researcher with lived experience of the phenomena, who will be involved throughout the research process, ensuring this study leans into ‘deep’ rather than ‘shallow’ inclusion as much as is possible within the constraints of this doctorate (Southby, 2017) and does not collude with tokenistic co-option of lived experience knowledge (Colder Carras et al., 2022).
3.5	<b>Participants:</b> Include all relevant information including inclusion and exclusion criteria	Participants are Black and racialised women, aged 18+, living in the UK, who: have been/are actively engaged in activism challenging structural harm and have been living in the UK pre-covid-19 engaged in activism that is not solely online. Sample size is 8-10 participants.
3.6	<b>Recruitment strategy:</b> Provide as much detail as possible and include a backup plan if relevant	A multi-pronged sampling strategy will be adopted. Participants will self-select into the research (volunteer sampling) and can share its details with other activists (snowball sampling). Purposive sampling will enable identifying participants for whom the research questions hold significance, and the subject matter can be explored in depth (Patton, 2002). Recruitment will occur via social media and relevant community organisations who work with the target participant group (permissions to support recruitment in appendices of this form).
3.7	<b>Measures, materials or equipment:</b> Provide detailed information, e.g., for measures, include scoring instructions, psychometric properties, if freely available, permissions required, etc.	Body mapping guidance will be adapted from current body mapping guidance (Solomon, 2007; Gastaldo et al., 2012; Boydell et al., 2021). An instruction guide will be given to participants in addition to instruction and ongoing guidance provided by the researcher (see



		<p>appendices). Art materials required include: paper (120gsm 1.5x2m), paints, pencils, markers, glitter, glue, brushes, feathers, and craft paper. A hair dryer will also be used to dry parts of body maps to enable completion during the set workshop time window.</p>	
3.8	<p><b>Data collection:</b> Provide information on how data will be collected from the point of consent to debrief</p>	<p>Body mapping, an arts-based participatory qualitative methodology will be used. Body mapping involves "the process of creating body-maps using drawing, painting, or other art-based techniques to visually represent aspects of people's lives, their bodies and the world they live in" (Gastaldo et al., 2012). These maps will be life-size created on large sheets of paper and using a range of creative art materials. It enables exploration of embodied experiences and associated meaning making, whilst acting as a visual depiction of socio-political economic processes involved in the oppression (Gastaldo et al., 2012) of certain bodies and how marginalised people then experience their bodies (Scheper-Hughes &amp; Lock, 1987). Participants will be asked to share a 'testimonia' (a verbal/written story of what the map depicts about their life experiences) to accompany their body map. This will be audio recorded by the researcher. Audio recorders will be available to participants during the session so they are able to share their creative process, this will be either through their own self-initiated recording or in dialogue with the researcher/co-researcher using the body mapping guide prompts (see appendices). The session will be a half-day workshop. This will be run on two occasions (max of 4-5 participants per workshop). £100 required for room hire to cover all workshop time. Combining body maps and testimonia enables multi-modal exploration of lived experience; offering avenues to explore issues addressed to a lesser extent in 'traditional' qualitative research (Reavey, 2021). This triangulation of information (Cope, 2014) also contributes to study credibility.</p>	
3.9	<p><b>Will you be engaging in deception?</b></p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input checked="" type="checkbox"/></p>
	<p>If yes, what will participants be told about the nature of the research, and how/when will you inform them about its real nature?</p>	<p>If you selected yes, please provide more information here</p>	
3.10	<p><b>Will participants be reimbursed?</b></p>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input checked="" type="checkbox"/></p>
	<p>If yes, please detail why it is necessary.</p>	<p>Although it is good practice to offer a token of thanks/payment to a co-researcher for their time and</p>	

		knowledge given their level of input and activity within the research process (NIHR, 2022), I am mindful that the nature of the study (structural violence) may impact on participants feeling comfortable providing their personal details to the university (an institution) for voucher consideration. Following two meetings with the co-researcher it was concluded that provision of vouchers was not an appropriate course of action given the nature of this study and they expressed wishing to continue in their role with regular reviews and check-ins regarding their involvement.
	How much will you offer? <u>Please note</u> - This must be in the form of vouchers, <u>not cash</u> .	
3.11	<b>Data analysis:</b>	A combination of analytic methods will be used to attend to the multiple data types produced in this study. To analyse visual data, axial embodiment (Orchard, 2017) will be used because it was explicitly created for body mapping analysis and enables exploration of embodied experience alongside the relationality of participants to the symbols, systems and structures depicted in maps. Reflexive thematic analysis (Braun & Clarke, 2019) will be used for analysis of testimonia and field notes because it enables analysis of qualitative data relating to participants' lived experience whilst simultaneously prompting the researcher to be reflexive of their own subjectivity.

## Section 4 – Confidentiality, Security and Data Retention

It is vital that data are handled carefully, particularly the details about participants. For information in this area, please see the UEL guidance on data protection, and also the UK government guide to data protection regulations.

If a Research Data Management Plan (RDMP) has been completed and reviewed, information from this document can be inserted here.

4.1	<b>Will the participants be anonymised at source?</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input checked="" type="checkbox"/>
	If yes, please provide details of how the data will be anonymised.		
4.2	<b>Are participants' responses anonymised or are an anonymised sample?</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
	If yes, please provide details of how data will be anonymised (e.g., all identifying	Participants will be given a participant number and all identifiable information will be anonymised in transcripts and on body map keys. Should any participants wish to	

	information will be removed during transcription, pseudonyms used, etc.).	withdraw from the study, the researcher will keep a password protected document allowing for the pairing of anonymised and identifying information to fulfil the participant request. Participants will be informed that they can withdraw their research data within 2 weeks of participation. After this point, it will not be possible to withdraw from the study as data will have been anonymised through the deletion of data linked to the participant and data analysis will have begun. Voice recordings will be named using a coding convention and stored separately from other data. Recordings will be deleted following examination of the thesis. Transcripts will be anonymised and given pseudonyms. A log of pseudonyms will be stored separately from the data which could be used to re-identify participants.
4.3	<b>How will you ensure participant details will be kept confidential?</b>	Confidentiality is a key ethical issue within this research because it involves a small participant group who are from a vulnerable and marginalised population. The subject matter is also of a sensitive nature. Voice recordings will be named using a coding convention and stored separately from other data. Recordings will be deleted following examination of the thesis. Transcripts will be anonymised and given pseudonyms. A log of pseudonyms will be stored separately from the data which could be used to re-identify participants. Only the researcher and the supervisor will have access to the data via secure UEL managed services. When interviews are not fully conducted in English, an external translation and transcription service will be used and will contractually agree to keep the material confidential and follow GDPR and other legislation for data storage purposes. This will only be used when participants have consented to the researcher being able to contact them again in relation to the study and the researcher will seek consent prior to contacting an external organisation.
4.4	<b>How will data be securely stored and backed up during the research?</b> Please include details of how you will manage access, sharing and security	Research data will be stored securely on the researcher's UEL OneDrive. The research supervisor will have access to copies of the anonymised interview via UEL SharePoint. Physical art works (body maps) will be stored in a locked cupboard in the DoS' office. Art works will be photographed and/or scanned at the earliest opportunity, these images will be stored, and password protected on the researcher's OneDrive and deleted from the device on which the photos were taken. Electronic scans of consent forms, which will contain identifiable information (e.g., names), will be stored as password-protected files and

		<p>saved in a separate folder on UEL OneDrive, accessible only to the researcher. The spreadsheet of participant's contact information will also be stored in this way, in another separate folder. When interviews are not fully conducted in English, an external translation and transcription service will be used and will contractually agree to keep the material confidential and follow GDPR for data storage purposes. This will only be used when participants have consented to the researcher being able to contact them again in relation to the study and the researcher will seek consent prior to contacting an external organisation</p>
4.5	<p><b>Who will have access to the data and in what form?</b> (e.g., raw data, anonymised data)</p>	<p>Testimonials and process discussion will be audio recorded by the researcher using a password-protected audio recording device. The researcher will not share the password for this device with anyone. The recording device will be transported and stored in a locked storage box. Audio files will be downloaded from the device at the earliest opportunity. The audio files will be temporarily downloaded to the researcher's UEL OneDrive (and encrypted) to allow transcription. They will be deleted once the thesis has been examined. When interviews are not fully conducted in English, an external translation and transcription service will be used and will contractually agree to keep the material confidential. Encrypted audio files will be sent to the service for translation and transcription. This will only be used when participants have consented to the researcher being able to contact them again in relation to the study and the researcher will seek consent prior to contacting an external organisation. The researcher will only share anonymised data (e.g., anonymised interview transcripts and body maps) with the research supervisor(s), the co-researcher and examiners. Data sharing with the research supervisor(s) will take place via UEL OneDrive (using OneDrive secure links). Files containing identifiable information (e.g. participant names and contact details) will be accessible only to the researcher, using the researcher's UEL OneDrive. The researcher will use their password-protected personal laptop to access UEL OneDrive and will access UEL systems using authentication.</p>
4.6	<p><b>Which data are of long-term value and will be retained?</b> (e.g., anonymised interview transcripts, anonymised databases)</p>	<p>Audio-recordings will be stored on OneDrive and password protected in a separate folder from other data. These will be deleted following examination of the thesis. Physical art works (body maps) will be stored in a locked</p>

		<p>cupboard in the DoS' office until the thesis has been examined and passed and some dissemination activity has been completed. Following this, art works will be returned to participants or be destroyed. Scans and photographs of maps will be taken. Along with anonymised research transcripts, they will be stored by the research supervisor(s) for future dissemination purposes and retained for a maximum of 5 years, after which time all research data will be deleted. Electronic copies of consent forms will be retained by the researcher until the thesis has been examined and passed and will then be deleted. Any paper consent forms will be digitised with physical copies destroyed and follow the above process. Research data stored on the researcher's UEL OneDrive will be deleted once the thesis has been successfully examined and passed. The thesis will be stored on UEL Research Repository.</p>	
4.7	<b>What is the long-term retention plan for this data?</b>	<p>The DoS and second supervisor will retain anonymised research data (for dissemination purposes) for a maximum of 5 years following thesis submission. This data will be stored on the research supervisor's own secure UEL OneDrive account and will be deleted once this 5-year period has elapsed. Physical art works (body maps) produced during the research process may be returned to the participants (if this was previously agreed) after completion and passing of the viva voce. Should this have been agreed, the researcher will send maps to individual participants.</p>	
4.8	<b>Will anonymised data be made available for use in future research by other researchers?</b>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input checked="" type="checkbox"/></p>
	If yes, have participants been informed of this?	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>
4.9	<b>Will personal contact details be retained to contact participants in the future for other research studies?</b>	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input checked="" type="checkbox"/></p>
	If yes, have participants been informed of this?	<p><b>YES</b> <input type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>

## Section 5 – Risk Assessment

If you have serious concerns about the safety of a participant, or others, during the course of your research please speak with your supervisor as soon as possible. If there is any unexpected occurrence while you are collecting your data (e.g., a participant or the researcher injures themselves), please report this to your supervisor as soon as possible.

5.1	<p><b>Are there any potential physical or psychological risks to participants related to taking part?</b> (e.g., potential adverse effects, pain, discomfort, emotional distress, intrusion, etc.)</p>	<p><b>YES</b> <input checked="" type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>	
	<p>If yes, what are these, and how will they be minimised?</p>	<p>Physical injury may be a possibility from getting onto the floor to do the outline stage of body mapping. Option for body maps to be completed standing against a wall or seated; assistance to be offered by the researcher. Emotional distress can arise in both arts-based and trauma focused research. Debriefing processes will be made clear to participants, grounding exercises will be offered, and self-care encouraged. A group agreement will also be drawn up at the start of the session. Participants may experience some anxiety around their 'capacity as artist' in a group context (Laliberte Rudman et al., 2016). The researcher will attend to group processes and group dynamics and reiterate that the session is for exploratory purposes and not an assessment of or class in technical art skills. The researcher will provide detailed participant information and debriefing sheets along with research team's contact details. The researcher will reiterate participants' right to withdraw.</p>		
5.2	<p><b>Are there any potential physical or psychological risks to you as a researcher?</b></p>	<p><b>YES</b> <input checked="" type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>	
	<p>If yes, what are these, and how will they be minimised?</p>	<p>Emotional distress can arise in both arts-based and trauma focused research. Researcher to offer debriefing space to the co-researcher as required; researcher to attend debriefs with supervisor</p>		
5.3	<p><b>If you answered yes to either 5.1 and/or 5.2, you will need to complete and include a General Risk Assessment (GRA) form (signed by your supervisor). Please confirm that you have attached a GRA form as an appendix:</b></p>	<p><b>YES</b> <input checked="" type="checkbox"/></p>		
5.4	<p><b>If necessary, have appropriate support services been identified in material provided to participants?</b></p>	<p><b>YES</b> <input checked="" type="checkbox"/></p>	<p><b>NO</b> <input type="checkbox"/></p>	<p><b>N/A</b> <input type="checkbox"/></p>
5.5	<p><b>Does the research take place outside the UEL campus?</b></p>	<p><b>YES</b> <input checked="" type="checkbox"/></p> <p><b>NO</b> <input type="checkbox"/></p>		
	<p>If yes, where?</p>	<p>A rented space in a charity in Manchester</p>		
5.6	<p><b>Does the research take place outside the UK?</b></p>	<p><b>YES</b> <input type="checkbox"/></p> <p><b>NO</b> <input checked="" type="checkbox"/></p>		
	<p>If yes, where?</p>	<p>Please state the country and other relevant details</p>		

	<p>If yes, in addition to the General Risk Assessment form, a Country-Specific Risk Assessment form must also be completed and included (available in the Ethics folder in the Psychology Noticeboard).</p> <p>Please confirm a Country-Specific Risk Assessment form has been attached as an appendix.</p> <p><u>Please note</u> - A Country-Specific Risk Assessment form is not needed if the research is online only (e.g., Qualtrics survey), regardless of the location of the researcher or the participants.</p>	<p><b>YES</b></p> <input type="checkbox"/>
5.7	<p><b>Additional guidance:</b></p> <ul style="list-style-type: none"> <li>▪ For assistance in completing the risk assessment, please use the AIG Travel Guard website to ascertain risk levels. Click on 'sign in' and then 'register here' using policy # 0015865161. Please also consult the Foreign Office travel advice website for further guidance.</li> <li>▪ For on campus students, once the ethics application has been approved by a reviewer, all risk assessments for research abroad must then be signed by the Director of Impact and Innovation, Professor Ian Tucker (who may escalate it up to the Vice Chancellor).</li> <li>▪ For distance learning students conducting research abroad in the country where they currently reside, a risk assessment must also be carried out. To minimise risk, it is recommended that such students only conduct data collection online. If the project is deemed low risk, then it is not necessary for the risk assessment to be signed by the Director of Impact and Innovation. However, if not deemed low risk, it must be signed by the Director of Impact and Innovation (or potentially the Vice Chancellor).</li> <li>▪ Undergraduate and M-level students are not explicitly prohibited from conducting research abroad. However, it is discouraged because of the inexperience of the students and the time constraints they have to complete their degree.</li> </ul>	

## Section 6 – Disclosure and Barring Service (DBS) Clearance

6.1	<p><b>Does your research involve working with children (aged 16 or under) or vulnerable adults (*see below for definition)?</b></p> <p>If yes, you will require Disclosure Barring Service (DBS) or equivalent (for those residing in countries</p>	<p><b>YES</b></p> <input checked="" type="checkbox"/>	<p><b>NO</b></p> <input type="checkbox"/>
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	outside of the UK) clearance to conduct the research project		
	<p>* You are required to have DBS or equivalent clearance if your participant group involves:</p> <p>(1) Children and young people who are 16 years of age or under, or</p> <p>(2) 'Vulnerable' people aged 16 and over with particular psychiatric diagnoses, cognitive difficulties, receiving domestic care, in nursing homes, in palliative care, living in institutions or sheltered accommodation, or involved in the criminal justice system, for example. Vulnerable people are understood to be persons who are not necessarily able to freely consent to participating in your research, or who may find it difficult to withhold consent. If in doubt about the extent of the vulnerability of your intended participant group, speak with your supervisor. Methods that maximise the understanding and ability of vulnerable people to give consent should be used whenever possible.</p>		
6.2	<b>Do you have DBS or equivalent (for those residing in countries outside of the UK) clearance to conduct the research project?</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
6.3	<b>Is your DBS or equivalent (for those residing in countries outside of the UK) clearance valid for the duration of the research project?</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
6.4	<b>If you have current DBS clearance, please provide your DBS certificate number:</b>	<b>001745109569</b>	
	If residing outside of the UK, please detail the type of clearance and/or provide certificate number.	Please provide details of the type of clearance, including any identification information such as a certificate number	
6.5	<p><b>Additional guidance:</b></p> <ul style="list-style-type: none"> <li>▪ If participants are aged 16 or under, you will need two separate information sheets, consent forms, and debrief forms (one for the participant, and one for their parent/guardian).</li> <li>▪ For younger participants, their information sheets, consent form, and debrief form need to be written in age-appropriate language.</li> </ul>		

## Section 7 – Other Permissions

7.1	<b>Does the research involve other organisations (e.g., a school, charity, workplace, local authority, care home, etc.)?</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
	If yes, please provide their details.	██████████ have offered support to the project, written confirmation included in appendices	
	If yes, written permission is needed from such organisations (i.e., if they are helping you with recruitment and/or data collection, if you are	<b>YES</b> <input checked="" type="checkbox"/>	



	collecting data on their premises, or if you are using any material owned by the institution/organisation). Please confirm that you have attached written permission as an appendix.	
7.2	<p><b><u>Additional guidance:</u></b></p> <ul style="list-style-type: none"> <li>Before the research commences, once your ethics application has been approved, please ensure that you provide the organisation with a copy of the final, approved ethics application or approval letter. Please then prepare a version of the consent form for the organisation themselves to sign. You can adapt it by replacing words such as 'my' or 'I' with 'our organisation' or with the title of the organisation. This organisational consent form must be signed before the research can commence.</li> <li>If the organisation has their own ethics committee and review process, a SREC application and approval is still required. Ethics approval from SREC can be gained before approval from another research ethics committee is obtained. However, recruitment and data collection are NOT to commence until your research has been approved by the School and other ethics committee/s.</li> </ul>	

## Section 8 – Declarations

8.1	<b>Declaration by student. I confirm that I have discussed the ethics and feasibility of this research proposal with my supervisor:</b>	<b>YES</b> <input checked="" type="checkbox"/>
8.2	<b>Student's name:</b> (Typed name acts as a signature)	<b>Charlotte Maxwell</b>
8.3	<b>Student's number:</b>	<b>U2195531@uel.ac.uk</b>
8.4	<b>Date:</b>	<b>15/02/2023</b>
<b><i>Supervisor's declaration of support is given upon their electronic submission of the application</i></b>		

### Student checklist for appendices – *for student use only*

Documents attached to ethics application	YES	N/A
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Study advertisement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant Information Sheet (PIS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Consent Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Participant Debrief Sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Risk Assessment Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Country-Specific Risk Assessment Form	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Permission(s) from an external organisation(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-existing questionnaires that will be administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Researcher developed questionnaires/questions that will be administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pre-existing tests that will be administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Researcher developed tests that will be administered	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interview guide for qualitative studies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Any other visual material(s) that will be administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All suggested text in RED has been removed from the appendices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All guidance boxes have been removed from the appendices	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Appendix A: Participant Information Sheet (PIS) template

Version: v1

Date: 29/01/2023



### **PARTICIPANT INFORMATION SHEET**

#### **Body Mapping the Experiences of Black and Racialised Women Activists**

**Contact the researcher, Charlotte Maxwell**

**Email: [u2195531@uel.ac.uk](mailto:u2195531@uel.ac.uk)**

You are being invited to participate in a research study. Before you decide whether to take part or not, please carefully read through the following information which outlines what your participation would involve. Feel free to talk with others about the study (e.g., friends, family, etc.) before making your decision. If anything is unclear or you have any questions, please do not hesitate to contact me on the above email.

#### **Who am I?**

My name is Charlotte Maxwell. I am a postgraduate student in the School of Psychology at the University of East London (UEL) and am studying for a Professional Doctorate in Clinical Psychology. As part of my studies, I am conducting the research that you are being invited to participate in.

#### **What is the purpose of the research?**

I am conducting research exploring the experiences of Black and racialised women activists who have experienced structural violence and how this influences how you relate to your body. By structural violence, I am referring to the experience of harm from social systems, whether this be racism, sexism, homophobia, ableism or any other discriminatory action. I would like to understand:

- Your experiences of structural violence and how they have affected you
- Your experiences as an activist challenging these structures
- How these experiences impact how you relate to your body
- What your activism means to you

Whether you are new to activism or have been engaged for a long time, I am still interested in hearing from you.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

### **Why have I been invited to take part?**

To address the study aims, I am inviting Black and racialised women (women of colour/women who are BAME) who are activists against structural violence e.g., racism, sexism to take part in my research. If you are 18 years of age or over and have experience of engaging in activism in the UK dating back to before the covid-19 pandemic, you are eligible to take part in the study. By racialised, we mean any woman who is from a Black, Asian, Mixed or racially minoritised background.

It is entirely up to you whether you take part or not, participation is voluntary.

### **What will I be asked to do if I agree to take part?**

If you agree to take part, you will be asked to take part in an arts-based study that takes the form of a half-day group body mapping workshop at a venue in Manchester.

What is body mapping?

Body mapping are life size art works created using various art materials to visually represent people's lives, bodies and the world they live in. You will be given a large sheet of paper upon which (with assistance) you create an outline of your body. Once you have an outline, you will be given time and space to design, decorate and create marking, drawings and colour on your body map. During this time, the researcher and the co-researcher will approach you to ask you some questions about your creative process and how you're finding making your map. Towards the end of the workshop, you will be invited to share a *testimonia*. This is where you will be asked to tell a story about your body map, what is included on it and how this relates to your life as a racialised woman activist. You will be

invited to share this story with the group but if you prefer, you can tell your story just to the researchers. Your *testimonia* and discussion with the researcher will be audio recorded.

How many people will be in the workshop?

There will be up to 5 people taking part in each body mapping workshop, all of whom will be racialised women activists. The researcher and the co-researcher will also be present to facilitate the workshop.

Who is the co-researcher?

The co-researcher will be supporting me (Charlotte) to carry out this research project. They have lived experience of being a racialised woman activist. They will be working with me to facilitate the workshop as well as helping me with the analysis part of this project.

### **Can I change my mind?**

Yes, you can change your mind at any time and withdraw without explanation, disadvantage, or consequence. You can withdraw from the study. If you would like to withdraw from the body mapping session, you can let the researcher know before or during the session. If you make a request to withdraw within 2 weeks, your data will not be used as part of the research. After this point the data analysis will begin, and withdrawal will not be possible).

### **Are there any disadvantages to taking part?**

Although, the body mapping workshops are intended to be a positive experience, you may experience some strong feelings during or after the workshop. Activism is often a mixture of rewarding and emotionally demanding work and so spending time exploring this may have an impact on you. During the session, I will offer a short body scan meditation exercise at the beginning and the end of the session (you can choose whether or not you wish to take part in this). We will also set a group agreement at the beginning of the session and you will be able to speak individually with the researcher if you need to during the session. If you need to access further support, a list of support organisations are attached to this information sheet and will also be provided at the end of the session.

### **How will the information I provide be kept secure and confidential?**

Body maps will be transported to the University in a locked case and stored in a locked cabinet at the University that only myself and my supervisor have access too. Photos will be taken of each map as soon as possible and uploaded to UEL's secure OneDrive and encrypted. If you wish to have your body map returned to you after my research has been examined, you can discuss this with the researcher at the end of the workshop.

I will upload audio recordings to UEL's secure OneDrive and then transcribe these as soon as possible. Recordings will be given a code and stored separately from all other data. They will be deleted from my encrypted device as soon as they have been uploaded to OneDrive and will be deleted from OneDrive after my research has been examined.

Electronic scans of consent forms, which will contain identifiable information (e.g., names), will be stored as password-protected files and saved in a separate folder on UEL OneDrive, these will only be accessible by Charlotte, the researcher.

If you choose not to claim your body map, this will be destroyed. Photos of body maps and anonymised transcripts will be stored by my supervisor for the purposes of future research dissemination for up to 5 years.

All maps and recordings will be anonymised and you will be able to choose a pseudonym (a made-up name) for yourself. Anonymised maps and transcripts/quotes from recordings will be seen by Charlotte (the researcher), the co-researcher, my supervisor and the examiners of my doctorate.

For the purposes of data protection, the University of East London is the Data Controller for the personal information processed as part of this research project. The University processes this information under the 'public task' condition contained in the General Data Protection Regulation (GDPR). Where the University processes particularly sensitive data (known as 'special category data' in the GDPR), it does so because the processing is necessary for archiving purposes in the public interest, or scientific and historical research purposes or statistical purposes. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. For more information about how the University processes personal data please see [www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection](http://www.uel.ac.uk/about/about-uel/governance/information-assurance/data-protection)

### **What will happen to the results of the research?**

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles, blogs, and body map exhibition. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally. Personally identifying information will either be removed or replaced and you will be given a pseudonym.

You will be given the option to receive a summary of the research findings once the study has been completed for which an email address will need to be provided. If you wish to have your body map returned, please contact the researcher prior to the end of August 2024. Maps will be available once the researcher has been examined.

Anonymised research data will be securely stored by Prof David Harper for a maximum of 5 years, following which all data will be deleted.

**Who has reviewed the research?**

My research has been approved by the School of Psychology Ethics Committee. This means that the Committee’s evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

**Who can I contact if I have any questions/concerns?**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Charlotte Maxwell  
u2195531@uel.ac.uk

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor, Prof David Harper. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: d.harper@uel.ac.uk

**or**

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: t.patel@uel.ac.uk)

**Thank you for taking the time to read this information sheet.**

**Student checklist for Participant Information Sheet (PIS) – *for student use only***

Information to include in PIS	TICK
-------------------------------	------

Study title	<input checked="" type="checkbox"/>
Who you are	<input checked="" type="checkbox"/>
Purpose of research, including any advantages to taking part	<input checked="" type="checkbox"/>
Inclusion/exclusion criteria	<input checked="" type="checkbox"/>
What participation will involve: location, duration, tasks, etc.	<input checked="" type="checkbox"/>
Right to withdraw participation: withdraw involvement at any point without the need to provide a reason or negative consequences	<input checked="" type="checkbox"/>
Right to withdraw data: a time specified to do this within (typically a three-week window)	<input checked="" type="checkbox"/>
Participation is voluntary	<input checked="" type="checkbox"/>
Potential risks to taking part (pain, discomfort, emotional distress, intrusion)	<input checked="" type="checkbox"/>
Attempts to minimise risks	<input checked="" type="checkbox"/>
Contact information of supporting agencies/relevant organisations	<input checked="" type="checkbox"/>
How data will be kept confidential	<input checked="" type="checkbox"/>
When confidentiality might be broken	<input checked="" type="checkbox"/>
How data will be managed by UEL	<input checked="" type="checkbox"/>
How data will be securely stored (e.g., where, who will have access, etc.)	<input checked="" type="checkbox"/>
How long data will be retained for, where and by whom	<input checked="" type="checkbox"/>
Dissemination activities	<input checked="" type="checkbox"/>
Clearly communicated that participants will not be identifiable in any material produced for dissemination purposes	<input checked="" type="checkbox"/>
Your name and UEL email address	<input checked="" type="checkbox"/>
Your supervisor's name and UEL email address	<input checked="" type="checkbox"/>
The Chair of the SREC's name and UEL email address	<input checked="" type="checkbox"/>



Appendix B: Consent Form



**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**Body Mapping the Experiences of Black and Racialised Women Activists**

**Contact person: Charlotte Maxwell**

**Email: u2195531@uel.ac.uk**

	<b>Please initial</b>
I confirm that I have read the participant information sheet dated XX/XX/XXXX (version X) for the above study and that I have been given a copy to keep.	
I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my participation in the study is voluntary and that I may withdraw at any time, without explanation or disadvantage.	
I understand that if I withdraw during the study, my data will not be used.	
I understand that I have 2 weeks from the date of the body mapping workshop to withdraw my data from the study.	
I understand that parts of the session (my story sharing and my process discussion with the researcher) will be recorded using a password protected voice recorder.	
I understand that my personal information and data, including audio recordings from the research will be securely stored and remain confidential. Only the research team will have access to this information, to which I give my permission.	
It has been explained to me what will happen to the data once the research has been completed.	
I understand that short, anonymised quotes from my shared story/group level data may be used in material such as conference presentations, reports, articles in academic journals resulting from the study and that these will not personally identify me.	
I understand that a digitised image of my body map may be used in material such as conference presentations, exhibitions, reports, articles in academic journals resulting from the study and that these will not personally identify me.	

I would like to receive a summary of the research findings once the study has been completed and am willing to provide contact details for this to be sent to.	
I agree to take part in the above study.	

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date

.....



## **PARTICIPANT DEBRIEF SHEET**

### **Body Mapping the Experiences of Black and Racialised Women Activists**

Thank you for participating in my research study on understanding the impact of structural violence on Black and racialised women who engage in activism. This document offers information that may be relevant in light of you having now taken part.

#### **How will my data be managed?**

The University of East London is the Data Controller for the personal information processed as part of this research project. The University will ensure that the personal data it processes is held securely and processed in accordance with the GDPR and the Data Protection Act 2018. More detailed information is available in the Participant Information Sheet, which you received when you agreed to take part in the research.

#### **What will happen to the results of the research?**

The research will be written up as a thesis and submitted for assessment. The thesis will be publicly available on UEL's online Repository. Findings will also be disseminated to a range of audiences (e.g., academics, clinicians, public, etc.) through journal articles, conference presentations, talks, magazine articles, blogs, and an exhibition. In all material produced, your identity will remain anonymous, in that, it will not be possible to identify you personally, personally identifiable information will be removed or replaced.

You will be given the option to receive a summary of the research findings once the study has been completed for which relevant contact details will need to be provided. If you wish to have your body

map returned, please contact the researcher prior to the end of August 2024. Maps will be available once the researcher has been examined.

Anonymised research data will be securely stored by Prof David Harper for a maximum of 5 years, following which all data will be deleted.

### **What if I been adversely affected by taking part?**

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise distress or harm of any kind. Nevertheless, it is possible that your participation – or its after-effects – may have been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways, you may find the following resources/services helpful in relation to obtaining information and support:

**42<sup>nd</sup> STREET** (age 25 or under) delivers individual counselling, cognitive behavioural therapy, counselling for depression, one to one psycho-social support and advocacy services in Manchester, Salford, Trafford, Tameside, and Glossop. Ring 01612287321 or visit [42ndstreet.org.uk](http://42ndstreet.org.uk) to find out more about accessing this service.

**AFRICAN & CARIBBEAN MENTAL HEALTH SERVICE** is a primary care mental health service delivering a range of psychosocial interventions to those presenting with mild to moderate mental health difficulties. They run drop-in sessions for arts, life skills, sports, and men's and women's groups. Email [admin@acmhs-blackmentalhealth.org.uk](mailto:admin@acmhs-blackmentalhealth.org.uk) or ring 01612269592

for more information.

**BEAT** is a free helpline open every day for anyone having difficulties with their eating. Helplines are open 365 days a year from 12pm – 8pm during the week, and 4pm – 8pm on weekends and bank holidays. Call 08088010677 or email [help@beateatingdisorders.org.uk](mailto:help@beateatingdisorders.org.uk). A one-to-one webchat is available on the website.

**CRISIS POINT** focuses on helping people to resolve their crisis and to develop effective ways to successfully manage possible crisis situations in the future. People can stay either stay at Crisis Point for up to 10 nights or come to the project for 1-to-1 meetings without staying here. This usually means six 1-to-1 meetings over a period of two weeks. Crisis Point is based on Thompson Street, Collyhurst, M45FY. To access the service ring 0161 238 5149.

**GADDUM CENTRE** offers a specific therapy service for Black and racialised / BAME people. This is a free service, which offers fixed-term therapy (6 to 12 sessions) to BAME clients registered with a GP in North, South and Central Manchester. In order to meet the needs of clients they aim to offer more

choice about the therapist. They can offer male or female therapists, and the majority of therapists can offer therapy in another language. To talk to someone about the service please telephone: 0161 834 6069.

**NAPAC** is the National Association for People Abused in Childhood. Need to talk? Call the support line, free from landlines or mobiles 0808 801 0331 (10am-9pm Mondays to Thursdays & 10am-6pm on Fridays). Calls will not show on your bill. <https://napac.org.uk/>

**No.93** hosts community activities, volunteer led groups, exercise classes and creative arts classes open to the local community. An informal drop in runs Monday to Friday, 10am-3:30pm. In the cafe, people can come for a hot drink, have a chat and a game of pool. The art room runs a variety of different art groups. No.93 is located at 93 Church Lane, Harpurhey. To contact them call 01612710908 or email [harphurey@gmmh.nhs.uk](mailto:harphurey@gmmh.nhs.uk)

**RAPAR** is a human rights charity working with displaced people. Rapar offers a casework service. The casework very often involves us using our interpretation and translation skills to enable communication, for instance deportation, education, employment, family reunion, financial hardship, health, housing, destitution, safety, learning opportunities, violence and volunteering opportunities. To book an appointment email [admin@rapar.org.uk](mailto:admin@rapar.org.uk)

**RAPE CRISIS** offers confidential support for people who've experienced sexual violence. To find your local services phone: 0808 802 9999 (daily, 12pm to 2.30pm and 7pm to 9.30pm). Website: [www.rapecrisis.org.uk](http://www.rapecrisis.org.uk)

**SAMARITANS:** confidential support for people experiencing feelings of distress or despair.

Phone: 116 123 (free 24-hour helpline) [www.samaritans.org.uk](http://www.samaritans.org.uk)

**ST MARY'S SEXUAL ASSAULT REFERRAL CENTRE** offer counselling to anyone who has experienced rape, sexual abuse, or sexual assault. The Centre also offers counselling to "significant others" for example partners or relatives of those who have experienced sexual violence and who may struggle with coming to terms with what has happened to the person they care for. To access the service call 0161 276 6515.

**THE SANCTUARY MANCHESTER** is available to residents living in Manchester, Trafford, Stockport, Tameside, and Glossop from 6pm – 1am. They provide support to adults who are experiencing anxiety, panic attacks, depression, suicidal thoughts or are in crisis. The Sanctuary offers a space to talk and assistance with coping after the initial crisis. The Sanctuary is based at the Kath Locke Centre, Hulme. You can call the Sanctuary on 0300 003 7029.

**TLC ST LUKE'S** is for people living with mental health needs, TLC St Luke's is a one-stop shop where participants can access a range of support, advice and activity at St Luke's Church, Longsight. A drop in café runs at 12:30-3:30pm on Thursdays where advice and advocacy sessions are hosted, and a mental health worker is usually available.

**TRAFFORD SOUTH ASIAN MENTAL HEALTH SERVICE** is open to South Asian Individuals living in Trafford. The service aims to reduce social isolation. They run a weekly women's drop-in aiming at making new friends, relaxing, learning about healthy lifestyles, exchanging ideas, and taking part in creative activities.

**Who can I contact if I have any questions/concerns?**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Charlotte Maxwell

Email: [u2195531@uel.ac.uk](mailto:u2195531@uel.ac.uk)

If you have any questions or concerns about how the research has been conducted, please contact my research supervisor David Harper. School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: [d.harper@uel.ac.uk](mailto:d.harper@uel.ac.uk)

**or**

Chair of School Ethics Committee: Dr Trishna Patel, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: [t.patel@uel.ac.uk](mailto:t.patel@uel.ac.uk))

**Thank you for taking part in my study.**

*Appendix D: Demographics questionnaire*

**Gender**

How would you describe your gender?

---

**Racial/Ethnic/cultural background**

How would you describe your racial, ethnic, and cultural background? (e.g., Asian British Bangladeshi descent; Mixed heritage Black African and White Irish)

---

**How many years have you been engaging in activism in the UK?**

---

The researcher is interested in understanding how different intersecting identities inform the lived experience of activists in the UK. The following questions will support this, but you can choose to answer all, some, or none of these?

**Sexuality**

How would you describe your sexuality? (e.g., Straight/heterosexual, bisexual, gay)

---

**Disability and Neurodivergency/Neurodiversity**

Would you describe yourself as disabled / having a disability?

Would you describe yourself as neurodivergent/neurodiverse? (e.g., autism, ADHD)

---

**Class**

How would you describe your social class? (e.g., working class, middle class)

---

**Religion and Spirituality**

How would you describe your religion/spirituality? (e.g. jewish, muslim, none)

---



# call for research participants

## Body mapping the experiences of Black and racialised women activists

### What is this research about?

This research is looking at how Black and racialised women activists experience their bodies in the context of structural violence (violence from state systems and oppressive mechanisms e.g. racism).

Are you a Black or racialised woman engaged in activism in the UK?



### What will happen?

You will be invited to a group session with up to 4 other women in a private space in a community venue in Manchester

### What is body mapping?

Body mapping involves making a life size drawing of yourself. Someone will support you to trace the outline of your body and then you can creatively decorate this however you like. You'll then be invited to share a story of your body map either to the group or directly to the researcher

### Who is it for?

Black and racialised women, aged 18+, who are activists in the UK

Who am I?

My name is Charlotte Maxwell. I'm studying for a Professional Doctorate in Clinical Psychology at the University of East London. I am conducting this research as part of my studies.

If you're interested in taking part or have any questions, please contact me via email at [u2195531@uel.ac.uk](mailto:u2195531@uel.ac.uk)



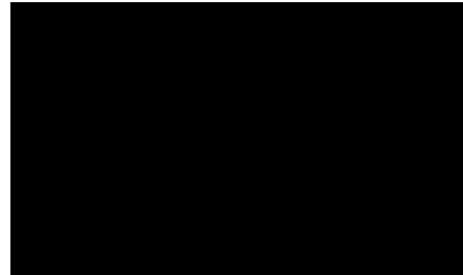
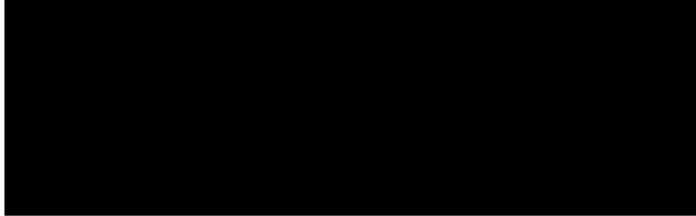
University of East London

This research project has ethical approval from the University of East London





*Appendix F: permission from organisations (redacted for thesis publication)*



Charlotte Maxwell  
PhD Candidate at the University of East London  
Email: [REDACTED]

1<sup>st</sup> November 2022

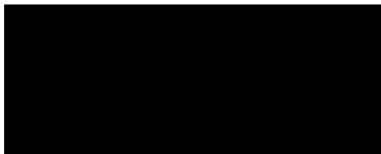
Dear Charlotte,

Trusting that this finds you well, I write on behalf of [REDACTED] to confirm with you that [REDACTED] willing to involved in your doctorate in clinical psychology (DClinPsy) thesis at the University of East London UEL.

[REDACTED] will support you with recruitment, promoting the study among our members as appropriate and enabling your data collection.

We look forward to working with you.

All good wishes



Research Lead

**From:** [REDACTED]  
**Sent:** 02 November 2022 17:14  
**To:** [REDACTED]  
**Subject:** RE: [REDACTED] supporting DClInPsy thesis

Hello Charlotte,

Thanks for your email. I confirm [REDACTED] is happy to share your recruitment poster among women who have engaged with our services and to allow you access to the [REDACTED] archives for the purposes you outline.

Best wishes

[REDACTED]

CEO & Artistic Director

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** 02 November 2022 11:16  
**To:** [REDACTED]  
**Subject:** [REDACTED] supporting DClInPsy thesis

Dear [REDACTED]

I hope this email finds you well.

I am emailing you following our discussion last week regarding my doctorate in clinical psychology (DClInPsy) thesis proposal. I am hoping to recruit Black and racialised women activists to participate in a research project looking at structural violence and embodied trauma. Would [REDACTED] be happy to share my recruitment poster (during the study recruitment period) and allow me access to the [REDACTED] archives (for literature review and triangulation of data purposes)?

Best wishes

Charlotte Maxwell (she/her)  
Trainee Clinical Psychologist  
University of East London

Appendix G: Body mapping Topic Guide

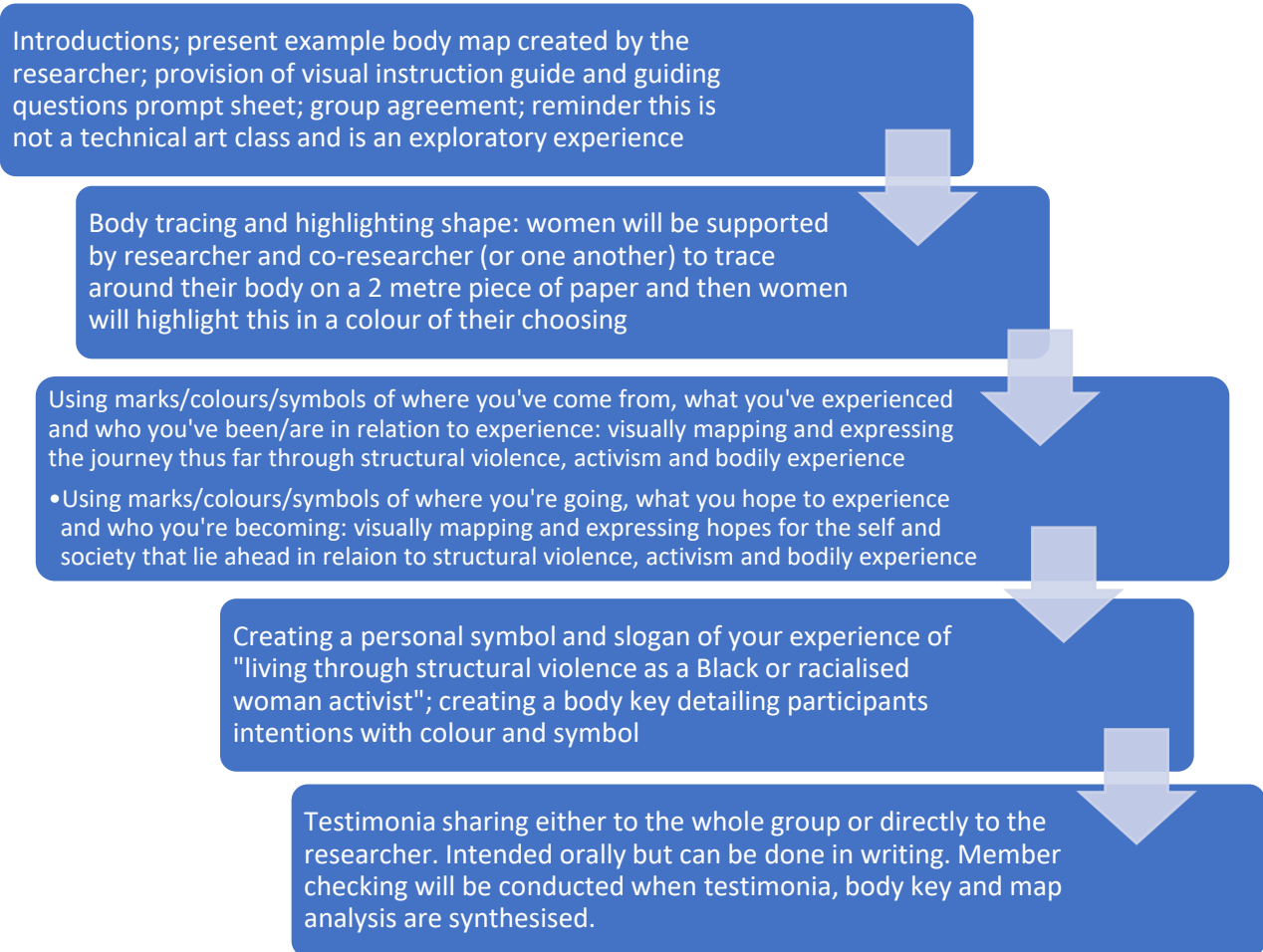
Below are some questions and probes linked to focused areas of ‘process discussions’ and testimonial sharing/map storytelling. These will be refined when the co-researcher is recruited and submitted as an amendment. The researcher has opted to have what they have termed ‘process discussions’ rather than audio record every utterance throughout the course of each workshops to ensure that a process of continued informed consent is present in regard to racialised women participants being able to share their experiences in a way that is not intrusive or encroaching on each woman’s ownership of their own story. The researcher and co-researcher will record these discussions, participants will also be able to record process thoughts themselves on voice recorders.

Focus Area	Questions and Probes
Process Questions	<p><i>‘How are you finding today’s workshop?’</i></p> <p><i>‘Could you tell me a little bit about what is represented on your map so far?’</i></p> <p><i>‘How are you finding the process of expressing yourself on paper?’</i></p> <p><i>‘What influenced your choice to use X colour / Y texture?’</i></p>
Eliciting testimonial sharing	<p><i>I’d like you to share the story of your body map with us, the story of your journey in activism, the justice you are fighting for and the impact this has had on you and your body. We are here with you to witness your story. You will not be interrupted. You can start wherever you like and take the time you need. I may ask you some questions at the end.</i></p>
Relating to structural violence	<p><i>‘What have your experiences been in relation to race and gender discrimination?’</i></p> <p><i>‘Have you experienced other forms of discrimination related to sexuality, disability or social class?’</i></p> <p><i>‘What have your experiences of interacting with (health services/education system) as a racialised woman?’</i></p> <p><i>‘How have you been impacted by witnessing discrimination and harm towards others?’</i></p>
Relating to your body / embodied experience	<p><i>‘What feelings do you hold in your body and where do you hold them?’</i></p>

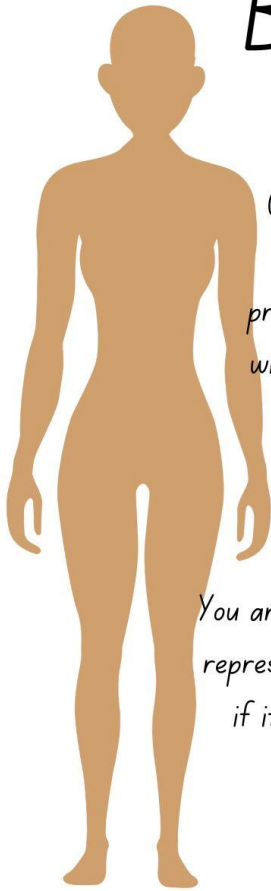
	<p><i>'How do you connect with your body when engaged in protest?'</i></p> <p><i>'How do experiences of discrimination in relation to race and gender impact how you relate to your body?'</i></p> <p><i>'Has activism helped you feel more or less connected to your body?'</i></p>
<p>Relating to activism / social justice / activist identity</p>	<p><i>'What does your activism mean to you?'</i></p> <p><i>'What symbols represent you as a Black or racialised woman seeking justice?'</i></p> <p><i>'If you imagine a more socially just future, what would be different and how would you feel within it?'</i></p> <p><i>'What led to you engaging in activism?'</i></p> <p><i>'What changes would you want to see people in positions of power initiate?'</i></p>
<p>Miscellaneous</p>	<p><i>'Is there anything else you'd like to share about your body map or your journey?'</i></p> <p><i>'How has it been to go through this process today?'</i></p> <p><i>'What wisdom would you share with other racialised women starting out in their activism?'</i></p>

## Appendix H: Body mapping visual guide

Drawing on body mapping exercises (Solomon, 2007) and mapping instructions (Mayra, 2022), key stages of the body mapping process are outlined in the flow chart below. An instruction guide for participants follows, this will be accompanied by a verbal explanation from the researcher and support from the researcher throughout the process.



# Body Mapping Guide



## Step 1: Tracing your body

Choose someone to help you trace around your body on the paper provided. Choose a color from the paints provided to highlight the outline of your body shape. If you wish, you can trace your body twice as an additional layer to the first drawing but in another position



## Step 2: Your journey

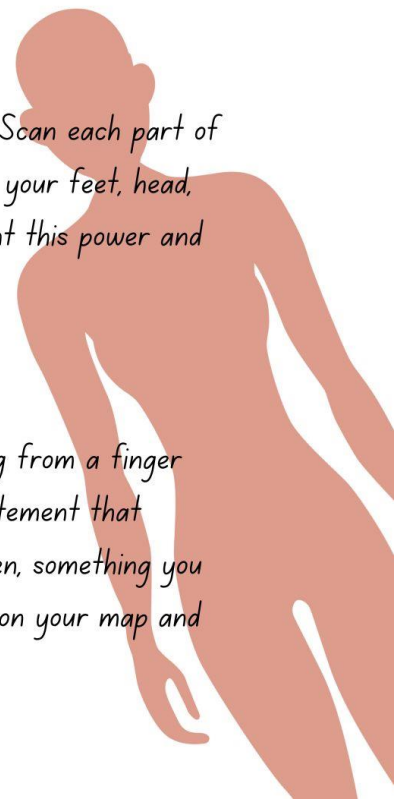
You are welcome to paint and draw shapes, symbols and things that represent your journey through life. You can also add words to this if it is helpful. These could be significant places, people colours, events and special objects.

## Step 3: Finding your power center

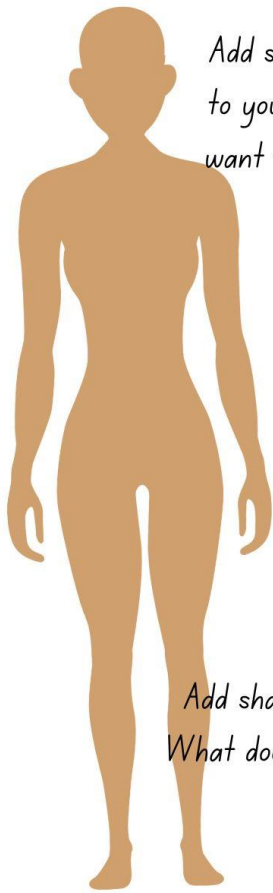
Take a moment to close your eyes and connect with your body. Scan each part of you and think where your main power source is. This could be your feet, head, heart, hands, anywhere. Choose a shape and colour to represent this power and add it to your map.

## Step 4: Personal symbol and statement

Think of a symbol that represents you, it could be anything from a finger print to a special object to a cloud. Then think of a statement that represents you this could be something you tell yourself often, something you heard from someone special about yourself. Put the symbol on your map and add the statement alongside.







### *Step 5: A portrait of who you are*

*Add some detail to the face on your body map. You can create a likeness to your face or you may prefer to do something more abstract. You may want to include some features but not others e.g., just eyes. The face can be a reflection of who you are, however you choose.*

### *Step 6: Marks on and beneath your skin*

*Take some time to think about what markings you want to add to your body map. These can be markings from physical scars, representations of tattoos, tribal markings and marks that no one else can see that you feel on the inside.*

### *Step 7: Your activism*

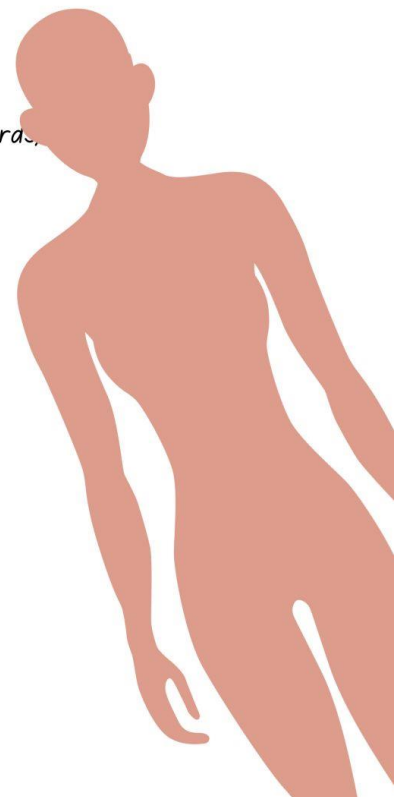
*Add shapes, symbols, colours and words that represent your activism. What does activism mean to you, why are you an activist, what are you fighting for and why does it matter to you.*

### *Step 8: Finishing Touches*

*Add any finishing touches to your map, be this colour, words, drawings, details or 3D elements*

## *Sharing Our Stories*

*Towards the end of the session, you'll be invited to share your story of your body map. You can share your story with the whole group or individually with the researchers*



*Appendix I: Co-researcher agreement*

**Co-Researcher Agreement**

This agreement is intended to support conversations between the lead researcher, the supervisor, and the co-researcher to ensure clarity from the outset for this project.

**Title of research project:**

*'The Transformation of Silence into Language and Action'* – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies

**Research Team**

Lead Researcher: Charlotte Maxwell

Co-researcher:

(name): Expert-by-Experience

Supervisory Team:

Prof David Harper: Degree Programme Leader at UEL and Clinical Psychologist

Dr Matthew Jones Chesters: Senior Lecturer at UEL and Consultant Neuropsychologist

**Agreement**

As the main researcher on this project, I agree to:

- Take the lead on organising any meetings with supervisors & the co-researcher.
- Meet regularly with the co-researcher (frequency to be agreed) to discuss aspects of the research

- Meet with the co-researcher to provide training in the body mapping process and plan their co-facilitation of the workshop(s)
- Meet with the co-researcher either online or face to face for data analysis meetings
- Send any drafts to the co-researcher and arrange meetings for feedback with clear notice of deadlines
- Offer continuous feedback about how co-researcher involvement has added value to the research and conversely when contributions have not been able to be accommodated.
- Provide final electronic copies of the research to the co-researcher
- Acknowledge the co-researcher in thesis write-up and include the co-researcher as a co-author in subsequent publications (journal criteria allowing)
- Offer the co-researcher opportunities to collaborate on presentations, posters, publications, and any other dissemination
- Consider and support the co-researcher's wellbeing throughout this collaborative process.

As a co-researcher on this research project, I understand that:

- Involvement as a co-researcher is purely voluntary; I can notify the lead researcher at any time should my commitments change
- I may be more or less involved at different stages of the research depending on my interest, availability and area of expertise
- The main researcher may not always be able to accommodate all feedback and may need to make research decisions which do not always follow my suggestions.

And agree to:

- Contribute to aspects of research design, recruitment, data collection, write-up, dissemination, and ethics.
- Keep the identities and information shared by the participants confidential
- Support the delivery of body-mapping workshops as a co-facilitator to the main researcher.
- Contribute to the analysis of body maps and associated testimonials.
- Express interest should I wish to collaborate on any dissemination activities, with the understanding that this may not always be possible
- Offer guidance and expertise on any ethical concerns or considerations at the earliest convenience
- Speak to the main researcher if I require any additional support to engage in the research process e.g., further guidance on the body mapping process
- Maintain confidentiality and anonymity of participants and abide by the ethical principles underpinning this research
- Prioritise my wellbeing over and above collaboration in this project.

## Signatures

Signature of lead researcher: Charlotte Maxwell

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Date: \_\_\_\_\_

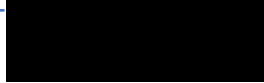
Signature of co-researcher:  (name)

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Date: \_\_\_\_\_

## Ethics and Integrity Sub-Committee (EISC) Risk Assessment Form

Use this form for assessing risk related to the research activity/event and COVID-19 secure mitigating measures if the activity/event will be conducted in person.

Name of person completing the risk assessment:	Charlotte Maxwell	Student or Staff member:	U2195531	Date of Assessment:	12/02/2023
				Date and time (if applicable):	
Research title:	'The Transformation of Silence into Language and Action' – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies			Location of activity:	Rented space at a charity in Manchester
Signed off by (Dean / Director of Impact and Innovation) Print Name:				Electronic signature:	 Professor David Harper
Financial Cost to UEL (if applicable):	N/A			UEL resources required (if applicable):	UEL OneDrive NVivo Lockable cupboard in DoS's office

**Please describe the activity/event in as much detail as possible. Please include information about what you want to do, the resources required, and the number of participants.**

This study aims to explore and deepen understanding of embodied experiences of structural violence in Black and racialised women activists, using participatory visual art methods. The research questions are:

- RQ1. How do BRWA construct and experience their bodies in the context of a) structural violence and b) activist activity?
- RQ2. How do BRWA use activism to navigate power dynamics of structural violence?

Body mapping, an arts-based participatory qualitative methodology will be used. Body mapping involves "the process of creating body-maps using drawing, painting, or other art-based techniques to visually represent aspects of people's lives, their bodies and the world they live in" (Gastaldo et al., 2012). These maps will be life-size created on large sheets of paper and using a range of creative art materials. It enables exploration of embodied experiences and associated meaning making, whilst acting as a visual depiction of socio-political economic processes involved in the oppression (Gastaldo et al., 2012) of certain bodies and how marginalised people then experience their bodies (Scheper-Hughes & Lock, 1987). Participants will be asked to share a 'testimonia' to accompany their body map, this is their own story of what the map depicts about their life experiences. This will be audio recorded. Audio recorders will be available to participants during the session so they are able to share their creative process, this will be either



What is the risk?	Who is at risk?	Likelihood of risk	Severity of risk	Risk Score: (Likelihood x Severity)	Actions to mitigate the risk	Likelihood after mitigation	Severity after mitigation	Final risk rating after mitigation (Likelihood x Severity)
Physical injury from getting onto the floor for outlining bodies for the body mapping process	Participants Researcher	1	1	1	Option for body maps to be completed standing against a wall or seated; assistance to be offered by the researcher	1	1	1
Environment and personal safety	Participants Researcher	1	2	2	Existing health and safety policies of the building will be reviewed. Information regarding fire exits, toilets etc will be shared with participants on arrival at the session. The building has a trained first aider available.	1	1	1
Psychological harm	Participants Researcher	2	2	4	<p>Emotional distress can arise in both arts-based and trauma focused research. Debriefing processes will be made clear to participants, grounding exercises will be offered, and self-care encouraged. A group agreement will also be drawn up at the start of the session.</p> <p>Participants may experience some anxiety around their 'capacity as artist' in a group context (Laliberte Rudman et al., 2016). The researcher will attend to group processes and group dynamics and reiterate that the session is for exploratory purposes and not an assessment of or class in technical art skills.</p> <p>Provide detailed participant information and debriefing sheets along with research team's contact details.</p> <p>Reiterate participants' right to withdraw.</p> <p>Researcher to offer debriefing space to the co-researcher as required; researcher to attend debriefs with supervisor</p>	1	2	2
Collaborative working with a co-researcher	Participants Researcher	2	2	4	The co-researcher will be briefed on anonymity and confidentiality and their involvement in the study will be clearly communicated to participants in the study information and consent forms	2	1	2

					<p>The co-researcher will be trained in co-facilitating body mapping by the lead researcher and involved in the process of finalising the body mapping schedule and topic guide, facilitation of body mapping workshops, data analysis and dissemination</p> <p>Offer of thanks/payment to co-researcher for their time and knowledge is a key consideration given their level of input and activity within the research process (NIHR, 2022b), so internal department funding will be sought.</p>			
Conflict of interest	Researcher	1	1	4	<p>Researcher to declare all conflicts of interest.</p> <p>Researcher to discuss with DoS if coming into contact with participants they have known in a personal/professional capacity in relation to the subject matter of the study (activism)</p>	1	1	1
Publication/authorship, dissemination, and ownership of body maps	Participants Researcher	2	3	6	<p>Ownership is a key consideration with the life stories of marginalised groups (de Jager et al., 2016; Dew et al., 2020). Copyright and distribution of maps will hold participant choice and autonomy in mind and be clearly communicated in consent forms (Solomon, 2007). This will be considered alongside university data storage policies.</p> <p>Physical maps will be stored until completion of the doctorate and will then be returned to participants if they wish to have them. Digital copies of maps will be stored for the appropriate length of time outlined in university data retention policies.</p>	1	2	2



					Disseminating maps via exhibition is common with body mapping so it is key the researcher supports participants with emotional preparation for this (Guillemin & Drew, 2010), should they consent to having their map included. Choice and autonomy are key and so participants may opt out of this dissemination element. Dissemination via academic writing and publications will be communicated to participants in consent forms.			
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## School of Psychology Ethics Committee

### NOTICE OF ETHICS REVIEW DECISION LETTER

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

**Reviewer:** Please complete sections in **blue** | **Student:** Please complete/read sections in **orange**

Details	
<b>Reviewer:</b>	<b>Marita Morahan</b>
<b>Supervisor:</b>	<b>David Harper</b>
<b>Student:</b>	<b>Charlotte Maxwell</b>
<b>Course:</b>	<b>Prof Doc Clinical Psychology</b>
<b>Title of proposed study:</b>	'The Transformation of Silence into Language and Action' – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies

Checklist (Optional)			
	YES	NO	N/A

Concerns regarding study aims (e.g., ethically/morally questionable, unsuitable topic area for level of study, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detailed account of participants, including inclusion and exclusion criteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concerns regarding participants/target sample	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detailed account of recruitment strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concerns regarding recruitment strategy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All relevant study materials attached (e.g., freely available questionnaires, interview schedules, tests, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study materials (e.g., questionnaires, tests, etc.) are appropriate for target sample	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear and detailed outline of data collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data collection appropriate for target sample	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If deception being used, rationale provided, and appropriate steps followed to communicate study aims at a later point	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If data collection is not anonymous, appropriate steps taken at later stages to ensure participant anonymity (e.g., data analysis, dissemination, etc.) – anonymisation, pseudonymisation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data storage (e.g., location, type of data, etc.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data sharing (e.g., who will have access and how)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Concerns regarding data retention (e.g., unspecified length of time, unclear why data will be retained/who will have access/where stored)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If required, General Risk Assessment form attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks/burdens to participants have been sufficiently considered and appropriate attempts will be made to minimise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any physical/psychological risks to the researcher have been sufficiently considered and appropriate attempts will be made to minimise	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, Country-Specific Risk Assessment form attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If required, a DBS or equivalent certificate number/information provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If required, permissions from recruiting organisations attached (e.g., school, charity organisation, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All relevant information included in the participant information sheet (PIS)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information in the PIS is study specific	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the PIS is appropriate for the target audience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All issues specific to the study are covered in the consent form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the consent form is appropriate for the target audience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All necessary information included in the participant debrief sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language used in the debrief sheet is appropriate for the target audience	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study advertisement included	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Content of study advertisement is appropriate (e.g., researcher’s personal contact details are not shared, appropriate language/visual material used, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## Decision options

<b>APPROVED</b>	Ethics approval for the above-named research study has been granted from the date of approval (see end of this notice), to the date it is submitted for assessment.
<b>APPROVED - BUT MINOR AMENDMENTS ARE REQUIRED <u>BEFORE</u> THE RESEARCH COMMENCES</b>	<p>In this circumstance, the student must confirm with their supervisor that all minor amendments have been made <b><u>before</u></b> the research commences. Students are to do this by filling in the confirmation box at the end of this form once all amendments have been attended to and emailing a copy of this decision notice to the supervisor. The supervisor will then forward the student’s confirmation to the School for its records.</p> <p><b>Minor amendments guidance:</b> typically involve clarifying/amending information presented to participants (e.g., in the PIS, instructions), further detailing of how data will be securely handled/stored, and/or ensuring consistency in information presented across materials.</p>
<b>NOT APPROVED - MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED</b>	<p>In this circumstance, a revised ethics application <b><u>must</u></b> be submitted and approved <b><u>before</u></b> any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.</p> <p><b>Major amendments guidance:</b> typically insufficient information has been provided, insufficient consideration given to several key aspects, there are serious concerns regarding any aspect of the project, and/or serious concerns in the candidate’s ability to ethically, safely and sensitively execute the study.</p>

## Decision on the above-named proposed research study

Please indicate the decision:	APPROVED
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## Minor amendments

Please clearly detail the amendments the student is required to make

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<b>Major amendments</b>
Please clearly detail the amendments the student is required to make

<b>Assessment of risk to researcher</b>		
<b>Has an adequate risk assessment been offered in the application form?</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
	If no, please request resubmission with an <u>adequate risk assessment</u> .	
<b>If the proposed research could expose the <u>researcher</u> to any kind of emotional, physical or health and safety hazard, please rate the degree of risk:</b>		
<b>HIGH</b>	Please <b>do not approve a high-risk</b> application. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not be approved on this basis. If unsure, please refer to the Chair of Ethics.	<input type="checkbox"/>
<b>MEDIUM</b>	Approve but include appropriate recommendations in the below box.	<input type="checkbox"/>

<b>LOW</b>	Approve and if necessary, include any recommendations in the below box.	☒
<b>Reviewer recommendations in relation to risk (if any):</b>	Please insert any recommendations	

## Reviewer's signature

<b>Reviewer:</b> (Typed name to act as signature)	<b>M.Morahan</b>
<b>Date:</b>	<b>17/03/2023</b>

***This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Ethics Committee***

### RESEARCHER PLEASE NOTE

For the researcher and participants involved in the above-named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UEL's Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard.

## Confirmation of minor amendments

(Student to complete)

**I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data**

<b>Student name:</b> (Typed name to act as signature)	Please type your full name
<b>Student number:</b>	Please type your student number

<b>Date:</b>	Click or tap to enter a date
<b><i>Please submit a copy of this decision letter to your supervisor with this box completed if minor amendments to your ethics application are required</i></b>	

## School of Psychology Ethics Committee

### REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

**Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology**

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

#### How to complete and submit the request

1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: <a href="mailto:t.patel@uel.ac.uk">t.patel@uel.ac.uk</a>
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are <b>not</b> to commence until your proposed amendment has been approved.



## Required documents

A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	<b>YES</b> <input checked="" type="checkbox"/>
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	<b>YES</b> <input checked="" type="checkbox"/>
A copy of the approval of your initial ethics application.	<b>YES</b> <input checked="" type="checkbox"/>

## Details

<b>Name of applicant:</b>	<b>Charlotte Maxwell</b>
<b>Programme of study:</b>	<b>Doctorate in Clinical Psychology</b>
<b>Title of research:</b>	‘The Transformation of Silence into Language and Action’ – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies
<b>Name of supervisor:</b>	<b>David Harper</b>

## Proposed amendment(s)

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Change of distribution of £100 budget	Met with co-researcher and discussed token of thanks vouchers. We discussed how this will not be accessible to some women participants due to discomfort with having to provide so many details to an institution to access this, particularly given the context of the research topic. The co-researcher was also not comfortable receiving vouchers for the same reason. She expressed a keenness to continue with the project and we discussed power dynamics. Request is to use the £100 for room hire, this will be in a community building where should the women wish to access additional debrief support this is freely available within the building. The room is also larger than the previously planned room to give the women more space to work on their body maps and to record their

	testimonia more discretely if they wish to do this 1:1 with the researcher/co-researcher. All mentions of voucher payments have been removed from relevant appendices (marked with track changes).
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment

## Confirmation

<b>Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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## Student's signature

<b>Student:</b> (Typed name to act as signature)	<b>Charlotte Maxwell</b>
<b>Date:</b>	<b>02/06/2023</b>

## Reviewer's decision

<b>Amendment(s) approved:</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Comments:</b>	Please enter any further comments here	
<b>Reviewer:</b> (Typed name to act as signature)	<b>Trishna Patel</b>	
<b>Date:</b>	<b>07/06/2023</b>	

## School of Psychology Ethics Committee

### REQUEST FOR AMENDMENT TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

**Please complete this form if you are requesting approval for proposed amendment(s) to an ethics application that has been approved by the School of Psychology**

Note that approval must be given for significant change to research procedure that impact on ethical protocol. If you are not sure as to whether your proposed amendment warrants approval, consult your supervisor or contact Dr Trishna Patel (Chair of School Ethics Committee).

#### How to complete and submit the request

1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	When submitting this request form, ensure that all necessary documents are attached (see below).
4	Using your UEL email address, email the completed request form along with associated documents to Dr Trishna Patel: <a href="mailto:t.patel@uel.ac.uk">t.patel@uel.ac.uk</a>
5	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.
6	Recruitment and data collection are <b>not</b> to commence until your proposed amendment has been approved.

## Required documents

A copy of your previously approved ethics application with proposed amendment(s) added with track changes.	<b>YES</b> <input checked="" type="checkbox"/>
Copies of updated documents that may relate to your proposed amendment(s). For example, an updated recruitment notice, updated participant information sheet, updated consent form, etc.	<b>YES</b> <input checked="" type="checkbox"/>
A copy of the approval of your initial ethics application.	<b>YES</b> <input checked="" type="checkbox"/>

## Details

<b>Name of applicant:</b>	<b>Charlotte Maxwell</b>
<b>Programme of study:</b>	<b>Doctorate in Clinical Psychology</b>
<b>Title of research:</b>	‘The Transformation of Silence into Language and Action’ – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies
<b>Name of supervisor:</b>	<b>David Harper</b>

## Proposed amendment(s)

Briefly outline the nature of your proposed amendment(s) and associated rationale(s) in the boxes below

Proposed amendment	Rationale
Transcription of dual language interviews by an external transcription/translation service	The trainee had originally intended to transcribe and translate all interviews but due to time constraints of the thesis and thus wanting to ensure accurate translation of dialectal and colloquial utterances, and therefore contribute to the maintenance of quality and rigor in the study, the trainee would like to use an external service. The trainee will check that services are able to offer a confidential service and form a contractual agreement regarding confidentiality with the service including following GDPR for data storage. The trainee will either use the service’s agreement or write one (if the former isn’t available and thus submit a further amendment). This will only be used when participants have consented to the researcher

	<p>being able to contact them again in relation to the study and the researcher will seek consent prior to contacting an external organisation. The trainee will cover the cost of these translations. Participants will be contacted by phone as they don't all have an email address, so communication and consent will be verbal for consistency of approach. Summary of what would be communicated:</p> <ul style="list-style-type: none"> <li>• Inform them that an external transcriber will be used to ensure accuracy and impartiality</li> <li>• Re-explain confidentiality and GDPR – including a signed agreement between the researcher and the transcriber for the transcriber to maintain confidentiality</li> <li>• Explain that the translator will only be transcribing the interview, they will not have access to their body map or any other information provided e.g. demographics, participant's name and contact details etc</li> <li>• Space to ask questions</li> <li>• Get confirmation of consent (where possible verbal will be audio recorded, should participants consent to this)</li> </ul>
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment
Proposed amendment	Rationale for proposed amendment

## Confirmation

<b>Is your supervisor aware of your proposed amendment(s) and have they agreed to these changes?</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
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## Student's signature

<b>Student:</b> (Typed name to act as signature)	<b>Charlotte Maxwell</b>
<b>Date:</b>	<b>20/03/2024</b>

## Reviewer's decision

<b>Amendment(s) approved:</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Comments:</b>	Please enter any further comments here	
<b>Reviewer:</b> (Typed name to act as signature)	<b>Trishna Patel</b>	
<b>Date:</b>	<b>21/03/2024</b>	



## School of Psychology Ethics Committee

### REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

**Please complete this form if you are requesting approval for a proposed title change to an ethics application that has been approved by the School of Psychology**

By applying for a change of title request, you confirm that in doing so, the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed, then you are required to complete an 'Ethics Application Amendment Form'.

### How to complete and submit the request

1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	Using your UEL email address, email the completed request form along with associated documents to Dr Jérémy Lemoine (School Ethics Committee Member): <a href="mailto:j.lemoine@uel.ac.uk">j.lemoine@uel.ac.uk</a>
4	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.

### Required documents

A copy of the approval of your initial ethics application.	<b>YES</b> <input checked="" type="checkbox"/>
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## Details

<b>Name of applicant:</b>	Charlotte Maxwell
<b>Programme of study:</b>	DClinPsy Clinical Psychology
<b>Title of research:</b>	<b>‘The Transformation of Silence into Language and Action’ – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies</b>
<b>Name of supervisor:</b>	Prof David Harper

## Proposed title change

Briefly outline the nature of your proposed title change in the boxes below

<b>Old title:</b>	<b>‘The Transformation of Silence into Language and Action’ – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies</b>
<b>New title:</b>	<i>‘The Transformation of Silence into Language and Action’ – understanding the impact of structural violence and activism (in asylum seeking contexts) on Black and racialised women activists and their bodies</i>
<b>Rationale:</b>	Title change was a recommendation from the examiners following the viva

## Confirmation

<b>Is your supervisor aware of your proposed change of title and in agreement with it?</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Does your change of title impact the process of how you collected your data/conducted your research?</b>	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input checked="" type="checkbox"/>

## Student’s signature

<b>Student:</b> (Typed name to act as signature)	Charlotte Maxwell
<b>Date:</b>	07/08/2024



## Reviewer's decision

<b>Title change approved:</b>	<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
<b>Comments:</b>	Please enter any further comments here	
<b>Reviewer:</b> (Typed name to act as signature)	<b>Miles Thomas</b>	
<b>Date:</b>	<b>07/08/2024</b>	

### APPENDIX 3: Original French and English Translated Extracts (included in Results Section)

*<< Je ne faisais que pleurer, on m'a dit que si tu continues à pleurer, on va te mettre dans le sous-sol. Dans le sous-sol, est-ce que les gens peuvent habiter là-bas? On m'avait pris comme un animal. Ce sont les animaux qu'on met dans les cages! Les cages, on t'enferme et tu es devenu un animal. Et puis, je n'avais rien fait de mal à personne, je n'ai pas volé, je n'ai pas tué, je n'ai pas commis de crime. >>*

*"I was just crying, I was told that if you continue to cry, we will put you in the basement. In the basement, can people live there? I was taken like an animal. These are the animals they put in cages! The cages, they lock you up and you become an animal. And then, I hadn't done anything bad to anyone, I didn't steal, I didn't kill, I didn't commit a crime."*

Carla (P3) Theme 1, Subtheme 1

*<< Ils ont préféré m'arrêter comme si j'étais une criminelle, comme si j'étais une bandite... J'ai fait deux semaines là-bas. Non, une semaine! J'ai fait une semaine et puis on m'a relâchée. Même comme ça là, j'avais attrapé le « Mental Health » d'aller en prison là-bas.>>*

*"They preferred to arrest me as if I were a criminal, as if I were a bandit... I spent two weeks there. No, a week! I did a week and then I was released. Even so, I had caught the "Mental Health" of going to prison there."*

Carla (P3) Theme 1, Subtheme 2

*<< Et c'est tous les gens du Home Office, ils sont vraiment... ce sont des... je ne sais pas comment les qualifier, ce sont des criminels, ils sont en train de tuer les gens comme ça là, dans la tête. Ils sont en train de donner le stress aux gens, donc tu deviens torturé.>>*

*"And it's all the people at the Home Office, they're really... they're... I don't know how to describe them, they're criminals, they're killing people like that, in the head. They are giving people stress, so you become tortured."*

*<< Oui, je crois que quand tu vis quelque part, on te reçoit. Mais on (torture ?) d'abord les gens... On m'a torturée, je suis tombée, j'avais le « high blood pressure », on m'a emmenée à l'hôpital. On m'a emmenée à l'hôpital j'étais... et on m'a d'abord versé l'eau froide sur moi pour que ma tension baisse>>*

*"Yes, I believe that when you live somewhere, you are welcomed. But they torture people first... I was tortured, I fell, I had high blood pressure, they took me to the hospital. They took me to the hospital I was... and they first poured cold water on me so that my blood pressure would drop"*

Vicky (P12) Theme 2

*« Bon, j'ai mis ça parce que je ne suis pas, je ne reste pas à un endroit fixe parce que je n'ai pas de papiers. Aujourd'hui je peux être là-bas, je peux être dans... Je ne suis pas fixée dans un endroit fixe. C'est pour cela que j'ai écrit ça. »*

*"Well, I put that because I'm not, I'm not staying in a fixed place because I don't have any papers. Today I can be there, I can be in... I am not fixed in a fixed place."*

Constance (P6) Theme 3

*<< La manière qu'on... on va envoyer les gens au Rwanda... C'est pas normal parce que les gens fuient le pays à cause des troubles pour venir se cacher.>>*

*"The way that they... we are going to send people to Rwanda.... This is not normal because people are fleeing the country because of the unrest to come and hide."*

Vicky (P12) Theme 3

*<< Lorsque Dieu il avait créé la planète ici, il n'avait pas fait de frontières, il n'y avait pas de frontières. Mais si quelqu'un vient ici, on te demande comment tu es venu ici ou ceci-cela, on est en train de faire des frontières.>>*

*"When God created the planet here, he did not make any boundaries, there were no boundaries. But if someone comes here (UK), they ask you how you came here or this, they are creating boundaries."*

Carla (P3) Theme 3

*<< L'important c'est d'abord les gens. Quand il y a de la joie, tu peux faire des choses de toi-même >>*

*"The first important thing is the people. When there is joy, you can do things for yourself"*

Constance (P6) Theme 4 Subtheme 2

#### APPENDIX 4: Reflexive Log Extracts

*“Sometimes whilst I’m working on this thesis I genuinely wonder how I ended up in psychology because it often feels at odds with the rest of myself and my values. Whilst I know that there isn't one way to be a psychologist, it's also too common to do something and the immediate reaction be “no not like that” which leaves me questioning how to show up in a way that is still my authentic self but also won't leave that self exposed to criticism and harm. Every time I listen back to these women's stories, I find that their words sit with me for quite some time. I feel it sitting in my body, sometimes in places that I remember feeling disconnected prior to me having EMDR, over times I feel anger at the atrocities that have happened to them, and I also feel waves of sadness. Whenever I have these feelings, I take myself away for a little while because it's really important that my interpretation of their experiences isn't overshadowed or overcast by my own feelings.*

*I’m also really mindful of clinical psychology’s focus on reflecting of social graces and how whilst it’s important to attend to identities, at times this may bring about a level of performativity or projection in making sense of people’s experiences. Whilst some of the women shared their faith, for example, in their demographic information to describe themselves, these identities were referenced little if at all in their testimonia, it therefore doesn’t feel appropriate for me to sit projecting ideas about faith (especially given myself and the participants all have different faiths) into the analysis of their testimonia because, ultimately, assuming someone’s feelings about something that they didn’t express or speak to would lead to an untrue and unethical analytic approach. It would also kind of feel like an act of disempowerment and colonising of someone else’s story to suit the narrative of what my professional field would encourage me to focus on. Thus, I will not be unpicking anyone’s relationship with their faith within the results section because their testimonia don’t voice this within the stories they chose to share with me.”*  
[Reflective Log 13/12/2023]

*“The bin fire that is capitalism strikes again! Whenever I hear people's experiences or think of my own lived intergenerational experiences of the welfare system I'm always left with a pile of frustration. Hearing so many of these women express how they just want to work and just want to contribute and the judgement that they experience for their position as asylum seekers and refugees in the UK is just awful. Like the welfare system is not and has never been fit for purpose. It is used in a way the demonises particular groups of people especially racialized people (migrants, refugees, asylum seekers) and working class and underclass people. The system and the narratives around it are set up in a way that there was in need of support always end up being positioned as lazy scroungers stealing taxpayers’ money. When really the system has been set up to ensure that the elite stay elite, and the poor stay poor. Honestly I'm just so frustrated by this and I'm sat here thinking what is it that we need to be doing to overturn the current system and also thinking to myself how little the effects of the welfare system as it currently is and the way it's narrated, how little that has been discussed whilst on clinical training and whether or not it's even in people’s heads to think about how this is affecting people that we work with an and what we can collectively do about it”.*  
[Reflective Log 27/02/2024]

*“I honestly feel like there isn't enough time or hours in the day for me to be able to do justice to this piece of work in the way that I’d like. I am definitely aware that perfectionism is making my life difficult right now. Or also very aware that my perfectionism surrounding my academic work is very much tied up in*

*trying to exist and no one share and learn within the ivory towers. It is extremely draining. One of the women mentioned universities actually and how those systems are set up to disadvantage people and it's honestly an experience to be spending such a large amount of time dedicated to structural violence you know reading about it talking about it writing about it thinking about it and then also being on the receiving end of systems that are settled in ways to exclude and harm. It has me thinking about one of the other women who talked about just being able want to watch the news and why she wanted to be able to watch the news and being able to access information and not be in a position where she can and then talked about you know being educated wanting to know what's happening in the world and that almost being pulled away and really it really makes me think about knowledge policing and knowledge control an and how much that shapes everybody's experience for especially people who were multiply marginalised in a whole multitude of different ways an and harmed and contained by a whole mix of social systems the sort of seek to keep them where they are really". [Reflective Log 03/10/2023]*

## APPENDIX 5: Field Notes Extracts

*“Four women attended today's workshop. It felt like there was a really warm and positive energy in the room. The women were all chatting amongst themselves in a mix of English, French and Farsi, and complementing each other on their body maps. One of the women had expressed being worried about her language skills and whether or not her accent will be easy to understand. We reassured her that we can check understanding both ways, so if I have not understood her I will clarify and if she has not understood me she can clarify. She said this was helpful to know that she can check and that we will check too.”*

[Field notes workshop 3, August 2023]

*“During today's workshop, I ended up making some colour mixing charts. I had provided a selection of colours for the women to use, but of course, creativity is not to be boundaried. So, when some of the women inquired about how to mix particular colours and shades, it felt useful to make example mixing charts. I was mindful of steering away from this feeling like an art class, but it also felt important to offer some of this knowledge sharing in the hopes that it would act as a springboard to encourage the women to experiment with colour. The most popular colours requested to mix were shades of purple and pink.”*

[Field notes workshop 3, August 2023]

*“Today one of the women expressed her anxieties about making art, as she had never done this before and didn't think she was an artist. We talked about how art can be absolutely anything, and that the most important thing is to express yourself in the way that makes sense to you rather than to try being like another artist. We discussed possible ways to start if the blank page feels intimidating including choosing colours to block onto areas and thinking about what messages you would like to communicate.”*

[Field notes workshop 1, July 2023]

*“There was a wonderful warm moment when the women started singing together. They sang a song that they have previously song at protests that they have travelled to together historically. This moment felt really powerful and significant in that it made the workshop space feel more emotionally connected on the collective level. The women sang whilst they worked on their body maps and also whilst they had their break midway through the workshop. There was a real feeling of energy and unity in the room”.*

[Field notes workshop 2, August 2023]

*“One of the women mentioned that people who look like me are treated better and that is why it is important that we all actively involved in activist efforts. This fully drew my attention to the power dynamics and privileges that surround colourism and how these realities operate within space and influence experiences. I acknowledged and appreciated the action of naming this and hope that this somewhat reflected a sense of safety in the space. As a group, there was then some discussion about how to acknowledge colourism and the responsibility that lighter skinned people have within that process so that the work is not left two darker skinned people who are the most harmed by colourism”.*

[Field notes workshop 2, August 2023]

## APPENDIX 6: Axial Embodiment Grid

**Key:** numbers represent how many times the element occurs on the map, elements are then listed

Table X								
Numerical Dist/ content	Text surrounding body	Text on the body	Symbols surround body	Symbols on body	Colours surrounding body	Colours on body	Mark making and texture surrounding body	Mark making and texture on body
P1 Ana	2  Beside legs  “No one must be ilgal”  “Black Life Matters”	2  Freedom must be free” – <i>upper body inside heart</i> )  “Equal Rights” – <i>left side of trunk</i>	0	2  eyes  heart	0	5  Red Yellow Blue Grey Purple	0	2  Swirls in different colours
P2 Moir	0	9  I have freedom to choose where to go (L leg)  Self care (R leg)  Power (R hand)	0	4  Face Hair Earrings Skirt	0	4  “angry, lost, control, love” (lines 3-4)  Orange skirt outline	0	3  Yellow swirls on legs  Hair swirls  Textured heart



		<p><i>"LINES 16-18" adversity to power</i></p> <p>Found peace in inspiring other women (on green heart on trunk)</p> <p>Black Lives Matter (skirt)</p> <p>I am human it's the colour of my skin that is different (skirt)</p> <p>You can kill my hopes but my dream lives on (upper R arm)</p> <p>What does not kill you makes you</p>				<p>Yellow swirling on legs</p> <p>Green heart and green fingernails</p> <p>Yellow hands/gloves</p>		
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		stronger (R chest) Resilience (L shoulder)						
P3 Carla	3 <i>Clockwise</i>	8 <i>Clockwise</i>	0	4	0	7	0	3
	Mental Health	No one is illegal		Face Flowers x4 on the chin		Yellow on L arm and facial features		Strikes on the L arm
	Torture	Equal		Red heart Green leaf		Black hair		Scribble cloud on trunk
	Freedom	Discrimination				Red heart		Strikes on R leg (thicker paint on thigh, thinner crayon on calf)
		Black Live Matter				Green leaf		
		Stress				Blue scribble cloud		
		Dignity				Brown markings on R leg and on the feet		
		Homeless				Orange on L calf		
		Lonely						
P4 Leah	6 <i>Clockwise</i>	0	0	6	0	5	0	1

	<p>Demonstration against colour racism (racist)</p> <p>Asylum seeker to have their start (life to remain)</p> <p>For housing</p> <p>For homeless</p> <p>Depression</p> <p>Stress</p>			<p>Scribble cloud</p> <p>Fingernails</p> <p>Eyes/eyebrows</p> <p>Nose</p> <p>Mouth</p> <p>Hair</p> <p>Face</p>		<p>Yellow, grey and red scribbled to cover body</p> <p>Purple hair</p> <p>Red feet/Red nails and lips</p>		<p>Scribble cloud on trunk</p> <p>Bobbles on the hair</p>
P5 Precious	<p>6</p> <p><i>Clockwise</i></p> <p>Unfairly (? Unfairly)</p> <p>Be happy</p> <p>Be kind</p> <p>Love</p> <p>Be yourself</p> <p>Equal rights</p>	<p>6</p> <p>Love (R arm)</p> <p>2013 Leave to Remain (<i>neck</i>)</p> <p>Now self care smiling leaving my life to the fullness (<i>breasts</i>)</p>	0	<p>3</p> <p>Eyes/eyebrows</p> <p>Mouth</p> <p>Shorts constructed from 3 flags (union jack, )</p>	2	<p>9</p> <p>Blue R leg and breasts</p> <p>Red L leg</p> <p>Brown feet</p> <p>Purple neck</p>	1	2

		<p>3 colours of countries sometimes I feel lost where I come from. Where I'm from???</p> <p><i>(shorts)</i></p> <p>Long 12 years for settlement (<i>R foot</i>)</p> <p>The high cost for naturalisation (<i>L foot</i>)</p>				<p>Yellow trunk</p> <p>Flags (black, red, blue, white, gold)</p> <p>Hair (black, red, purple, orange)</p>		
P6 Constance	<p>2</p> <p>Leave to remain</p> <p>Feeling sad</p>	<p>3</p> <p>Housing for everyone (<i>on face</i>)</p> <p>Change in Congo (<i>R calf</i>)</p> <p>Education (<i>L calf</i>)</p>	0	4	<p>1?</p> <p>Blue splatter</p>	<p>9</p> <p>Black and purple (hair)</p> <p>Blue and purple (face)</p> <p>Blue and red (L arm)</p>	1	<p>??</p> <p>Wide/narrow, swift/smooth brush strokes with gaps around the body; denser on the hair and L arm</p>

						<p>Red and green (R arm)</p> <p>Blue and green with purple/yellow/white/red shapes (chest/trunk)</p> <p>Green plus orange shape (thighs and R calf/foot)</p> <p>Red (L calf/foot)</p> <p>Pink shape on knees</p>		
P7 Mia	6 <i>(above head; upside down orientation in</i>	4 Give leave to remain	0	4 Eyes/eyebrows Nose Hairline	1 Red block strikes around all	4 Blue paper additions	2 Yellow and blue triangles L side of head	2 Blue rippled paper on L shoulder and R knee

	<p><i>relation to head)</i></p> <p>How many people in asylum accommodation? (downward black arrow)</p> <p>Tax payers money can be used in hospitals, let <u>the work</u> please</p> <p>Why can't asylum seekers allowed to work?</p> <p>Why don't give jobs fairly? Why most blacks do cleaning?</p> <p>Always feeling</p>	<p>20 years waiting why (<i>L hand</i>)</p> <p>Please <u>allow</u> people in section 4 accommodation <u>take</u> money out of the <u>aspen</u> card (<i>L trunk</i>)</p> <p>Is seeking asylum a crime? (<i>L calf</i>)</p> <p>Why is it Serco housing officers treat people like criminals? (<i>R hand</i>)</p>		Mouth	pieces of external text	<p>Yellow base for head outline, chin, arms and calves</p> <p>Green base for feet</p> <p>Red fleck strokes on chin, R shoulder, L arm, trunk, thigh</p> <p>Green fleck strokes R arm, L thigh</p> <p>Green base around hand outer finger to thumb</p>		
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	depressed <i>(beside R leg)</i>							
	We want to feel free in section 4 accommodation <i>(in between R arm and trunk)</i>							
P8 Tina	5  <i>((clockwise)</i> We need a Freedom; Antidiscrimination; No sharing house; No homeless or destitution; Permission to work)	0	1  A hat with a flower	9  Watch Earrings Hair Eyebrows /Eyes Nose Mouth t-shirt trousers fingernails	3  Hat = blue, brown and red	5  Pink, yellow and orange on t-shirt  Red and yellow on trousers  Pink fingernails  Red lips  Blue facial feature line drawing and hair	1  Texture on the hat rim, sides and top	2  Petals and coloured paper shapes on t-shirt and trousers

P9 Natalie	4  (clockwise) Training for Opportunity; Food Bank; Equality for Everyone Children/Adult; Free public transportation to the less privilege (freedom pass)	2  Active (R hand)  Freedom (L knee)	0	4  eyes, nose, mouth, nested triangles L leg)	0	8	4  3 connected triangles to the rear – resembling a tail?  1 triangle in front of each knee  1 triangle between L cheek and R outstretched forearm	
P10 Sara	14  (clockwise) Freedom of expression; GP; IRAN; Refugee; Free school meal for children; religion; relax; school; Right to choose; right to live; housing; Freedom; IRAN (Shiraz); Sara	0	12  (shapes around words – clouds triangles rectangles circles x 11; Iranian flag)	5 (1 eye, nose, mouth, hair, fingernails )	2 (green and red on Iranian flag; white as a default colour???) So 3?)	7 (blue on L foot – sock shaped; black spots) (burgundy on R foot) (red on lower trunk) (purple and red on chest) (purple/blue on R forearm) (fingers –	1 (petals beside L arm)	(petals on L arm) (paper triangles across shoulders) (textured triangles on R arm) (scrunched tissue paper on back, breast, R calf) (sponged texture on legs and chest and dispersed across trunk with sweeps of red) (heart outlines on shoulder) (waves on L shoulder)



	(pseudonym) )					yellow, blue, pink, green)		
P11 Pantia	10 (Amazing, happy, love, freedom, happiness, peace, glamour, lovely, wonderful – <i>clockwise from the top of the head, evenly spaced</i> ) (Pantia ((chosen pseudonym))	0	1 (cloud around Pseudonym)	0	0	5 (red on hair, R hand, L forearm, R leg, ring around neck) (blue on R shoulder/ cheek, L calf, L foot) (purple on R thigh, R forearm) (orange on L shoulder/ chest) (yellow on L thigh, L hand (murky))	0	6 (textures – petals on L ear, around neck, on R ankle; abstract triangles on stomach; coloured triangles on pelvis and L ankle)
P12 Vicky	1 (Vicky (chosen pseudonym)) ( <i>numbered list</i> 1. Family Reunions; 2.	0	0	3 (eyes, nose and mouth)	0	10  Yellow, brown + blue on feet	0	1  Orange, yellow, white, green, pink and purple shapes

	Leave to Remain; 3. NHS; 4.					Blue legs  Purple, black and blue trunk and arms  Blue hair  Purple nails  Orange, yellow, white, green, pink and purple shapes		
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APPENDIX 7: Transcript Coding Examples

<p>hopes that they have come to the UK to seek safety and then whether in the neighbourhood or on the bus or at the supermarket you find a lot of racism that is not very open but with the behaviour and so I say you can kill my hopes but my dream lives on and so I will continue the journey and as a person seeking asylum umm when there was the formation of the black lives matter what came to mind is that its not only that I'm seeking asylum to get safety, the challenge is still there when I have got my papers because most of the people, the population that were campaigning were citizens who've been even born here but still that racism still exists so it doesn't mean that if I've got my stay all these problems will be solved no, it will be struggle umm because I believe I am human. It's the colour of my skin that is different. I can just think like any other white person. The problem of the black lives matter movement is that we are a second class human being in the world and I believe</p>	<p>disillusionment and defeat Structural racism preventing safety / locales of racism  Diminishing shorter-term desires will not destroy longer term ambitions/vision BLM Layers of SV – ASy and structural racism Black people still needing to fight for equality despite being from the country Racism will still exist beyond AS experiences/ personal exp (de)Humanisation Sociocultural/historical context of colourism Whiteness minimising intellect Dehumanisation of Black people</p>
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So if you think about over your life and as an activist and a campaigner it sounds like there's lots of different feelings you have about everything

Yes it's umm like in nature I'm a calm person I'm peaceful and I don't like being in the limelight a lot but coming to the UK changed that because of the situations I've been in when I seek asylum that give me a reason to go out and campaign and speak out because I feel no one is listening and probably somebody somewhere will listen or hear what I'm saying so in asylum system you've got you you you have challenges and you go through a lot, there's detention, I've been detained, I've been homeless for a long time and destitute so that has its own challenges and with all that brought the resilience to fight back so it gave me the resilience that I have the power within me to make a change and that's why you see my arm is there you

Sense of self

Change in positionality

Voicing injustice

Feeling unheard

Hope for receptiveness

Experiences of the asylum system; detention

SV in AS; homelessness

Resilience

Empowerment

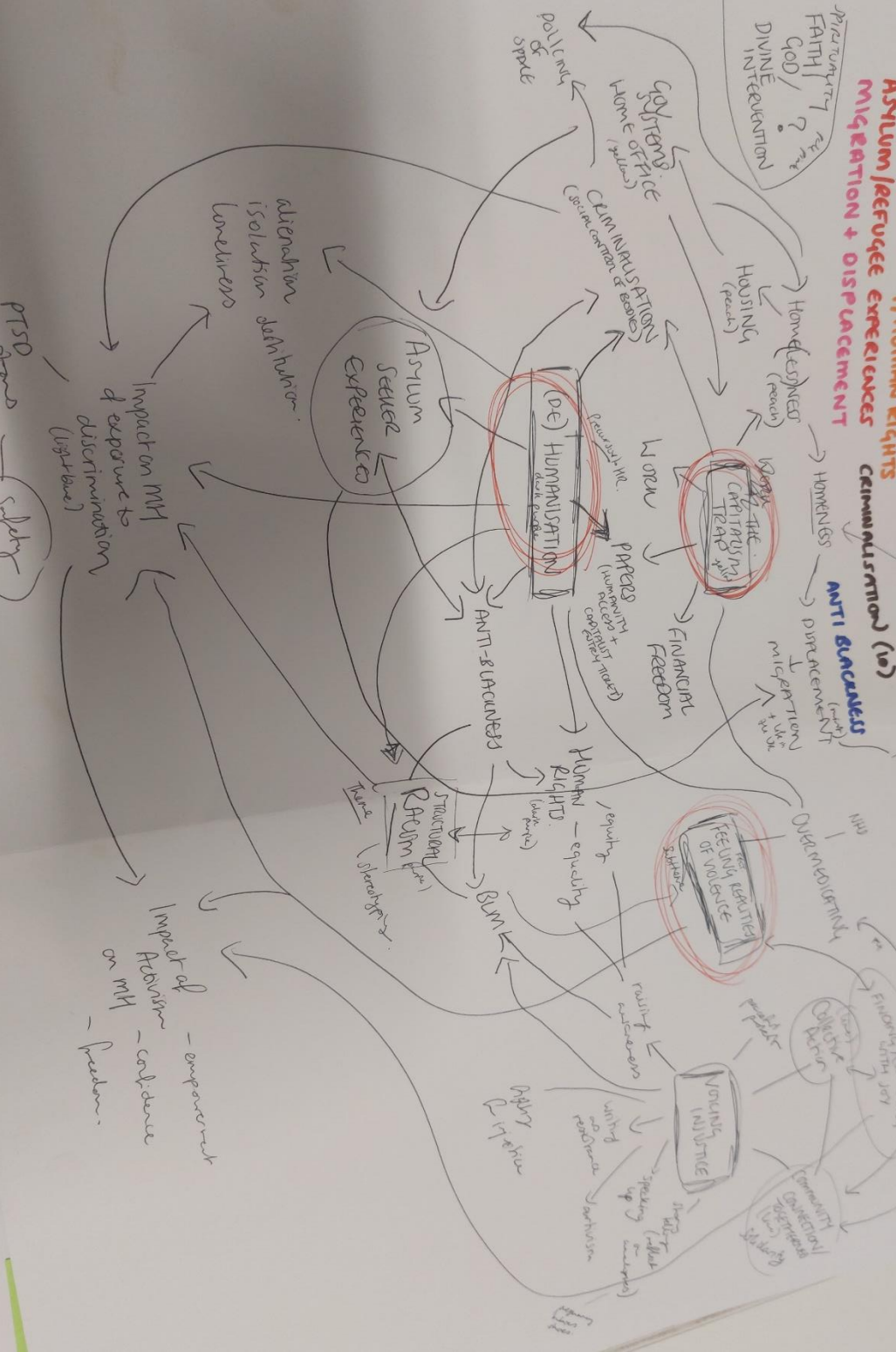
Black power fist imagery??

Recognising own strength

	<p>universités, j'ai remarqué que... je ne sais pas si c'est à Cambridge ou quelle université, les noirs sont (peu ?) pour qu'on puisse les prendre pour étudier là-bas, c'est tout un problème. IL faut que tu sois blanc et puis que ta famille ait beaucoup d'argent. Là on te prend à Cambridge et... Mais il y a la discrimination avec les policiers ici. Quand on arrête quelqu'un, si c'est un noir, on t'arrête, on te met les menottes. Ce n'est pas bien. Comme on avait tué quelqu'un aux États-Unis. C'étaient des policiers, on a fait les catch, il ne pouvait pas respirer.</p>	<p>Even at universities, I noticed that... I don't know if it's Cambridge or which university, there are (few?) black people so that we can take them to study there, it's quite a problem . You have to be white and your family has to have a lot of money. There they take you to Cambridge and... But there is discrimination with the police here. When they arrest someone, if it's a black person, they arrest you, they handcuff you. It's not good. Like someone was killed in the United States. They were police officers, they did wrestling, he couldn't breathe.</p>	<p>Universities as sites of exclusion Knowledge gatekeeping</p> <p>Intersection of race and class</p> <p>Police brutality</p> <p>Criminalisation of black people</p> <p>George Floyd BLM</p>	
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	<p>choses comme ça. Lorsque Dieu il avait créé la planète ici, il n'avait pas fait de frontières, il n'y avait pas de frontières. Mais</p>	<p>things like that. <b>When God created the planet here, he did not make any boundaries, there were no boundaries. But</b></p>	<p>No borders  Policing of space</p>
	<p>si quelqu'un vient ici, on te demande comment tu es venu ici ou ceci-cela, on est en train de faire des frontières. C'est ce que je <i>Inaudible</i> beaucoup. J'ai beaucoup souffert dans ce pays. J'ai été même en détention. Malgré tout mon avocat avait écrit, il avait fait du travail, il avait envoyé au Home Office. J'ai pas signé là-bas au Home</p>	<p><b>if someone comes here, they ask you how you came here or this, we are creating boundaries. This is what I Inaudible a lot. I suffered a lot in this country. I was even in detention. Despite everything my lawyer had written, he had done some work, he had sent it to the Home Office. I didn't sign there at the Home</b></p>	<p>Imposing ownership of location/land  Struggle Detention Asylum seeker experience Structural violence relating to the law Home office Deception and dismissal as harm</p>

APPENDIX 8: Evolution of Themes



Home (less)ness  
Housing  
Home office  
Displacement + migration + settlement  
diaspora-Asylum  
family  
[... discussion 'epistemic homelessness']

BITS NOT COVERED  
Praxis  
gao  
\* missing in literature, practice, ...  
[... post-positivist, ...]

There's something about paper!  
The  
Capitalism  
Trap  
papers work financial freedom/control  
power  
any source writing

over-writing them  
Feeling + Felt  
realities &  
violence  
[... in context dependent:  
structural view, some of ability-  
structure & determination (body + mind)  
emancipating, alienation + isolation]

Asylum  
Seeker  
Experiences

Caught in the web:  
Structural  
Factors &  
Home  
alienatingness also  
structural racism  
anti-blackness  
over-representation  
[... racism]

Faith, God  
+ Divine  
Intervention

(De) Humanisation  
: curating + narrating  
the 'other' object  
human rights

NOT necessarily free  
and given  
White, Act &  
Empower  
[... Bad good  
[... in context dependent:  
collective national community construction  
writing, ...]

Erinnorisation



## **APPENDIX 9: Materials List**

Fabriano Paper Rolls x3 (roughly 4-5 body maps to 1 roll)

Acrylic paints in various colours

PVA glue and glue sticks

Paint brushes and sponges

Textured paper

Tissue paper

Craft materials (feathers, pompoms, felt)

Pencils

Oil pastels and crayons

Markers

Scissors

Hair dryer

## APPENDIX 10: Revised Data Management Plan

# UEL Data Management Plan

Completed plans must be sent to [researchdata@uel.ac.uk](mailto:researchdata@uel.ac.uk) for review

*If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).*

Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

<b>Administrative Data</b>	
PI/Researcher	Charlotte Maxwell
PI/Researcher ID (e.g. ORCID)	0000-0003-1473-5721
PI/Researcher email	U2195531@uel.ac.uk
Research Title	<i>'The Transformation of Silence into Language and Action'</i> – understanding the impact of structural violence and engaging in activism on racialised women activists and their bodies
Project ID	N/A
Research start date and duration	14 months beginning March 2023

<p>Research Description</p>	<p>This study aims to explore and deepen understanding of embodied experiences of structural violence in Black and racialised women activists, using participatory visual art methods. The research questions are:</p> <p>RQ1. How do BRWA construct and experience their bodies in the context of a) structural violence and b) activist activity?  RQ2. How do BRWA use activism to navigate power dynamics of structural violence?</p> <p>Body mapping, an arts-based participatory qualitative methodology will be used. Body mapping involves "the process of creating body-maps using drawing, painting, or other art-based techniques to visually represent aspects of people's lives, their bodies and the world they live in" (Gastaldo et al., 2012). These maps will be life-size created on large sheets of paper and using a range of creative art materials. It enables exploration of embodied experiences and associated meaning making, whilst acting as a visual depiction of socio-political economic processes involved in the oppression (Gastaldo et al., 2012) of certain bodies and how marginalised people then experience their bodies (Scheper-Hughes &amp; Lock, 1987). Participants will be asked to share a 'testimonia' to accompany their body map, this is their own story of what the map depicts about their life experiences. This will be audio recorded. Audio recorders will be available to participants during the session so they are able to share their creative process, this will be either through their own self-initiated recording or in dialogue with the researcher/co-researcher using the body mapping guide prompts. The session will be a half-day workshop. This will be run on two occasions (max of 4-5 participants per workshop). Combining body maps and testimonia enables multi-modal exploration of lived experience; offering avenues to explore issues addressed to a lesser extent in 'traditional' qualitative research (Reavey, 2021). This triangulation of information (Cope, 2014) also contributes to study credibility. A draft body mapping schedule and example topic guide are included with the ethics form.</p> <p>This study will involve a co-researcher with lived experience of the phenomena (structural violence, activism and being a racialised woman), who will be involved throughout the research process, ensuring this study leans into 'deep' rather than 'shallow' inclusion as much as is possible within the constraints of this doctorate (Southby, 2017) and does not collude with tokenistic co-option of lived experience knowledge (Colder Carras et al., 2022).</p> <p>Participants are 8-10 Black and racialised women, aged 18+, living in the UK, who:</p> <ul style="list-style-type: none"> <li>- Have been/are actively engaged in activism challenging structural harm</li> <li>- Have been living in the UK pre-covid-19 engaged in activism that is not solely online</li> <li>- Recruitment will occur via social media and relevant community organisations (agreement in writing from [REDACTED])</li> </ul> <p>Detailed field notes will be kept providing additional context. Participants will receive debriefing information and the researcher's contact details.</p>
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Funder	
Grant Reference Number (Post-award)	
Date of first version (of DMP)	09/05/2024
Date of last update (of DMP)	
Related Policies	UEL's Research Data Management Policy UEL's Data Protection Policy UEL's Open Access Policy
Does this research follow on from previous research? If so, provide details	N/A
<b>Data Collection</b>	
What data will you collect or create?	<p>Data will be collected in-person in body mapping workshops approximately 3.5 – 4 hours in duration.</p> <p>Personal data will be contained in consent forms (name and signature) and demographics form (race, gender, age group, sexuality, disability). Participants will also be able to provide their contact email on the consent form should they wish to have their body map returned at the end of the study.</p> <p>Data collected/created from 2 workshops:</p> <ul style="list-style-type: none"> <li>8-10 body maps (hard copy and digital photo of each map)</li> <li>8-10 interviews (process discussion and testimonia), mp4</li> <li>8-10 consent forms (hard copy, to be scanned and stored as a pdf on UEL OneDrive)</li> <li>8-10 demographic questionnaires (hard copy, to be scanned and stored as a pdf on UEL OneDrive)</li> </ul>

<p>How will the data be collected or created?</p>	<p>Testimonia and process reflections will be audio recorded using a password-protected audio recording devices. This data will be transferred from the recording device to the researcher's password-protected computer via USB connection at the earliest opportunity (i.e. on the researcher's return from the session) and stored on the researcher's UEL OneDrive. The device will be transported by the researcher in a lockable case.</p> <p>Body maps will be produced on life-size sheets of paper. These will be transported by the researcher in a lockable case and stored in a lockable cabinet in the DoS' office. Maps will be digitised via photograph at the earliest convenience and encrypted, when stored on UEL OneDrive.</p> <p>Consent information, demographic data and contact details will be collected via consent forms and telephone and email communication between the recruiting care provider and the researcher. Paper consent forms will be transported securely by the researcher using a locked case and will be scanned at the earliest opportunity. Paper consent forms will be stored in a locked security box until they have been scanned and shredded. The reflexive log will be created by the researcher using word processing software.</p> <p>Participants will be given a participant number and all identifiable information will be anonymised in transcripts and on body map keys. Should any participants wish to withdraw from the study, the researcher will keep a password protected document allowing for the pairing of anonymised and identifying information to fulfil the participant request.</p> <p>Recordings will be stored using a file-naming convention:  [ProjectCode]-[WorkshopNumber]-[InterviewerInitials]-[ParticipantNumber]-[Location]-[Date].Ext  An interview schedule and topic guide will be developed so that a standard format is followed.</p>
<p><b>Documentation and Metadata</b></p>	

<p>What documentation and metadata will accompany the data?</p>	<p>Participant information sheets, consent forms, demographics questionnaires.          Body mapping topic guide and visual guide, body map key          Debrief sheet.          Participant contact information and anonymised transcripts.          Co-researcher agreement.          Study advertising materials.          Reflexive research log and field notes.</p>
<p><b>Ethics and Intellectual Property</b></p>	
<p>Identify any ethical issues and how these will be managed</p>	<p>Confidentiality is a key ethical issue within this research because it involves a small participant group whom are from a vulnerable and marginalised population. The subject matter is also of a sensitive nature. Voice recordings will be named using a coding convention and stored separately from other data. Recordings will be deleted following examination of the thesis. Transcripts will be anonymised and given pseudonyms. A log of pseudonyms will be stored separately from the data which could be used to re-identify participants. Only the researcher and the supervisor will have access to the data via secure UEL managed services.</p> <p>Participants will be informed of their right to withdraw from the study at any time, without providing a reason, and without negative consequence. Participants will be informed that they can withdraw their research data within 2 weeks of participation. After this point, it will not be possible to withdraw from the study as data will have been anonymised through the deletion of data linked to the participant and data analysis will have begun. Participants will be required to sign a consent form if they would like to take part. The consent form will include questions relating to their understanding of the above (e.g., right to withdraw, data management procedures). Consent forms will be stored as password-protected files and stored separately to other research data on UEL OneDrive.</p>
<p>Identify any copyright and Intellectual Property Rights issues and how these will be managed</p>	<p>Pre-existing guides for conducting body mapping research will be acknowledged and cited appropriately</p>

Storage and Backup	
<p>How will the data be stored and backed up during the research?</p>	<p>Research data will be stored securely on the researcher’s UEL OneDrive.</p> <p>The research supervisor will have access to copies of the anonymised interview via UEL SharePoint. Physical art works (body maps) will be stored in a locked cupboard in the DoS’ office. Art works will be photographed and/or scanned at the earliest opportunity, these images will be stored, and password protected on the researcher’s OneDrive and deleted from the device on which the photos were taken.</p> <p>Electronic scans of consent forms, which will contain identifiable information (e.g., names), will be stored as password-protected files and saved in a separate folder on UEL OneDrive, accessible only to the researcher. The spreadsheet of participant’s contact information will also be stored in this way, in another separate folder.</p>
<p>How will you manage access and security?</p>	<p>Testimonials and process discussion will be audio recorded by the researcher using a password-protected audio recording device. The researcher will not share the password for this device with anyone. The recording device will be transported and stored in a locked storage box. Audio files will be downloaded from the device at the earliest opportunity. The audio files will be temporarily downloaded to the researcher’s UEL OneDrive (and encrypted) to allow transcription. They will be deleted once the thesis has been examined.</p> <p>The researcher will only share anonymised data (e.g. anonymised interview transcripts and body maps) with the research supervisor(s), the co-researcher and examiners. In the case where interviews are dual language (French and English), following gaining consent from participants, the researcher will share anonymised data with a transcribing company.</p> <p>Summary of what would be communicated to participants:</p> <ul style="list-style-type: none"> <li>• Inform them that an external transcriber will be used to ensure accuracy and impartiality</li> <li>• Re-explain confidentiality and GDPR – including a signed agreement between the researcher and the transcriber for the transcriber to maintain confidentiality</li> <li>• Explain that the translator will only be transcribing the interview, they will not have access to their body map or any other information provided e.g. demographics, participant’s name and contact details etc</li> <li>• Space to ask questions</li> <li>• Get confirmation of consent</li> </ul>

	<p>Data sharing with the research supervisor(s) will take place via UEL OneDrive (using OneDrive secure links). Data sharing with the transcription service will be via OneDrive link.</p> <p>Files containing identifiable information (e.g. participant names and contact details) will be accessible only to the researcher, using the researcher’s UEL OneDrive.</p> <p>The researcher will use their password-protected personal laptop to access UEL OneDrive and will access UEL systems using authentication.</p>
<b>Data Sharing</b>	
How will you share the data?	<p>The thesis will be accessible to the public via UEL Research Repository. Participants will be required to consent to this prior to participation.</p> <p>Anonymised data underpinning the research (e.g. full transcripts) will not be deposited on the UEL Research Repository. This is in order to best protect participant confidentiality.</p> <p>Quotations, and any feedback from participants, included in the research thesis (or any subsequent publications, presentations etc.) will be carefully monitored for anonymity and any potentially identifiable information will be removed or altered prior to inclusion.</p>
Are any restrictions on data sharing required?	<p>No one outside of the research team will have access to the research data, unless anonymised data is being translated and transcribed via a transcription service. Participant consent will be sought</p> <p>Only anonymised data will be shared with research supervisor(s) and examiners. Only anonymised data will be included in the thesis and any subsequent dissemination activities.</p>
<b>Selection and Preservation</b>	
Which data are of long-term value and should be retained, shared, and/or preserved?	<p>Audio-recordings will be deleted. Audio files will be temporarily downloaded to the researcher’s UEL OneDrive (and encrypted) to allow transcription. They will be deleted once the thesis has been examined.</p> <p>Physical art works (body maps) will be stored in a locked cupboard in the DoS’ office until the thesis has been examined and passed and some dissemination activity has been completed. Following this, art works will be returned to participants or be destroyed.</p> <p>Scans and photographs of maps will be taken. Along with anonymised research transcripts, they will be stored by the research supervisor(s) for future dissemination purposes and retained for a maximum of 5 years, after which time all research data will be deleted.</p>



	<p>Electronic copies of consent forms will be retained by the researcher until the thesis has been examined and passed and will then be deleted. Any paper consent forms will be digitised with physical copies destroyed and follow the above process.</p> <p>Research data stored on the researcher’s UEL OneDrive will be deleted once the thesis has been successfully examined and passed.</p> <p>The thesis will be stored on UEL Research Repository.</p>
What is the long-term preservation plan for the data?	<p>The DoS and second supervisor will retain anonymised research data (for dissemination purposes) for a maximum of 5 years following thesis submission. This data will be stored on the research supervisor’s own secure UEL OneDrive account and will be deleted once this 5-year period has elapsed. Physical art works (body maps) produced during the research process may be returned to the participants (if this was previously agreed) after completion and passing of the viva voce. Should this have been agreed, the researcher will send maps to individual participants.</p>
<b>Responsibilities and Resources</b>	
Who will be responsible for data management?	<p>Charlotte Maxwell (Researcher)  David Harper (Director of Studies)  Matthew Jones-Chesters (Second Supervisor)</p> <p>The researcher will collect, store and organise the research data. The research supervisor(s) will be responsible for retaining anonymised data once the researcher has left UEL and deleting this data once the retention period has elapsed.</p>
What resources will you require to deliver your plan?	<p>UEL OneDrive to store password protected documentation  Lockable cupboard on campus for secure data storage of physical body maps (obtained – in the DoS’s office)  NVivo for qualitative data analysis (accessible via UEL login)  Art materials to complete body maps (obtained)  Password protected audio recorder  Microsoft Word to save and password protect data</p>
<b>Review</b>	

	<p>Please send your plan to <a href="mailto:researchdata@uel.ac.uk">researchdata@uel.ac.uk</a></p> <p><b>We will review within 5 working days and request further information or amendments as required before signing</b></p>
Date: 09/05/2024	<p>Reviewer name: Joshua Fallon Assistant Librarian RDM</p>

## Guidance

Brief information to help answer each section is below. Aim to be specific and concise.

For assistance in writing your data management plan, or with research data management more generally, please contact: [researchdata@uel.ac.uk](mailto:researchdata@uel.ac.uk)

### Administrative Data

#### Related Policies

List any other relevant funder, institutional, departmental or group policies on data management, data sharing and data security. Some of the information you give in the remainder of the DMP will be determined by the content of other policies. If so, point/link to them here.

#### Data collection

Describe the data aspects of your research, how you will capture/generate them, the file formats you are using and why. Mention your reasons for choosing particular data standards and approaches. Note the likely volume of data to be created.

#### Documentation and Metadata

What metadata will be created to describe the data? Consider what other documentation is needed to enable reuse. This may include information on the methodology used to collect the data, analytical and procedural information, definitions of variables, the format and file type of the data and software used to collect and/or process the data. How will this be captured and recorded?

#### Ethics and Intellectual Property

Detail any ethical and privacy issues, including the consent of participants. Explain the copyright/IPR and whether there are any data licensing issues – either for data you are reusing, or your data which you will make available to others.

#### Storage and Backup

Give a rough idea of data volume. Say where and on what media you will store data, and how they will be backed-up. Mention security measures to protect data which are sensitive or valuable. Who will have access to the data during the project and how will this be controlled?

### **Data Sharing**

Note who would be interested in your data, and describe how you will make them available (with any restrictions). Detail any reasons not to share, as well as embargo periods or if you want time to exploit your data for publishing.

### **Selection and Preservation**

Consider what data are worth selecting for long-term access and preservation. Say where you intend to deposit the data, such as in UEL's data repository (<https://repository.uel.ac.uk>) or a subject repository. How long should data be retained?