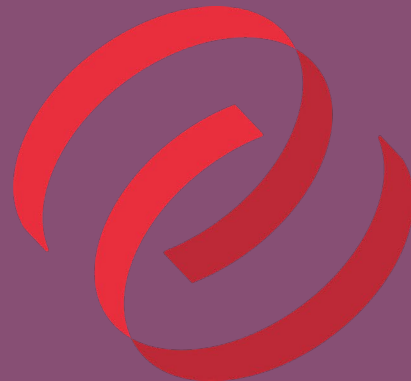


Substance Use and Gender Based Violence: Issues, Connections, Actions

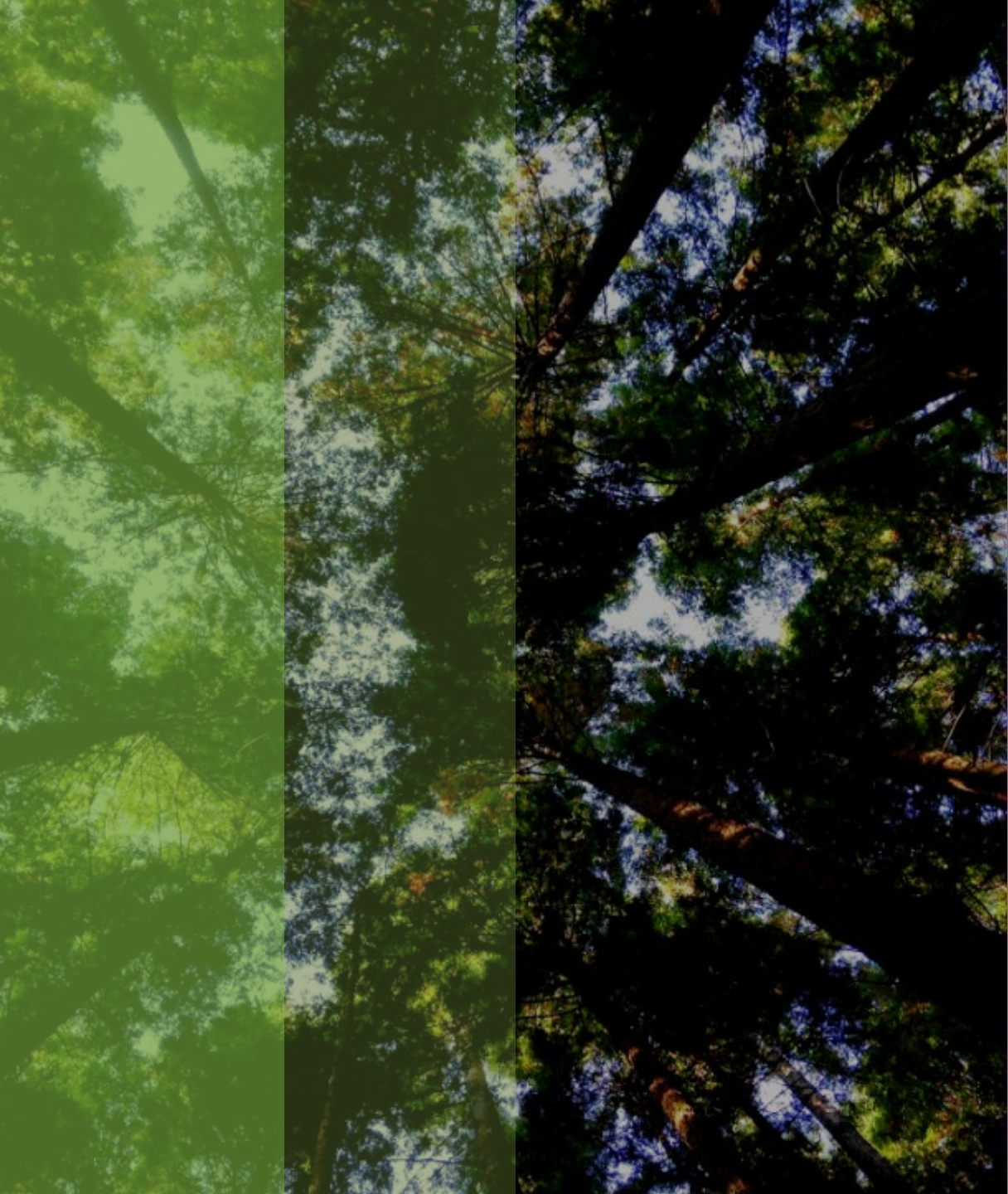
Lorraine Greaves PhD

Senior Investigator, Centre of
Excellence for Women's Health

Clinical Professor, Faculty of
Medicine, UBC



**centre of excellence
for women's health**



Land Acknowledgement

The Centre of Excellence for Women's Health

Research to Practice and Policy

Three approaches guide our work

We contribute to the building of **sex and gender science** to improve or redress gaps in understanding women's health

We use sex and gender-based analysis+ (**SGBA+**) to identify the differential impacts of gendered norms, identities and stereotypes on health

We aim for **gender transformative solutions** that address root causes and increase gender equity



agenda


Interconnections with Gender Based Violence

Forms of substance use


Actions and responses for GBV providers

Key messages

We have known about the major overlap of SU and GBV for decades and made several attempts to shift practices and systems



Substances continue to evolve and have different impacts, but all need to be incorporated in our GBV responses



There are important common principles in responding to both issues, but we urgently need individual, program, service, and system change

agenda

Interconnections with Gender Based Violence

Lots of overlaps, theories,
multidirectional
relationships, correlations,
possible explanations

- Disinhibition
- Excuse
- Cognitive disruption
- Situational
- Power move
- Intergenerational ACEs

- ACE exposures
- Illicit drug use
- Responses to IPV/GBV/VAWG/SA
 - Coping
 - Self medication
 - Social Management

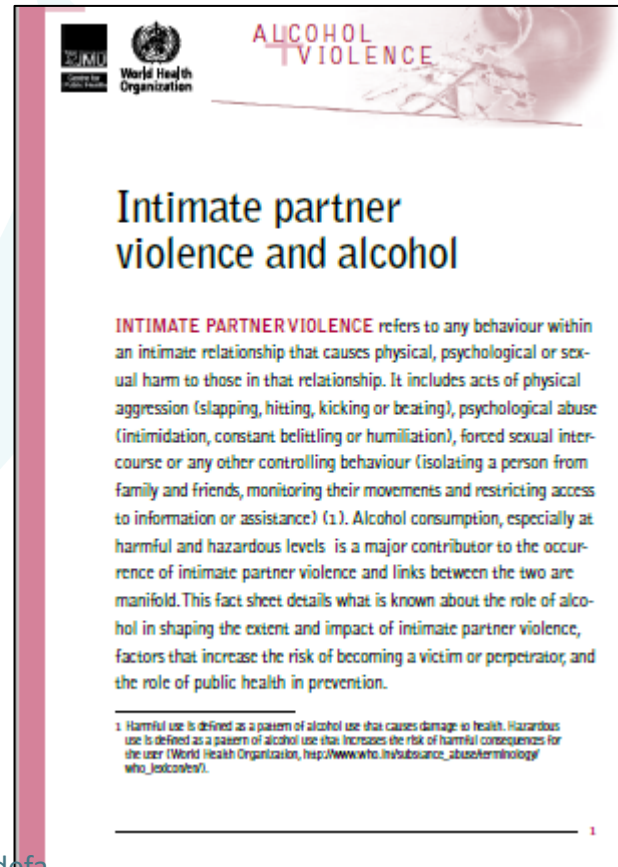
Substance use and IPV highlighted

Substance use by perpetrators and/or victims often accompanies IPV

Simultaneously used as a coping mechanism for IPV survivors.

Women who experience IPV are more likely to smoke cigarettes and have higher rates of alcohol and other drug use.

https://vawnet.org/sites/default/files/materials/files/2016-09/AR_SubstanceRevised.pdf



Substance Abuse and Intimate Partner Violence Larry Bennett and Patricia Bland

"The relationship between substance abuse (SA) and intimate partner violence (IPV) is complex and should not be reduced to ideas about one causing the other. Many theoretical perspectives explain the co-occurrence of SA and IPV including: substance use disruption of thinking processes; adverse childhood experiences; power motivation; during the process of obtaining and using substances; and co-occurring situations like hostile personalities, antisocial personality disorder, or poverty; however none of these theories account for all the co-occurrence of SA and IPV to indicate that SA causes IPV."

Applied Research papers synthesize and interpret current research on violence against women, offering a review of the literature and implications for policy and practice.

The Applied Research initiative represents a collaboration between the National Resource Center on Domestic Violence, the National Sexual Violence Resource Center, and the Minnesota Center Against Violence and Abuse.

VAWnet is a project of the National Resource Center on Domestic Violence.

May 2008

Substance abuse (SA) and intimate partner violence (IPV) are closely associated in the public mind. Many people believe that men's abuse of drugs or alcohol is a primary reason for their battering. Others think that SA may increase the risk for IPV, but is not a direct cause of IPV. Still others believe SA and IPV are separate issues, which only appear to be related due to other factors. In fact, both SA and IPV have many causes and many effects, and their apparent correlation applies to only a sub-group of batterers and victims (Testa, 2004). For some men who batter, SA may increase the frequency or severity of their violence. For other men, SA and IPV are separate issues whose apparently high rate of co-occurrence may stem from shared pre-conditions such as antisocial personality (Fals-Stewart, Leonard & Birchler, 2005) or from a belief that when they get drunk or high, they are going to be violent (Field, Caetano, & Nelson, 2004). Finally, for some men, both substance abuse and IPV may be manifestations of an underlying need for power and control related to gender-based distortions and insecurities (Gondolf, 1995).

Regardless of the explanation for it, the co-occurrence of IPV and SA is substantial across a series of studies:

- Half of the men in batterer intervention programs appear to have SA issues (Gondolf, 1999) and are eight times as likely to batter on a day in which they have been drinking (Fals-Stewart, 2003).
- Approximately half of partnered men entering substance abuse treatment have battered in the past year (Chermack, Fuller & Blow, 2000; Fals-Stewart & Kennedy, 2005) and are 11 times as likely to batter on a day in which they have been drinking (Fals-Stewart, 2003).
- Between a quarter and half of the women receiving victim services for IPV have SA problems (Bennett & Lawson, 1994; Downs, 2001; Ogle & Baer, 2003).

Page 1 of 16

<https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/prevention-resource-centre/women/who-facts-on-alcohol-violence-intimate-partner-violence-alcohol.html>

Lots of dynamics involving women's substance use

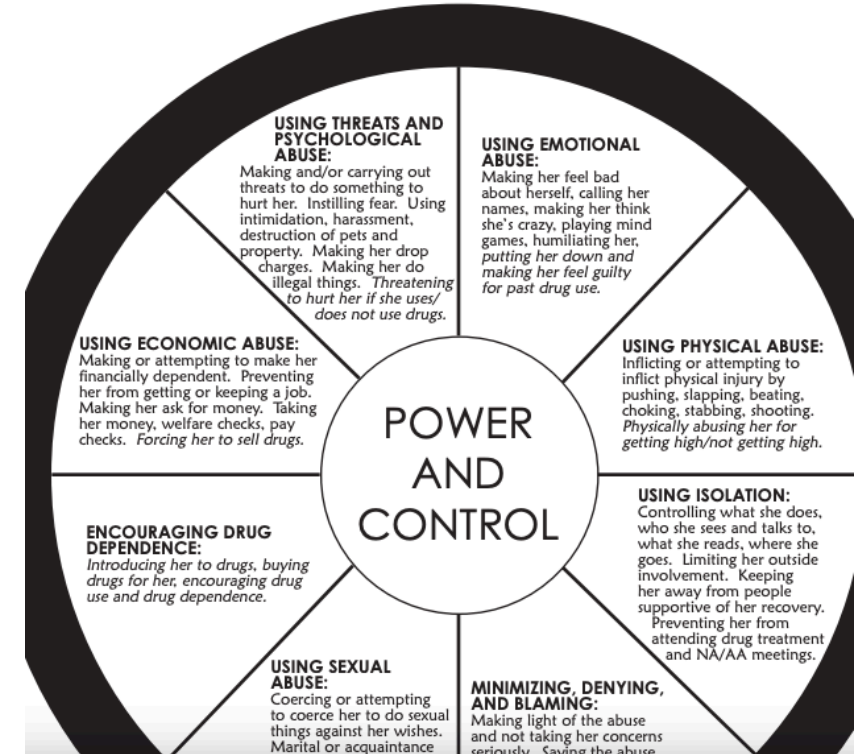
Abusers may:

- Introduce their partners to alcohol or drugs, including prescription medication, to increase women's dependency.
- Sabotage women's attempts to quit smoking, drinking or drugs or threaten to withhold cigarettes, cannabis, drugs or money if women do not obey them.
- Coerce quitting or reduction on women while pregnant and undermine mothering and custody efforts
- Force women to engage in sex work to support their illicit drug habits, expose them to 'second on the needle' dynamics.
- Have women get prescription medications for their own use, written in the women's names.

Adapted from : *Making Connections: Supporting Women with Experiences of Violence, Substance Use and/or Mental Health Concerns: Facilitators Guide*. Louise Godard et al. 2013 BCWP 53.

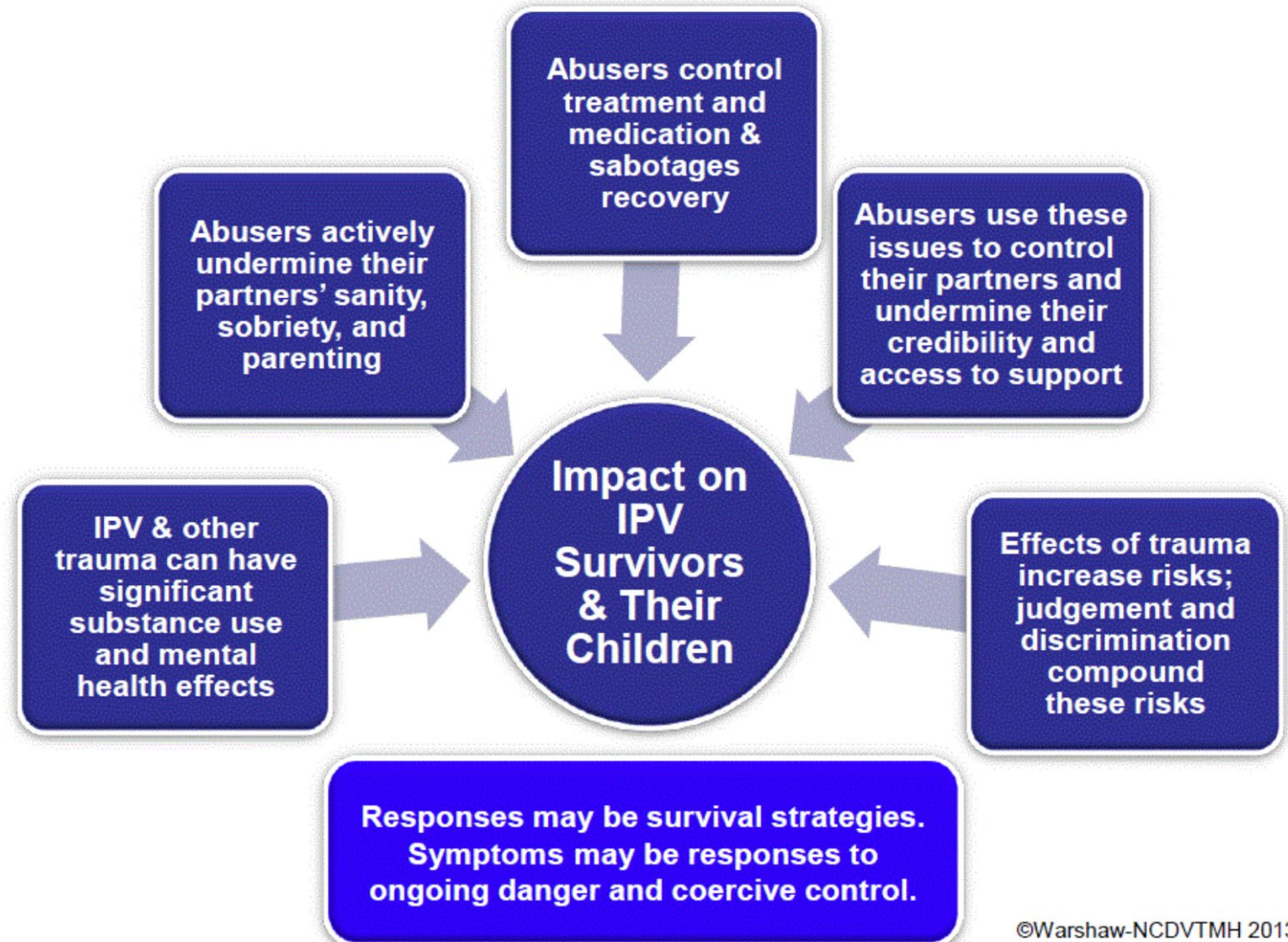
Diagram: Delaware Coalition Against Domestic Violence

POWER AND CONTROL MODEL FOR WOMEN'S SUBSTANCE ABUSE

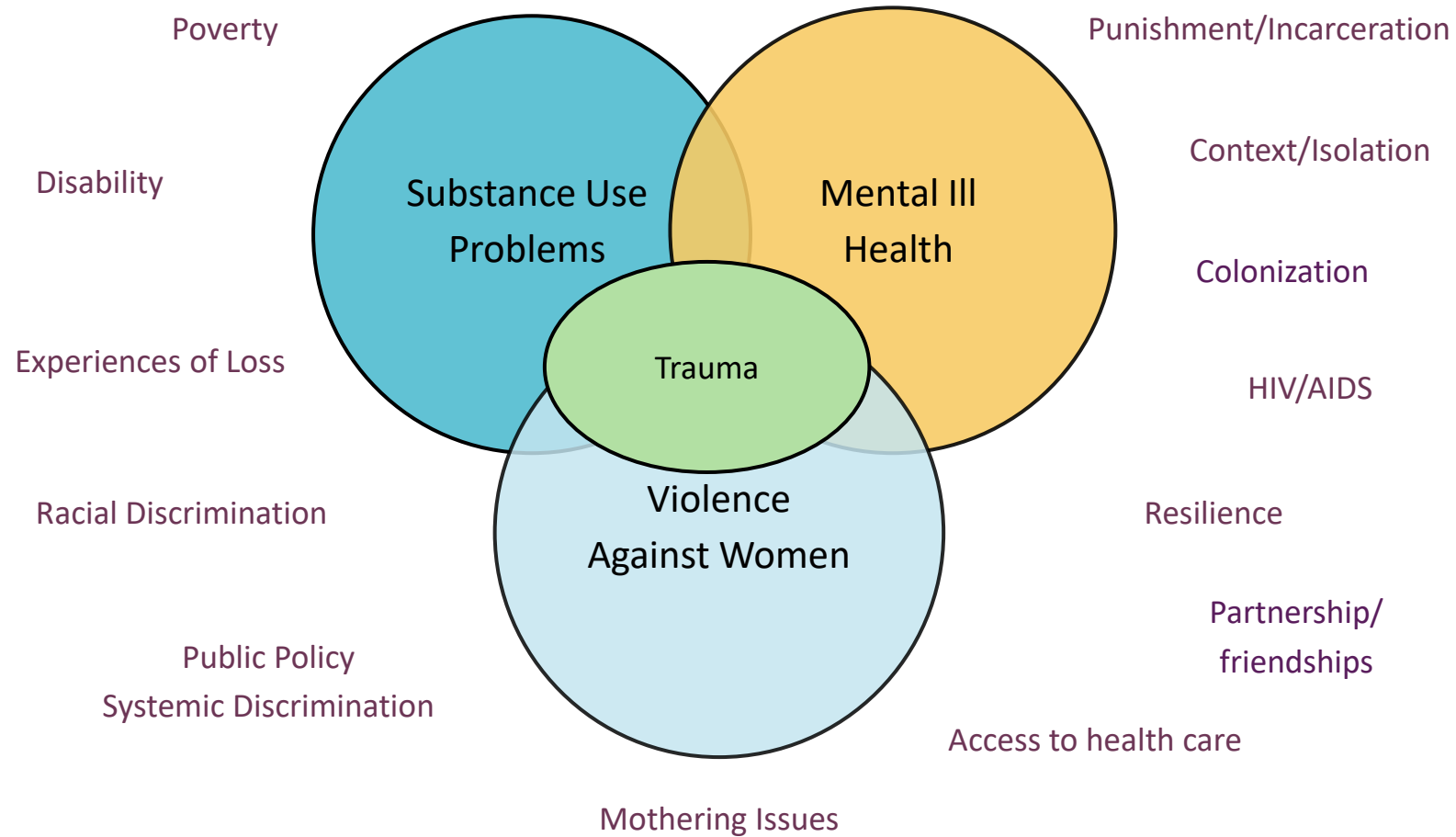


Trauma, Substance Use, and IPV: Examining the Connections

**Impact on
families, mental
health, and
substance use**



Trauma & the Social Determinants of Health



Efforts to address this in Canada

- LINK program. Addiction Research Foundation 1993
- Establishing Links. CRVAWC 1996. https://www.learningtoendabuse.ca/resources-events/pdfs/pub_meredith19961.pdf
- National Clearinghouse on Family Violence (Health Canada) 1994
<https://publications.gc.ca/collections/Collection/H72-22-14-1994E.pdf>
- Making Connections. Women's College Hospital. 2012
<https://www.womensacademics.ca/learning/online-learning/>
- Making Connections. BC Women's Hospital Women's Abuse Response Program 2006-13. http://www.bcwomens.ca/Professional-Resources-site/Documents/Addressing%20Gender-Based%20Violence/MakingConnections_2013_March.pdf

**CENTRE FOR RESEARCH ON
VIOLENCE AGAINST WOMEN AND CHILDREN**
CENTRE DE RECHERCHE SUR LA VIOLENCE FAITE AUX FEMMES ET AUX ENFANTS

A collaborative venture of Fanshawe College, The London Coordinating Committee to End Woman Abuse and The University of Western Ontario

Establishing Links:

**Violence Against Women
and
Substance Abuse**

by
Leslie Meredith, M.Ed.

1996

Family Violence and Substance Abuse

Information from...

The National Clearinghouse on Family Violence

Purpose of the Fact Sheet

The goal of this fact sheet is to provide some basic ideas for understanding the connection between family violence and substance abuse. Although a connection has long been observed, there has been confusion and debate about its nature and its meaning. Even the terms "family violence" and "substance abuse" have different

A Framework for Family Violence

Family violence is abuse of power within relationships of family, trust or dependency. It can include many forms of abusive behaviour:

- emotional abuse
- psychological abuse
- neglect
- financial exploitation
- destruction of property



When Domestic Violence, Mental Health
and Substance Use Problems Co-Occur

Robin Mason, Ph.D.

Women's College Research Institute, Women's College Hospital and the University of Toronto

Brenda Toner, Ph.D.

Centre for Addiction and Mental Health and the University of Toronto

Numerous efforts to raise awareness have been made but siloed responses remain

1870s activism on alcohol's impact on women



The temperance movement linked booze to domestic violence. Did it have a point? [Moira Donegan](#)
The Guardian Jan 3, 2020

“Rather than moralist disdain, Prohibition activists wanted alcohol banned for a more practical reason: women’s safety”

“Perhaps the feminist energy of the temperance movement is why the liquor industry lobbied so hard not only against the temperance movement, but against women’s right to vote”.

agenda

Forms of substance use

Substance Use Matters

Tobacco is the leading cause of preventable death in Canada

Female health is more negatively affected by alcohol than males' health.

Long term impacts of cannabis are unknown and under researched

Women are prescribed opioids more than men, and often for chronic pain

Men use more of all substances and develop more cases of disordered use than women

Substances have different effects

Alcohol – disinhibition, intoxication, aggression, impaired awareness

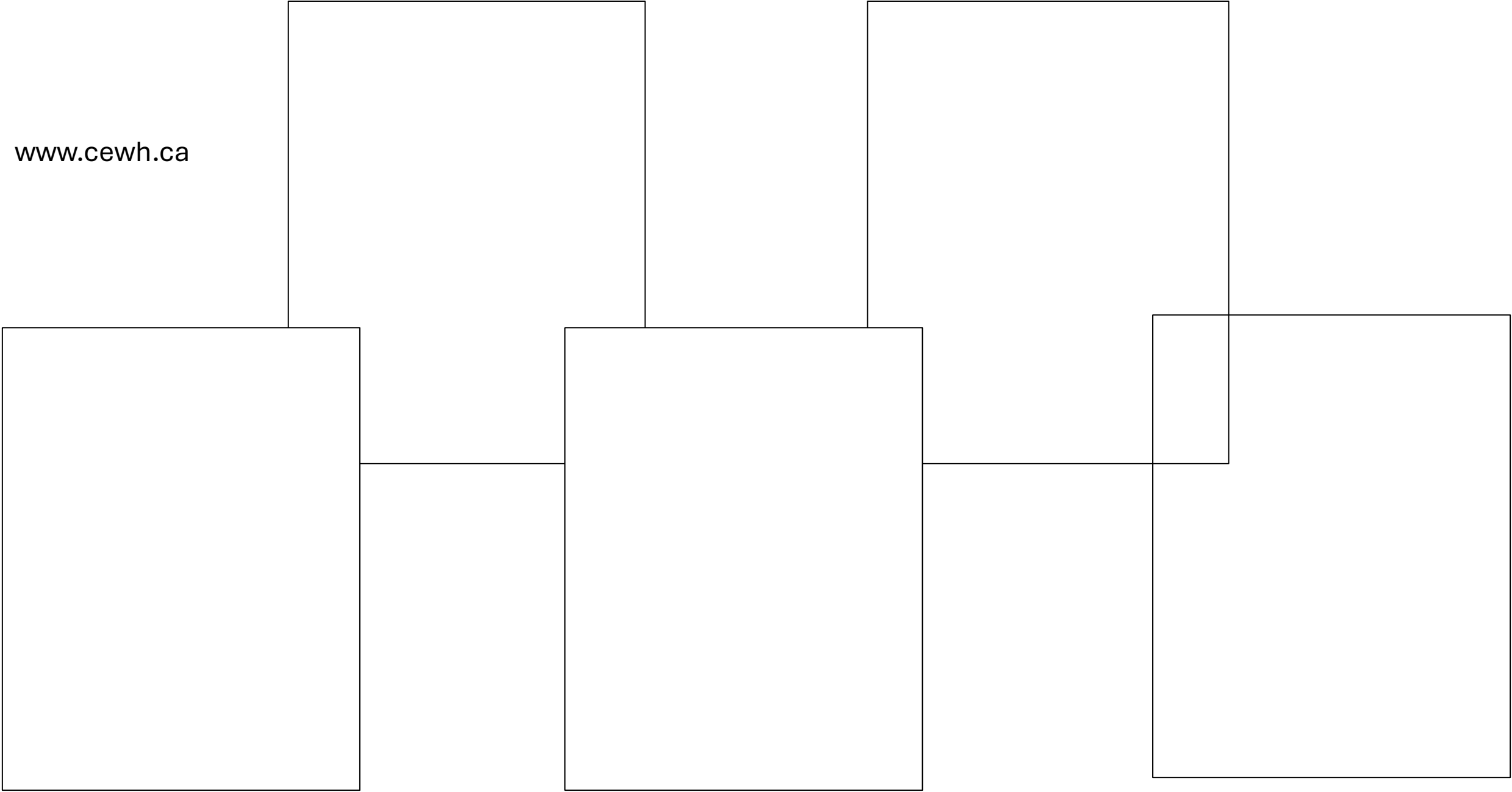
Tobacco – short term stress relief, immediate renewal of craving, dependence

Cannabis – relaxation, high, distancing, self medication

Opioids & Prescribed pain remedies – altered state, highs, craving, addiction

Methamphetamines – unpredictability, craving, risk taking, aggression

www.cewh.ca



Sex, gender and alcohol and its impacts

Sex related factors such as body weight, water, and anatomy means:

- Women get intoxicated faster
- More damage to organs
- Alcohol use linked to breast cancer
- Men can drink more

Sex, gender and alcohol use:
implications for women and
low-risk drinking guidelines
IJERPH 2022 Greaves et al

Sex, gender and
alcohol: implications
for males, men and the
communication of risk
2024 Greaves et al. J.
Men's Health.

Gender related factors such as relations, identity, roles and discrimination means:

- Women drink to alleviate stress, caregiving
- Cope with trauma and violence
- Women and men are injured by masculine drinking norms
- Sexual and gender minorities drink more
- Victims of stigma if drinking while pregnant or mothering

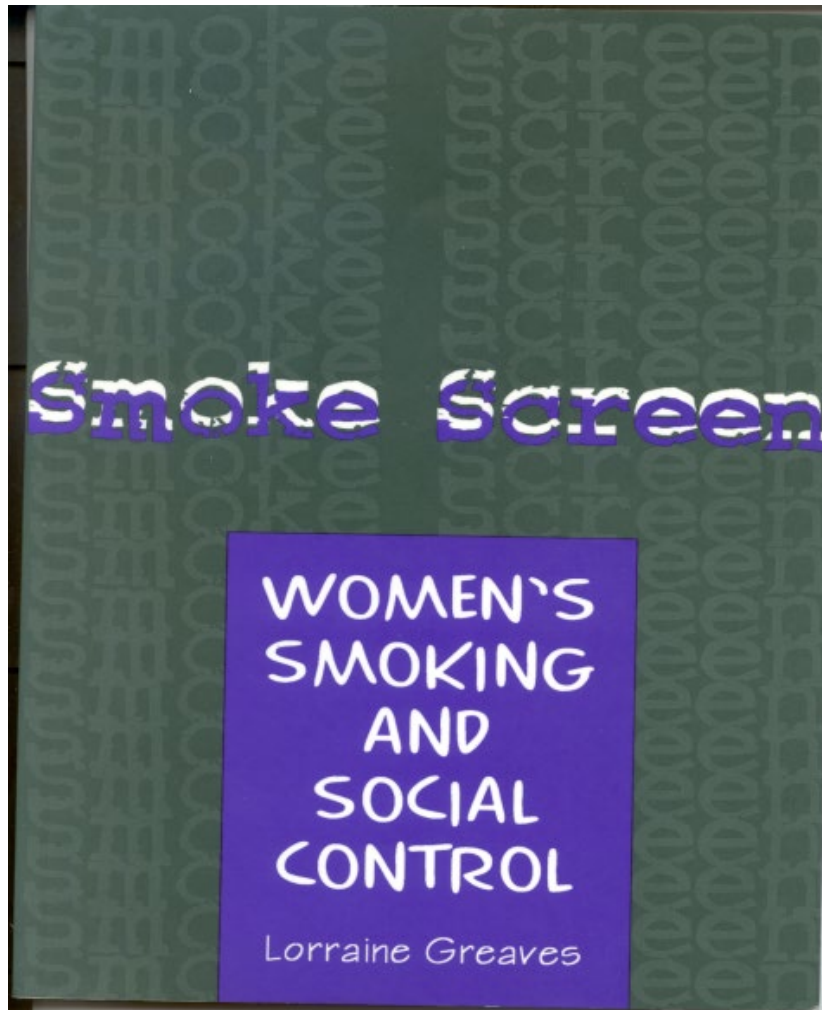
Sex/gender interactions - alcohol

Intertwined for all gender groups

- Sex/gender impact on sexual assault, fighting, IPV
- Sex/gender impact on reproductive health, fertility
- Sex/gender interactions with masculinities/femininities

- Sex and female risk means recommending lower consumption
- Gender and men's risk highlights impact of masculinities, bingeing, context, and competition

Smoking & Nicotine - “Sucking back anger”



- Manage social relations
- Emotional management
- Provides solace
- Defuses situations
- Placating perpetrators

Tobacco use and vaping intertwined with control, IPV and gender relations

Sex-related factors

- biological responses to nicotine
- metabolism of nicotine
- responses to nicotine replacement therapy (NRT)

Gender related factors

- influences of marketing & product development
- responses to socioeconomic pressures, occupation
- attachment of meaning to smoking/vaping

Sex/gender interactions

- couple dynamics in tobacco reduction during pregnancy
- exposure to SHS, and 2/3 of mortality is women/females

Couples and Smoking

What You Need to Know When You are Pregnant



1

Women may use cannabis to manage pain

Women experience more chronic pain and are more sensitive to pain, compared to men. Some women find cannabis to be the most effective in managing pain and inflammation, improving sleep, and reducing nausea, vomiting, and cancer-related symptoms. For others, cannabis may help with multiple conditions including migraines, endometriosis, polycystic ovary syndrome, epilepsy, and headaches.

4

Women may use cannabis instead of medications

Some women perceive cannabis as safer and having fewer side effects than prescription medications. Some report discontinuing medications such as opioids and narcotics,

2

Women may use cannabis to cope

Some women may use cannabis as a way to relax and address challenges in their life, including day-to-day stress, depression, anxiety, adverse life events, or trauma and violence.



5

Women may use cannabis to enhance sexual pleasure

Some women use cannabis to decrease inhibitions, improve sexual function, increase

3

Women may use cannabis to relax and socialize

Some women are introduced to cannabis by partners, family, or friends and use cannabis as a way to socialize, relax and have fun.

6

Women may use cannabis to manage pregnancy-related symptoms

Women want more information about the potential harms associated with perinatal cannabis use. Though research is limited on the benefits and harms associated with perinatal cannabis use, many women believe that cannabis is safer than other medications used to manage nausea, depression, or anxiety in pregnancy.



Cannabis, sex and gender- different experiences, responses and social meanings

Women experience more stigma, delay treatment seeking & hide substance use, preference for edibles

Women telescope faster to CUD, are more sensitive to cannabinoids, report more subjective high, have more intense withdrawal

Pregnancy and vaping/smoking - may reduce nausea or serve as tobacco reduction, but vaping hides use from stigmatizing interactions

<https://www.mdpi.com/1660-4601/17/2/509>. L Greaves and N Hemsing 2020. Sex and gender interactions on the use and impact of recreational cannabis.

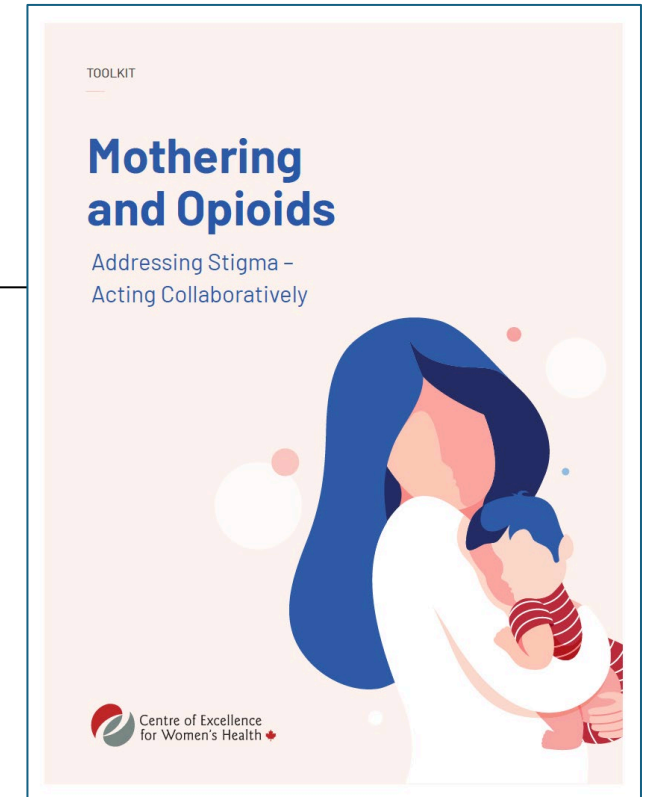
<https://pubmed.ncbi.nlm.nih.gov/39877312/> Greaves et al. 2025. Vaping guidance and women's decision making during pregnancy & Postp

Opioids – legal and illegal use intertwined and create dependence & addiction

Women have more chronic pain and women get more prescriptions

Long history of prescribing psychoactive drugs to women, including Valium, benzos and other palliative drugs

Addiction and illicit use is linked to transactional sex, coercive control, poor health, STIs, and violence



Methamphetamine Use & Sex and Gender Informed Approaches



A conversation starter for substance use service providers

SEX, GENDER AND METHAMPHETAMINE USE

Many aspects of methamphetamine use are affected by sex and gender-related factors, including the initiation and patterns of use. Sex and gender influence the social consequences and health effects of methamphetamine use, access to care and treatment outcomes (See [CEWH, 2020](#)).

Sex and gender influences are important to consider when designing treatment programs to address methamphetamine use. For example, a U.S. randomized controlled trial of an intervention to reduce methamphetamine use, depression, and condomless sex found that men benefited from the treatment, but women did not[1]. These results exemplify how one size does not fit all and how interventions should be tailored to address the unique experiences and vulnerabilities of women, men, and gender diverse people.

Sex and gender related factors to consider when addressing methamphetamine use

Sex factors

- Men who use methamphetamine have reported experiencing high blood pressure, whereas women have reported experiencing skin issues
- Women progress to dependence more quickly than men
- Females who use methamphetamine often have unmet health needs including chronic health problems

Sex/gender interactions

- Women are more likely to live with depression, anxiety, and PTSD, along with methamphetamine use
- Women, men who have sex with men (MSM), and gender diverse people may use methamphetamine to enhance sexual pleasure making them vulnerable to risky sexual practices

METHAMPHETAMINES

Information to Support a Return to Wellness

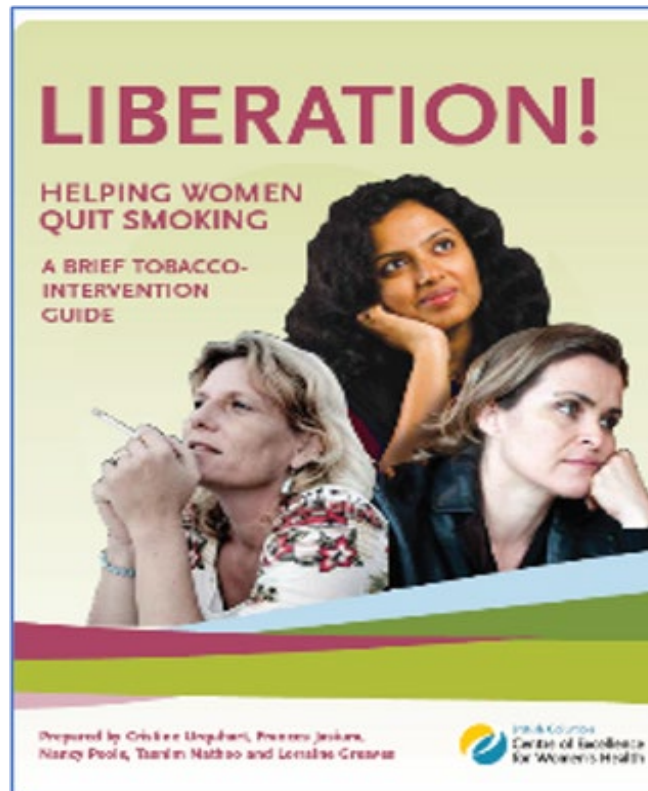


Methamphetamines

- More women use meth for weight loss
- All genders for enhancement of sex
- Women start meth use earlier, and ask for treatment more often
- Women's risk of GBV and IPV increases with meth use

Not all substances have the same impacts, but none are liberating

Each substance has an impact on health, behaviour, mortality, mood, predictability, criminal engagement, relationships, finances, parenting, & vulnerability to all forms of GBV



Highs & Lows

Canadian Perspectives on Women and Substance Use

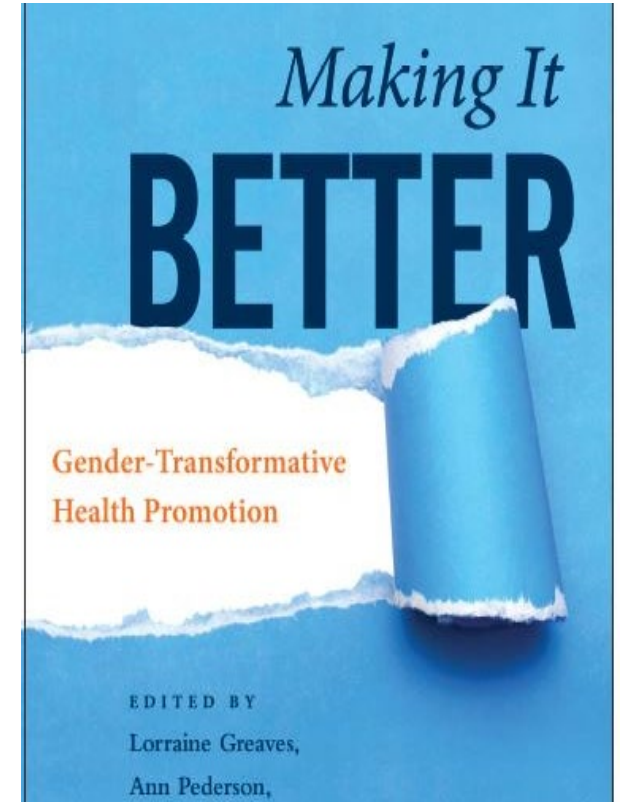
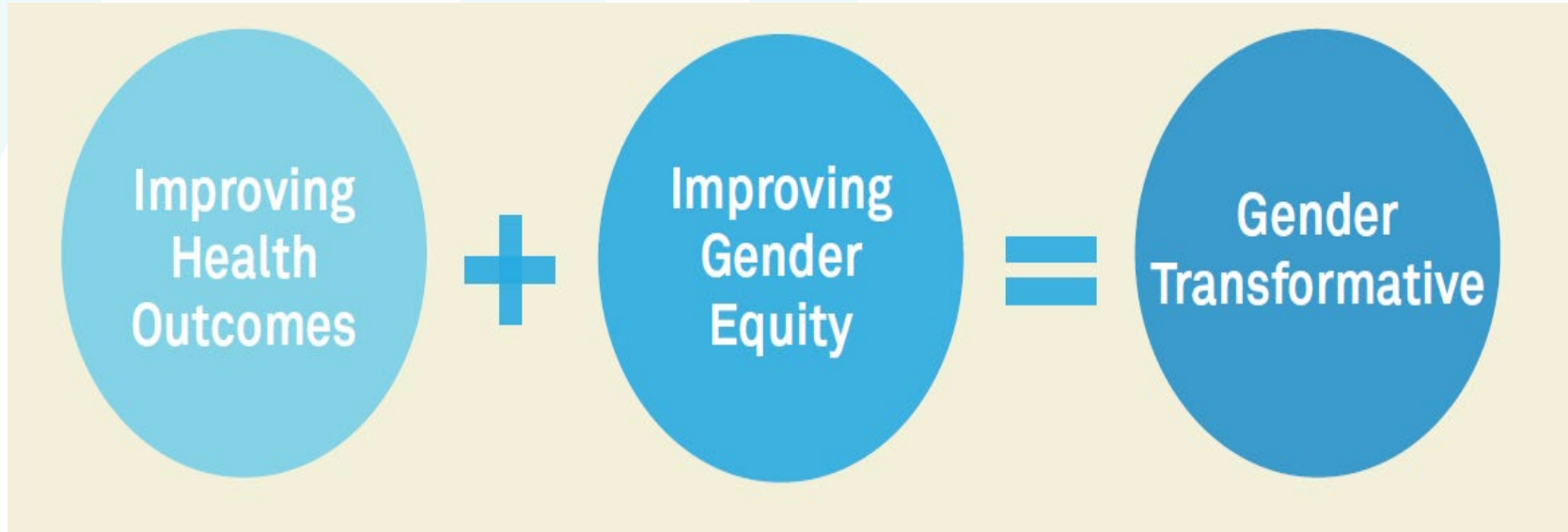
Edited by Nancy Peela and Lenaline Gosselin



agenda

Actions and responses for GBV providers

Gender transformative goals are paramount



Greaves, Pederson and Poole Making it Better, 2014.
Canadian Scholars Press & Women's Press.



Levels of action

Individual. Name the overlaps, understand the substances and functions related to SU/GBV, motivational interviewing, invite talk.

Program or agency. Staff stigma reduction training, display information about SU/GBV, adopt a recovery framework, launch specific programming

Service Linkage. Engage in community coordination, to create wraparound systems, share principles, understand referrals and roles

Systems Advocacy. Public awareness of links, child welfare and justice system changes, funding for blended services and recovery



Levels of action

Individual. Name the overlaps, understand the substances and functions related to SU/GBV, motivational interviewing, invite talk.

Emphasis on recovery from substance use applies to GBV recovery as well

“Recovery as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.”

Health

Overcoming or managing one's... symptoms, and making informed, healthy choices that support physical and emotional well-being

Home

Having a stable and safe place to live

Purpose

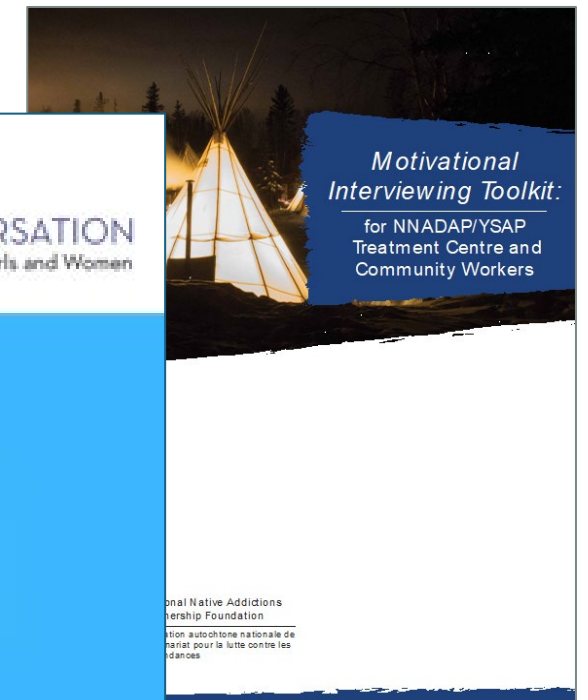
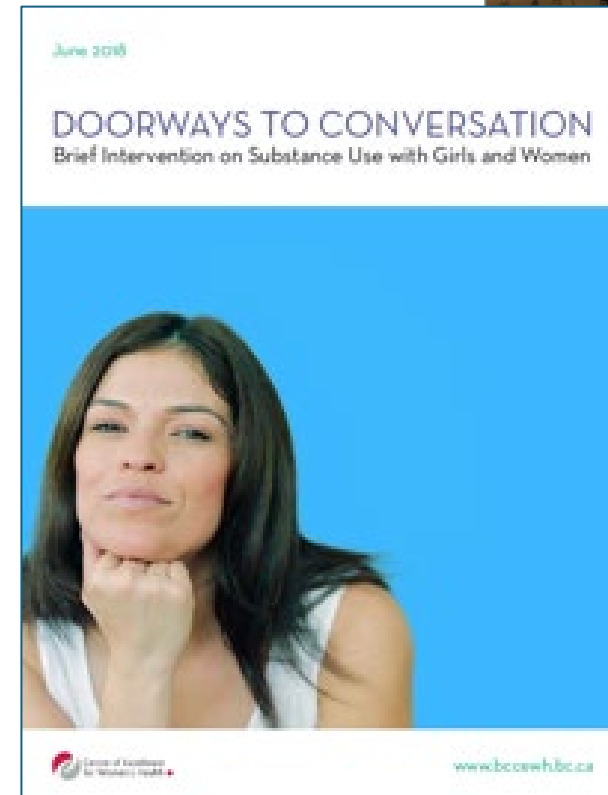
Conducting meaningful daily activities, such as a job, school volunteerism, family caretaking, or creative endeavours, and the independence, income, and resources to participate in society

Community

Having relationships and social networks that provide support, friendship, love, and hope

Brief Intervention – the role of a collaborative conversation

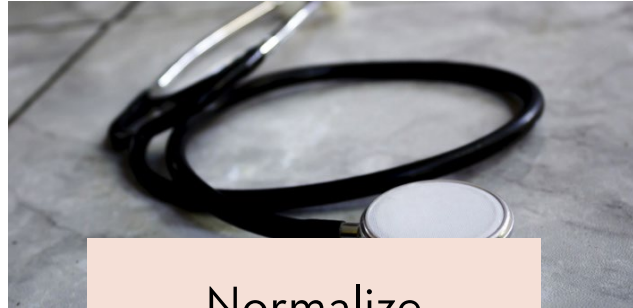
- Support what women already know about risks of various types of substances in their lives
- Normalize ongoing conversations and highlight the connections between substance use, sex, violence, safety, to increase women and girls' self-efficacy
- Informal or structured, & trauma informed (choice, collaboration, safety, strengths based)



**Motivational Interviewing
Toolkit**

www.thunderbirdpf.org

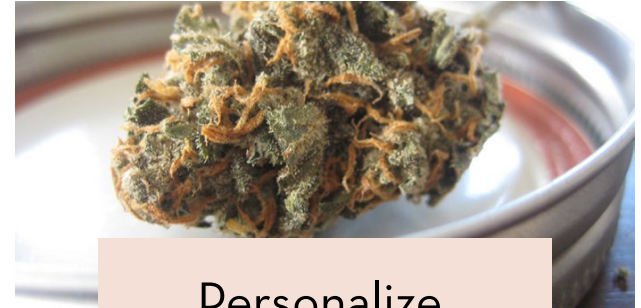
Evidence Informed Approach to Discussing Substance Use



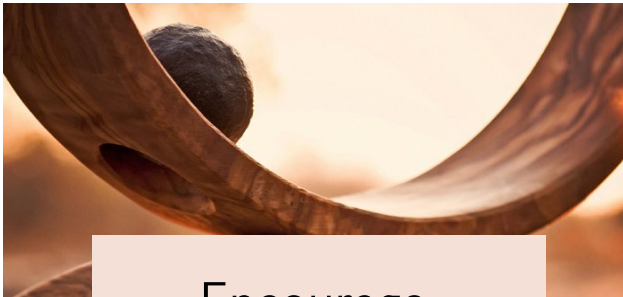
Normalize



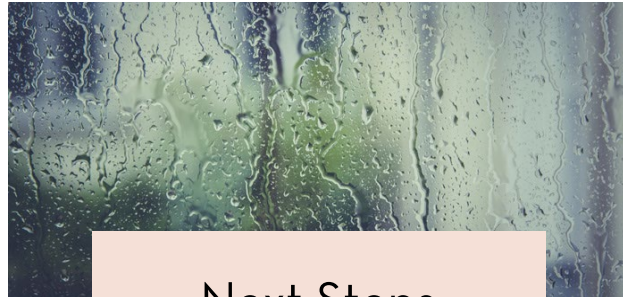
Support Change



Personalize



Encourage



Next Steps



Check In

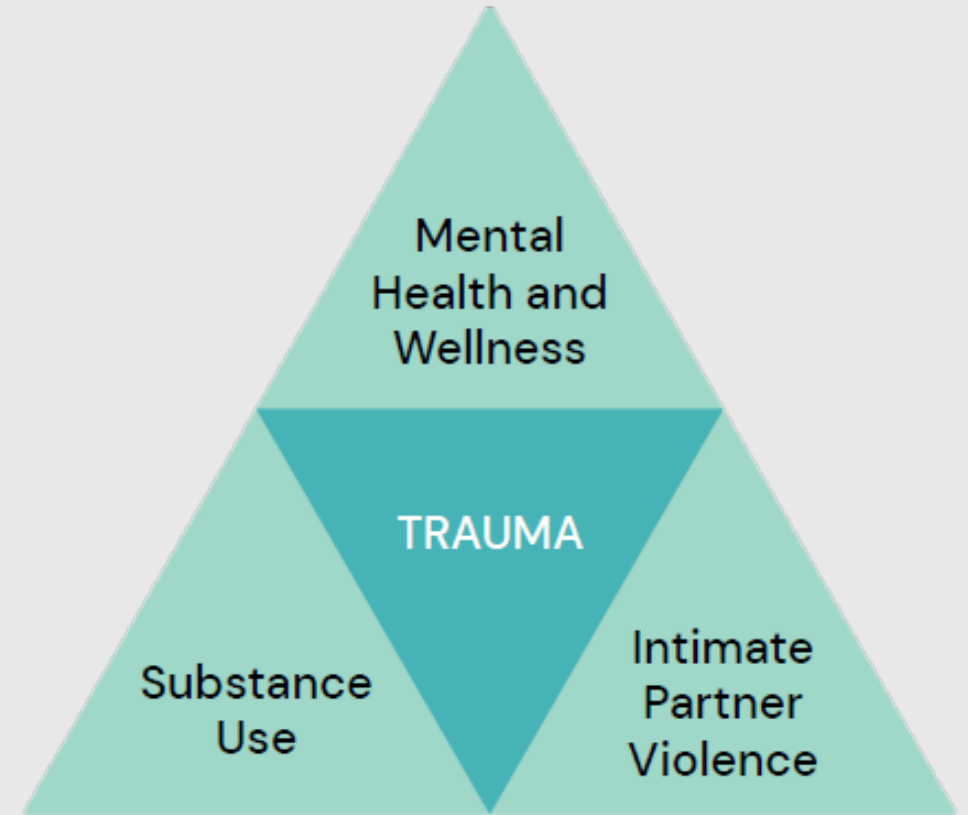
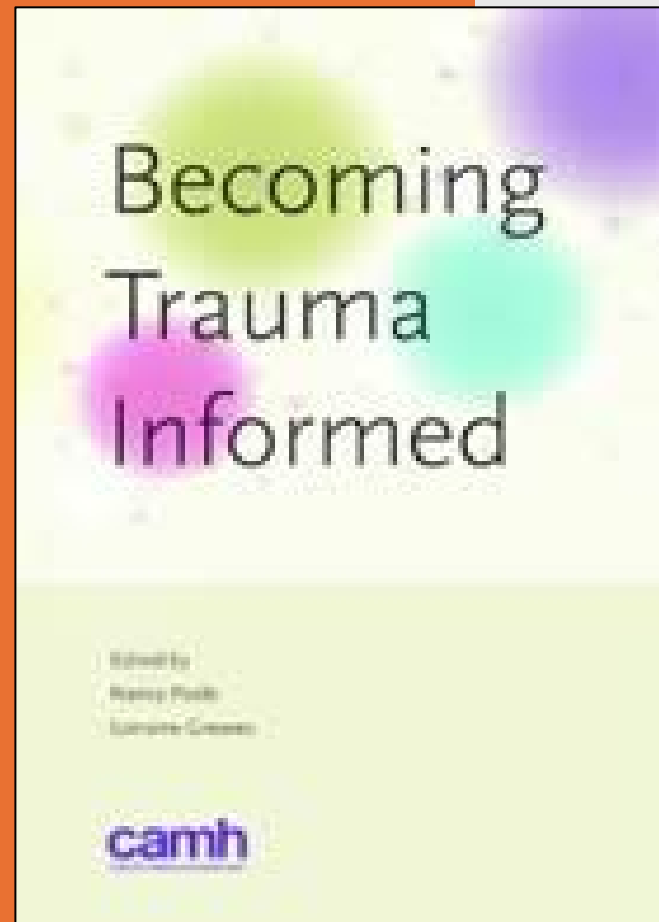


Levels of action

Program or agency. Staff stigma reduction training, display information about SU and GBV, adopt a recovery framework, launch specific programming

Articulate the overlaps

Experience of current and historical **trauma** is central to IPV, substance use and mental ill health.



SU and GBV evidence-based principles overlap

In our rapid review during the COVID restrictions, we found evidence for the following principles and approaches being used in both the substance use and anti-violence fields



Promote recovery and self help



SHERECOVERS®
FOUNDATION
CANADA

SHE RECOVERS® is already a well-known and highly respected leader in the women's recovery space, and it's time to scale across Canada:

English



Self-Assessment

Practitioner Behaviours and Attitudes

Judgement from health professionals is a significant barrier to accessing services for women. Service providers are sometimes unaware of how their own behaviours and attitudes can contribute to stigmatization. The statements below are to be used as a self-reflective exercise to help service providers become aware of how they may contribute to stigma.

To what degree do you agree with the following statements?

1. I believe that women who use opioids can be good mothers.

1	2	3	4	5	6	7	8	9	10
STRONGLY DISAGREE					STRONGLY AGREE				

2. I believe that women who use opioids during pregnancy are responsible for the negative parts of their lives.

1	2	3	4	5	6	7	8	9	10
STRONGLY DISAGREE					STRONGLY AGREE				

3. I think that women using medication for treating opioid use disorders (e.g. methadone or buprenorphine) should try to cut down their dosage during their pregnancy.

1	2	3	4	5	6	7	8	9	10
STRONGLY DISAGREE					STRONGLY AGREE				

4. I feel that pregnancy or the birth of a child should be reason enough to stop substance use.

Mothering and Opioids

Addressing Stigma – Acting Collaboratively



Assess your own stigma and read about stigma reduction for self and colleagues



Strong Women

“We are all surviving. We are all on a path to thriving.
We are each strong in ourselves and even stronger together.”

Workbook, facilitators guide, evidence review

- **Pilot Partners** provided input on the workbook chapter and social support group session themes and topics
 - Atira Women's Resource Society (BC)
 - Karis Support Society (BC)
- **Implementation Partners** tested the intervention
 - YWCA Calgary (AB)
 - Aventa Centre of Excellence for Women with Addictions (AB)
 - Jean Tweed Centre (ON)
 - Sophia Recovery Centre for Women (NB)
 - Hestia House (NB; facilitation offered jointly through Sophia Recovery)

Handout for
Service Providers

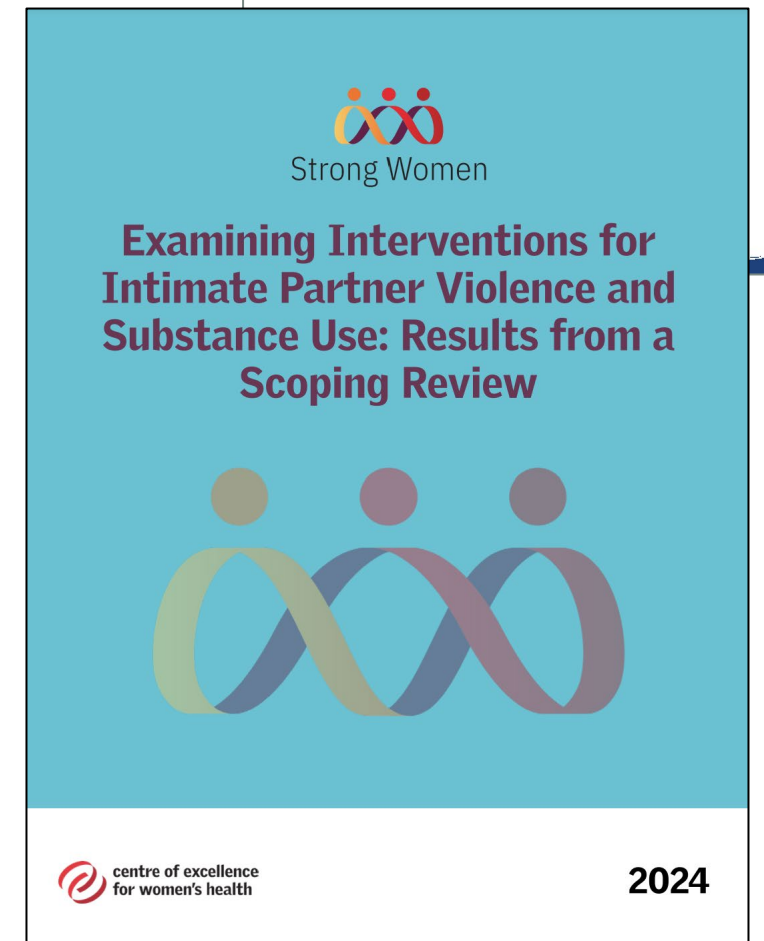
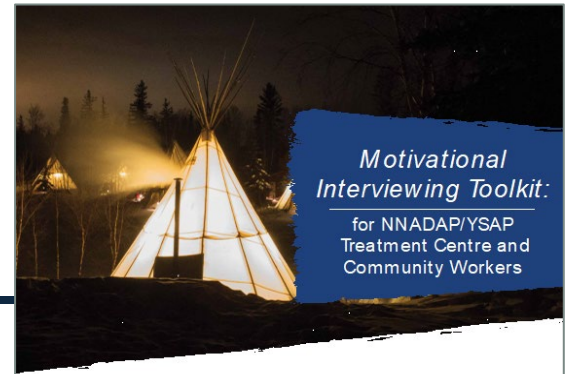


Strong Women

Combined response interventions

There were 5 main types of intervention approaches used when looking at the research on IPV and alcohol and/or tobacco interventions:

1. Motivational interviewing
2. CBT
3. Social cognitive theory
4. Psychoeducational approach to trauma (via Trauma Recovery and Empowerment Model)
5. Trauma-informed approach





Levels of action

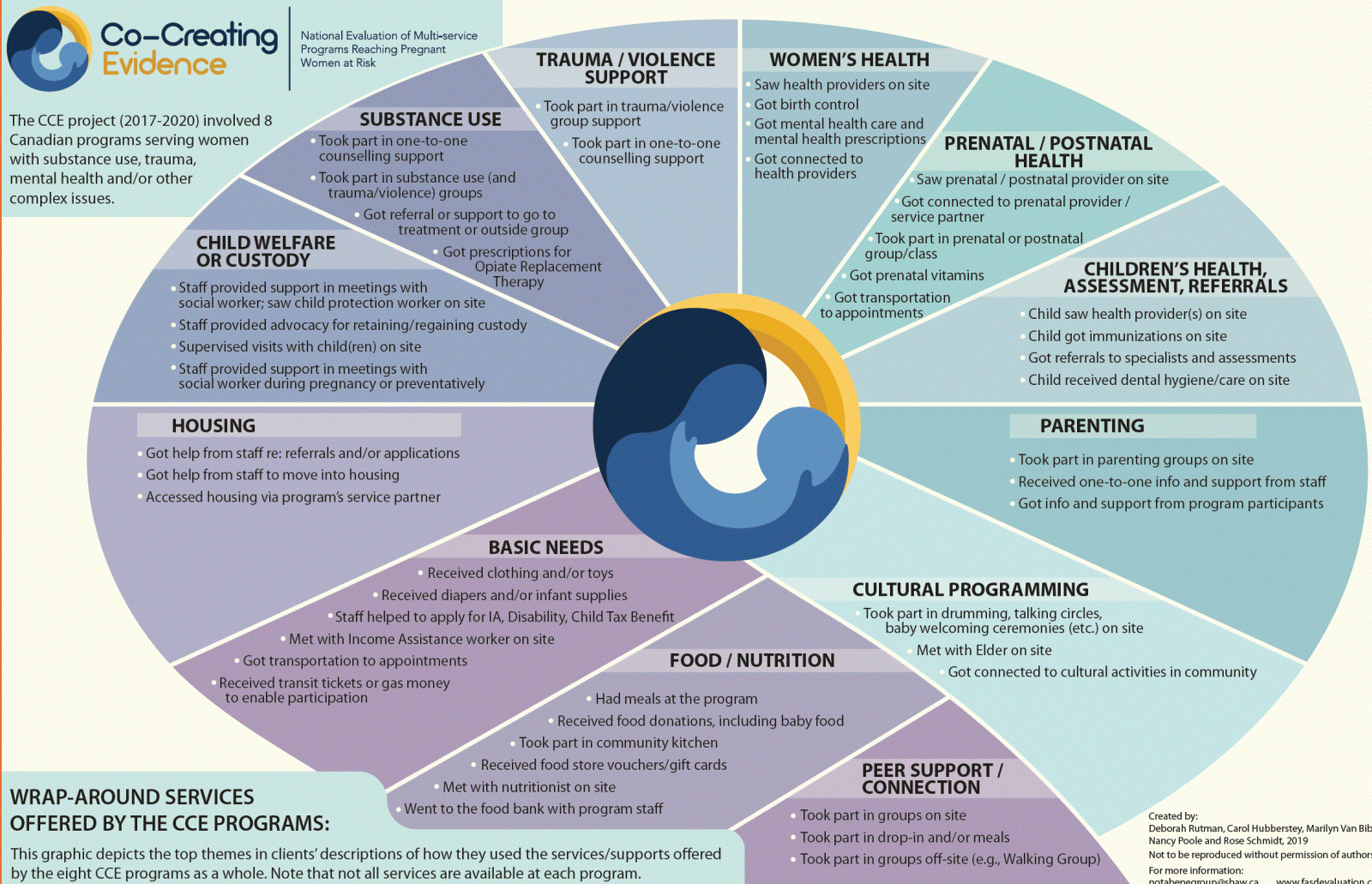
Service linkage. Engage in community coordination, to create wraparound systems, share principles, understand referrals and roles

Cross-Sector collaboration requires trust, outreach and effort



- Discuss trust as you exchange information about each other's practices
- Exchange information on limitations to confidentiality and consent protocols for women and families.
- Work together when identifying recovery goals with women and families.
- Find opportunities for cross-sectoral job shadowing, training, co-learning, and relationship-building.
- Find opportunities to co-locate services, either part- or full-time.

https://cewh.ca/wp-content/uploads/2021/04/CEWH_Covid-Infographic_Linking-Practices.pdf



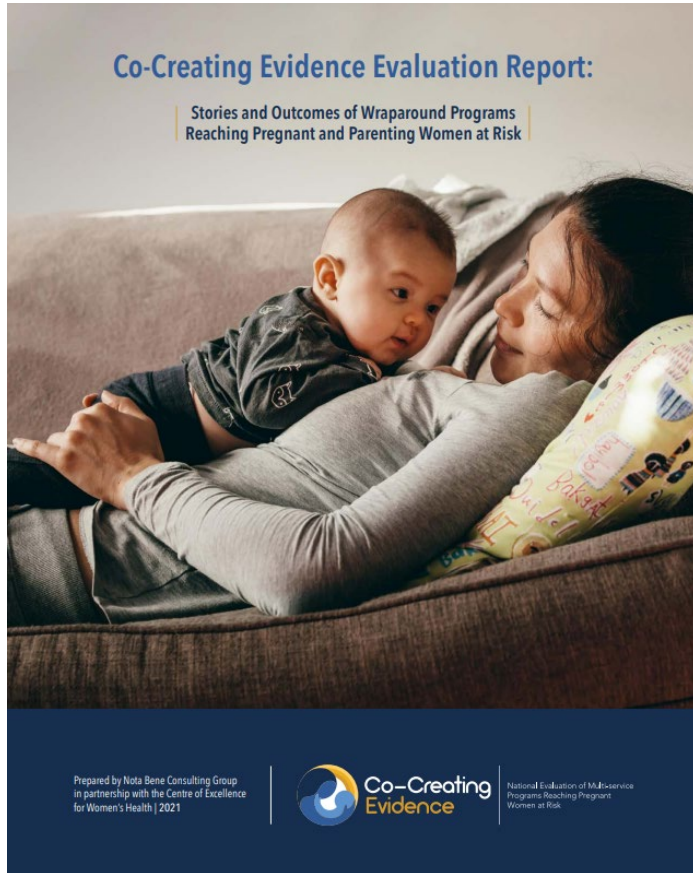
Service coordination

Co-located or wraparound responses are ideal

They support women to start where they're at and use any entry point

They recognize the range of diverse services that may be required to promote safety and reduce substance use

Increasing access to comprehensive, respectful care



Philosophical/theoretical approaches employed by the 8 wrap-around programs in the study:

- Non-judgemental
- Relational
- Women-centred
- Harm reduction oriented
- Trauma informed
- Culturally grounded
- Kindness, compassion
- Interdisciplinary, developmental lens
- Community focussed

<https://www.substanceuse.ca/co-creating-evidence-evaluation-report-stories-and-outcomes-wraparound-program-reaching-pregnant>

Recognition of women’s goals and readiness in seeking recovery

	Harm reduction Saving lives	Harm reduction Stabilization	Healing	Reconnection
Supports for those NOT READY to change or to actively seek assistance	Outreach Overdose response	Outreach Safe injection sites	Brief support/ intervention	
Supports for those THINKING ABOUT change and accessing assistance	Overdose prevention sites Sobering shelters Wet housing	Drop in programming Damp housing	Brief counselling Withdrawal management Addiction medicine treatments	Brief counselling Relapse prevention
Supports for those READY to change and to access assistance		Pharmacological substitution support	Live in treatment Community treatment	Supported housing Life skill development

Linking trauma, gender, mental health and substance use



Aventa provides concurrent capable, trauma informed, gender responsive addiction treatment programs to meet the unique needs of women.

Programs focus on building trauma awareness, increasing understanding of the connection between trauma, mental health and addiction, developing grounding, coping and relapse prevention skills.



Aventa is the leader in the Province of Alberta in providing trauma informed, gender-specific, concurrent capable, live-in addiction treatment services for women.

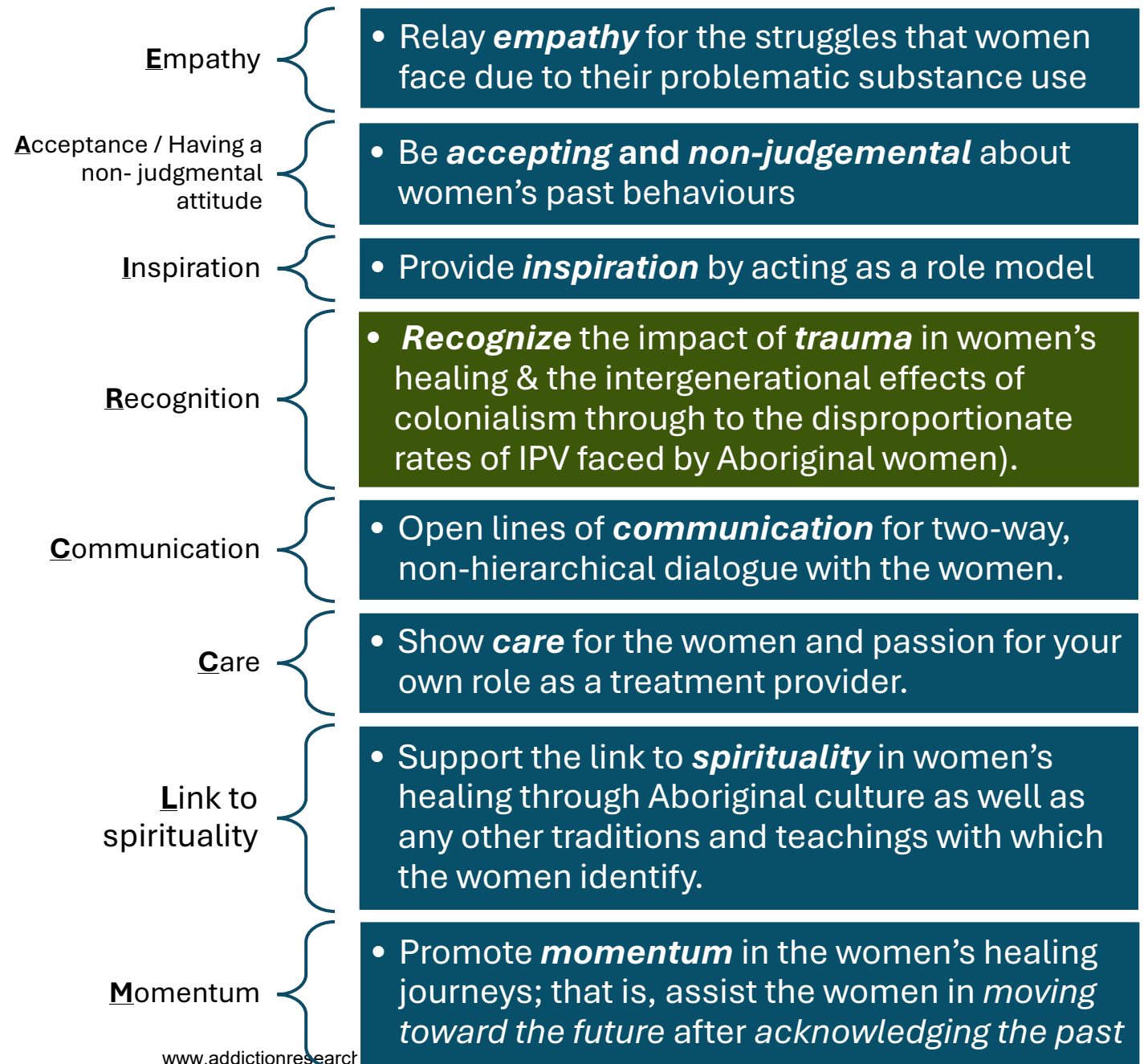
<https://aventa.org/>

Culturally safe, Trauma informed Relational principles

Women and service
providers together:

Identified the RECLAIM
principles as important for
treatment providers to
understand and apply when
supporting Indigenous
women's healing from illicit
drug abuse.

<https://www.substanceuse.ca/stilettos-moccasins>

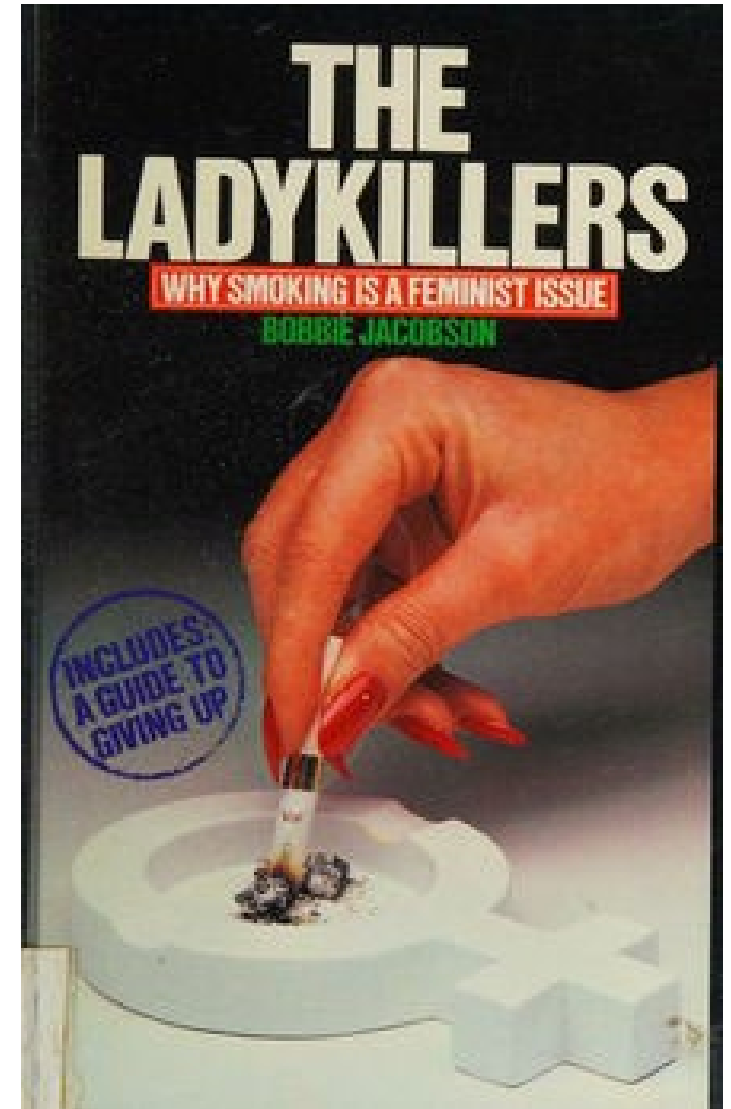
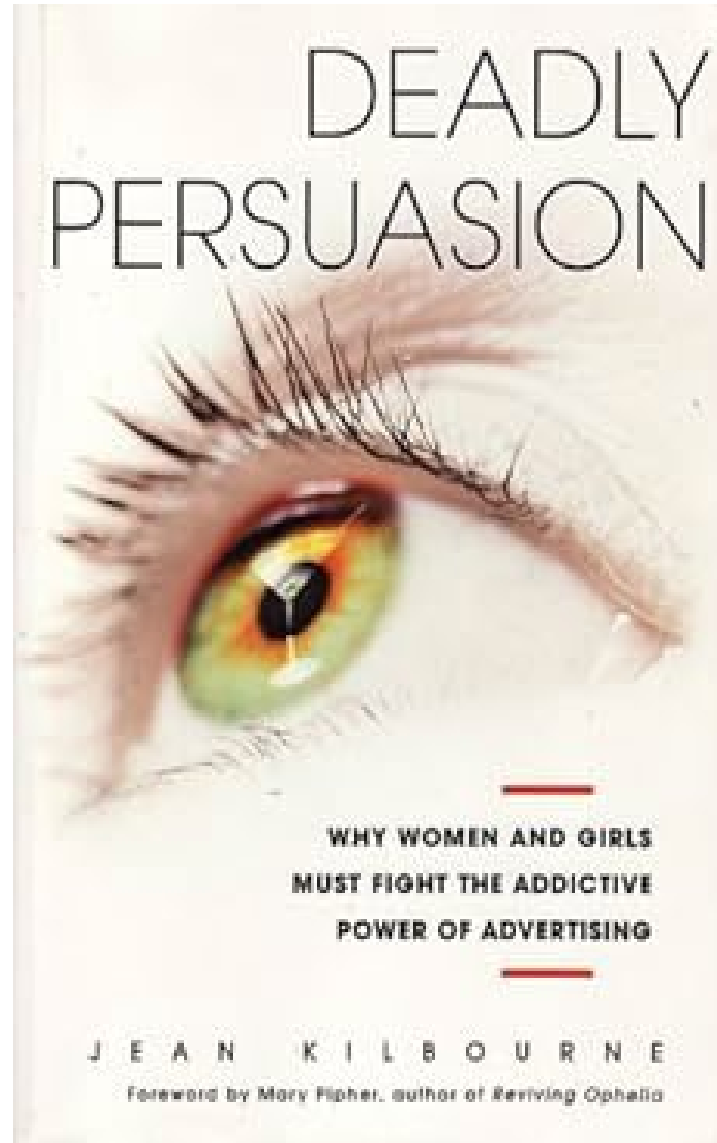




Levels of action

Systems Advocacy. Public awareness of links, child welfare and justice system changes, funding for blended services and recovery

Raising awareness of industry exploitation



Changing systems and reducing barriers is a common responsibility

Institutional stigma due to pregnancy or mothering status, class or race

Fear of apprehension, child welfare authorities, judicial demands

Lack of gender- and trauma-informed programming

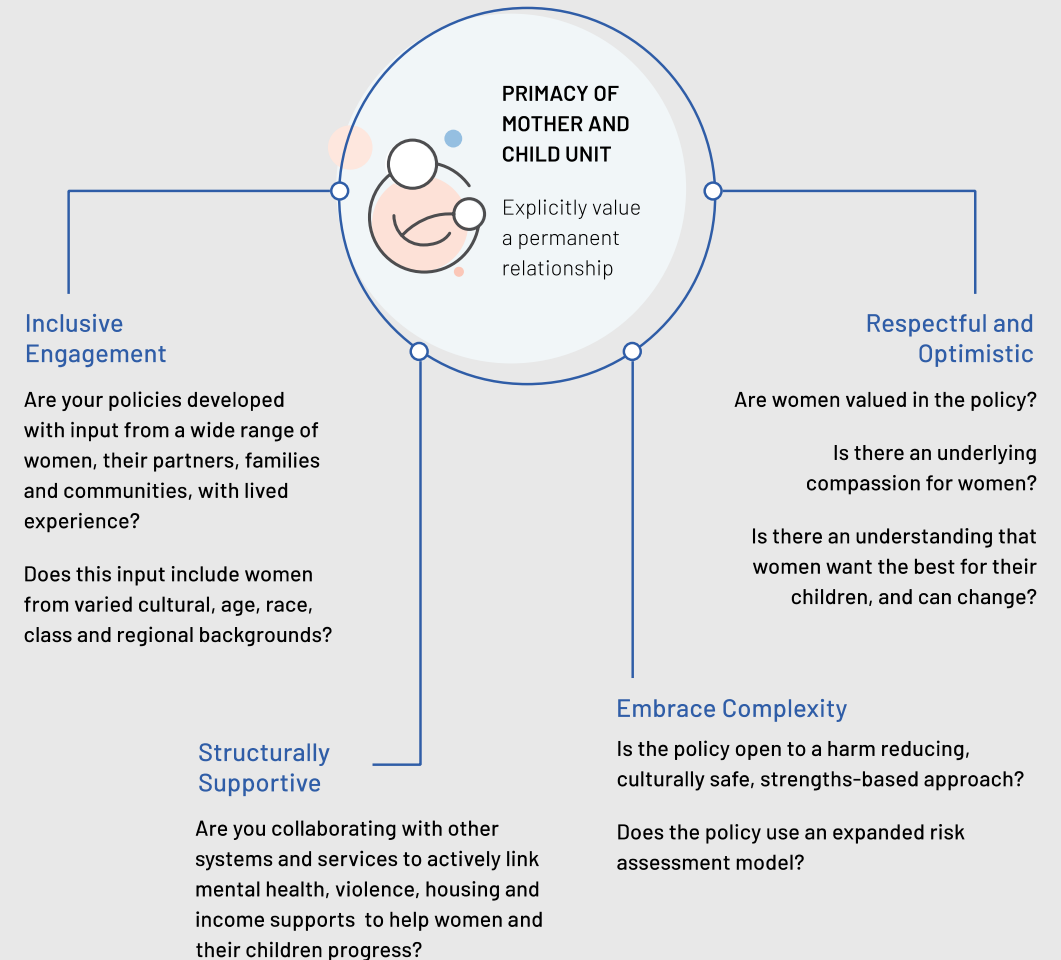
Lack of women's treatment programs and child friendly Tx
but

Proof of treatment completion and abstinence from substances required by judicial authorities, child welfare

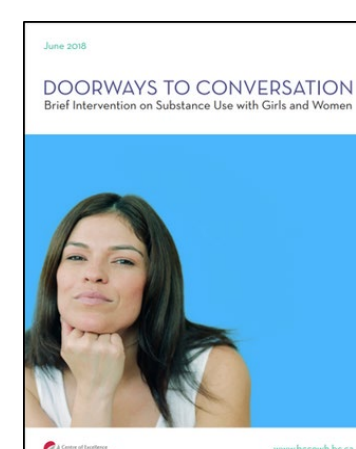
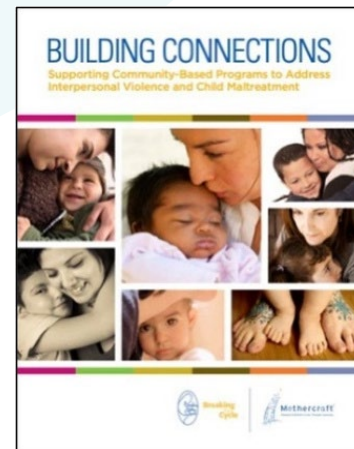
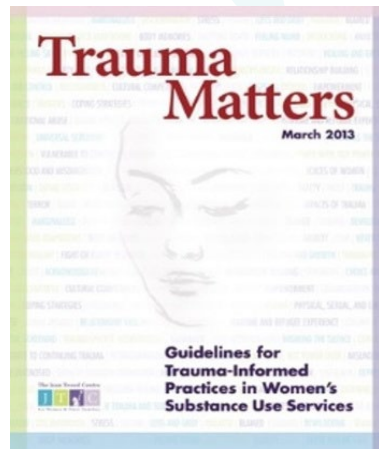
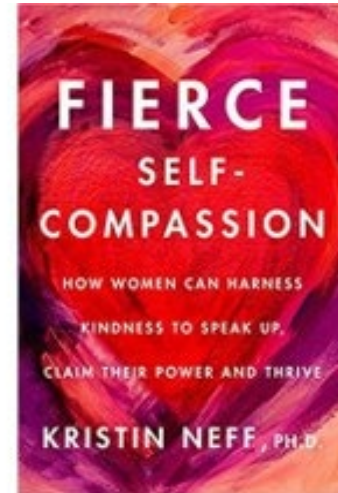
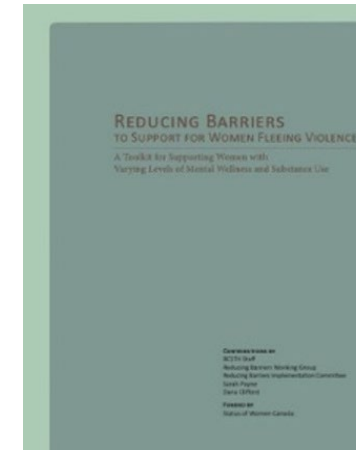
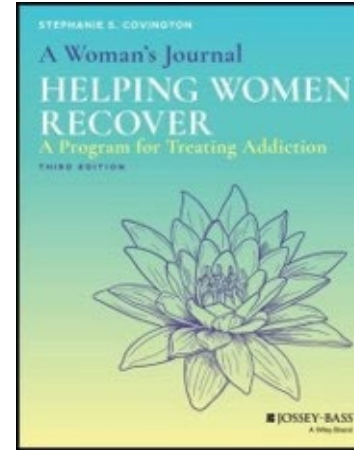
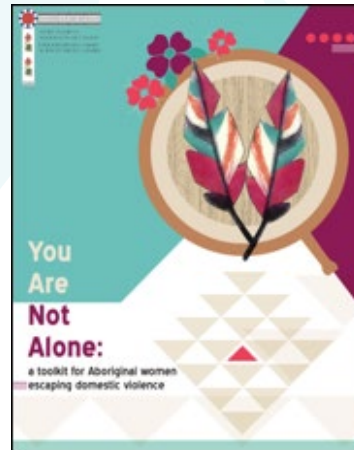
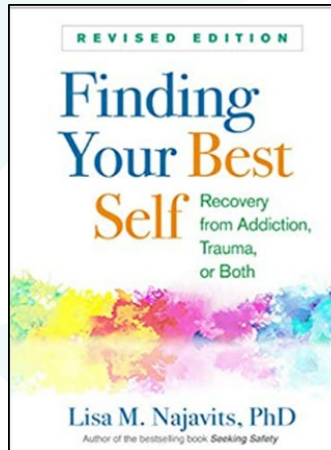
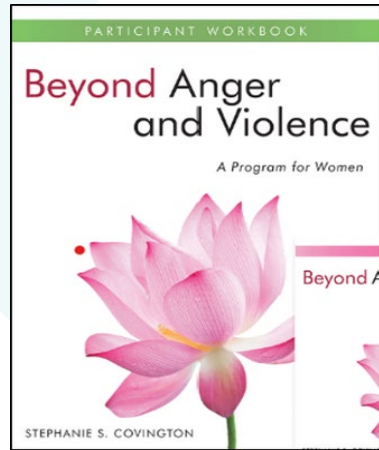
Policy actions to make structural changes

Addressing structural factors that influence women's substance use and violence – sexism, racism, ableism, colonialism etc.

- Poverty and intergenerational trauma
- Food and housing insecurity
- Gendered pay gaps
- Gendered caregiving burdens
- Sexual objectification and stereotyping
- Lack of funding



Manuals and literature that help to integrate



Thank You

Get In Touch

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