

Aggressiveness self-control of female crack users
Autocontrole da agressividade de usuárias de crack
Autocontrol de la agresividad de las usuarias de crack

Jéssica Limberger¹, ORCID 0000-0002-5205-7143
Bruna Staevie dos Santos², ORCID 0000-0003-4537-1537
Emanuelli Ribeiro Beneton³, ORCID 0000-0002-6787-8737
Ilana Andretta⁴, ORCID 0000-0002-5537-5120

¹ *Universidade Regional Integrada do Alto Uruguai e das Missões (URI Erechim). Brasil*
^{2 3 4} *Escola de Saúde, Universidade do Vale do Rio dos Sinos. Brasil*

Abstract: Difficulties in the self-control of the aggressiveness of crack users are exposed in the literature. However, there is a lack of studies that explain these difficulties. This study aims to identify the predictive value of psychiatric comorbidities, interaction contexts and situations related to drug use in the self-control of the aggressiveness of crack users. It is a quantitative, transversal and explicatory research. A total of 62 crack users were evaluated through the Drug Use Questionnaire, Mini International Neuropsychiatric Interview, WAIS-III Cognitive Screening, IHS-Del-Prette and Structured Clinical Interview for DSM Disorders. Involvement with drug trafficking and Major Depressive Episode were predictors of low scores in aggressive self-control. It is concluded that joint actions such as Social Skills Training, Major Depressive Episode treatment and prevention of exposure to risk behavior, such as drug trafficking, are necessary since these variables presented explanatory value in the self-control of aggressiveness.

Key words: social skills, aggression, crack, woman, drugs

Resumo: A literatura aponta dificuldades no autocontrole da agressividade de mulheres usuárias de crack. No entanto, carecem estudos que expliquem tais dificuldades. Este estudo tem como objetivo identificar o valor preditivo de comorbidades psiquiátricas, contextos de interação e situações relacionadas ao uso de drogas no autocontrole da agressividade de usuárias de crack. Trata-se de uma pesquisa quantitativa, transversal e explicativa. Um total de 62 usuários de crack foram avaliadas através dos instrumentos: Questionário sobre Uso de Drogas, Mini International Neuropsychiatric Interview, Screening Cognitivo do WAIS-III, IHS-Del-Prette e Structured Clinical Interview for DSM Disorder. O envolvimento com o tráfico de drogas e o Episódio Depressivo Maior foram preditores de baixos escores no autocontrole da agressividade. Ações conjuntas como Treinamento de Habilidades Sociais, Tratamento de Episódios Depressivos Maiores e prevenção da exposição a comportamentos de risco, como o tráfico de drogas, são necessárias, pois essas variáveis apresentaram valor explicativo no autocontrole da agressividade.

Palavras chave: habilidades hociiais, agressividade, crack, mulheres, drogas

Resumen: El autocontrol de la agresividad de las usuarias de crack se exponen en la literatura, pero carecen estudios que las expliquen. Se pretende identificar el valor predictivo de comorbidades psiquiátricas, contextos de interacción y situaciones relacionadas al uso de drogas en el autocontrol de la agresividad de usuarias de crack. Es una investigación cuantitativa, transversal y explicativa. Participaron 62 usuarias de crack, evaluadas con el Cuestionario sobre el uso de drogas, MINI, *Screening* Cognitivo de WAIS-III, IHS-Del-Prette y SCID-II. La implicación con el tráfico de drogas y episodio depresivo mayor fueron predictores de los bajos escores en el autocontrol de la agresividad. Se concluye que son necesarias acciones conjuntas, como el Entrenamiento en Habilidades Sociales, tratamiento del episodio depresivo mayor y la prevención de la exposición a comportamientos de riesgo, como el tráfico de drogas, teniendo en vista que tales variables exhibieron valor explicativo en el autocontrol de la agresividad.



This work is licensed under a Creative Commons Attribution 4.0 International License

Palabras clave: habilidades sociales, agresividad, crack, mujeres, drogas

Received: 03/12/2018

Accepted: 06/18/2019

How to cite this article:

Limberger, J., dos Santos, B. S., Beneton, E. R., & Andretta, I. (2019). Aggressiveness self-control of female crack users. *Ciencias Psicológicas*, 13(2), 173-184. doi: 10.22235/cp.v13i2.1870

Correspondence: Jéssica Limberger, Avenida Brasil, 560. Sala 3005. Passo Fundo/RS. CEP: 99010-121. E-mail: jessica.limberger.psi@gmail.com. Bruna Staevie dos Santos, Emanueli Ribeiro Beneton e Ilana Andretta, Universidade do Vale do Rio dos Sinos. Av. Unisinos, 950. Escola de Saúde. Programa de Pós-Graduação em Psicologia Clínica. Bairro Cristo Rei. São Leopoldo/RS. CEP: 93020-190. E-mail: brunastaevie@outlook.com, manu-beneton@outlook.com, ilana.andretta@gmail.com.

Introduction

Substance Use Disorders constitute a maladaptive pattern of use, including impairment in different areas of the subject's life (American Psychiatric Association [APA], 2014). People who are affected by such disorders have greater cognitive and behavioral impairment when compared to nonusers, and such difficulties are more evident in self-regulation and self-control skills (Czermainski, 2016) .e.

Deficits related to inhibitory control of cocaine and crack users were identified in a systematic literature review, which points to high levels of impulsiveness, contributing to this population experiencing insufficiency in self-regulation and self-control (Czermainski, Wilhelm, Santos, Pachado & Almeida, 2017). Specifically in crack users, the skills dysfunctions previously mentioned that act as executive functions make cognitive processing difficult in planning and executing goals. Such alteration occurs in the same prefrontal region where neuronal connections that moderate self-control, making this ability even harder in drug addicts (Hess, Silva & Almeida, 2017).

In female crack users, the self-control of aggression in aversive situations is especially relevant, as impairments of this ability make social interactions difficult and may lead to social isolation (Caballo, 2003). The self-control of aggression to aversive situations is defined by Del Prette and Del

Prette (2001) as a type of social skill in which the expression of dislike or anger is performed in a socially competent manner, avoiding future problems in social interactions.

Different factors can hinder aggression self-control: the use of stimulant substances such as crack, the contexts of interaction, situations related to drug use and psychiatric comorbidities, as it will be explained bellow. The literature points out that the search for immediate rewards and impulsivity, characteristic of crack use, can hinder this self-control (Bungay, Johnson, Varcoe, & Boyd, 2010). The increase of impulsive behaviors and the decrease of executive functions (control of impulsive behaviors) were identified in female crack users, when compared to the control group, according to a Brazilian study with 98 women (Hess, Menezes & Almeida, 2017). In its turn, difficulties in aggression self-control may also contribute to drug use, being the drug used as a maladaptive way of dealing with interpersonal situations (Caballo, 2003). According to a multiple case study with three female crack users, it was found that difficulties in aggression self-control occurred since childhood, not being an exclusive factor in drug use. The family context whose manifestation of anger occurs in a maladaptive manner may contribute to such difficulties (Limberger & Andretta, 2017).

The literature also points out that situations related to drug use, such as

trafficking, are related to difficulties in aggression self-control. Low levels of self-control were associated with drug use and use-related offenses, according to a study in Israel with 60 inmate women, divided into groups according to the type of crime committed (violent crimes, by fraud and related to drugs) (Shechory, Perry, & Addad, 2011). In the study mentioned, it was found that the higher the self-control levels were, the lower were the aggressiveness rates. In addition, women who had lower levels of self-control belonged to the group of participants who committed an infratational act for drug-related crime and reported higher drug use. In another study, users who had greater difficulties in social skills were also the most involved in crimes such as robbery and theft (Horta et al., 2016). In this sense, it is understood that everyday violence in the contexts of use (Bungay, Johnson, Varcoe, & Boyd, 2010) hinders the performance of a socially skilled repertoire translated by important deficits of aggression self-control.

In its turn, contexts of interaction that are not related to drug use can promote a socially skilled repertoire, including self-control of aggression, given that the development of social skills takes place through lifelong learning experiences. in contexts like family, school, work, etc. (Argyle, Bryant, & Trower, 1974; Caballo, 2003). From this perspective, high social skills were presented by crack users when they had significant social support, according to a Brazilian study with 519 crack users (Horta et al., 2016).

Psychiatric comorbidities, such as personality disorders, can also hinder aggression self-control, with impaired interpersonal functioning (APA, 2014). In its turn, depression and anxiety disorders can also hinder the performance of social skills as a whole, by their characteristics (sadness, over-worrying, etc.) competing with a socially skilled repertoire (Caballo, 2003), and in some cases, depressive symptoms manifest from aggressive behavior (Hebenstreit, Deprince & Chu, 2014; You & Lim, 2015; Yavuzer, Albayrak & Kılıçarslan, 2016).

Considering the impulsivity related to crack use (Hess, Menezes, & Almeida, 2017), the presence of damage in the aggressiveness self-control in crack users (Almeida, Flores & Scheffer, 2013; Czermainski, Willhelm, Santos, Pachado & Almeida, 2017) and the lack of specific studies with female crack users (Limberger, Nascimento, Schneider, & Andretta, 2015), there is a need for evidence to explain which factors contribute to the difficulties in self-control of aggression by female crack users in order to promote advancement in the area and greater attention of health and public policy professionals (Limberger, Schneider, & Andretta, 2015). Thus, the objective of this study is to identify the predictive value of psychiatric comorbidities, interaction contexts and situations related to drug use in the self-control of aggression of female crack users.

Method

Outline

This is a quantitative, cross-sectional and explanatory study. (Sampieri, Collado, & Lucio, 2013).

Participants

A total of 62 women hospitalized by the Brazilian public health system, called the Unified Health System (SUS), participated in this study for detoxification due to the use of crack. The sample size calculation was performed using STATA 2.0 statistical software, with a desired confidence level of 80%.

The following inclusion criteria were adopted: women aged between 18 to 59 years old, with DSM-5 diagnostic criteria (APA, 2014) for Crack-Related Disorder, abstinent for at least seven days, between the seventh and the fifteenth day of hospitalization. The choice for such period of time was in order to delimit the treatment time (Kopetz et al., 2014). Simultaneous use of other drugs could occur as long as crack was the drug that motivated the decision for hospitalization.

Likewise, the exclusion criteria were: presenting psychotic syndrome (verified through Mini International Neuropsychiatric Interview) and having cognitive impairments (verified through the vocabulary subtests and cubes of WAIS-III Cognitive Screening), instruments that will be described below. It is noteworthy that abstinence was assessed from self-report, in addition to considering the closed regime of hospitalization.

The steps to select participants can be observed in flowchart.

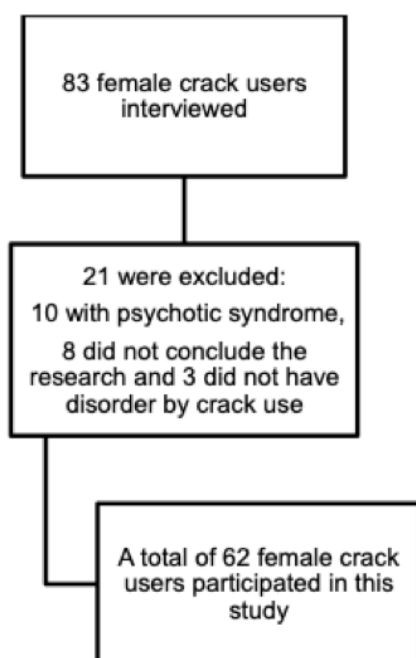


Figure 1
Flowchart

A total of 62 participants, mostly single (62.9%; $n = 39$), reported incomplete elementary school (50%; $n = 31$) and an average age of 33.45 years old ($SD = 8.14$). Before hospitalization, 51.6% ($n = 32$) of the women interviewed worked. As for the region, the majority came from hospitals in the metropolitan region (83.87%; $n = 52$) and 16.13% ($n = 10$) from hospitals in the northwest region of Rio Grande do Sul state - Brazil.

Instruments

Sociodemographic and Drug Use Questionnaire

Developed by the research group "Cognitive Behavioral Interventions: Study and Research", this questionnaire aimed to evaluate sociodemographic and family data, as well as characteristics related to the use of drugs (type of drug, if there is a family member and/or friends who have or have had problems associated with drug use, drug-related offenses, among others), in addition to the DSM-5 criteria (APA, 2014) for diagnosis of Substance Use Disorder.

Mini International Neuropsychiatric Interview (MINI)

Developed by Sheehan et al. (1998) and validated for Brazil by Amorim (2000), the interview has satisfactory Kappa indices, showing reliability in the diagnostic categories (0.86 to 1) and for Psychotic Disorders (0.62 to 0.95) (Amorim, 2000). This is a brief standardized clinical interview, compatible with the DSM-IV-TR diagnostic criteria (APA, 2002). The interview was used to assess the presence of psychotic syndrome and comorbidities such as: Major Depressive Episode, Dysthymia, Manic (Hypo) Episode, Panic Disorder, Agoraphobia, Social Phobia, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder, Psychotic Syndrome, Anorexia Nervosa, Bulimia Nervosa and Generalized Anxiety Disorder, in addition to the risk of suicide.

Structured Clinical Interview for DSM Disorders (SCID-II)

This is a semi-structured interview, used in observational and clinical studies, which aims to identify diagnoses according to the DSM-IV-TR (APA, 2002). Since this is an extensive interview, part of the interview was used, that is, the questions corresponding to the following Personality Disorders: histrionic, narcissistic, borderline and antisocial.

WAIS-III Cognitive Screening

Developed by Wechsler (1997) and adapted and standardized for Brazil by Nascimento (2004), it is a test for the exclusive use of psychologists. The vocabulary subtest ($\alpha = 0.92$) assesses verbal comprehension and the cubes subtest ($\alpha = 0.83$) assesses perceptual organization. Subtest correction was performed by two independent judges. There was no need to bring a third judge, as there was consensus among the judges. From the subtraction of the weighted vocabulary score to the weighted cube score, the difference of three points or more indicated cognitive impairment, as pointed out by Cunha (1993), Feldens, Silva and Oliveira (2011). Cognitive impairment was an exclusion criterion.

Social Skills Inventory (IHS-Del-Prette)

Developed by Del Prette and Del Prette (2001), it is a test used exclusively by psychologists that characterizes social skills in different situations: work, school, family and daily life. The inventory consists of 38 items, in likert scale, with five points, ranging from “never” to “rarely” and “always” or “almost always”. It has Cronbach's alpha of 0.75 and test-retest stability ($r = 0.90$; $p = 0.001$). Factor analysis revealed a structure of five factors that bring together social skills of: 1) confronting/self-affirmation with risky; 2) self-affirmation of positive affect; 3) conversation and social resourcefulness; 4) self-exposure to strangers and new situations and 5) self-control of aggression. The results were calculated in a simplified way, based on the simple average of the values obtained,

interpreting them from the position, in terms of percentiles, in relation to their same-sex reference subgroup. Thus, values in the 50th percentile indicated median position, values over 75% indicated high factors in social skills, and values below 25% indicated deficits in the social skills repertoire (Del Prette & Del Prette, 2001).

Procedures

This study is part of a larger research entitled “Social Skills, Clinical and Cognitive Profile of Women Users of Crack Hospitalized in General Hospitals”, approved by the Research Ethics Committee of UNISINOS, under opinion 012/2015. Hospitals with inpatient beds for treatment due to drug use were chosen by convenience, located in the metropolitan region and northwest of the state of Rio Grande do Sul (Brazil).

Through a Letter of Consent from each hospital, participants were invited to participate in the research, explaining the research objectives and willingness in the study, ensuring data confidentiality and anonymity. The Informed Consent Form (TCLE) was read with the participant and, upon agreement to participate in the study, two copies were signed (one copy with the participant and the other with the researcher).

Data collection took place over a period of six months and it was performed by six members of the research group, with specific training for each instrument, according to the respective guidelines of each manual, besides weekly supervision with the researcher. The instruments were applied individually in hospitals, in rooms that allowed privacy. A meeting was held with each participant, being approximately two hours long, to apply the instruments. In situations where the instruments were not completed in one meeting, a second meeting was held.

Data Analysis

The data were analyzed using the Statistical Package for Social Sciences - SPSS, version 20.0. The descriptive analysis included frequencies, percentage, average, median and standard deviation of the sample. The study of data distribution was performed from the Kolmogorov-Smirnov analysis. The average social skills among the different groups (women who worked and did not work before hospitalization; women with and without psychiatric comorbidities, such as the Major Depressive Episode; women with and without involvement with drug trafficking) was performed from Student's t-test for variables with approximately normal distribution and Mann Whitney test for asymmetric variables. Variables that presented statistically significant differences in the respective tests were included in the multiple regression analysis (Stepwise method), aiming to identify the predictive values of the variables in the aggressiveness self-control. For statistical decision criteria, a significance level of 5% ($p \leq 0.05$) was adopted.

Results

Initially, the general repertoire of social skills of female crack users undergoing treatment was evaluated. Specifically regarding the aggressiveness self-control, focus of this study, it was identified that 38.7% ($n = 24$) of the participants presented deficit, 19.4% ($n = 12$) reported repertoire below the average, 11.3% ($n = 7$) reported medium repertoire and 30.6% ($n = 19$) reported quite elaborate repertoire.

Subsequently, when comparing the sociodemographic, clinical and related to the use of drugs characteristics in the aggressiveness self-control score, it was identified lower scores on aggression self-control in women with the following characteristics: women who did not work before hospitalization, who had involvement with trafficking, sustaining drug use had Major Depressive Episode and Personality Disorder, as can be seen in Table 1.

Table 1.
Comparison between aggressiveness self-control in psychiatric comorbidities, interaction contexts and drug-related situations

		n	Average or Median	DP	t/z	p
Worked before hospitalization	Yes	32	2.260	0.691	2.265	0.028*
	No	30	1.733	1.084		
Most friends are drug users	Yes	41	1.926	0.821	-.924	0.359
	No	22	2.158	1.128		
Have been involved in drug trafficking to afford drug use	Yes	27	1.654	0.926	2.734	0.008**
	No	35	2.276	0.857		
Have had any problems with justice due to drug use	Yes	19	2.070	.6042	.361	0.061
	No	43	1.976	1.052		
Have Major Depressive Episode ¹	Yes	22	1.636	1.012	2.395	0.020*
	No	40	2.208	0.832		
Has personality disorder	Yes	25	1.653	1.006	2.547	0.013*
	No	37	2.243	0.811		

Note. Variables with normal distribution analyzed by the t-Test, with description of the average. * p significant at 0.05 level. ** p significant at 0.01 level. ¹It was not identified statistically significant differences in the following psychiatric comorbidities: Dysthymia, Manic (Hypo) Episode, Panic Disorder, Agoraphobia, Social Phobia, Obsessive Compulsive Disorder, Posttraumatic Stress Disorder, Syndrome Psychotic, Anorexia Nervosa, Bulimia Nervosa and Generalized Anxiety Disorder.

The variables that showed statistically significant differences in Table 1 were submitted to a multiple regression analysis (Stepwise method), which identified that the involvement with drug trafficking and the Major Depressive Episode were predictors of low scores in aggression self-control, as can be seen in Table 2. Such procedure provided an explained coefficient of variance (R²) of 0.193, which determines that the selected

independent variables explained 19.3% of the low scores on aggression self-control. The variables “having personality disorder” and “working before hospitalization” were not statistically significant, in other words, they did not provide an explanatory power for aggression self-control in the participants of this study.

Table 2.
The impact of psychiatric comorbidities, interaction contexts, and drug-related situations on self-control of aggression in crack users

Template Variables	Nonstandard Coefficients		Standardized coefficients		
	B	Standard Template	Beta	t	Sig.
Drug Trafficking Involvement	0.607	0.219	0.325	2.774	0.007
Major Depressive Episode	0.554	0.227	0.286	2.445	0.017

Note. Multiple regression analysis (Stepwise method).

Discussion

It was identified, from the proposed objective, characteristics of the participants who presented lower scores on aggression self-control (not working before hospitalization, engaging in drug trafficking to afford the use, presenting Major Depressive Episode and Personality Disorder). From these characteristics, only two presented an explanatory value of the low scores on aggression self-control: involvement with drug trafficking and the Major Depressive Episode, as it will be discussed below.

Engagement with drug trafficking and the criminal network are violations that relate to impulsive and aggressive behavioral characteristics (Almeida et. Al, 2014). Antisocial Personality Disorder, for example, is a psychopathology that has poor impulsivity control and aggression self-control (APA, 2014) and is closely related to the deficit in aggression self-control and consequent violation of social rules. According to a study with 1052 substance abusers in Sweden, Antisocial Personality Disorder and stimulant drug use were predictors of criminal behavior, including drug trafficking (Fridell, Hesse, Jæger, & Kühlnhorn, 2008).

In the Brazilian context, a study carried out in a unit of the Foundation of Socio-Educational Assistance in the metropolitan region of Porto Alegre (RS), with 83 young men, identified similar results (Davoglio & Gauer, 2011). The use of psychoactive substances correlated positively with the infractions for which young people were complying with socio-educational measures, including drug trafficking, which acted as a catalyst for violence and corresponded to 6% of the crimes committed by these adolescents. Still in this context, Guimarães, Santos, Freitas and Araujo (2008) found the presence of criminal records (40% of the surveyed sample) in crack users admitted to the Detoxification Unit of the São Pedro Psychiatric Hospital of Porto Alegre (RS).

Facing the data presented in this study, it is understood that in addition to typical behavioral characteristics of offenders (such as impulsive deficit and aggression self-control), the use of drugs itself contributes to criminal involvement. In addition, by inserting themselves in drug trafficking, female users expose themselves to risks and violence that hinder the self-control of aggression, lacking contexts that promote social skills (Limberger & Andretta, 2017).

In addition to involvement with drug trafficking, the major depressive episode also presented an impact on low aggressiveness self-control scores, acting as a predictive factor. This data corroborates the perspective of Caballo (2003), who states that depression hinders the practice of social skills. Segrin (2000) also points out that depressed people can distort their social skills in self-report instruments, judging themselves as less socially competent than they really are.

Also in this context, the relationship between drug use, social skills and depression was also investigated in a Brazilian study with 179 nursing students, mostly women (88.6%). The data showed that students using licit or illicit drugs were more likely to have depressive symptoms, which increased the probability of drug use (Botti, Monteiro, Benjamim, & Queiroz, 2016). In its turn, when social skills are satisfactorily developed, and this includes improved aggressiveness self-control, depressive symptoms tend to diminish by modifying the subject's behavior and contributing to interpersonal relationships, as pointed out by a systematic literature review. (Campos, Del Prette & Del Prette, 2014).

Considering that depressive symptoms can negatively influence interpersonal relationships (Feitosa, 2014), interventions such as Social Skills Training can contribute to treatment with depressed patients. The skills practiced in training can be incorporated into the participants' social repertoire, maintaining more satisfactory social relationships and increasing the sense of mastery and pleasure, contributing to the reduction of depressive symptoms (Andretta, Limberger, & Schneider, 2016).

The other characteristics investigated (not working before hospitalization and having personality disorder) presented lower scores on self-control of aggressiveness, but have no explanatory value. It is understood that the work context plays a role in the development of aggressiveness self-control and that in its turn other characteristics may be involved in the group of women who did not work before hospitalization, such as the degree of severity

of the type of disorder related to crack use (light, moderate, or severe).

Considering that in this study only four personality disorders were evaluated for a population of 62 women, the enlargement of the sample and evaluation of the other disorders would enhance other possibilities of analysis. The data from this study also need to be analyzed with caution, as it is about a specific population of the northwest and metropolitan region of the state of Rio Grande do Sul/Brazil, not being possible to make generalizations for the country. It is also believed that it is relevant to investigate the predictive factors of other social skills factors, such as coping with risk; self-affirmation in the expression of positive affect; conversation and social resourcefulness and self-exposure to strangers and new situations. Research in the area of social skills needs advances in the field of crack users, in order to understand this phenomenon and to develop interventions based in empirical evidences.

Conclusion

Self-control of aggression is a fundamental skill both in the treatment and psychosocial rehabilitation of crack users, because the assertive management of aggression contributes to satisfactory interpersonal relationships and reduction of future problems. From this study, it was found that involvement with drug trafficking and depression were predictors of low scores in aggression self-control. Thus, it is understood that health professionals and researchers may be more aware of such characteristics in the treatment of female crack users. Knowing this, the union of factors (change in lifestyle, without exposure to risks such as trafficking, appropriate treatment for depression integrated with Social Skills Training and specifically the improvement of aggressiveness self-control) may contribute to the development of a repertoire of social skills with effective results, reducing risk factors for drug use.

As a specific contribution of this study, it is observed a deepening of a specific social skill, the self-control of aggression. It is

noticed that studies of social skills, as they are a set of behaviors, must consider the specificities of social skills classes, identifying their repercussions in the lives of individuals whose repertoire has losses.

It is understood that the phenomenon of crack use in women is complex, and there is a need for further studies that include other aspects, such as factors that contribute to motivation and permanence in treatment, more effective forms of access to treatment, among others. In addition, it is suggested that future studies evaluate the effects of Social Skills Training with female crack users.

Authors' participation:

a) Conception and design of the work; b) Data acquisition; c) Analysis and interpretation of data; d) Writing of the manuscript; e) Critical review of the manuscript.

J.S has contributed in a, b, c, d, e; B. S. S in a, d, e; E.R. B in a, b, d; I.A in a, e.

References

- Almeida, R. M. de., Flores, A. C. S. & Scheffer, M. (2013). Ideação suicida, resolução de problemas, expressão de raiva e impulsividade em dependentes de substâncias psicoativas. *Psicologia Reflexão e Crítica*, 26(1), 1-9. doi: 10.1590/S0102-79722013000100001
- Almeida, R. M. de., Trentini, L. B., Klein, L. A., Macuglia, G. R., Hammer, C., & Tesmmer, M. (2014). Uso de Álcool, Drogas, Níveis de Impulsividade e Agressividade em Adolescentes do Rio Grande do Sul. *Rev. Psico*, 45(1), 65-72. doi: 10.15448/1980-8623.2014.1.12727
- American Psychiatric Association [APA]. (2014). Manual Diagnóstico e Estatístico de Transtornos Mentais. DSM-5. Porto Alegre: Artmed.
- American Psychiatric Association [APA]. (2002). Manual diagnóstico e estatístico dos transtornos mentais. DSM IV-TR (4. ed.). Porto Alegre: Artes Médicas.
- Amorim, P. (2000). Mini International Neuropsychiatric Interview (MINI): validação de entrevista breve para diagnóstico de transtornos mentais. *Revista Brasileira de Psiquiatria*, 22(3), 106-115. doi: org/10.1590/S1516-44462000000300003
- Andretta, I.; Limberger, J. & Schneider, J.A. (2016). Social skills in crack users: differences between men and women. *Psicologia: Reflexão e Crítica*, 29 (45). 1-8. doi: 10.1186/s41155-016-0054-4
- Argyle, M., Bryant, B., & Trower, P. (1974). Social skills training and psychotherapy: a comparative study. *Psychological Medicine*, 4, 435-443.
- Botti, N.C.L; Monteiro, A.M.C.; Benjamin, A.L.N. & Queiroz, L.C. (2016). Depressão, uso de drogas, ideação e tentativa de suicídio entre estudantes de enfermagem. *Revista de Enfermagem UFPE on line*, 10(7),2611-2616. doi: 10.5205/reuol.9106-80230-1-SM1007201639. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/>. Acesso em: 07.dez.2017
- Bungay, V., Johnson, J. L., Varcoe, C., & Boyd, S. (2010). Women's health and use of crack cocaine in context: structural and 'everyday' violence. *International Journal of Drug Policy*, 21, 321-329. doi: 10.1016/j.drugpo.2009.12.008
- Caballo, V. E. (2003). Manual de avaliação e treinamento das habilidades sociais. São Paulo:Santos.
- Campos, J.R.; Del Prette, A. & Del Prette, Z. (2014). Habilidades Sociais e depressão na adolescência: uma revisão da literatura. *Acta*

- Comportamentalia*, 22(4),469-482. Disponível em:<http://www.redalyc.org/pdf/2745/274532646007.pdf>. Acesso em 07.dez.2017
- Cunha, J. A. (1993). *Psicodiagnóstico-R*. 4. ed. Porto Alegre: Artes Médicas
- Czermainski, F. R. (2016). Funções executivas, controle inibitório e agressividade em indivíduos com transtorno por uso de álcool e crack (Tese de Doutorado, Universidade Federal do Rio Grande do Sul). Recuperado de <http://www.lume.ufrgs.br/handle/10183/157466>
- Czermainski, F. R., Willhelm, A. R., Santos, A. Z., Pachado, M. P., & Almeida, R. M. de. (2017). Assessment of inhibitory control in crack and/or cocaine users: a systematic review. *Trends Psychiatry Psychother*, 39(3), 216-225. doi: 10.1590/2237-6089-2016-0043
- Davoglio, T. R., & Gauer, G, J, C. (2011). Adolescentes em conflito com a lei: aspectos sociodemográficos de uma amostra em medida socioeducativa com privação de liberdade. *Contextos Clínicos*, 4(1), 42-52. doi: 10.4013/ctc.2011.41.05
- Del Prette, Z. A. P., & Del Prette, A. (2001). Inventário de Habilidades Sociais: Manual de aplicação, apuração e interpretação. São Paulo: Casa do Psicólogo
- Feitosa, F. B. (2014). A depressão pela perspectiva biopsicossocial e a função protetora das habilidades sociais. *Rev. Psicologia Ciência e Profissão*, 34(2),488-499
- Feldens, A. C. M., Silva, J. G. D., & Oliveira, M. D. S. (2011). Avaliação das funções executivas em alcoolistas. *Cadernos de Saúde Coletiva*, 19, 164-171. Retrieved from http://www.cadernos.iesc.ufrj.br/cadernos/images/csc/2011_2/artigos/csc_v19n2_164-171.pdf
- Fridell, M., Hesse, M., Jæger, M. M., & Kühlnhorn. (2008). Antisocial personality disorder as a predictor of criminal behaviour in a longitudinal study of a cohort of abusers of several classes of drugs: Relation to type of substance and type of crime. *Addictive Behaviors*, 33, 799–811. doi:10.1016/j.addbeh.2008.01.001
- Guimarães, C. F., Santos, D. V. V. dos., Freitas, R. C. de., & Araujo, R. B. (2008). Perfil do usuário de crack e fatores relacionados à criminalidade em unidade de internação para desintoxicação no Hospital Psiquiátrico São Pedro de Porto Alegre (RS). *Rev Psiquiatr RS*, 30(2), 101-108. doi: 10.1590/S0101-81082008000300005
- Hebenstreit, C. L., Deprince, A. P., & Chu, A. T. (2014). Interpersonal Violence, Depression, and Executive Function. *Journal of Aggression, Maltreatment & Trauma*, 23(2), 168-187. doi: 10.1080/10926771.2014.872749
- Hess, A.R.B., Menezes, C.B., & Almeida, R.M.M. (2017) *Inhibitory Control and Impulsivity Levels in Women Crack Users*. *Substance Use & Misuse*, 53:6, 972-979. doi: 10.1080/10826084.2017.1387568
- Hess, A. R. B., Silva, R. A. da., & Almeida, R. M. M. de. (2017). Impacto do uso de Crack nas funções executivas: uma revisão sistemática. *Revista Neuropsicologia Latinoamericana*, 9(3), 23-34. doi: 10.5579/rnl.2016.0342
- Horta, R. L., Schäfer, J. L., Coelho, L. R. M., Rodrigues, V. S., Oliveira, M. S., & Teixeira, V. A. (2016). Condições associadas a prejuízo de desempenho em habilidades sociais em uma amostra de conveniência de usuários de crack. *Cad. Saúde Pública*, 32(4), 1-15. doi: 10.1590/0102-311X00010715
- Kopetz, C., Pickover, A., Magidson, J. F., Richards, J. M., Iwamoto, D., & Lejuez, C. N. (2014). Gender and Social Rejection as Risk Factors for Engaging in Risky Sexual Behavior

- Among Crack/Cocaine Users. *Prev Sci*, 15, 376 – 384. doi: 10.1007/s11121-013-0406-6
- Limberger, J., & Andretta, I. (2017). Development of Social Skills in Female Crack Users: Multiple Case Study. *Temas em Psicologia*, 25 (4), 1725 -1739. doi: 10.9788/TP2017.4-11En
- Limberger, J. Nascimento, R. S., Schneider, J. A., & Andretta, I. (2016). Women users of crack: systematic review of Brazilian literature. *Jornal Brasileiro de Psiquiatria*, 65(1), 82-88. doi: 10.1590/0047-2085000000107
- Limberger, J., Schneider, J. A., & Andretta, I. (2015). Especificidades do tratamento de mulheres usuárias de crack: interface com direitos humanos. *Psicologia em Pesquisa*, 9(2), 13-147. doi: 10.5327/Z1982-1247201500020004
- Nascimento, E. (2004). *Adaptação e padronização brasileira da Escala de Inteligência Wechsler para Adultos*. Porto Alegre: Casa do Psicólogo
- Sampieri, R. H., Collado, C. F., & Lucio, M. P. B. (2013). *Metodologia de Pesquisa*. Porto Alegre: Penso.
- Segrin, C. (2000). Social skills deficits associated with depression. *Clinical Psychology Review*, 20(3). 379–403. doi: 10.1016/S0272-7358(98)00104-4
- Shechory, M., Perry, G., & Addad, M. (2011). Pathways to Women's Crime: Differences Among Women Convicted of Drug, Violence and Fraud Offenses. *The Journal of Social Psychology*, 151(4):399-416.
- Sheehan, D.V., Lecrubier, Y., Sheehan, K. H., Amorim, P., Janavs, J., Weiller, E., ... Dunbar G.C. (1998). The Mini-International Neuropsychiatric Interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *Journal Clinician Psychiatry*, 59(supl. 20), 22-33.
- Wechsler, D. (1997). *Wechsler Adult Intelligence Scale-III*. San Antonio, TX: The Psychological Corporation.
- Yavuzer, Y., Albayrak, G. I., & Kılıçarslan, S. (2018). Relationships Amongst Aggression, Self-Theory, Loneliness, and Depression in Emerging Adults. *Psychological Reports*, 0(0), 1–24. doi: 10.1177/0033294118784866
- You, S., & Lim, S. S. (2015). Development pathways from abusive parenting to delinquency: The mediating role of depression and aggression. *Child Abuse & Neglect*, 46, 152-162. doi: 10.1016 / j.chiabu.2015.05.009