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WOMEN, ADDICTION AND GENDER VIOLENCE

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Abstract. Women victims of gender violence (GV) show greater dependence on substance use, are more likely to suffer from concomitant psychiatric problems and have greater difficulty accessing, continuing and finishing treatment. Recurrent consumption increases associated problems and decreases withdrawal. There is still not enough evidence on effective treatments for this population, since most therapeutic protocols are based on what is known about male drug addiction. This systematic review analyzes the empirical studies that investigate the relationship between female victims of gender violence, substance use and their mental health. A search was carried out in the main databases (PubMEd, Scielo, Dialnet and Web of Science) and after two screening phases, 26 articles were selected. It has been proven that there is a high prevalence of gender violence among women who consume more than one substance of abuse and, in relation to the partner, the risk of suffering gender violence increases if both are consumers, in addition, in most cases, there is the phenomenon of "bidependence". Gender violence has serious consequences in all áreas of women´s lives, increasing the risk of various physical and mental illnesses, including death. Looking to the future there is an urgent need for studies that promote equitable relationships between men and women from an early age, as well as adequate and efficient interventions for this profile of women.

Keywords: women, addiction, substance use disorder, gender violence, mental health.

MUJER, ADICCIÓN Y VIOLENCIA DE GÉNERO

Resumen. Las mujeres víctimas de Violencia de Género (VG) muestran mayor dependencia al consumo de sustancias, tienen mayor probabilidad de sufrir problemas psiquiátricos concomitantes y mayor dificultad para acceder, continuar y finalizar un tratamiento. El consumo recurrente incrementa los problemas asociados y disminuye la abstinencia. Aún no hay suficiente evidencia sobre tratamientos eficaces para esta población, ya que la mayoría de los protocolos terapéuticos están basados en los conocimientos que se tienen sobre la drogadicción masculina. La presente revisión sistemática analiza los estudios empíricos publicados hasta la actualidad que investigan la relación entre las mujeres víctimas de VG, el consumo de sustancias y su salud mental. Se realizó una búsqueda en las principales bases de datos (PubMed, Scielo, Dialnet y Web of Science) y tras dos fases de cribado se seleccionaron 26 artículos para su completa revisión. Se ha comprobado que existe elevada prevalencia de VG entre las mujeres consumidoras de más de una sustancia de abuso y, en relación a la pareja, el riesgo de sufrir VG aumenta si ambos son consumidores, además, en la mayoría de los casos, se da el fenómeno de la "bidependencia". La VG tiene graves consecuencias en todos los ámbitos de la vida de la mujer, aumentando el riesgo de diversas enfermedades físicas, mentales, incluso la muerte. De cara a un futuro urgen estudios que fomenten las relaciones equitativas entre hombres y mujeres desde edades tempranas, así como intervenciones adecuadas y eficientes para este perfil de mujeres.

Palabras clave: mujer, adicción, trastorno por uso de sustancias, violencia de género, salud mental.

Introducción

From the definitions and data that have been collected over the years, we know that the history of addictions goes hand in hand with the history of man.

The dictionary of the Royal Academy of the Spanish Language defines addiction as "the habit of those who allow themselves to be dominated by the use of some intoxicating drug or drugs, or by an excessive fondness for certain games".

The WHO defines it as "a compulsion to continue using by any means, a tendency to increase the dose, a psychic and usually physical dependence on the effects and harmful consequences for the individual and society".

The APA defines it in the following terms: "dependence to a substance, whenever three or more factors are manifested, among a list of seven, of which I would highlight: consumption of a substance in large quantities, existence of a persistent desire, abandonment or reduction of important activities or continued consumption of the substance" (American Psychiatric Association, 2000).

Smoking tobacco, drinking alcohol or chewing coca leaves, among others, are some examples of substances that have been used and are still being used today (Becoña Iglesias et al., 2016). The physical and psychological consequences of drug use are not the same for men and women. Physically, the consumption of addictive substances seems to hook women more quickly than men, and both men and women show a significant increase in problems associated with consumption after starting it, however, women show greater sensitivity to mental disorders (Ortiz et al., 2006). Most therapeutic protocols are based on existing knowledge about male drug addiction. For these reasons, specialists call for prevention and specific treatments for women where different intervention challenges may arise. Also, as in the general population, drug users are socially, personally and culturally pressured. In the case of women consumers, these pressures are compounded by feelings of guilt and shame resulting from the stigmatization of consumption. If we make a comparison between men and women who seek treatment, it is observed that women, on many occasions, have minor children in their care, tend to live with partners who are also consumers, are more likely to have suffered abuse during childhood and have a higher incidence of concomitant psychiatric problems (Lynch et al., 2002). All these factors make it more difficult for women to access, continue and complete treatment.

The WHO defines a drug as "any substance that when introduced into the living organism can modify one or more of its functions, altering thoughts, emotions and behaviors in a direction that may make it desirable to repeat the experience and may provoke mechanisms of tolerance and dependence" (Kramer et al., 1975). Drugs have been used since the existence of the most ancient civilizations, for religious and medical purposes, as a means of escape and to relieve pain (physical and mental). Alcohol and tobacco are considered the most prevalent "classic" drugs and are legal. Both are responsible for the largest number of preventable deaths today. The difference between tobacco and alcohol and other social drugs such as cannabis and cocaine lies in the ease of their acquisition. According to the latest report of the National Plan on Drugs (2021) tobacco, behind alcohol, is the most consumed substance among the population aged 15 to 64. Smoking rates in people with Substance Use Disorder (SUD) is much higher than

the general population, ranging from 74% to 98%. Likewise, in the new times, other types of addictions have arisen, in the heart of a so-called "welfare" society, consumerist, that fills us with materiality and empties us of spirituality, a society that makes us more and more vulnerable and weaker.

Sanz (2019) has observed that patients with TUS present psychopathological peculiarities and certain behaviors that deserve special attention, e.g., behavioral changes (getting into trouble frequently, acting out, unexplained personality changes), physical changes (abnormally sized pupils, sudden weight loss or gain, tremors) and social changes (sudden change of friends, legal problems linked to substance use, debts). In addition, repeated substance use leads to a series of neuropsychological and neuroanatomical changes, mainly altering different functions such as attention span, concentration, integration, information processing and execution of action plans. From a neuropsychological point of view, the most frequent alterations are in the mechanisms responsible for regulating decision-making and inhibitory control (Fernandez et al., 2011), specifically in the frontal lobe and associated cognitive functions (Yucel et al., 2007). Psychoactive substances have been shown to interfere with the way neurons receive, send and process signals transmitted by neurotransmitters. Although the drugs are intended to mimic our brain chemicals, they do not activate neurons in the same way as a natural neurotransmitter, causing abnormal messages to be sent through the network. Substances such as alcohol, cocaine or amphetamines can cause neurons to release increased amounts of natural neurotransmitters or, by interfering with transporters, prevent the normal recycling of these brain chemicals. This amplifies or alters the normal communication of neurons and therefore, when consuming, "surges" of neurotransmitters are produced (e.g., large amounts of dopamine at the brain level) that result in a great feeling of pleasure, which favors the need to consume again to feel that intense sensation and continuously seek the substance (Diaz et al., 2010).

Gender Violence and Addiction

Of particular relevance in the present work are the rates of physical, psychological and sexual gender-based violence (GBV) victimization in women with TUS, being higher than those in the general population (Cohen et al., 2006; El-Bassel et al., 2011; El-Bassel et al., 2005; Miller et al., 1993), ranging from 40% to 70%. According to studies, GBV is generating social alarm in recent years, especially due to its diffusion in the media, which has led to growing interest and concern, and has become a public health problem, both at the level of research and of prevention and intervention programs, national plans, strategies and legislation aimed at tackling this problem (Llopis et al., 2005). WHO estimates that one-third of women worldwide have been victims of GBV at least once in their lifetime (WHO, 2003). GBV victimization is strongly related to mental health problems and recent evidence confirms that about 20% of women who experienced GBV developed a new psychiatric disorder (Okuda et al., 2011). Compared to women in the general population who have not experienced GBV, women who have experienced GBV show a higher risk of serious health problems, unwanted pregnancies, abortions and serious psychopathologies, usually: anxiety, depression, post-traumatic stress disorder (PTSD) and addiction (Tirado-Muñoz., 2015), as well as borderline personality disorders and eating disorders (Marsden et al., 2000). GBV leads to increased or sustained substance abuse, increased physical illness and increased utilization of health care resources, as women with SUD who experience GBV are more likely to engage in unsafe sex and injection practices, resulting in increased risk of exposure to transmission of sexual viruses and infections (El-Bassel et al., 2005). Therefore, it would be of particular importance to analyze and take into account the relationships that women with SUD have with their respective partners and to address a whole range of aspects related to their lives,

which could include SUD itself, psychiatric comorbidity and risk behaviors. The concurrence that exists between substance use disorders and other psychiatric disorders is known as "dual pathology" and different studies that have been carried out have found that the prevalence of this phenomenon is between 15 and 80% (Casas et al., 2002; Flying et al., 2008; Mèlich., 2008).

At this point, and since this paper will address the relationship between GBV and substance use, I consider it necessary to briefly review the concept of GBV. It is evident that, over the years, there has been a growing social awareness of the seriousness of violence against women and the obstacle it represents (Fiol et al., 2000). The concept that has been used to name this serious reality is what we know as gender-based violence (GBV). It is a problem that has become widespread and increasing in almost all societies, takes many forms and extends to all areas (at work, at home, in the street and in the community as a whole). Violence against women affects all spheres of their lives (autonomy, productivity, ability to care for themselves and their children, and their quality of life), which increases their risk and may even lead to death. This violence is suffered by the mere fact of being a woman, hence the name GBV (García-Moreno, 2000). Likewise, the definitions used years ago were very restricted, "reductionist", since they gave greater importance to physical harm, leaving aside psychological violence (frequently highlighted by the victims), therefore, over the years, broader definitions have been used, such as that of the United Nations General Assembly: "any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to adolescent and adult women, as well as threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (United Nations, 1993).

It should be noted that GBV can occur both within and outside of family relationships, although it is important to note that there is a higher risk of GBV from an intimate partner or family member. Although there are other types of violence, the most frequent are: economic, sexual, psychological and physical (Tortajada Navarro, 2008). According to Corsi (1998) economic violence can occur in situations where physical violence does not occur. Usually, women are deprived of the means to cover their personal needs or those of their children, and it is also considered economic violence when women are deprived of working outside the home. Sexual violence is more recently occurring within the context of a couple's relationship, which has serious physical and psychological repercussions for women, as well as increased risks of sexual and reproductive problems (sexual dysfunction, sterility, sexually transmitted diseases, unwanted pregnancies... Letourneau et al., 1999). Thirdly, psychological violence refers to the maintenance of repeated verbal and non-verbal hostility, which seriously damages the emotional stability of the victim and can lead to alcohol and other drug abuse, depression and anxiety, eating and sleeping disorders, feelings of shame and guilt..... According to Echeburúa et al. (1996) this type of violence manifests itself through reproaches, insults, threats, contempt, indifference... which causes the victim to end up in a state of constant anguish. Physical violence includes all corporal punishment, forms of torture and cruel, inhuman or degrading treatment or punishment, as well as intimidation. Refers to any punishment that uses physical force for the purpose of causing pain or discomfort, no matter how slight. The consequences of this type of violence are basically various injuries, bruises, fractures, tears and abrasions... and, ultimately, death (homicide, suicide...), leaving multiple sequelae on the victims. The World Report on Violence and Health by WHO (2003) outlines a series of factors that are associated with the risk of women suffering violence by men, among them are: individual factors (young age, excessive drinking, depression, having witnessed or suffered violence during

childhood...), relationship factors (poor family functioning, conflict and instability in marriage, male dominance in the family...), community factors (poverty, weak community sanctions against violence...) and social factors (traditional gender norms and social norms that support violence). Echeburúa (1996) highlights some factors or reasons that increase the probability that women are victims of violence: economic, social, family and psychological reasons. They are generally women who have a low cultural level, no or few activities outside the home, economic dependence on their husbands, low-skilled jobs, little social support network, young children, fear the future alone and minimize the problem as a result of a certain habituation to the stressful situation, which makes them more vulnerable and more likely to appear in such a situation.

Bronfenbrenner's Ecological Model

It is particularly relevant, in my opinion, to mention the ecological model in order to complete our understanding of this concept. It is one of the most widely recognized theoretical-explanatory models in research on this topic. Heise (1998) explains violence by taking into account the interaction between personal, situational and sociocultural factors, i.e., it is not an isolated phenomenon, but the characteristics of the victim's social and immediate environment must always be taken into account, as well as the characteristics of the person who suffers it. This model is also divided into four levels: level 1 refers to the personal history or individual level (witnessing spousal violence in childhood, suffering abuse during childhood or parents who are absent or reject their children, drug addiction, psychic or personality disorders, etc.), which can influence the behavior of individuals and increase their chances of becoming victims or perpetrators of violent acts) which can influence the behavior of individuals and increase the probability of becoming victims or perpetrators of violent acts; level 2 would be the microsystem or family level (male dominance within the family, male control of family assets, alcohol consumption and marital/verbal conflict), which, as in level 1, can increase the risk of suffering or perpetrating violent acts against women; level 3 would be the exosystem or community level (low socioeconomic status/unemployment, isolation of women and family and criminal peer groups) and level 4 would refer to the macrosystem or sociocultural level (male entitlement/ownership of women, masculinity associated with domination and aggression, rigid gender roles, approval of interpersonal violence and approval of physical punishment). The most significant aspect of the model and a key aspect to be taken into account in understanding the phenomenon is the importance it gives to the interaction between the factors that make up the four levels, i.e., there is no single causal factor, but rather the interaction between the factors is what can favor violence or, on the contrary, protect against it. The relevance of this model is that it transcends reductionist and simplistic interpretations that focus on individual and family aspects, understanding the problem as something social and structural.

Addiction has gender and gender influences addiction. Being a woman and a drug user is one of the main risk factors for violence. Several authors state that women in treatment for addiction are victims of GBV at three times the incidence of the general population, and 50-80% have been victims of childhood sexual abuse (Blume, 1994; Swift, 1996; El-Bassel et al., 2001; NIDA, 2001; Frye et al., 2001; El-Bassel et al., 2003). Therefore, the objectives of the present work are: 1) To deepen the most relevant aspects of gender violence, and 2) To analyze the relationship between the GBV suffered by women throughout their lives and the development of various psychopathologies and, among them, the frequent appearance of a dual pathology, in which the consumption and addiction to different substances becomes a determinant of the intervention.

Method

A systematic review of quantitative empirical studies examining the relationship between gender-based violence and substance use was carried out. Initially, a generic search was carried out in Google Scholar to assess the feasibility of the topic and to get a first impression of the amount of information that could be found. With this overview, a second, more specific search of the following databases was conducted on November 15, 2021: PubMed, Scielo, Dialnet and Web of Science.

PubMed is a search system that provides access to different bibliographic databases. In other words, it can be stated that it is a search engine with free access to MEDLINE data, within which you can find citations, abstracts, references to other works and access to certain reliable databases.

Scielo is a virtual library made up of a large number of scientific journals in Spanish that have been selected on the basis of a series of agreements that guarantee the quality of the documents included in it.

Dialnet is considered one of the most important bibliographic portals in the world due to the amount of research in Spanish that can be found in it.

Web of Science is an on-line platform that contains bibliographic information databases and information analysis resources that allow the evaluation and analysis of research performance. It provides analysis tools that allow to assess its scientific quality, its content is multidisciplinary and the information it contains is of a high academic and scientific level.

The terms used to perform the search were as follows: *"gender violence" AND "substance use disorder", "gender violence" AND "alcohol",* "gender violence and substance use", "gender *violence" AND "drugs"*.

The inclusion criteria used for the literature review were as follows: 1) be a research article; 2) publications in Spanish, English or Portuguese; 3) publications between 2016 and 2021 included; 4) subjects suffered gender-based violence and/or consumed any substance. It is also essential to mention the exclusion criteria taken into account when discarding, eliminating or rejecting part of the articles found: 1) child population; 2) single case studies; 3) literature reviews on the subject.

In relation to the initial samples obtained in each of the databases indicated by using the delimited terms, it should be noted: in the case of Dialnet, an initial sample of 69 documents was obtained, which have been reduced to 8 by applying the exclusion criteria described above as filters. In the Scielo database, the initial sample was 86 documents, of which 5 were valid; in the case of Web of Science, an initial sample of 29 documents was obtained. Of these, only 4 were selected, either because of the exclusion criteria or because some of them required requesting the article. Finally, a total of 2938 articles were found in PubMed, of which 10 were selected.

Thus, if the documents found in the previous databases are aggregated, the initial sample consisted of a total of 3122 documents, of which, after applying the corresponding exclusion criteria, only 27 remained.

It is essential to point out that, of the 27 documents selected, a further screening was carried out on the 18th to discard all duplicate records (n = 1). Thus, the total number of documents in the sample was 26.

Results

After searching different databases, the main results of the present work are shown below:

Table 1
Items used

Author(s)	Sample (N)	Instruments	Procedure	Results
Álvarez et al. (2020)	N = 1046 (387 men and 659 women). Mean age = 22.13 males and 21.84 females.	1. Surveys specifically designed to learn about the manifestations of sexual violence that occur in nightlife.	1. Data collection from April to June 2019 in the center of Malaga from 23:00h to 3:00h. 2. Quantitative data analysis using SPSS (version 19).	1. Most women have experienced situations of "normalized sexual violence" in nightlife venues, while for men it is more circumstantial.
Amaral et al. (2016)	N = 197 women.	1. Form with sociodemographic variables related to the aggressor, the complaint and the type of violence experienced by the woman.	1. The medical records of the women were selected using Microsoft Office Excel. 2. Data analysis using SPSS (version 20), Pearson's chi-square and Kormogolov Smirnof test.	1. There were no significant changes in the profile of women victims of aggression sheltered in protection units in the State of Caerá before and after the enactment of the LMP (Lei Maria da Penha). 2. The aggressors, after the enactment of the law, have more criminal records and use of illicit drugs.
Bryant et al. (2017)	N = 421 women.	1. General Health Questionnaire (GHQ-12). 2. WHO Disability Adjustment Schedule (WHODAS). 3. Posttraumatic Stress Disorder Checklist (PCL-5). 4. Psychological Outcome Profiles (PSYCHLOPS). 5. Life Events Checklist (LEC).	1. Participants randomized in a 1:1 ratio to PM+ (Problem Management Plus) or EUC (enhanced usual care) behavioral treatment.	1. PM+ moderately reduced psychological distress compared to EUC.
Caldentey et al. (2016)	N = 46 women over 18 years of age.	1. Ad-hoc questionnaire of sociodemographic and clinical data 2. Hurt, Insulted, Threatened with Harm, Screamed (HITS) Questionnaire.	1. Both questionnaires were administered by a researcher. 2. A descriptive analysis of the sample was performed using Chi-square tests, Fisher's exact test and	1. High prevalence of GBV among female users of more than one substance of abuse.

		3. Composite Abuse Scale (CAS).	Student's t-test in SPSS version 20. 3. The sample was divided according to whether or not they had experienced GV according to the CAS. 4. Cohen's kappa coefficient was calculated. 5. A receiver operating characteristic (ROC) curve analysis was performed to determine the cut-off point of the HITS scale.	
Choo et al. (2016)	N = 40 women.	1. Women's Health Survey 2. BSAFER (Web-based program). 3. Client Satisfaction Questionnaire (CSQ-8). 4. 10-item Systems Usability Scale (SUS). 5. Modified version of the Timeline Followback (TLFB). 6. Composite Abuse Scale (CAS).	1. Participants completed web-based assessments on drug use and GBV. 2. The software randomly assigned them to the intervention or control groups.	1. A web-based emergency department intervention for TUS and GBV in women demonstrated its feasibility and acceptability.
Crespo et al. (2017)	N = 50 battered women and 50 control women over 18 years of age.	1. Demographic variables. 2. Test Consumption Revised version (AUDIT-C). 3. Global Assessment of Posttraumatic Stress Questionnaire (EGEP-5). 4. Beck Depression Inventory-II (BDI-II) 5. Beck Anxiety Inventory (BAI).	1. Participants were assessed in a single session in which they completed a semi-structured interview, questions on drug and psychotropic use, and self-administered instruments in the self-report format.	1. The results suggest that Spanish battered women may turn to psychotropic drugs instead of alcohol to cope with their symptoms.
Dawson et al. (2016)	N = 70 women over 18 years of age.	1. Problem Management Plus (PM+).	1. Women were randomized to receive 5 sessions of PM+ (n	1. PM+ had the potential to improve the mental health of women, in particular there were

		2. Enhanced Treatment As Usual (ETAU). 3. GHQ-12. 4. WHO-DAS 2.0 5. Five key questions from the WHO Violence Against women Onstrument (WHO-VAW). 6. Life Events Checklist. 7. PTSD Checklist for DSM-V, Civilian Version (PCL-5).	= 35) or ETAU (n = 35). 2. A post-treatment evaluation was carried out.	greater reductions in post-traumatic stress disorder (PTSD) compared to those who received ETAU.
Galvão et al. (2018)	N = 15 (60% men). Average age = 24 years.	1. Semi-structured interviews. 2. Braun and Clarke's (2006) Thematic Analysis Method.	1. Interviews are conducted in a therapeutic community. 2. They were recorded under informed consent.	1. There are several structural factors that impact the lives of the participants: gender discrimination, poor schooling, socioeconomic marginalization and exclusion associated with insufficient and inadequate public policies, i.e., there is economic and socio-cultural poverty in relation to drug abuse.
García-Esteve et al. (2021)	N = 156 women. Average age = 30.4 years.	1.Sociodemographic and clinical variables related to sexual assault. 2. The Acute Stress Disorder Interview (ASDI). 3. Dissociation Questionnaire in Emergencies (DQE, ad-hoc). 4. Peritraumatic Distress Inventory (PDI). 5. State-Trait Anxiety Inventory (STAI). 6. Early Trauma Inventory-Short From (ETI-SF).	1. Prospective cohort study. 2. Assessment of ASD (acute stress disorder) 14.7 days after sexual assault using the ASDI. 3. Analyses were performed using SPSS version 23 and Data Analysis and Statistics Software (STATA version 14).	1. The prevalence of ASD in female victims of sexual assault was high and affected approximately two-thirds of the sample.

		7. Scale for the Evaluation of Stress-Social Support (SESSS)		
Guillén Verdesoto et al. (2021)	N = 186 (150 females, 35 males and 1 participant who did not record his or her sex). Average age = 22 years.	1. Conflict in Adolescents Dating Relationships Inventory (CADRI). 2. Multidimensional Jealousy Scale (MJS). 3. Fidelity and stress scales during the couple relationship. 4. Level 2 -substance use- adult.	1. Cross-sectional design. A survey was carried out in paper format with the items of the instruments and those designed ad-hoc. 2. Afterwards, there will be an opportunity for dialogue to clarify doubts. 3. Data analysis using SPSS version 20.1 (Mann-Whitney and Sperman's Rho tests, Kormogolov-Smirnov test and logistic regression model according to the Wald test).	1. A significant association was found between belonging to the most violent group and behavioral jealousy and stress experienced during the couple.
Hahn (2020)	N = 124 adolescents.	1. Risk Reduction Through Family Therapy (RRFT). 2. Clinical interviews and standardized questionnaires. 3. Timeline Followback (TLFB) to confirm the use of substances other than tobacco. 4. Global Apparaisal of Individual Needs (GAIN) for PTSD symptoms.	1. Each participant and a caregiver completed a structured clinical interview and standardized questionnaires at 5 time points: pre-treatment (baseline), 3, 6, 12 and 18 months after baseline. 2. Participants are randomized to RRFT or to the control condition that received treatment as usual (TAU). 3. Statistical analysis.	1. Childhood exposure to traumatic events, particularly experiences of interpersonal violence (IPV; sexual abuse, physical abuse, witnessing violence...) increases the risk of negative behavior, substance use problems and PTSD. 2. Higher efficiency of RRFT vs. TAU.
Ham et al. (2019)	N = 128 (50% women). Age = between 21 and 29 years old.	1. Alcohol Use Disorders Identification Test. 2. Sexual Experiences Survey Short Form Victimization.	1. Participants were initially informed that in the study they would have to complete questionnaires, consume an alcoholic or non-alcoholic beverage, listen to a story describing a social situation and	1. Alcohol intoxication makes it difficult to detect the risk of sexual assault.

			finally answer a series of questions about the story. 2. They could not consume alcohol or other drugs 24h before the study. 3. An analysis of variance was then performed using ANOVA and a SEM structural equation model was estimated.	
Hildebrand et al. (2017)	N = 87 (44 men and 43 women). Age = between 19 and 32 years old.	1. Psychiatric Screening (Symptom Ckecklist 90, SCL-90). 2. Alcohol Use Disorders Identification Test (AUDIT). 3. Personality Inventory (Health-relevant Personality 5 Inventory, HP5i).	1.Participants randomized to alcohol or no alcohol group. 2. Watching a movie depicting intimate partner violence (IPV) between a man and a woman. 3. 10 minutes after watching the film, participants are interviewed to rate how aggressive and guilty they perceived the characters in the film. 4. Data analysis using SPSS (version 18).	1. Alcohol can alter bystanders' perception of neutral interaction, physical aggression and guilt in an IPV situation. Among the main reasons are: reduced ability to sustain attention and decreased anxiety/inhibition. 2. Sober participants experienced the film as more unpleasant versus the alcohol group. 3. Alcohol affects bystander perception of aggression and blame in an IPV scenario. 4. Alcohol makes aggressive behaviors neutral, as well as a more acceptable attitude towards the use of physical violence.
Hill et al. (2018)	N = 179 women. Average age = 18.9 years.	1.Conflict Tactics Scale (CTS2). 2. PTSD Checklist-6 (PCL-6). 3. Center for Epidemiological Studies-Depression Scale (CES-D). 4. Demographic questionnaire for substance use. 5. Timeline Follow-back (TLFB).	1. The initial evaluation was carried out by means of a computerized program (90 minutes). 2. Descriptive statistics and bivariate correlations were calculated for all variables.	1. Women who were physically assaulted and sexually victimized by their intimate partners had more condomless sex. In addition, posttraumatic stress symptoms significantly influenced the relationship between physical assault and sexual risk behavior and

				sexual victimization and sexual risk behavior.
Lennon et al. (2021)	N = 28 women. Age = between 20 and 34 years old.	1. Semi-structured interviews. 2.Sociodemographic questionnaires.	1. Recruitment by purposive sampling. 2. Participants are divided into 4 focus group discussions and key informant interviews are conducted. 3. They also conduct sociodemographic questionnaires.	1. There are four main factors related to GBV: cultural beliefs, jealousy, alcohol abuse, and personal history of GBV, with the latter and cultural beliefs being the most strongly associated with GBV. In addition, the risk of GBV increases if there is an interaction between all factors (following the ecological model of violence).
Llopis et al. (2016)	N = 1043 (518 women and 525 men). Average age = 48 women and 53 men.	1. Reports that evaluate different variables (age, sex, education, race...), in addition to the existence of abuse, imputability, mental state and physical injuries.	1. Descriptive study in which participants complete a series of interviews. 2. Data analysis using SPSS (version 17 for Windows).	1. High percentage of cases assessed as intimate partner conflict, well above the cases assessed as GBV and abuse. 2. Most frequent emotional pathologies in affected women: anxious and depressive symptomatology. 3. Relationship of certain situations of mental disorder and substance use with behaviors of marked conflict.
Marotta et al. (2018)	N = 510 men and women.	1. Biological Testing. 2. Classification Indicators for Latent Class Analysis. 3. Potential Predictors of Latent Class Membreship.	1. Latent class analysis (LCA) was performed on sexual and drug risk behaviors.	1. 3 "risk categories": low, medium and high. 2. In the low-risk group, the main focus should be on sexual risk behaviors, with less attention paid to drug-related risks. In the medium risk group, the focus should be on both risks and in the high risk group, HIV prevention programs should already be carried out by addressing the relationship between the use of various drugs and risky sexual behaviors.

Natera et al. (2021)	N = 1096 men and women.	1.National Addictions Survey (ENA) of Mexico, 2011, specifically from a representative sample that answered the section on intimate partner violence. 2. Intimate Partner Violence Scale. 3. Measurement of other variables: marital status, substance use, context and help-seeking.	1. A standardized questionnaire is passed and answered through a direct interview in a computerized version. 2. Analyses were then performed using STATA Version 13.	1. The prevalence of intimate partner violence in the last year was 17.6% for women and 13.4% for men. If one of the two partners used substances, the risk of experiencing violence increased, and the risk was even greater if both partners used substances.
Ortiz et al. (2018)	N = 80 women. Age = between 20 and 39 years old.	1. Questionnaire of Violence Suffered and Exercised by a Partner (CVSEP). 2. Alcohol, tobacco and substance abuse screening test (ASSIST). 3. SF-36 Health Questionnaire.	1. Collection of information with a personal data sheet. 2. Application of the 3 instruments. 3. Collection of sociodemographic data: age, disease, schooling, marital status, number of children and religion. 4. Data analysis in MS Excel 2016.	1. 42.5% were married, 36.3% had primary school education and 43.08% had a mental illness. 2. 100% of women reported having experienced GBV and 57.3% reported experiencing psychological violence. 3. 30% consumed alcohol and tobacco.
Rivas-Rivero et al. (2020)	N = 136 women over 18 years of age.	1. Structured interview. 2. Abbreviated version of the List of Stressful Life Events for socially excluded groups (L-SLE).	1. First, the structured interviews were conducted and the L-SLE was passed. 2. Data analysis using SPSS (version 25.0 for Windows) and G*Power Software (version 3.0 for Windows).	1. Women who suffered different episodes of violence in childhood consumed alcohol and drugs to excess. 2. The strongest predictor for alcohol and drug use is found among those who experienced sexual abuse before the age of 18.
Rubio-Laborda et al. (2021)	N = 1269 (296 men and 973 women). Age = Millennials (19-38 years old), Generation X (39-54 years old).	1. Questionnaire on new technologies to transmit gender violence.	1. Division of the sample into: Millennials (19-38 years old) and Generation X (39-54 years old). 2. Data collection through surveys	1. Millennials show a statistically significant association with items on network risk patterns related to Phishing, Sexting, Flaming, false offers, Cyberstalking and webcam kidnapping.

			conducted by the University of Murcia. 3. Complete the above-mentioned questionnaire. 4. Data analysis using SPSS (version 22).	2. Regarding the violence suffered, an association was only observed in items related to Flaming and sexual coercion. 3. Drugs increase risky activities, as well as the violence suffered and exercised. Women report more pressure in sexual activities and fears from their partners.
Sanchez et al. (2019)	N = 60 women. Mean age = 37.03.	1. Interview that includes questions related to the dimensions of resilience: flexibility, control, resistance. Questions related to different periods of life, consumption and mental disorders are also included. 2. Autobiography.	1.Interviews with the women to obtain general individual data (audio recording). 2. A transcript of the interview is made.	1. Women with higher levels of resilience have lower levels of psychopathology and drug use. 2. Resilience is a key aspect to improve and promote the reduction of mental health problems in GBV victims.
Shamu et al. (2016)	N = 3755 (2126 girls and 1629 boys). Age = between 12 and 19 years old.	1.Questionnaires on GBV, child violence, bullying, gender attitudes, alcohol consumption and sexual behaviors. 2. Modified version of the short from of the Child Trauma Questionnaire 18. 3. AUDIT.	1. Participants interviewed through questionnaires. 2. Upload data to a server that can only be accessed by researchers. 3. Participants were given a booklet on help with problems such as violence, drugs, alcohol, sex and health problems. 4. Then the other tests were passed. 5. Data analysis using Stata 13.0	1. Couple relationships are common and there is high prevalence of sexual or physical experience of GBV by girls and perpretation by boys. 2. Some factors related to GBV: experience of violence in childhood, individual attitudes of gender inequality, corporal punishment at home and at school, alcohol consumption, more extensive communication with a partner, and being more negative about school. 3. Childhood trauma, experience and perception of GBV are mostly due to inequitable gender attitudes, risky sex, bullying and alcohol consumption.

Souza et al. (2016)	N = 7 women. Age = between 31 and 59 years old.	1. Semi-structured interviews with questions related to the context, their life, consumption patterns and repercussions of consumption on their health.	1. Conducting interviews. 2. Transcription of the same. 3. Content organization and analysis. 4. Distinction of 2 thematic categories: gender, violence and drug use and no attachments.	1. The life trajectory of the women who participated in this study is marked by situations of violence. 2. Many behaviors experienced in the family context and social constructs are reproduced by women, which keep them vulnerable to social and health problems, including the initiation and maintenance of high-risk drug use.
Veloso et al. (2019)	N = 369 women. Age = between 20 and 59 years old.	1. Alcohol Use Disorders Identification Test (AUDIT). 2. No-Student Drugs Use Questionnaire (NSDUQ). 3. Revised Conflict Tactics Scales (CTS2).	1. Cross-sectional and analytical study. 2. Application of the instruments. 3. Data analysis by descriptive statistics and bivariate analysis with Pearson's chi-square test and logistic regression using SPSS version 22.	1.This study has identified a high prevalence of alcohol and tobacco use by women and intimate partner violence. 2. The use of these substances by women is a risk factor associated with the occurrence of GBV.
Wechsberg et al. (2019)	N = 641 women over 15 years of age.	1. Women's Health CoOp Plus (WHC+). 2. Standard HIV counseling and testing (HCT).	1. A division of 14 geographic groups was made and "hot spots" were searched for alcohol and other drug (AOD) use and HIV risk among women. 2. The women completed an online interview and took biological drug, pregnancy and HIV tests. 3.Groups were randomized to WHC + or HCT. 4. Follow-up tests at 6 and 12 months.	1. The results show the effectiveness of (WHC+) in reducing alcohol and other drug (AOD) use in South African women, GBV, sexual risk and increasing linkage to HIV care. 2. In addition, at 6-month follow-up the WHC+ group reported more condom use with their partner and sexual negotiation, less physical and sexual abuse, and less excessive alcohol consumption. At 12-month follow-up the WHC+ group reported less emotional abuse.

Discussion and conclusions

Finally, the conclusions of the article will be presented in a last section, followed by the main conclusions. Where appropriate, limitations and proposals for continuity will be included.

General Description of the Studies

The present systematic review aims to analyze the available evidence on GBV and its relationship with substance use. This field of research has been studied for decades, but in the present work we have chosen to use the studies with the most recent information, the date chosen being from 2016 to 2021. Of the 26 studies selected, the sample as a whole amounts to 11,789 people, although some differences can be found among the different studies. Research such as Shamu et al., (2016) has a sample of 3,755 respondents, while Souza et al., (2016) has 7 female respondents. Of the 26 articles, three include adolescents in their sample, while the remaining twenty-three studies consist entirely of adult participants.

Description of the Study Sample

In general, although many of the publications do not present sociodemographic data on the sample, it can be established that the majority are women over 18 years of age, Spanish-speaking, with dual pathology (suffering concomitantly from an addiction and a mental disorder), and at risk, increasing the likelihood of suffering GV. There are also male participants, although to a lesser extent. 11 studies used males in their sample and, exceptionally, in the study by Guillén Verdesoto et al. (2021), one of the participants did not record his sex.

Evaluation Instruments Used in the Studies

Regarding the instruments used for the assessment and treatment of addictions and GBV, different scales and tests have been used. They basically focus on measuring participants' psychological constructs, level of GV, level of addiction, functional impairment and the existence of possible trauma. Regarding the measurement of psychological constructs, firstly, instruments have been used to assess the level of addiction of the participants, both to include them in the study and to classify them. Likewise, the instruments used to study the effects produced by GV have measured, firstly, craving associated with substances and, secondly, mood states and physiological measures, among others.

The most commonly used to measure the level of addiction have been the Alcohol Use Disorders Identification Test (AUDIT), the Timeline FollowBack (TLFB) to observe drug use in the last month, the Level 2 - Substance Use - adult for substance use and the Alcohol, Tobacco and Other Substance Use Screening Test (ASSIST). For mood states, "General Health Questionnaire" (GHQ-12) for the assessment of psychological distress, especially anxiety and depression, "Beck Anxiety Inventory" (BAI) to measure the presence and severity of anxiety, "Depression Beck Inventory-II" or Beck Depression Inventory (BDI-II) to measure the level of depression, "State-Trait Anxiety Inventory" or State-Trait Anxiety Scale (STAI) for the assessment of anxiety produced in the context of addiction and "Center for Epidemiological Studies-Depression Scale" (CES-D) to measure symptoms of depression. For GBV, "Composite Abuse Scale" (CAS), "Hurt, Insulted, Threatened with Harm, Screamed Questionnaire" (HITS), "Five key questions from the WHO Violence Against women Onstrument" (WHO-VAW), "Sexual Experiences Survey Short Form Victimization", "Intimate Partner Violence Scale", Partner Violence Suffered and Exercised Questionnaire (CVSEP) and "Conflict in Adolescents Dating Relationships Inventory" (CADRI) for adolescents. For functional

impairment, "WHO Disability Adjustment Schedule" (WHODAS 2.0) assesses activities encompassing cognition, mobility, self-care, socialization and activities of daily living and "Dissociation Questionnaire in Emergencies" (DQE, ad-hoc) for peri-traumatic dissociation, derealization, depersonalization and amnesia. Finally, for post-traumatic stress disorders (PTSD) and stressful events, "Posttraumatic Stress Disorder Checklist" (PCL-5 and PCL-6), "Global Assessment of Posttraumatic Stress Questionnaire" (EGEP-5), "Global Apparaisal of Individual Needs" (GAIN) for post-traumatic stress disorder, "Life Events Checklist" (LEC) for stressful life events, "The Acute Stress Disorder Interview" (ASDI) for acute stress disorder, "Early Trauma Inventory-Short From" (ETI-SF) for traumatic events before age 18, and "Peritraumatic Distress Inventory" (PDI) to measure the level of distress during and after the traumatic event.

Interviews, forms and questionnaires are among the most commonly used instruments. Semi-structured interviews are characterized by a mixture of open and closed questions or completely open interviews, and questionnaires and forms use ad-hoc questions to obtain sociodemographic and clinical data on each of the participants.

Relationship Between GBV and Substance Use

Once the different tests and measurement instruments used in the publications consulted for this systematic review have been presented, it is necessary to analyze the available evidence on GV and its relationship with substance use. If we analyze the results of the articles carefully, the findings show that the licit drugs most commonly consumed by women suffering from GBV are tobacco, alcohol and psychotropic drugs. Alcohol is one of the main substances of abuse in Spain and is a drug that, in relative terms, is increasingly consumed by women. In some studies such as Crespo et al., (2017) results suggest that Spanish battered women may turn to psychotropic drugs instead of alcohol to cope with their symptoms. Alcohol is a drug that, on many occasions, is not considered harmful or is thought to be "less serious" just because it is legalized, despite the fact that it has consequences as serious or more serious than many illegal substances. Alcohol intoxication hinders risk detection of sexual assault (Ham et al., 2019). An example of this is the study conducted in the article by Hildebrand et al., (2017). Initially, the participants were divided into two groups, one group was given alcohol and the other was not, and then they were shown a movie in which intimate partner violence took place. ten minutes after watching the film, they were given an interview in which they had to rate how aggressive and guilty they perceived the characters to be. The results clearly determined that alcohol can alter people's perception, reducing the ability to maintain attention. The group of sober participants experienced the film as more unpleasant compared to the group that had ingested alcohol, i.e., it makes aggressive behaviors neutral, as well as a greater permissiveness towards the use of physical violence. Many women have experienced situations of "normalized sexual violence" in nightlife venues, where alcohol has a strong influence, while for men it is more circumstantial (Álvarez et al., 2020). There are cases where women consume other types of illicit drugs, mainly cocaine and amphetamines. There is a high prevalence of GBV among female users of more than one substance of abuse (Caldentey et al., 2016. Veloso et al., 2019) since they increase risk activities, as well as the violence suffered and exercised (Rubio-Laborda et al., 2021) and, in relation to the couple, the risk of suffering GBV increases if both are consumers (Natera Rey et al., 2021).

Most women addicted to illegal drugs or poly-drug addicts usually inhabit a "marginal underworld", harsh and hostile, where hygienic conditions and quality of life are precarious, leading them to a critical situation (Galvão et al., 2018). They frequently show devitalization and joint appearance of affective-emotional, depressive and anxious disorders (Llopis et al., 2016), as well as ACT and acute stress disorder (ASD), especially

in those who have suffered sexual aggression, the prevalence is usually high and affects approximately two thirds of the sample (García-Esteve et al., 2021). In most cases, there is also the phenomenon of "bidependence", a very important term coined by Dr. Carlos Sirvent, which is the double dependence on the drug/s and on the "protective" figure/s, which in most cases is a man, usually their partner, to provide them with drugs or to use them to sell them and earn money, and they may even become prostitutes or both at the same time, which is how GBV begins to occur concomitantly. Women, probably influenced by cultural factors, have an individualistic relational style, with less sense of belonging to a group and greater self-perceived loneliness, which can lead them more easily to isolation and undervaluation, resulting in a decrease in their self-esteem and self-concept, and in most cases this situation tends to perpetuate itself as they consider the position or "loop" in which they find themselves to be unsolvable.

As evidenced by some studies, childhood exposure to traumatic events, particularly experiences of interpersonal violence (intimate partner violence, sexual/physical abuse, witnessing violence...) increases the risk of negative feelings surfacing, becoming more vulnerable and progressively losing the capacity for autonomy, tending to depend on someone when making decisions, increasing the likelihood of suffering from TUS, as well as PTSD or other disorders (Hahn et al., 2020, Hill et al., 2018). One of the strongest predictors of alcohol and drug use is sexual abuse before the age of 18 (Rivas-Rivero et al., 2020). According to Lennon (2021) there are four main factors related to GBV: cultural beliefs, jealousy, alcohol abuse, and personal history of GBV, with the latter and cultural beliefs being the most strongly related to experiencing GBV. The risk of suffering it increases if there is an interaction between all the factors.

Regarding the interventions carried out with this profile of women, in various studies such as those of Bryant et al., (2017) and Dawson et al., (2016), the potential and improvement of certain programs or therapies for the reduction of general psychological distress and the impact of previous disorders such as PTSD has been observed. In these two articles, the difference between the application of a behavioral treatment called Problem Managenemt Plus (PM+) versus enhanced usual care or treatment (EUC/ETAU) was observed, with better results in the group where PM+ had been applied. Similar results were found in the study by Hahn et al. (2020), where the patients were also divided into two groups, some in the Risk Reduction Through Family Therapy (RRFT) condition and others in the treatment as usual (TAU) control condition, with RRFT showing greater efficacy than TAU. Other studies such as Sanchez et al., (2019) have noted a factor that could be considered key and protective in promoting the reduction of mental health problems in GBV victims; resilience. The data indicate that women with higher levels of resilience have lower levels of psychopathology and lower drug use.

Limitations and Future Lines of Research

It is essential to point out that, throughout the present systematic review, different limitations have been faced. First of all, we must take into account the inability to describe the samples with precise data, since, in many cases, only the number of participants or, at most, the type of violence they have suffered is indicated. Because of this, it is difficult to generalize. Another limitation encountered is the language barrier, which has made it difficult to access sources in languages other than those used as inclusion criteria, thus preventing access to certain information. On the other hand, data on women experiencing GBV in developing countries remain scarce, so there is insufficient information to compare GBV and extrapolate data from one culture to another and the risk and protective factors that occur in each context. In addition, the phenomenon of GBV should be approached from an ecological perspective (see page 11), where the different "levels" involved are taken into account in order to carry out intervention strategies that are more

effective, since many studies only take into account one of the levels and do not pay attention to the rest. Based on some of the studies, I believe that there is considerable misinformation about the concept of abuse and violence in the group of women addicts. It is essential that they know what is meant by aggression or GBV, since many of them, not only due to lack of information, but also due to the exposure and normalization of the violence to which they have been exposed, do not report or act in any way, and the feeling of guilt leads them to believe that they "deserve it". A practical solution would be to carry out information and awareness-raising activities with the women themselves, as well as to sensitize and train all those professionals who have a relationship with them, which could facilitate the detection of new cases and carry out the necessary actions, it being a priority and essential to include the gender perspective in a transversal manner in all interventions with addicted women.

Finally, as future lines of research, it is proposed to investigate in depth other types of treatment that are more focused on women. As mentioned above, most therapeutic protocols to date have been based on male drug addiction and until now the "norm" has been imposed by the male addict, with female addiction being considered a deviation from it. The female addict shows subtly different characteristics than the male, so more emphasis should be placed on the different therapeutic style to be used based on the condition presented and the type of drug to which addiction is shown, since, although a man and a woman share or show the same problems, the woman presents specific problems that are not usually presented by the man. All these factors make it more difficult for women to access, continue and complete treatment. For these reasons, there is a call for prevention and specific treatment for women where different intervention challenges can be posed and programs that address HIV prevention can be included, since, throughout the work, the relationship between substance use and sexual risk behaviors has been discussed. In addition, the coordination of resources between the field of care for GBV and drug addiction is practically non-existent or still very poorly developed (e.g., having a TUS is a criterion for exclusion from GBV resources), which reduces the capacity to care for women who suffer from both problems concomitantly, and the absence of this cooperation between services results in patients reaching extreme situations, with family members, in most cases, suffering the consequences, with negative repercussions on the environment around them. Therefore, both public health and the social, political and health institutions involved should work together to achieve and promote change. It is still difficult to measure the impact of many preventive strategies that are applied, so it would be essential that all programs in which an intervention is carried out show the results obtained.

On the other hand, I believe that it would be necessary to address and raise awareness of this problem from an early age and awaken the interest of the youngest in the importance of education as a protective factor in the development of violent behavior. Along the same lines, it would be advisable to act preventively with children, as they are often direct victims, either through consumption or violent behavior, and suffer the repercussions of the environment around them.

Finally, GBV is much more than a public health problem; it is a full-fledged violation of women's human rights, resulting in an impairment of their ability to exercise other rights. In many countries it is still not regulated and many forms of discrimination that women suffer in society are reinforced and perpetuate violence. It would be especially important for all countries to review their own laws and begin to support the reduction of the inequalities that still exist between men and women and other problems such as GBV, which occurred, is occurring and will continue to occur if people are not made aware and changes are not made.

In this context, the Office of the United Nations High Commissioner for Human Rights (OHCHR) has highlighted the importance of addressing the needs of women who use drugs.

It can be concluded that the present systematic review has provided sufficient information to give evidence about the relationship between substance use and GBV. GBV is a long-standing and widespread problem in all societies, especially in the TUS population. It has serious consequences in all areas of a woman's life, increasing the risk of various physical and mental illnesses, and sometimes even death.

Most cases occur in the family context and are usually perpetrated by men they know, often by their own partner or ex-partner. It would therefore be essential to understand the role played by the balance of power between men and women and to identify ways in which it could be modified, especially in cases where this balance is dysfunctional. Moreover, the causes of GBV and substance use are multifactorial and complex. There may be differences according to race, social or cultural class and region or place of origin. It would be of special relevance to know the risk and protective factors existing in the different contexts and thus develop appropriate interventions for this profile of women. Looking to the future, another important element to prevent violence would be to promote equitable relationships between men and women from an early age. The reality of this phenomenon, sadly, is that it is not going to cease to exist or disappear overnight, so a key and very important aspect would be to provide the best possible care to both women who suffer from GBV and their children. Likewise, health personnel must be properly trained so that they can identify, promote and respond correctly to the needs of this population. Finally, any intervention carried out should respect women's autonomy, as well as identify and provide them with a series of tools, different and incompatible to those they previously used to "solve" problems (in most cases they use substances as an "escape route"), and provide them with healthy alternatives to efficiently address any complex situation that may arise in the future.

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