CHAPTER 5

Relational and Trust-Building Approach

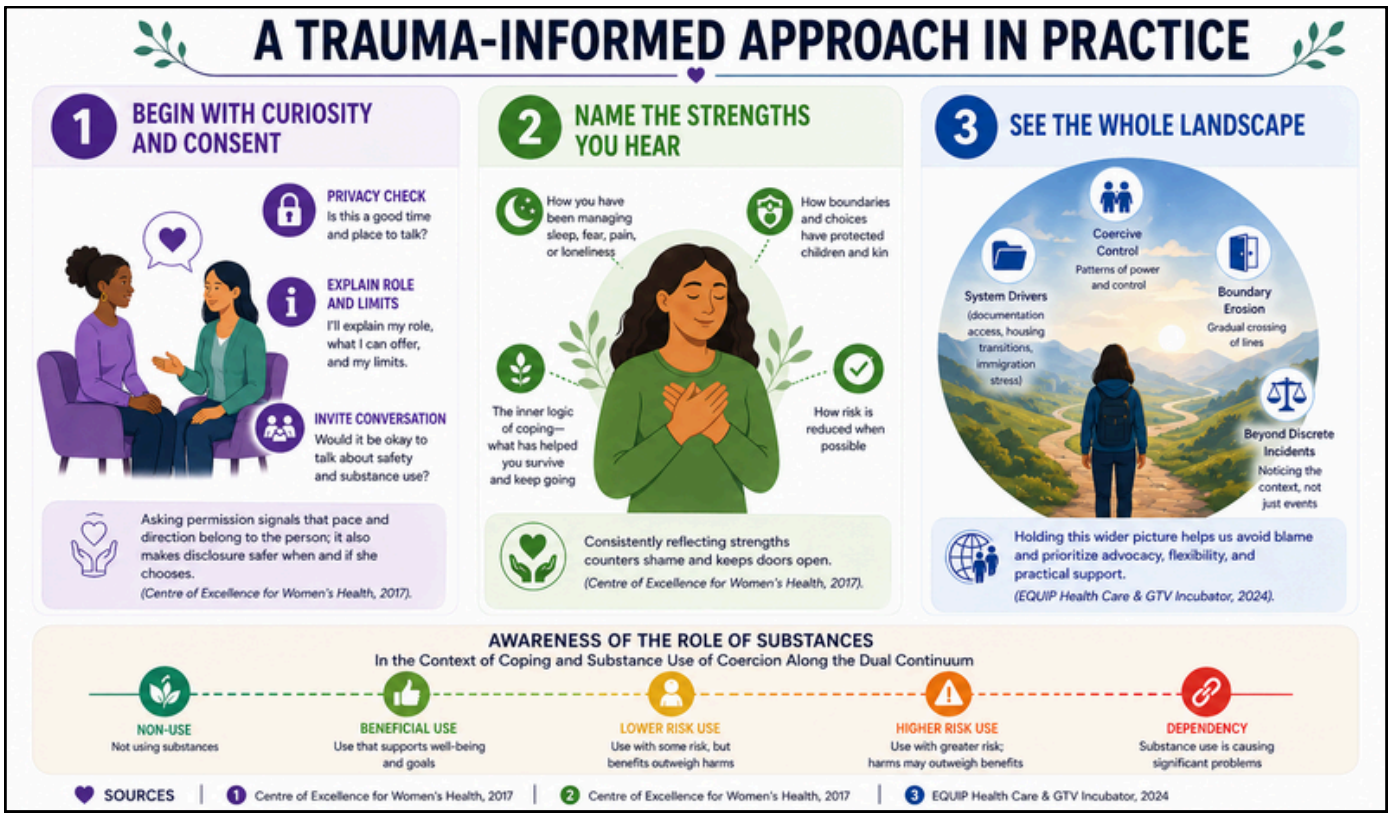
An Essential Practice to Support Women Experiencing GBV and Substance Use.

5.1.RELATIONAL, WOMAN-CENTRED, AND TRUST-BUILDING APPROACH IS AN ESSENTIAL PRACTICE

When we meet someone navigating substance use and gender-based violence (GBV), our first responsibility is to offer a steady, respectful relationship, one that notices strengths, honours self-determination, and moves at the person's pace. A relational and trust-building approach is not an add-on to clinical or counselling techniques; it is the condition that makes care safer, more equitable, and more useful in everyday life.

5.2.WHAT "RELATIONAL AND TRUST-BUILDING" LOOKS LIKE IN PRACTICE

The following infographic summarizes what a relational, trust-building, trauma-informed approach can look like in practice.



With riskier or harmful patterns, or when use feels overwhelming, slow down to explore meaning, co-create micro-steps, and connect to integrated, gender- and trauma-informed services that respect readiness and choice (Centre of Excellence for Women's Health, 2017; EQUIP Health Care & GTV Incubator, 2024).

Practice reflection

Use the Centre for Excellence in Women's Health's TIP reflective questions in quick huddles to ask, "What are we doing well to make this feel safe?" and "What else could we do?" (Centre for Excellence in Women's Health, 2017).

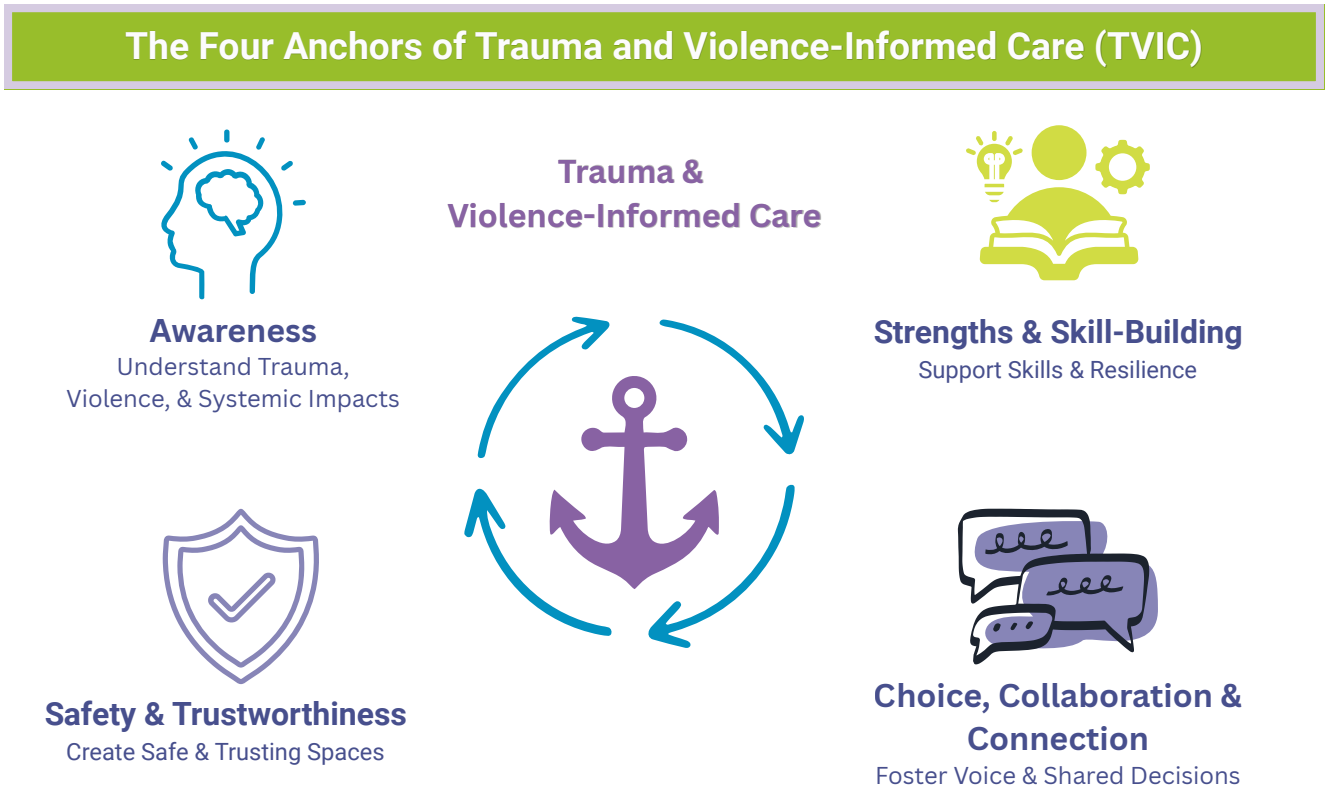
Hope. Help. Healing

5.3. THE "FOUR ANCHORS" FOR A RELATIONAL, WOMAN-CENTRED, TRUST-BUILDING APPROACH

The "four anchors" (Awareness, Safety & Trustworthiness, Choice/Collaboration/Connection, Strengths & Skill Building) for a relational and trust-building approach used throughout this toolkit is adapted from EQUIP Health Care's Trauma- and Violence-Informed Care (TVIC) principles.

1. **Awareness:** Be aware of the impacts of trauma/violence and attend to structural and systemic violence; design supports for staff well-being and practice safety around substance use.
2. **Safety & trustworthiness:** Create physical, emotional, cultural, and spiritual safety; make processes predictable; explain what to expect.
3. **Choice/collaboration/connection:** Invite participation, offer real options, and privilege the person's voice; build connections with peers and the community.
4. **Strengths & skill-building:** Notice resilience and protective actions; build skills for regulation and safety that fit today's priorities.

We apply these anchors in a relational, strengths-based, and trust-building manner tailored to support women experiencing gender-based violence and substance use.



Adapted by the Jean Tweed Centre and Yoon, R. (2026) from primary sources: 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).

5.4.WORKING AT THE INTERSECTIONS: SUBSTANCE USE, GBV, AND COERCION

Substance-use coercion—such as control of medications, pressure to use, or interference with care—sits at the intersection of GBV and substance use. Recognizing these patterns without judgment supports safety planning (e.g., medication privacy/storage, supervised dosing if desired) and warm transfers across services. Program guidance and low-barrier policy examples are available from NCDVTMH (National Center on Domestic Violence, Trauma & Mental Health, 2022a, 2022b).

PRACTICE TIP: SUBSTANCE-USE COERCION

Consider asking:

"Sometimes partners set rules about medications or their use. Has anything like that shown up for you?"

If YES, consider:

Planning for privacy around medications

Supporting access to safer-use supplies

Offering warm transfers that respect consent and do not require unnecessary disclosure

Source: National Center on Domestic Violence, Trauma & Mental Health (2022a, 2022b).

MOTIVATIONAL INTERVIEWING-ALIGNED CONVERSATIONS

- **"What's most important to talk about today?"**

(Centre of Excellence for Women's Health, 2017).

- **"What does [substance] help with most? Where is it getting in the way?"**

(Centre of Excellence for Women's Health, 2017).

- **"Sometimes partners set rules about medications or their use. Has anything like that shown up for you?"**

(National Center on Domestic Violence, Trauma & Mental Health, 2022b).

- **"Of the ideas we discussed, which—if any—fit this week?"**

(Centre of Excellence for Women's Health, 2017).

5.5. FIVE SIMPLE STEPS FOR TALKING ABOUT SAFETY AND USE (ABOUT 3–5 MINUTES)

The "Five Simple Steps for Talking About Safety and Use" is an original practice synthesis developed for this toolkit to translate TVIC principles into a brief, repeatable process. The CEWH trauma-informed practice and NCDVTMH guidance on safety, documentation, and substance-use coercion inform them.

The simple steps for talking about safety and use:

Prepare and invite — privacy check, role/limits, confidentiality, and a simple invitation: "We ask everyone about safety and health, including substance use. Would it be okay to talk about what matters most to you today?" (Centre of Excellence for Women's Health, 2017).

Map meaning — reflect what the substance is helping with and where it costs; listen for boundary violations or control; avoid labels; check language preferences (Centre of Excellence for Women's Health, 2017).

Co-create one micro-step — a safety adjustment, grounding practice, connection with a supportive peer, or a brief follow-up—chosen by her and doable this week (Centre of Excellence for Women's Health, 2017).

Plan for safety and documentation — notice and name patterns (e.g., coercion, medication interference) in a neutral, non-blaming way; confirm who can access notes; explore options for overdose prevention and safer ways to store and access medications (National Center on Domestic Violence, Trauma & Mental Health, 2022a).

Close with choice and predictability — offer options (including doing nothing for now), agree on next contact, and invite changes at any time (Centre of Excellence for Women's Health, 2017).

5.6. ORGANIZATIONAL ENABLERS (MAKING TRUST VISIBLE)

Policies and environment — Review guidance for unintended stigma; reframe around safety, consent, and harm reduction; use EQUIP TVIC tools to guide change (EQUIP Health Care and GTV Incubator, 2024; EQUIP Health Care and GTV Incubator, 2021).

Cross-sector pathways — Create warm-transfer scripts and co-located/integrated touchpoints across GBV, substance use, primary care, and housing (BC Society of Transition Houses, 2011/2022; Manitoba Association of Women's Shelters, n.d.).

Team reflection and quality — Use CEWH TIP reflective questions in brief huddles; build supervision that notices vicarious trauma and celebrates relational wins (Centre of Excellence for Women's Health, 2017).

5.7. DOCUMENTATION THAT PROTECTS

Document patterns, context, and protective actions; workers are encouraged to use discretion when documenting a person's words, use neutral language, and be clear about privacy. NCDVTMH provides examples of program-level policies that de-stigmatize disclosure and avoid punitive responses to use (National Center on Domestic Violence, Trauma and Mental Health, 2022a).

5.8. INDIGENOUS-LED, STRENGTHS-BASED STANCE

A strengths-based approach is central to many Indigenous knowledge systems: begin from what is strong, not what is wrong. In practice, this means recognizing resistance as wisdom, noticing protective actions, integrating cultural and land-based supports through community partnerships, and being accountable to Indigenous leadership in service design and data decisions (EQUIP Health Care and GTV Incubator, 2024; Centre of Excellence for Women's Health, 2017).

5.9. PROGRAM EVALUATION INDICATORS YOU CAN USE TO TRACK RELATIONAL AND TRUST-BUILDING APPROACH

Quality Indicators for Integrated SUD & IPV Care

Relational safety — % of encounters with privacy checks and consent for sensitive topics; feedback on feeling safe/understood.
(Centre of Excellence for Women's Health, 2017)

Choice & collaboration — % of notes with at least one client-chosen micro-step; documented options offered (including "wait and see").
(Centre of Excellence for Women's Health, 2017).

Low-barrier access — time from identification to warm transfer; presence of non-punitive, safety-framed policies; cross-sector case-conferencing logs.
(National Center on Domestic Violence, Trauma & Mental Health, 2022a).

Equity/TVIC practice — periodic use of EQUIP TVIC tools (environmental scan, staff prompts) with action items and follow-up.
(EQUIP Health Care & GTV Incubator, 2021).