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NAVIGATING SOLUTIONS

Supporting Survivors at the Intersection of Mental Health and Gender-Based Violence: *Reflections and Approaches for Frontline Practice*

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Why This Conversation Matters

Across Ontario and Canada, frontline workers are responding to survivors of gender-based violence who are presenting with increasingly complex needs. Many survivors are navigating crisis, trauma responses, mental health distress, stigma, and multiple systems simultaneously; often while service providers are working within real constraints related to time, resources, mandates, and capacity.

This complexity does not reflect a lack of skill or commitment among frontline workers. On the contrary: it highlights the adaptability, care, and problem-solving that workers bring to their roles every day. At the same time, it calls for shared language, trauma and violence-informed approaches, and stronger cross-sector understanding to support survivors safely and respectfully.

This article offers reflections and practical considerations for frontline workers supporting survivors at the intersection of mental health and gender-based violence. It is not clinical guidance; it is an invitation to approach this work with curiosity, compassion, and a recognition of both survivor and system realities.

Understanding Gender-Based Violence and Context

Gender-based violence (GBV) refers to violence rooted in gender inequality, power imbalances, and social norms. It includes, but is not limited to: intimate partner violence, sexual violence, harassment, trafficking, femicide, and hate-motivated violence. GBV is upheld by structural inequities such as sexism, racism, colonialism, ableism, homophobia, and transphobia.

Intimate partner violence (IPV) is one form of GBV and refers specifically to patterns of abuse or coercive control within current or former intimate relationships. Understanding the distinction between IPV and GBV matters because it shapes how we assess risk, understand harm, and design responses, both at the individual and system level.

Violence does not occur in isolation. Survivors' experiences are shaped not only by interpersonal harm, but also by how systems respond (or fail to respond) to their needs.

Mental Health and Violence: An Intersection, Not a Diagnosis

Mental health concerns frequently emerge within the context of trauma, fear, and ongoing violence. Survivors may present with anxiety, panic, emotional overwhelm, difficulty concentrating, sleep disruption, intrusive thoughts, or dissociation. These experiences are often *responses* to violence rather than indicators of underlying pathology.

One of the greatest challenges at this intersection is misinterpretation. Trauma responses may be mistaken for mental illness, instability, or non-compliance. Survivors who appear confused, withdrawn, emotionally intense, or ambivalent may be judged rather than understood.

A trauma and violence-informed lens helps shift the question from *"What's wrong with this person?"* to *"What has this person experienced, and what do they need to feel safer right now?"*

Trauma Responses Are Adaptive, Not Defective
Trauma responses are automatic nervous system reactions designed to protect people in situations of threat or harm. Common responses include:

- **Fight:** anger, defensiveness, agitation
- **Flight:** panic, urgency to leave, restlessness
- **Freeze:** numbness, silence, difficulty responding
- **Fawn:** people-pleasing, minimizing harm, appeasing others
- **Dissociation:** detachment, confusion, "checking out"

These responses are not choices. They are survival strategies shaped by experience. Trauma responses may shift depending on context, power dynamics, and perceived safety.

For survivors who have experienced racism, colonial violence, ableism, or discrimination (including Indigenous, Black, racialized, newcomer, disabled, or 2SLGBTQIA+ survivors) trauma responses may also reflect learned strategies for staying safe in systems that have not always been protective.

Rethinking Mental Health Presentations
Mental health presentations among survivors can fluctuate over time and across systems. A survivor may appear calm and organized in one setting and overwhelmed in another. Distress may be visible, or carefully masked.

It is critical to remember that outward stability does not equal low risk. Survivors who appear "okay" may be expending tremendous effort to manage fear, maintain control, or avoid further harm.

Mental health concerns do not undermine credibility. They reflect the conditions survivors are navigating, often in environments that demand resilience without offering safety.

Stigma: A Quiet but Powerful Barrier
Stigma plays a significant role at the intersection of mental health and gender-based violence. Survivors who disclose mental health concerns may be viewed as unreliable, less capable, or difficult to support. Trauma responses may be framed as resistance or poor decision making.

Stigma can affect safety, access to services, and willingness to seek help. When survivors feel judged or dismissed, they may stop sharing information that is critical for safety planning.

Reducing stigma begins with how frontline workers interpret behaviour and respond. Curiosity, validation, and respect create conditions for trust, engagement, and safer outcomes.

Practical, Trauma- and Violence-Informed Approaches
Frontline workers do not need clinical tools to support survivors effectively. Relational, trauma-informed practices can make a meaningful difference.
Grounding and de-escalation strategies include:

- Slowing pace and tone
- Using clear, simple language
- Normalizing trauma responses
- Offering choice whenever possible
- Being mindful of cultural safety and identity-affirming practice

Safety is not one-size-fits-all. What feels grounding for one survivor may feel unsafe for another, particularly for those who have experienced harm within systems.

Supporting Survivors in Crisis
When survivors are in crisis, the goal is not to fix everything at once. It is to help create enough stability and safety for the next step.

Crisis responses should prioritize connection, clarity, and immediate safety. Wherever possible, it is important to avoid defaulting to clinical or pathologizing framings simply because distress is visible. Escalation should be guided by need, not discomfort.

Collaborative, survivor-centred planning supports autonomy and dignity, even in high-stress moments.

Navigating Co-Occurring Risks
Many survivors are navigating overlapping risks: escalating violence, mental health distress, suicidality, substance use, housing instability, or isolation. These risks often interact and intensify one another.

Frontline work in these moments requires holding the full picture: balancing safety, autonomy, and capacity without ranking one concern as more legitimate than another. Curiosity matters. So does collaboration.

No single service can meet all needs.

Collaboration and System Realities
Survivors often navigate multiple systems at once, each with different mandates and thresholds. Fragmentation can create gaps, inconsistencies, and confusion, even when all providers are acting with good intentions.

Stronger communication, shared language, and coordinated approaches reduce harm and support safer responses. Collaboration also protects frontline workers by reducing isolation and shared risk-holding.

Insights from system-level learning, including work informed by bodies such as the Domestic Violence Death Review Committee, consistently highlight the importance of trauma-informed, coordinated responses.

Honouring Survivors and Frontline Workers
This work is grounded in the courage of survivors who share their experiences and in the lives of those lost to violence. Their stories guide learning, prevention, and accountability.

Frontline workers carry both privilege and burden in this work. Naming systemic pressures, moral distress, and emotional labour is essential, not as an excuse, but as context.

You do not need to fix the system to make a difference. Small, trauma informed shifts in practice can profoundly shape survivor safety, dignity, and trust.
Your work matters.