

# Historical assessment of the exposure to violence of people in treatment for addiction to psychoactive substances

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## ABSTRACT:

**Introduction:** The concept of violence involves the use or threat of using force and power against another person to harm him or her, which becomes even more important when read in parallel with addiction to psychoactive substances, both of which are considered serious public health problems that are preventable.

**Objective:** To characterize the type, profile, and areas of exposure to violence experienced by 74 people undergoing treatment in a (CAD) in Medellin-Colombia.

**Methods:** Observational, cross-sectional study with adults, using the HCR.20V3 historical violence risk scale, evaluating profiles such as victims, witnesses and areas of exposure to violence.

**Results:** 84% of people experienced violent situations, 13.5% identified their first violent event in adolescence, of the men interviewed 33% recognize themselves as victimizers throughout their lives.

**Discussion and conclusions:** The identification of type, profile and environments where people are exposed to violence is a relevant criterion for the development of plans for prevention and attention to the problem of PAS, especially due to the prevalence of violence in the lives of people who are treated for problematic consumption of PAS.

## Keywords:

Observational Study; Substance-Related Disorders; Violence; Adolescents; Risk (DeCS).

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## 1. INTRODUCTION

Violence is a complex and multidimensional phenomenon that has been classified by the World Health Organization (WHO) as a public health issue that can be preventable. It necessarily transcends the individual and becomes entrenched in people's interactions, from the most intimate to those of a collective and public nature. Violence is adjectivized in different ways, depending on the scenario or setting where it takes place and the type of situation to which it gives rise.

The HCR-20V3, specifically assesses the risk of interpersonal violence that coincides with the conceptualization used by the WHO, and also assesses the risk of serious psychological harm that may affect one or more persons other than the aggressor and complete or incomplete violent

behavior, the essential aspect of which is the clear intention to cause harm (Douglas, et al., 2015)

Interpersonal violence, that is, violent acts committed by an individual or a small group of individuals, includes youth violence, intimate partner violence, other forms of family violence such as child or elder abuse, rape and sexual assault by strangers, and violence in institutional settings such as schools, workplaces, nursing homes or prisons. It covers a wide range of acts and behaviors ranging from physical, sexual and psychological violence to deprivation and neglect (World Health Organization WHO, 2002).

Drug addiction, according to the National Institute of Drug Abuse (NIDA), is a chronic disease characterized by compulsive and uncontrollable

seeking and use of a drug, despite adverse consequences. (NIDA, 2020).

It is common for a person to relapse, but relapse does not mean that treatment is not helpful. Similar to other chronic health conditions, treatment should be ongoing and adjusted based on how the patient responds. Treatment plans need to be reviewed often and modified to adapt to the patient's changing needs.

Colombia has undergone an internal armed conflict since 1964, while at the same time it is recognized internationally as one of the countries with the highest incidence of the production, distribution and consumption of psychoactive substances. According to the Colombian Drug Observatory ODC, the consumption of psychoactive substances in the country is a critical problem, not only because of the systematic increase indicated by the available studies, but also because its characteristics make it a complex issue with serious repercussions on public health and social issues; the consumption of illicit drugs is growing in the country not only because more people consume them but also because the market for substances is increasingly broad and diverse. (MINJUSTICIA, S.F) In this context, these situations have substantially compromised the life and health of people and the national budget in the sectors of public health, justice and security.

The department of Antioquia presents relevant characteristics in the national data that allude to the high number of cases treated for the consumption of psychoactive substances, according to the municipalities prioritized for post-conflict, which indicates that it was affected by the high intensity of the internal conflict (number of violent confrontations) and by victimization (number of people impacted by the conflict).

The types of exposure to violence, the environments where it is generated and the participation profile of the people who are

exposed to it mark differences in the damage that such an event can cause on them.

Similarly, addiction to psychoactive substances can lead to serious health, social and legal consequences, and when both variables are combined in the same subject, the damage can be greater. According to the literature, the association of these variables persists throughout history, constituting a bidirectional, multiple and complex relationship, showing important figures that have impacted both the disease burden and the mortality burden of people worldwide.

The purpose of this paper is to characterize the experience of violence suffered by 74 people undergoing treatment for addiction to psychoactive substances in a Drug Addiction Care Center in Medellin-Colombia.

## **Materials and methods**

This paper is derived from the phase of characterization of the exposure to violence of the population evaluated in the department of Antioquia, in the framework of the thesis for the title of Doctor of Mental Health, entitled "Association between exposure to violence and severity of addiction to psychoactive substances, a multicenter study with adults in the departments of Valle del Cauca and Antioquia, with municipalities prioritized for the post-conflict with the FARC".

To develop this characterization, use was made of the historical scale of the HCR-20 v3, known as Guía Para La Valoración Del Riesgo De Comportamientos Violentos (A Guide for the Assessment of the Risk of Violent Behavior), the instrument was developed by the Forensic-Psychiatric Services Commission of British Columbia in Canada in 1997, the translation and adaptation to the Spanish context was by Hiltermann and Andrés-Pueyo, 2005 and for version 3 had the participation of Dr. Karin Arbach. This guide takes into account past,

present and future environmental, situational and social factors within a manageable number of items and constructs to issue a concept in probabilistic terms of high, medium or low probability of risk of violence. The assessment is based on the judgment of trained professionals, issued after their weighting of each of the items. As sources of information, medical records, interviews, consultations with professionals who care for people and even interviews with people who have been victims of their violent actions are taken as reference.

The guide HCR20<sup>V3</sup>, is divided into three sections: Historical, Clinical and Risk (future problems), each of these covering aspects that allow the identification of specific situations associated with the behavior of individuals and that would indicate the possibility of risk of starring in a violent action. In the Spanish context, this guide is applicable in internment contexts (penitentiary or psychiatric) and in outpatient treatment with characteristics similar to those of internment.

V3 does not make use of numerical scales, since in the review of V2, it was identified that this generated confusion for the evaluators; however, the evaluator's guide points out that the numerical scale can be useful for the research of the instrument.

The first section, historical, is the one taken into account in the research, and includes a review of previous violence, age at first violent incident, unstable relationships, employment-related problems, psychoactive substance abuse, severe mental disorder, psychopathy, childhood maladjustment, personality disorder, and failure to comply with supervision.

The evaluation of the presence of the factors was scored as shown in Table 1:

**Table 1.** Score of factors.

1	Information indicates that the factor is present
2	Factor is possibly present
3	Factor is not present or does not apply
4	No reliable information is available to assess the presence of the factor

These ratings are the same as in the HCR-20 V3 guide, only that to facilitate statistical operations the letters have been changed to numbers (S=1; P=2; N=3 y O= 4).

This instrument was used in Colombia in an exploratory study with a group of offenders in order to identify the discriminatory capacity it could have to assess a group of people accused of sexual crimes and one accused of misdemeanors, the study focused on the assessment of the risk of recidivism, and identified similarities in psychosocial risks of both groups, although the crimes for which they were processed were different (Tapias Saldaña, 2011).

The information was collected during the months of January, February and March 2020. The data were taken by a single evaluator, and for each of the cases addressed, the information was reconfirmed with the clinical teams in charge of each institution in individual meetings with the professionals, review of clinical histories or sessions of shift deliveries, mainly. In the cases in which some type of risk was found in any of the aspects evaluated, violence, substance use or diagnostic impression of acute mental disorder, the person was informed of the finding and was told that the professional team in charge of his/her care would be informed, which was established before conducting the interview as an aspect of clinical ethics in working with people, through the informed consent form.

It was necessary to suspend some interviews and continue them later with people who were being

treated for medications that made them drowsy and were not in optimal conditions to attend, two people who, because they were in a state of acute psychosis, could not be included in the study, and three other people who decided, under the criterion of voluntariness, not to participate.

At the Drug Addiction Care Center (CAD), the basic team consisted of professionals in psychiatry, psychology, social work, medicine specializing in drug addiction, professional nutritionist, occupational therapy, general medicine, nursing and nursing assistant.

### Selection and description of participants

The research was carried out in Medellin-Colombia, with men and women over 18 years of age, who had been diagnosed with an addictive disease and were receiving treatment at the Drug Addiction Care Center. A specific treatment modality was not chosen to define the center, but the one that allowed admission and the conditions for conducting the study were addressed. A census methodology was used to select the participants, and those who agreed to be included in the study were interviewed. An informed consent form was read and signed by all participants, in which they authorized the collection of data for academic purposes, indicating their willingness to participate, the anonymity of the data, the freedom to answer or not some questions and to withdraw from the study at any time they considered appropriate. The interview was conducted individually in the office assigned for the study.

**Table 2.** Age grouped by intervals.

Age (Grouped)					
		Frequency	Percentage	Valid Percentage	Cumulative percentage
Valid	19-27	16	21.6	21.6	21.6
	28-35	24	32.4	32.4	54.1
	36-43	17	23.0	23.0	77.0
	44-51	7	9.5	9.5	86.5
	52-59	8	10.8	10.8	97.3

### Selection criteria:

Criteria for inclusion of participants:

- a) Be an adult b) Have been exposed to violence
- c) Be able to read and write in Spanish d) Understand, accept and sign the informed consent attached to the instruments f) Have been diagnosed with Psychoactive Substance Dependence prior to the study.

### 6.3.2. Exclusion criteria:

Present evidence of acute mental disorder or some type of mental retardation, as well as not being willing to participate.

### Statistical Analysis

BM® SPSS Statistics® v26 software (SPSS) was used to review the results. Frequency tables were created to describe the sample and the correlations between the historical variables of violence were analyzed.

### Results and Discussion:

#### 1. Demographic Characteristics:

The average age of the participants was 36 years old; when grouped, the age range is between 20 and 43 years old, which shows a young population of productive age.

60-67	1	1.4	1.4	98.6
76-83	1	1.4	1.4	100.0
Total	74	100.0	100.0	

The sample is highly male, with 11% female and 89% male. This is consistent with the results of a violence risk assessment study, which inquired about the tools used by practitioners, where practitioners reported that the majority of clients assessed are male (79.0%), and that risk assessments are most frequently conducted on subjects with personality disorder (31.0%) and substance use disorder (29.0%) (Arbach-Lucioni, y otros, 2015).

his difference in the sample found in the entity where the research was conducted could also be explained because there are few treatment programs that serve women and because women have specific conditions both in genetics

(hormonal) and in the social roles assigned to them that make it difficult for them to remain in inpatient treatment (NIDA, 2020). Read in the light of the intersectionality paradigm, this situation accounts for a set of categories that come together and place women in a particularly disadvantaged position in this field (Jimenez Rodríguez & Guzmán Ordaz, 2012). In addition to this, the literature also states that few studies have been conducted with women who are problematic users of psychoactive substances, which may explain the scarcity of therapeutic practice and supply for this population group (Romo Avilés, 2010).

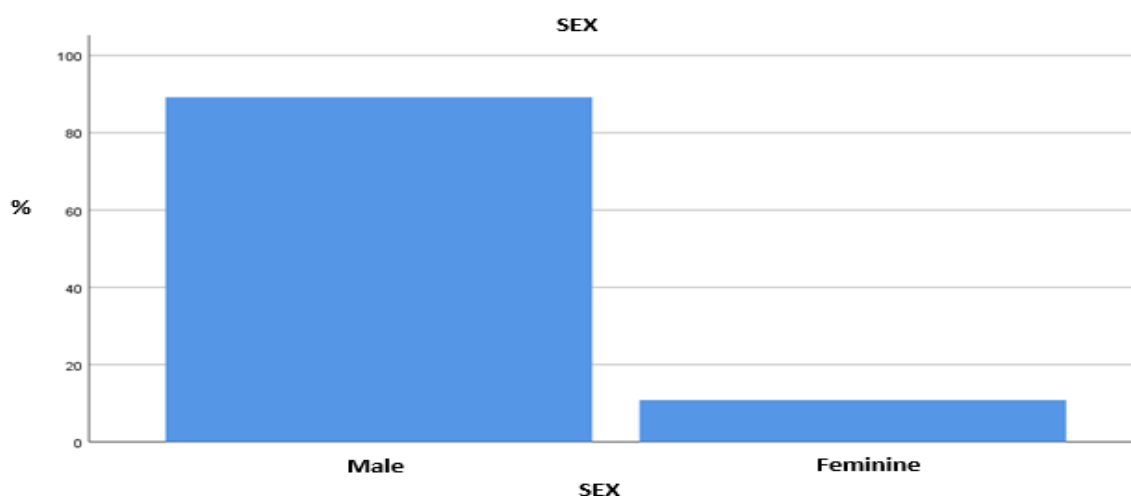


Figure 1. Gender of the participants. A high percentage of 71.6% of the participants had completed high school, only one case had not had

any schooling at all and only 5.4% had completed university education.

**Table 3.** Schooling of participants.

Schooling					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	No Level	1	1.4	1.4	1.4
	Incomplete Primary	3	4.1	4.1	5.4
	Elementary School	8	10.8	10.8	16.2

Complete				
High School Incomplete	22	29.7	29.7	45.9
High School Complete	19	25.7	25.7	71.6
Technical or technological incomplete	1	1.4	1.4	73.0
Technical or technological complete	7	9.5	9.5	82.4
University incomplete	4	5.4	5.4	87.8
University complete	5	6.8	6.8	94.6
No data	4	5.4	5.4	100.0
Total	74	100.0	100.0	

66% of the people were born in Medellín, the capital city of Antioquia, while 21% were born in

municipalities of the same department and 13% were born in other departments of the country.

**Table 4.** Place of birth of participants.

Place of birth of participants by Municipality					
		Frequency	Percentage	Valid Percentage	Cumulative Percentage
Valid	Medellín	49	66.2	66.2	66.2
	Other Municipalities of Antioquia	15	20.3	20.3	86.5
	Other Municipalities of other Departments	10	13.5	13.5	100.0
	Total	74	100.0	100.0	

## General Aspects of the History of Exposure to Violence

In this section, the results of the historical assessment of violence will be reviewed, based on the categories indicated in the evaluator's guide, and which, according to what is presented in this section, reflect a summary of what the current literature considers to be essential risk factors in relation to violence (Douglas, y otros, 2015)

The first category is called Psychosocial Adjustment Problems, where interpersonal

relationships, work and traumatic experiences are grouped. It continues with Problems related to

mental health, where drug use, serious mental disorder, violent attitudes and response to treatment or supervision are grouped and finally, category three refers to antisocial behaviors where violence, other antisocial behaviors, violent attitudes and response to treatment are grouped.

This inquiry is specific to this research and is not considered in the instrument. It was generated to identify other relevant aspects of violence in the



Colombian context specifically and is linked to the experience of cultural, structural and symbolic violence that covers the national territory.

Seventy-three percent of the people reported having had interpersonal relationship problems conclusively and partially present, while 16% did not show the presence of this factor.

#### a. Psychosocial Adjustment Problems

**Table 5.** Interpersonal Relationship Problems

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Conclusively present	44	59.5	59.5	59.5
	Possibly or partially present	10	13.5	13.5	73.0
	Not present	12	16.2	16.2	89.2
	No reliable information to assess	8	10.8	10.8	100.0
	Total	74	100.0	100.0	

In the same measure, 66% expressed having had problems at work, while 28% did not present this factor.

**Table 6.** Work Problems

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Conclusively present	42	56.8	56.8	56.8
	Partially or possibly present	7	9.5	9.5	66.2
	Not present	21	28.4	28.4	94.6
	No reliable information to assess	4	5.4	5.4	100.0
	Total	74	100.0	100.0	

89% reported having had traumatic experiences in their lives.

**Table 7.** Traumatic Experiences Problems

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Conclusively present	62	83.8	83.8	83.8
	Possibly or partially present	4	5.4	5.4	89.2
	Not present	6	8.1	8.1	97.3

No reliable information to assess	2	2.7	2.7	100.0
Total	74	100.0	100.0	

#### b. Mental Health Related Problems.

The people who participated in the study showed with percentages above 65% difficulties in psychosocial adjustment, which is associated with the possibility of having had previous experiences with violence, aggressive behaviors, mockery or abuse of others, indicating deteriorated social behaviors.

The problems in interpersonal and work relationships in this sample, preponderantly occurred with people from close family circles and coworkers and escalated from arguments to some physical aggressions.

All of the people interviewed had been diagnosed with drug addiction and were undergoing treatment to overcome this situation. The people who presented serious mental health problems (76%) reported diagnoses of bipolar disorder, schizophrenia and suicidal behavior expressed in ideation and attempts. This information was corroborated with the professional team that attended to this population and with their medical records.

**Table 8.** Severe Mental Disorder Problems

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Conclusively present	31	41.9	41.9	41.9
	Possibly or partially present	22	29.7	29.7	71.6
	Not present	12	16.2	16.2	87.8
	No reliable information to assess	9	12.2	12.2	100.0
	Total	74	100.0	100.0	

66% had violent attitudes and 61% had problems with previous recovery from psychoactive substance use, so this experience was not their first treatment.

#### c. Antisocial Behavior

83% of the people reported having problems with violence as perpetrators, of these 72% definitely reported that the factor was present, and 12% reported that it was partially present.

**Table 9.** Problems of Violence.

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	Conclusively present	53	71.6	71.6	71.6



Possibly or partially present	9	12.2	12.2	83.8
Not present	12	16.2	16.2	100.0
Total	74	100.0	100.0	

The presence of other antisocial behaviors was evidenced in 65% of the people interviewed, these are translated into thefts, non-compliance with traffic regulations, consumption of psychoactive substances in non-permitted spaces, substance trafficking, among other things.

## 2. Profile in situations of violence:

In reference to their profile as perpetrators, those who reported having acted as perpetrators reported having committed homicide, attempted homicide, threats, and having been part of organized criminal groups. Seventy-one percent of those interviewed were in this group. Those who acknowledged having lived experiences as victims, 87% reported having been physically and verbally abused within the family by the mother, grandmother or godmother and by the father when he was present in the upbringing, one of the interviewees stated, for example, that the mother beat him for wetting the bed and shouted "that he was a bastard and should not have been born". Some situations of domestic violence were shown where the interviewee was both victim and perpetrator, given that they solved problems violently with physical aggression, generally with their partners. They also commented having been victims in the neighborhood or in the city, mainly men.

One of the women reported having been a beggar since she was six years old and recalls abuse by her stepfather and that her sister reported that her mother used to beat her, blowing up her mouth, but she does not remember such incidents; she also suffered violence from her partner, as well as

sexual abuse at different times in her life and rape two years before the interview for this study.

In Antioquia, 83% of those who said they had witnessed violence said they had seen situations such as that of the sandbox, which corresponds to an area of commune 13 in the urban area of Medellín, where paramilitary crime systematically deposited the bodies of victims of forced disappearance, and later built on them. Many of the testimonies of violence are circumscribed to the neighborhood or the city and have to do with shootings, confrontations between criminal groups and homicides, principally.

## 2. Area of violence:

A significant percentage of people who expressed their home of origin as the main environment of violence were found, which indicates that the family environment continues to become a place of protection or aggression for people and that during the socialization processes it can play a determining role in the prosocial or antisocial practices that people develop in the future, in this sense, the Social Development Model of Catalano and Hawkins, the presence of opportunities to participate in activities with others, the degree of involvement that develops the link with the socializing agents, the skills to get involved effectively in different activities and the recognition for their performance in them, are the factors that will determine how people will perform socially, this model emphasizes that not only these elements are present, but that the person perceives them as such (Catalano & Hawkins, 1996)

**Table 10.** Age of First Offender Incident (Grouped)

		Frequency	Percentage	Valid percentage	Cumulative percentage
Valid	No data/ Not harmed	43	58.1	58.1	58.1
	6-11	12	16.2	16.2	74.3
	12-17	17	23.0	23.0	97.3
	18-22	1	1.4	1.4	98.6
	33-37	1	1.4	1.4	100.0
	Total	74	100.0	100.0	

It is relevant to note that although a high percentage of people reported not remembering the age of their first incident as victimizers, which can be explained either by the memory bias, people may forget some information that is being requested or by the social desirability bias, which implies that people present themselves to the research in a favorable way. Those who did express recalling this first incident are usually located in the adolescent life course, 39% had this experience before the age of 17. This situation may be relevant since some authors have pointed out that those who have experiences of this type at an early age may continue with these practices in adulthood (Douglas, y otros, 2015).

### 3. Type of Violence:

For these cases and following the premise of the HCR-20 v3, the main type of violence that was assessed was interpersonal violence. It should be noted that structural and symbolic violence were present and were expressed as part of the life experience of people, such as situations of internal armed conflict, experiences of forced displacement and recruitment situations, for example, were reported during the interviews. In this sense, it is related to what was stated by authors such as Baró and Galtung who enunciate the relationship of the different manifestations of violence transcending the individual and

enunciating themselves in the collective and public spheres, mainly from the rupture of links between people (Baró, 1993) (Galtung, 2004)

### Final Aspects

When correlations were made with the overall data, no significant differences were found by gender; however, it was of interest to the research to point out aspects such as the greater probability that the aggressions provoked or witnessed by the group of men were more frequent in the neighborhoods, at school or in the city, while for women the situation of violence as victims or witnesses was more frequent in the home of origin, in this aspect. In this aspect, there was a coincidence with the men who were witnesses of violence also in their home of origin, which leaves the idea that women continue to carry out their lives practically inside their homes, while men do it in the street, which is consistent with what the literature has explained regarding gender stereotypes, where situations such as the consumption of psychoactive substances and the situations of violence that occur in the public sphere are more likely to occur for men (Jimenez Rodrigo & Guzmán Ordaz, 2012). With regard to the age of the first violent incident and victimization, interesting data were found that corroborate the above.

**Table 11.** Summary of the model.

Model	R	R square	R square adjusted	Standard error of the estimate
1	.232 <sup>a</sup>	.054	.041	1.119

a. Predictors: (Constant), Age of First Offender Incident (Grouped)

R 2 explains 54% of the variability in the data, which indicates that the age of the first violent incident may be related to the role as perpetrators that people have had subsequently.

## CONCLUSIONS

It is found that exposure to violence has been historically present in the lives of 74 people who were undergoing treatment for addiction in a CAD in Medellin, Colombia.

Although there are no significant differences between women and men in the type, profile and scope of exposure, there are important percentage differences in terms of the scope and profile of violence.

Finally, it is possible to infer a correlation, although small, between the age of the first violent incident and the behavior of the subsequent persons as victimizers or aggressors, it is emphasized that those who remembered this age also showed that the violent behaviors were at a very early age, before 17 years old.

## Limitations

This paper essentially shows a characterization in the historical category of violence, measured mainly by the HCR-20 V3, presenting partial results of the research that probably when all the results are shown, will provide more decisive information regarding addiction and exposure to violence. Up to this point, the study did not allow statistical comparability between men and women due to the disparity in the size of the samples; possibly with larger samples or with separate

analyses of each population group, the information found for men and women can be deepened.

**Conflict of Interest Statement:** The author declares that she has no conflict of interest in relation to the work presented.

**Acknowledgments:** I thank E.S.E. Hospital Carisma - Medellín, Colombia for allowing access to the entity for the development of this research.

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