

CHAPTER 4

BACKGROUND

Prevalence and Impact of GBV & Substance Use Amongst Women



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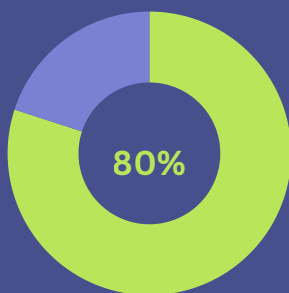
Background:

The evidence is clear: trauma, GBV, and substance use often occur together—but services seldom address both. The result is retelling, re-screening, and missed safety windows.

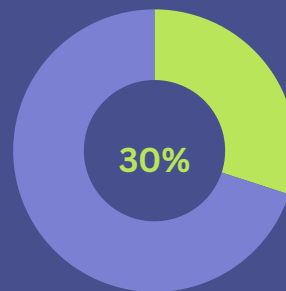
Service providers in the respective substance use and GBV sectors are well-versed in their respective areas, but often lack the training and support to provide an integrated response for women experiencing both substance use and GBV. For example, GBV service providers may not fully recognize the signs of substance use or know how to support women with substance use across the substance use continuum, including beneficial use, riskier use, and dependency. Similarly, substance use service providers may not be equipped to address the impact of GBV that underpins many women's substance use.

This disconnection leaves women underserved, as they often need integrated services that acknowledge the intersectionality of IPV, sexual violence, trauma, and substance use. Additionally, the lack of childcare, the stigma associated with substance use, and the unique health risks women face further exacerbate the challenges they encounter in seeking help.

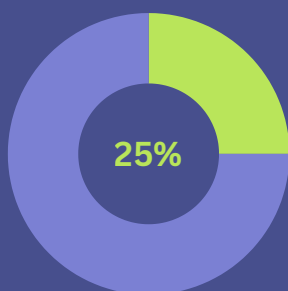
GBV STATS



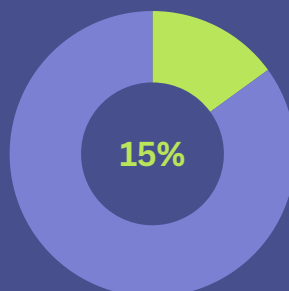
Over 80% of JTC clients report a history of trauma, including GBV, underscoring the critical need for integrated support.



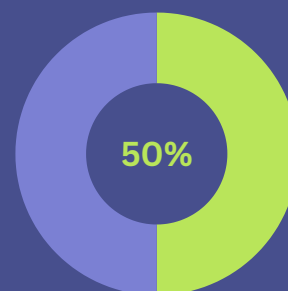
Approximately 30% of women in Canada have experienced intimate partner violence (IPV) in their lifetime (Government of Canada, 2022).



Around 25% of women have experienced sexual violence (Statistics Canada, 2021).



Substance use issues affect about 15% of women (Centre for Substance Use Disorder and Mental Health [CAMH], 2020).



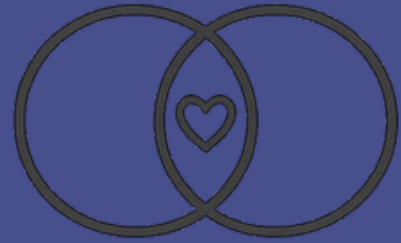
Additionally, about 50% of those who have experienced IPV or sexual violence will require trauma-specific care (Canadian Women's Foundation, 2021).

4.1 REALIZING THE PREVALENCE AND IMPACT OF GBV & SUBSTANCE USE AMONGST WOMEN

A. Substance Use & GBV:

- 65–85% of women with substance use issues report lifetime experiences of GBV (BC Society of Transition House, 2011).
- The relationship between GBV and substance use is bidirectional: Substances can lead to violent behaviours, while in other circumstances, substance use is a way of coping with victimization from violence (Benoit & Jauffret-Routsid, 2015).
- Women who use substances and have experienced violence need support that addresses both the causes of substance use and the causes of violence or victimization, because violence can lead to substance use, make quitting harder, and increase the chance of returning to use (Benoit et al., 2015).

Because there is a significant correlation between victimization and substance use, all GBV service providers can address the issue of substance use, and substance use service providers can address GBV through routine screening, brief intervention, and referral to services as outlined in Chapter 8 of this toolkit.



4.2 THE LINK BETWEEN ADVERSE CHILDHOOD EXPERIENCES, SUBSTANCE USE, AND INTIMATE PARTNER VIOLENCE AMONG WOMEN

Adverse Childhood Experiences (ACEs)—including abuse, neglect, and household instability—are strongly associated with later risk of substance use disorders and gender-based violence (GBV) in adulthood.



Did you know?

Women who have lived through Adverse Childhood Experiences (ACEs) face higher risks of gender-based violence (GBV) across their lives and may use substances in ways that help them cope with fear, pain, or instability.

1) How ACEs Shape Substance Use

Trauma-linked coping:

- Women with higher ACE exposure are more likely to use substances to regulate distress and manage trauma-related symptoms—an understandable coping strategy that can become harmful over time (Morton et al., 2022; Felitti et al., 1998).

2) ACEs as a Predictor of GBV

- Meta-analyses of research studies show a positive association between ACEs and GBV (both victimization and perpetration) in adulthood (Zhu et al., 2024).
- Prospective studies find that cumulative ACE exposure increases the likelihood of experiencing physical GBV later in life, emphasizing the value of prevention and early intervention (Kaufman-Parks et al., 2025).

3) Overlapping Risks: ACEs, Substance Use, and GBV

Compounded vulnerabilities

- For many women with ACE histories, substance use and GBV co-occur, creating layered health and safety risks and complicating engagement with services (El-Bassel et al., 2019; Brown & Masho, 2012).



Practice Takeaways

- When ACE histories are present, routinely assess substance use and GBV together to identify co-occurring needs.
- Normalize coping: Frame substance use as a possible trauma-linked response that necessitates compassionate, evidence-based support.
- Stage-matched supports: Offer integrated services (e.g., Cognitive Behavioural Therapy (CBT), MI, safety planning, coordinated referral pathways) that address trauma impact alongside relationship and environmental safety.
- Prevention focus: Reduce long-term risk by addressing cumulative adversity early and strengthening protective factors (stable housing, peer support, economic supports, and culturally safe care).

4.3 THE NEED FOR A TRAUMA-INFORMED, GENDER-RESPONSIVE APPROACH:

The intersection between substance use and gender-based violence for women is intricately linked, with a disproportionate number of women who seek help for substance use challenges also reporting lifetime experiences of violence and trauma (The Jean Tweed Centre [JTC], 2013). In the field of women’s substance use, the connection between trauma and substance use is so prevalent that lifetime exposure to trauma is considered the norm and not the exception. To that end, services and programs that are trauma-informed realize the prevalence and impact of trauma amongst service recipients and staff who provide services recognize those impacts, and respond in ways that reduce re-traumatization.

The Four Rs of Trauma-Informed Care (SAMHSA)



REALIZE

Prevalence and widespread impact of trauma.



RECOGNIZE

Signs and symptoms of trauma in clients, families, and staff.



RESPOND

Integrate trauma knowledge into policies, procedures, and practices.



REDUCE RE-TRAUMATIZATION

Work in ways that promote safety and avoids practices that trigger trauma.

4.4 TRAUMA-INFORMED PRINCIPLES:

A trauma-informed service system fosters principles of safety, trustworthiness, and transparency; collaboration and mutuality; empowerment; voice and choice; peer support; and attention to cultural, historical, and gender issues (Substance Use and Mental Health Services Administration [SAMHSA], 2021).

SAMHSA (Substance Use and Mental Health Services Administration) identifies six guiding principles for a trauma-informed approach. These principles are designed to help organizations create environments that promote healing and avoid re-traumatization:



Source: JTC, 2013; SAMHSA, 2014

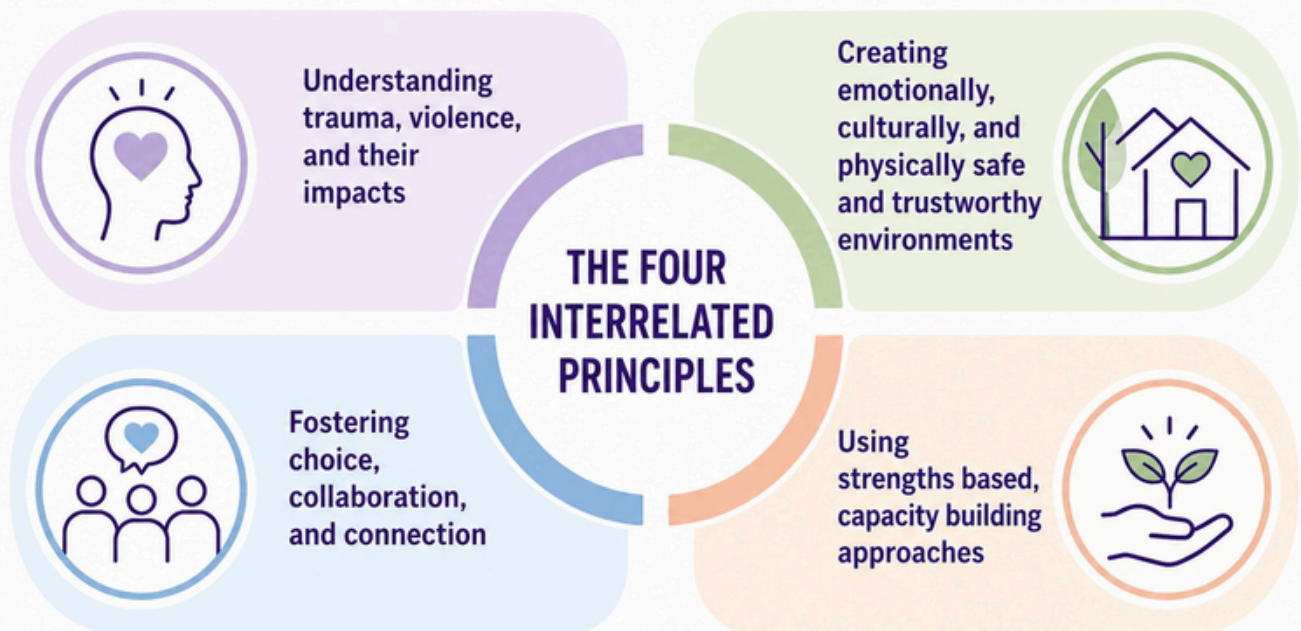


Practice Pearl: Defining Trauma from a Trauma- Informed Approach

- From a trauma-informed approach, trauma is defined by a wide range of experiences/situations that overwhelm a person's ability to cope and threaten their sense of safety and can affect both individuals and communities and generations (intergenerational). From this perspective, trauma is defined by its impact rather than specific events.
- Trauma-informed approaches to services and care prioritize safety (psychological, emotional, physical). They can be applied as a general approach that everyone can employ, versus trauma-specific treatments or therapies intended to treat symptoms of trauma or PTSD that trained specialists provide.

4.5 EQUIP HEALTH CARE'S TRAUMA- AND VIOLENCE-INFORMED CARE (TVIC) PRINCIPLES:

EQUIP's TVIC principles offer a practical way to make care safer and more responsive to the needs of people affected by trauma and ongoing violence.



These principles are paired with implementation tools that translate them into everyday actions at both the provider and organizational level (e.g., privacy checks, predictable processes, flexible options, and staff supports), which are summarized in resources developed by EQUIP Health Care and GTV Incubator: "Principles of Trauma- and Violence-Informed Care (TVIC)" (2024) and "TVIC: A Tool for Health and Social Service Organizations & Providers" (2021).