



## CHAPTER 3

# Common Language & Essential Concepts Used in this Toolkit: GBV, Substance Use Continuum, Dual Lens Continuum



### 3.

## COMMON LANGUAGE USED IN THIS TOOLKIT: GBV, WOMEN, SUBSTANCE USE CONTINUUM/SPECTRUM

For a shared understanding, it is important to define and describe how terms and concepts are understood throughout the Hope and Recovery toolkit.

To facilitate this, we use the following definitions of the terms and their associated meanings that frame this toolkit:

#### **How is “Woman” Defined in our toolkit?**

Throughout the toolkit, the term “woman” is used to include anyone who identifies as a woman, regardless of the sex assigned at birth. This definition recognizes gender as a social and personal identity rather than being strictly tied to biological characteristics.

*Reference: World Health Organization. (2022). Gender and health. World Health Organization. Retrieved from <https://www.who.int/health-topics/gender>*

## WHAT IS THE DEFINITION OF SUBSTANCE USE THAT IS USED FOR THIS TOOLKIT?

According to the “substance use across the spectrum” framework—adopted and promoted by the Canadian Centre on Substance Use and Addiction (CCSA) in collaboration with Health Canada—substance use is defined in a public health context that spans multiple forms of use, from non-use to substance use disorder (Figure 1). It recognizes that people can move along a continuum of benefit and harm. The framework acknowledges that people may fluctuate between these levels over time, emphasizing that substance use is not inherently problematic; only certain patterns lead to harm or substance use disorder.



**Figure 1: Substance use continuum**

Adapted from the public-health substance-use spectrum, which frames use as a continuum from non-use to substance use disorder, with beneficial, lower-risk, and higher-risk patterns in between (Health Canada, 2022).



### 3.1. HOW TO USE THIS TOOLKIT

Conversations about substance use work best when they begin with respect for the person's knowledge of her own life. The substance use continuum invites us to move away from labels and assumptions and toward understanding how and why substances are being used at this moment in time.

Across the continuum, substance use often reflects care and coping, not failure. For some, use is social or beneficial, woven into relationships and routines. For others, it may be episodic or experimental, tied to specific times, places, or transitions. As stress and harm accumulate, particularly in the context of gender-based violence, use may become riskier or begin to carry consequences for health, safety, work, or relationships.

At some points, substance use can feel difficult to change or out of control, especially when it is intertwined with trauma, coercion, pain, or isolation.

The continuum helps us hold all experiences without collapsing them into a single story. Use may become riskier or begin to carry consequences for health, safety, work, or relationships for some individuals at different points in their lives.

When use feels overwhelming, a trauma- and gender-informed response emphasizes dignity, hope, and partnership—opening pathways to care that are flexible, non-punitive, and responsive to readiness.

Throughout the continuum, context matters. Substance use does not occur in a vacuum. Gender-based violence, coercive control, poverty, racism, colonial harms, housing insecurity, and barriers to care can shape how and when substances are used.

In some relationships, substances themselves become tools of control—medications are withheld or diverted, use is pressured or punished, or treatment access is sabotaged. Recognizing substance use coercion allows us to respond with greater clarity and compassion, and to plan for safety, privacy, and choice rather than focusing narrowly on use reduction or stopping use.



What matters most in using this framework is how we respond. A relational approach begins with consent and curiosity: a brief explanation of why we ask about substance use, a check-in to ensure it feels okay to talk, and openness to hearing what the substance is doing for her.

We listen for strengths, how she has been managing sleep, fear, pain, or loneliness; how she protects children; how she limits risk when she can. Naming these efforts builds trust and reinforces strengths.

As patterns shift along the continuum, our role is not to push for a particular outcome, but to match our support to what feels safe, possible, and supportive right now, and to respond in a way that honours each person's pace and capacity. With social or episodic use, that may mean normalizing conversations and offering information only if it is helpful. With riskier or harmful use, it may mean slowing down to explore what the substance is helping with, where it is getting in the way, and whether a small safety-focused change feels possible.



## What is substance use coercion?

Examples of substance use coercion women may experience include people in their lives who actively withhold substances and/or pressure women to use substances in the context of control and coercion. Other examples include exerting control over the woman's ability to participate in programs and services related to getting help for substance use.



**Chapter 8 provides more details on how to ask about substance use, support people where they are, and connect them to services/support.**

### 3.2. CONTINUUM OF SUBSTANCE USE TABLE: EXAMPLE OF STRENGTHS-BASED PRACTICE APPROACH FOR EACH STAGE OF THE CONTINUUM

The substance use continuum table below pairs each stage with a relational provider focus and language to try. These are not scripts, but reminders to speak in ways that keep the relationship at the centre: asking permission, reflecting meaning, offering options, and supporting micro steps that fit the realities of her life. Consider how cultural, linguistic, or personal backgrounds influence these strategies to ensure they are accessible and respectful for all clients. A safety plan, a grounding practice, a peer connection, or a warm introduction to another service can all be meaningful steps, especially when they are chosen by her and revisited over time.

Ultimately, the substance use continuum is a tool for walking alongside, not directing from ahead. People's needs change, risks rise and fall, and readiness shifts. When we hold the continuum lightly alongside the GBV spectrum, we create space for honesty, reduce stigma, and make it more likely that support will be accepted when it is needed. In a steady, trustworthy relationship, even small conversations can open doors and build confidence in the support process.

This table provides some examples of how to support relational, trust-building conversations about substance use across the continuum. It recognizes that people move across a continuum over time, and that substance use often reflects coping, context, and strengths—not deficits. This perspective encourages practitioners to see beyond problems and appreciate their clients' resilience.

**TABLE 1: CONTINUUM OF SUBSTANCE USE TABLE: EXAMPLE OF STRENGTHS-BASED PRACTICE APPROACH FOR EACH STAGE OF THE CONTINUUM**

Continuum stage	How this may show up in everyday life	Relational, strengths-based provider focus	Substance-specific considerations
 <p><b>Beneficial / social use</b></p>	Occasional or social use fits within daily routines (e.g., a drink with friends) and does not interfere with health, safety, or responsibilities.	Normalize conversation and curiosity. Use universal, non-judgmental questions and offer information only if helpful or requested, reinforcing trust and autonomy.	Alcohol and tobacco are widely socially accepted; be mindful of interactions with medications and changing needs over time.
 <p><b>Episodic or experimental use</b></p>	Infrequent or situational use (e.g., cannabis on weekends or during social gatherings).	Focus on safety and informed choice. Ask permission to discuss topics such as mixing substances, driving, or taking substances in unfamiliar, potentially unsafe settings.	Cannabis may affect sleep, anxiety, memory, or concentration; legal and social contexts can shape use.
 <p><b>Risky use</b></p>	Patterns that increase the chance of harm (e.g., binge drinking after conflict, taking more medication than prescribed).	Explore what the substance is helping with and where it may be creating challenges. Use brief, collaborative conversations (MI) to support safer-use planning and small, self-directed changes.	Alcohol and sedatives can interact with antidepressants or anxiolytics; benzodiazepines may be tightly controlled by partners or others.
 <p><b>Harmful use</b></p>	Use is beginning to affect health, relationships, work, housing, ability to function, and may be linked to safety concerns.	Validate strengths and efforts to cope. Offer harm-reduction options, discuss safety planning (including overdose prevention), and provide warm, choice-based referrals.	Some substances have increasing harms and risks, such as opioids, benzodiazepines, alcohol, and tobacco, which carry greater health risks with sustained, escalating use.
 <p><b>Substance use disorder</b></p>	Persistent patterns of use that feel difficult to change, and continued use despite significant impacts and multiple attempts to stop or reduce use due to significant physical and psychological dependence on a substance.	Emphasize dignity, hope, and partnership. Support access to integrated, gender- and trauma-informed care, peer support, and flexible pathways that respect readiness and choice.	Withdrawal safety (risk of seizures or other medical risks when stopping use), medication access, and coercion related to GBV and substances may require coordinated, trauma-informed planning.



## Practice Pearl: Not all Substances are the same

Not all substances are the same—each carries different benefits and risks. Talking together about commonly used substances like tobacco, alcohol, prescription opioids, and cannabis helps us focus on safety, health, and what matters most to the person. We start with curiosity, looking together at how substance use may affect health, safety, and daily life.

The following links to practice guidance sheets are designed for service providers to use during their conversations with women about the effects of substance use on women's health and in the perinatal period (updated 2024).

1. [Women and Alcohol – English or French](#)
2. [Women and Cannabis](#)
3. [Women and Prescription Opioids](#)
4. [Women, Nicotine, and Tobacco](#)

Potential ways to open conversations about substance use in ways that honour choice and align with relational approaches:

We ask everyone about any concerns they have about their use of alcohol, tobacco, and other substances. What worries you about your current use, if anything?

Some women are reluctant to talk about their substance use because they're worried about information being recorded or shared with other professionals. Sharing the agency's confidentiality policy should be standard practice.

Is there anything we need to know about your use of drugs or medications to support your health while you access support from us?

### 3.3. SPECTRUM OF GENDER-BASED VIOLENCE (GBV) – A RELATIONAL INTRODUCTION TO THE GBV SPECTRUM

When we sit with someone who is navigating harm, our first responsibility is to offer a steady, respectful relationship—one that makes room for what is hard and what is holding her together.

The GBV Spectrum table below (Table 2) is meant to support that kind of conversation. Rather than treating violence as a single incident or a label, the spectrum helps us notice how harm can show up across everyday life, from structural forces that narrow choices to boundary-pushing and coercive control, through psychological and emotional violence, and sometimes to physical or sexual assaults and life-threatening risk.

It reminds us that these are not neat boxes to sort a person into. People may experience several forms of violence at once, move across different points on the spectrum over time, and make wise, strategic choices to stay as safe as possible in the circumstances they face.

What makes this GBV spectrum a useful approach is the meaning we listen for within it. When a survivor describes “less visible,” “covert” behaviours—monitoring, putdowns, pressure disguised as care—we hear early boundary erosion that can limit autonomy.



When money, medication, or documents are controlled, we name that coercive control, not conflict.

When someone describes gaslighting, humiliation, or threats, we recognize psychological harms that can be as impactful as physical injuries and often precede escalation.

And if there are signs of assault, strangulation, or reproductive control, we respond with first-line support, clear options, and careful safety planning, knowing that risk can escalate around separation and transitions.

We keep the bigger picture in mind. Colonial harms, racism, poverty, housing and immigration stress, and systemic discrimination can sit in the room with us even when they are not spoken aloud.

Seeing those forces clearly helps us avoid blaming the person for the conditions she is surviving. It also points us toward practical help and advocacy—warm introductions, safer documentation practices, and supports that reduce retelling and increase predictability.



The following practice example table pairs each part of the GBV spectrum with a relational focus and language to try. The focus is deliberately simple: begin with consent and curiosity; reflect on what you hear about safety, dignity, and connection; notice resistance and protective actions; and offer choices at a pace that fits.

The sample phrases are not scripts to follow word-for-word, but invitations to speak in ways that honour autonomy:

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**“Is there something that feels most important to talk through right now?”**

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**“A lot of people find themselves navigating mixed feelings in situations like this. What has it been like for you?”**

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**“Would it be okay to explore a few options together, and you can decide what fits for you?”**

Because substance use and GBV can be intertwined, the spectrum also helps us bridge to the substance use continuum.

If we hear about medication being withheld, pressured use, or sabotage of care, we can name substance use coercion without judgment and plan for safer use, storage, or supervised dosing if that's what the person wants.

If use has been a way to manage pain, fear, or sleeplessness after violence, we can hold that with compassion and co-create micro steps that support safety and steadiness now –not just long-term change later.


Above all, the GBV Spectrum table is a reminder that trust is the intervention. Our role is not to sort or fix, but to walk alongside, keep doors open, and make the next step easier to take. In a steady relationship, one that sees both the inner logic of coping and the many faces of violence, small choices add up. The spectrum helps us notice where we are standing together today and what would support safety, choice, and connection right now.

*Note* Movement across the GBV spectrum is not linear; multiple forms can occur simultaneously. The aim is not categorization, but context, safety, and trust (Wathen & Varcoe, 2019).

Attribution: This GBV table was informed by TVIC practice (EQUIP/CEWH), WHO LIVES first-line support, NCDVTMH guidance on supporting survivors who use substances (including substance-use coercion), and MMIWG Calls for Justice on structural/colonial harms.



### 3.4. SPECTRUM OF GENDER-BASED VIOLENCE (GBV) – PRACTICE EXAMPLE TABLE 2

Spectrum of GBV	How this may show up	Relational meaning & context	Strengths-based provider focus (EQUIP / TVIC)	Language to try (MI-aligned)
 <p><b>Structural &amp; social harms</b></p>	Colonial harms, racism, economic exclusion, housing insecurity, immigration stress, systemic surveillance.	Violence is embedded in systems; survivors adapt creatively within constrained choices.	Acknowledge context; avoid individual blame; support access, advocacy, and practical resources (EQUIP; MMIWG, 2019).	“A lot of this comes from systems not built to support you. What’s been hardest to navigate lately?”
 <p><b>Micro aggression &amp; boundary violations</b></p>	Put-downs, monitoring, jealousy framed as care, isolation from friends.	Early erosion of boundaries increases dependence over time.	Name patterns gently; support boundary-setting; affirm judgement and insight. (CEWH)	“These kinds of behaviours can build over time. How do they affect your sense of safety, autonomy, or how you communicate?”
 <p><b>Coercive control</b></p>	Control of money, transport, documents, meds; threats around children, immigration, or substance use.	Control—not conflict—is the core harm; choices are strategic to reduce risk.	Prioritize safety and privacy; recognize resistance and protective actions; avoid escalation (Wathen & Varcoe, 2019; NCDVTMH).	“As you’re describing this, I’m noticing some patterns that might be affecting your choices or independence. How does that feel to you?”
 <p><b>Psychological &amp; Emotional violence</b></p>	Intimidation, gaslighting, humiliation, threats, manipulation, tech-facilitated abuse.	Psychological harms often precede escalation and can be as impactful as physical violence.	Validate impact; counter self-blame; support grounding and connection; document patterns (CEWH; TVIC).	“What you’re describing sounds exhausting. How have you been getting through it?”
 <p><b>Physical &amp; sexual violence</b></p>	Assault, strangulation, sexual coercion, reproductive control, injuries with explanations that don’t fit.	Risk can escalate quickly; disclosure may feel unsafe; fear and ambivalence are common.	Follow LIVES first-line support; assess urgent safety; offer medical and legal options with consent (WHO LIVES).	“Your safety matters. Would it be okay to talk about what feels most urgent right now?”
 <p><b>Severe / life-threatening violence</b></p>	Repeated assaults, strangulation, weapon threats, stalking post-separation.	Leaving can increase danger; survival strategies may look contradictory from the outside.	Coordinate high-risk planning; involve specialized supports; maintain survivor choice (Wathen & Varcoe, 2019).	“You’ve been doing what you need to survive. We can look at options together, at your pace.”

### Indigenous-led references:

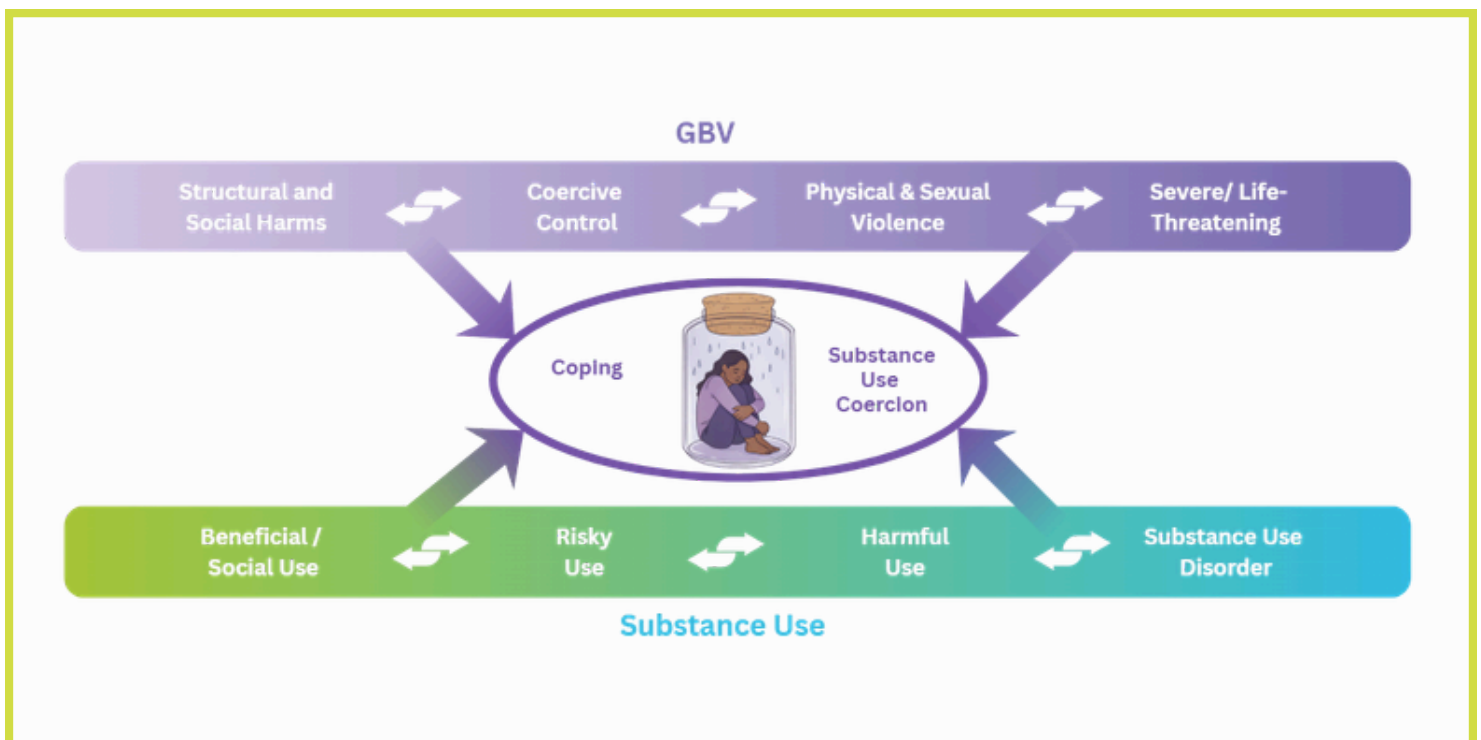
- National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) – Calls for Justice (colonial violence, jurisdiction, accountability).
- First Nations Health Authority – Indigenous harm reduction (culture, ceremony, Elders, land-based healing as core care).
- Thunderbird Partnership Foundation (2023) – Land-based, culture-centred approaches in wellness.

### 3.5. Dual Continuum Lens to Support Women experiencing GBV and Substance Use:

The Dual Continuum Lens was created collaboratively by the Jean Tweed Centre and Rosanra Yoon (2026) as an original framework to support relational, trauma- and violence-informed practice within this toolkit.

It maps the GBV spectrum alongside the substance use continuum. It names the intersection as substance use coercion and coping, recognizing that partners or systems may pressure, punish, or sabotage use, and that substance use can also function as a trauma-linked coping strategy.

The dual continuum lens supports consent-led conversations, micro steps, and safety planning aligned with the TVIC-informed “Four Anchors” (Awareness; Safety & Trustworthiness; Choice/Collaboration/Connection; Strengths & Skill Building).



### 3.6. UNDERSTANDING HUMAN TRAFFICKING IN THE CONTEXT OF SUBSTANCE USE AND GBV

Human trafficking in the context of substance use and GBV is deeply interconnected, and a full analysis of the impact is beyond the capacity and expertise offered in this toolkit. We provide a broad overview to introduce the topic and encourage readers to learn more by accessing detailed resources and expertise. We offer some valuable resources as follows:

## ESSENTIAL RESOURCES TO LEARN MORE ABOUT HUMAN TRAFFICKING

### **Ontario – Anti-Human Trafficking services & Indigenous-led supports**

Province-wide directory of community and Indigenous-led services, plus education/training resources and the Canadian Human Trafficking Hotline (1-833-900-1010).

[ontario.ca](https://ontario.ca) › [Anti-human trafficking services and supports](#) Human Trafficking services & Indigenous led supports wide directory of community and Indigenous led services, plus education/training 8339001010).

### **Toronto Police Service – Human Trafficking Enforcement Team (HTET)**

Specialized police unit for sexual and labour trafficking investigations in Toronto; survivor-centred approach focusing on prevention, protection, prosecution, and partnerships; includes links to survivor resources and contact information.

[tps.ca](https://tps.ca) › [Sex Crimes](#) › [Human Trafficking](#) centred approach focusing on

### **Aura Freedom International – Human trafficking info & training (Toronto based NGO)**

Grassroots organization providing public education, training, and survivor support referrals; hosts an online Human Trafficking Info Hub and GBV resource centres for prevention and capacity building. [aurafreedom.org](https://aurafreedom.org)

### **Public Safety Canada – Sex Trafficking (national campaign hub)**

Federal page explaining what sex trafficking is, warning signs, survivor videos, and how to get help; links into Canada's National Strategy to Combat Human Trafficking.

[canada.ca](https://canada.ca) › [Sex trafficking](#) [[canada.ca](https://canada.ca)]

### **Ontario Native Women's Association (ONWA) – Indigenous led HT learning & supports**

(e.g., Indigenous Anti-Human Trafficking Liaison/IAHTL, Aakwa'ode'ewin/Courage for Change) with culturally grounded, survivor-centred approaches for Indigenous women, girls, and Two-Spirit people.

[onwa.ca](https://onwa.ca) › [Learning & Resources – HT](#)

### **Covenant House Toronto – Traffick Stop: Sex Trafficking 101 (for youth, caregivers, providers)**

Evidence-informed modules that explain luring/grooming tactics, red flags, barriers to leaving, plus classroom tools and pathways to specialized youth supports.

[covenanhousetoronto.ca](https://covenanhousetoronto.ca) › [Traffick Stop](#) › [Sex Trafficking 101](#)

### **Joy Smith Foundation – National education & prevention programs**

Canadian charity operating the National Human Trafficking Education Centre (NHTEC); offers free courses, workshops, and prevention materials; supports survivor-focused intervention initiatives across Canada.

[joysmithfoundation.com](https://joysmithfoundation.com)-focused intervention initiatives across Canada.

### **Victim Services Toronto – Human Trafficking Prevention & Intervention**

Provides crisis response, safety planning, emergency needs, and intensive case management; delivers youth/parent workshops and a survivor-authored Guiding Principles manual for trauma-informed practice.

[victimservicestoronto.com](https://victimservicestoronto.com) › [Human Trafficking Prevention & Intervention](#)-authored -informed practice.

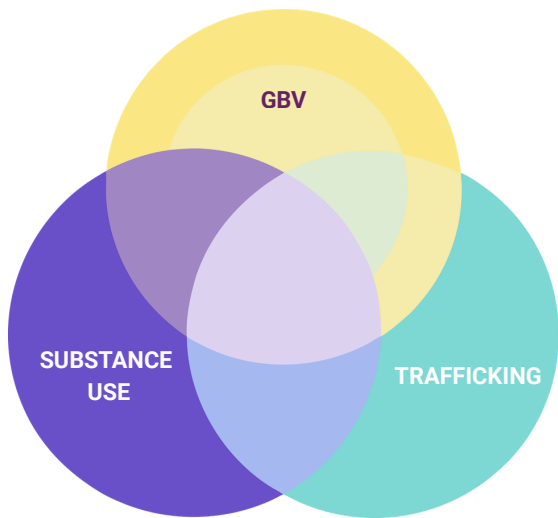
### **City of Toronto – End Trafficking TO (municipal overview & supports)**

City actions, training across divisions, community supports, and data snapshots; includes shelter and housing pathways (e.g., beds at Covenant House).

[toronto.ca](https://toronto.ca) › [End Trafficking TO](#)



## THE INTERSECTION OF GENDER-BASED VIOLENCE, TRAFFICKING, AND SUBSTANCE USE



Human trafficking and sexual exploitation are deeply gendered, with women and girls disproportionately victimized (UNODC, 2022). Gender-based violence and inequities increase risk, with women and girls who are experiencing poverty, marginalization, racialization, and reduced socioeconomic status being at higher risk.

In Canada, most police-reported cases occur in urban centres and disproportionately involve women and girls under 25; the person using abusive tactics is often someone known to them, including intimate partners (Public Safety Canada, 2025; Statistics Canada, 2025).

Trafficking sits on the continuum of gender-based violence (GBV). The same dynamics we listen for in GBV—coercive control, threats, isolation, surveillance, and financial control—also operate in trafficking, often intensified by networks and profits that depend on maintaining control over someone’s labour or body. Beyond a legal category, trafficking is an experience of ongoing violence embedded in social and economic inequities.

For many people, substance use is a coping strategy—a way to manage fear, pain, sleeplessness, or the aftermath of trauma. In trafficking and GBV contexts, substances can also be weaponized: introduced, pressured, withheld, or used as a threat to report, sabotage treatment, or justify punishment and surveillance. This pattern of substance-use coercion functions as an instrument of control that heightens risk and blocks access to services (ZapataAlma, 2022; ASPE, 2020).

