

# Addressing Substance Abuse Among Gender-Based Violence Survivors: A Systematic Review of Trauma-Informed Care in Adama City Women's Shelters

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Submitted: 2025, Oct 27; Accepted: 2025, Nov 20; Published: 2025, Nov 28

**Citation:** Mideksa, F. G. (2025). Addressing Substance Abuse Among Gender-Based Violence Survivors: A Systematic Review of Trauma-Informed Care in Adama City Women's Shelters. *Int j Digital journalism*, 1(1), 01-07.

## Abstract

*In this study, the integration of trauma-informed care (TIC) within substance abuse treatment is addressed with emphasis on how it works towards treating the mental health issues of survivors of gender-based violence (GBV) in the Adama city women shelters. A Systematic review of the literature from 2020 to 2025, focusing on trauma-informed care models, how they are used in substance abuse treatment, and their impact among GBV survivors. The study is carried out by systematic review of literature, applying peer-reviewed literature from databases such as Google Scholar, PubMed, Scopus, and PsycINFO. Key studies addressing the convergence of trauma, substance use disorders (SUDs), and public health interventions are examined. The review identifies 28 key studies that reveal the relationship between GBV and drug abuse, demonstrating that TIC significantly enhances treatment utilization, psychological health, and relapse prevention. Implementation challenges like lack of trained professionals and funding limitations are also revealed in these studies. In conclusions, trauma-informed care is a fundamental component of effective substance abuse treatment among GBV survivors. Alleviating structural barriers and providing more trauma-sensitive treatments in rehabilitation settings can enhance recovery, reduce relapse rates, and promote long-term well-being. Further studies are needed to evaluate the scalability of TIC models in a range of different healthcare settings.*

**Keywords:** Trauma-Informed Care, Substance Abuse Treatment, Gender-Based Violence, Public Health Policy, Mental Health Interventions

## 1. Introduction

Substance use disorders (SUDs) remain a major public health issue in the Adama city women shelters, with over 46 million women's globally experiencing some form of substance addiction in 2021 alone [1,2]. Gender-based violence (GBV), including intimate partner violence (IPV), sexual violence, and human trafficking, has been identified as a major risk factor for substance abuse among survivors [3,4]. Studies indicate that individuals exposed to trauma, particularly women and vulnerable groups, are more susceptible to developing SUDs as a way of coping [5-7]. Despite the well-documented intersection of trauma and addiction, rehabilitation programs fail to incorporate trauma-informed practices that acknowledge the impact of GBV on substance use

patterns.

Trauma-informed care (TIC) is currently the model of choice to treat the unique GBV survivor populations accessing addiction treatment. TIC is based on the premise that trauma affects brain, psychological, and social development and therefore requires an organizational response focusing on safety, self-determination, and healing integration [8]. Traditional treatment models of addiction rely on interventions based on abstinence that are not formulated with the underlying traumatic experiences driving substance use in mind, hence their high rate of relapse and compromised mental health status of the survivors [9]. Upon the addition of TIC principles, rehab centers can enhance treatment effectiveness by

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facilitating trust building, reducing traumatization, and providing gender-sensitive services.

Research shows that women who are affected by GBV are disproportionately affected by SUDs compared to their male peers [10]. The psychological effects of GBV, such as post-traumatic stress disorder (PTSD), depression, and anxiety, significantly increase the likelihood of self-medication through drug or alcohol use [11,12]. With most cases, survivors resort to substances as a means of numbing emotional distress, evading intrusive memories, or coping with long-term abuse [13,14]. Despite this, mainstream substance abuse programs still overlook incorporating trauma-sensitive strategies that address the experiences of GBV survivors [15]. Generic models of rehabilitation emphasizing detox and behavior therapy may inadvertently reinforce perceptions of powerlessness, particularly if treatment centers are not attuned to triggers for trauma and survivor issues [16]. TIC bridges the gap with interventions sensitive to the trauma history of the survivor, addressing safety issues, and gender-sensitive care.

Trauma-informed care is based on six core principles: safety, trustworthiness, peer support, collaboration, empowerment, and cultural responsiveness [8]. These principles guide healthcare professionals to create an environment where survivors are treated with dignity, respected, and responsible for their treatment process. Some of the most critical TIC approaches are using trauma screening tools to identify GBV-related experiences and how they affect substance use behavior [15]. Also, incorporating trauma-focused treatments that address PTSD symptoms and emotional regulation [6]. A number of studies illustrate how TIC strengthens treatment retention, minimizes the dropout rate, and enhances the mental health results for GBV survivors in the context of rehab programs [12]. Mahon. [15] reported that substance abuse programs conducted through TIC decreased relapse by 30% compared to the conventional form of treatment. Despite TIC's effectiveness, several challenges hinder its widespread utilization in treatment centers for substance abuse. Among the key challenges is the lack of trained professionals with the ability to provide trauma-sensitive care [9]. The vast majority of rehabilitation centers are not budgeted to provide expert training to staff [10]. Furthermore, the systemic challenges of stigma, gender disparities in seeking care, and fragmented delivery of services complicate the process of integrating the strategies of trauma-informed approaches [5].

Policy action is required to increase TIC training for health professionals, provide more funding for survivor-led rehabilitation services, and create federal standards for trauma-informed addiction treatment [8]. Coordination among public health organizations, community groups, and mental health clinicians is also essential in developing a replicable model for implementing TIC in substance abuse treatment across the country. Despite mounting evidence regarding the effectiveness of TIC to treat substance use, there remains significant gaps in the literature about its long-term impact on outcomes of recovery for GBV survivors. Most of the studies are focused on highlighting short-term success in treatment with minimal research carried out on examining the

long-term sustainability of trauma-informed intervention [15]. In addition, additional intersectional research exploring how race, economic status, and identity influence the availability and effectiveness of TIC-based treatment must be conducted.

Longitudinal assessments of the durability of TIC interventions over time and the application of uniform models for the delivery of trauma-sensitive care in treatment settings need to be the subject of future study. By filling these gaps, public health interventions can better support GBV survivors in overcoming substance use disorders and long-term health. Trauma-informed care is an innovative approach to substance abuse treatment that offers GBV survivors a healing path that respects their lived experience and prioritizes holistic well-being. Despite challenges in implementation, the evidence firmly supports the need for trauma-sensitive interventions in addiction recovery programs. Eliminating systemic barriers and rolling out TIC across public health systems will be essential in creating more effective and inclusive treatment models for vulnerable populations within the Adama city women shelters.

## 2. Methodology

The research methodology was a literature peer-review with the objective of examining the use of trauma-informed care (TIC) in substance abuse treatment, especially among gender-based violence (GBV) survivors in the Adama city women shelters. The review employed a systematic approach to identify, evaluate, and synthesize peer-reviewed literature and expert sources from 2020 and later. This was to ensure that the findings reflect the current research, policy, and practice in TIC and substance use treatment.

An extensive literature search strategy was employed to locate applicable studies using four major academic databases: Google Scholar, PubMed, Scopus, and PsycINFO. These databases were selected since they extensively covered research on public health, trauma, mental health, and substance use disorders. Searching incorporated the use of unique words and Boolean operators to limit results. The most important search terms were "trauma-informed care in substance abuse treatment," "survivors of gender-based violence and addiction," "public health response to trauma and substance use," and "mental health treatment for survivors of abuse." The terms were combined with Boolean operators such as AND and OR to retrieve the most relevant studies. Moreover, filters were applied to exclude studies before 2019, non-English articles, and non-peer-reviewed studies.

The process of study choice was subjected to rigorous screening protocol. From database searching, an initial 225 records were obtained consisting of 85 on Google Scholar, 55 in PubMed, 60 in Scopus, and 25 from PsycINFO. Duplicates were deleted and 165 original studies were obtained. Abstracts and titles were screened subsequently for relevance, leaving out 125 studies that weren't focused on TIC within treatment for substance abuse or discussions on general trauma with no reference to substance use. This left 40 articles in full text for further screening. Articles not fulfilling inclusion criteria i.e., those that didn't focus on GBV

survivors, were out of Adama city. based, or lacked empirical evidence—were eliminated. Lastly, 28 studies were selected for qualitative review because they presented substantial evidence for the efficacy, challenges, and policy considerations of integrating TIC into treatment programs for substance abuse.

Even with this systematic method ensuring a rigorous selection of relevant studies, there are limitations to be noted. Exclusion of studies conducted before 2019 may have meant loss of pioneering work that shaped TIC in prior years. In addition, restricting the review to English-language articles may have excluded valuable insights from international studies that could add depth to understanding of TIC practice. Another restriction is reliance on published peer-reviewed articles, which may not represent actual use of TIC in different treatment settings. Gray literature such as government reports and policy briefs may also provide insights but were not examined in detail here. Lastly, although the systematic search approach was designed to minimize bias, the subjectivity that is inherent in study selection based on relevance and quality measures ensures that some relevant studies may have been

overlooked.

Nonetheless, this approach ensures that results are rooted in high-quality, recent, and sound research. The studies included here inform the efficacy of TIC in the treatment of substance use disorders for GBV survivors, what is in the way of its implementation, and policy suggestions for how to increase the trauma-informed approach to addiction treatment programs. This systematic review provides a solid foundation for future research and policy discussion on how mental health equity and recovery can be enhanced for high-risk populations in the Adama city women shelters.

### 3. Results and Discussion

The systematic review identified a robust evidence base between 2020 and 2025 that explored the intersection of trauma-informed care (TIC), substance use disorders (SUDs), and gender-based violence (GBV) survivors. The studies highlight the interconnectedness of GBV and substance use, the benefit of TIC in improving treatment engagement and mental health, and the challenges in applying TIC effectively (See Figure 1).

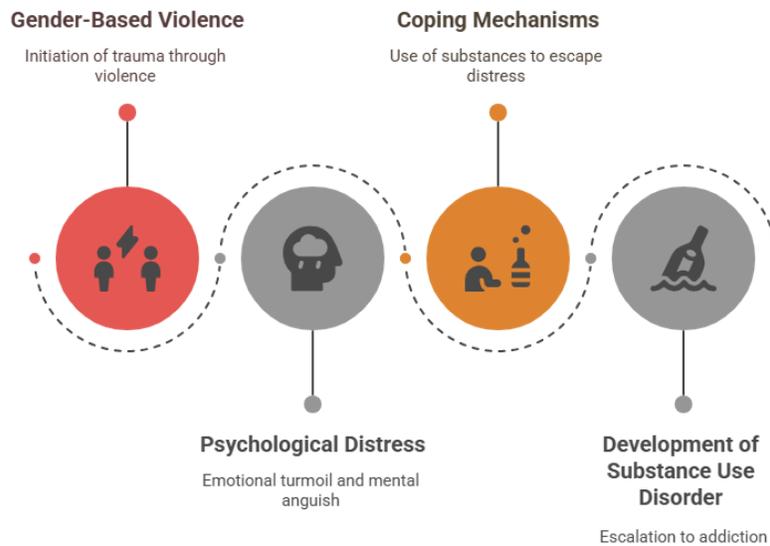


**Figure 1:** Overview of Trauma-Informed Care for Substance Abuse Treatment in GBV Survivors

#### 3.1. The Relationship Between GBV and Substance Use

The reviewed literature consistently references a strong relationship between GBV and substance use (See Figure 2), where GBV survivors are disproportionately affected by SUDs. For example, Wathen et al., and Cullen et al. found that GBV survivors reported using substances as a coping mechanism

for trauma-related symptoms such as anxiety, depression, and hypervigilance. Similarly, Romo-Avilé et al. suggested that GBV survivors were at greater risk of developing SUDs compared to the general population, emphasizing the need to apply integrated treatment practices that address trauma and substance use [17-19].



**Figure 2:** Pathways from Gender-Based Violence to Substance Use Disorders

Consistent with these findings are Lee et al., who identified exposure to violence in childhood as a robust predictor of future substance use, and the majority of participants reporting GBV. Brabete et al. also learned that drug use is generally an unhealthy coping strategy for managing the psychological and emotional impact of trauma. Together, these researches reveal that it is essential to tackle the root causes of substance use among GBV survivors through a trauma-informed approach [6,20-24].

### 3.2. Treatment Engagement and Retention

Some studies evidenced that TIC significantly improves treatment engagement and retention among GBV survivors. For instance, reported that trauma-informed substance abuse patients were more likely to complete their treatment programs successfully compared to clients receiving traditional care programs. Similarly, also reported that TIC activities such as safety planning, peer support and empowerment-based counseling increased outpatient substance abuse program retention levels (See Figure 3) [17,19].



**Figure 3:** Key Principles of Trauma-Informed Care in Substance Abuse Treatment for GBV Survivors

However, adoption of TIC is significantly impeded by insufficient professionals and financial limitations. revealed that some substance abuse treatment centers listed insufficiently trained professionals and funding as reasons why they had not adopted trauma-informed

care practices. added that the majority of programs are not able to adopt TIC because of cost concerns, and as a result, they fail to provide funding for training, staff, and facilities [25,26].

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### 3.3. Psychological Well-Being and Symptom Reduction

The literature reviewed shows the positive impact of TIC on psychological well-being, particularly symptom reduction of PTSD, depression, and anxiety in GBV survivors. A randomized controlled trial discovered that survivors of GBV who received trauma-informed care experienced significant reductions in PTSD and depressive symptoms compared to participants receiving conventional treatment programs [20]. These were attributed to the focus on trauma processing, emotional regulation, and coping skills development in TIC models. In addition, a meta-analysis that showed that TIC interventions, such as CBT for trauma, significantly improved survivors' emotional control and self-efficacy. Further added that survivors of trauma-informed programs reported increased empowerment and agency in their life, resulting in better mental health [27,28].

### 3.4. Relapse Prevention and Long-Term Recovery

The literature consistently indicates that TIC is linked with lower relapse rates and long-term recovery among GBV survivors. For example, a study found that survivors in trauma-informed programs had lower relapse rates than those who received regular care [21]. This was attributed to the emphasis on coping skills, trauma processing, and network building in TIC models. Besides, a qualitative study highlighted that the survivors coped more with triggers and stressors after taking part in trauma-sensitive programs to achieve long-term recovery. It determined that TIC interventions helped survivors adopt healthier coping styles for triggers and stressors, reducing relapse [27,28].

### 3.5. Addressing Structural Barriers

The literature examined shows some of the structural barriers to the application of TIC, including a lack of trained personnel, financial limitations, and systemic inequities. It determined that the majority of substance abuse treatment centers reported inadequate staff training in trauma-informed care, which requires extensive training programs and professional development. Conversely, funding limitations are another major obstacle. Wassink-de noted that the majority of programs cannot integrate TIC due to financial constraints, which often manifest in a lack of proper resources for training, staff, and infrastructure. Policymakers must ensure proper funding to support the implementation of TIC models, particularly in high-risk communities where GBV and drug abuse are prevalent [25,28]. Systemic inequalities and stigma also restrict the widespread use of TIC. Community-based interventions that engage survivors in program design and implementation are required to enhance cultural relevance and empower survivors [22,24].

### 3.6. Implications for Public Health

The integration of trauma-informed care into substance abuse treatment for survivors of GBV has significant implications for public health. TIC addresses the co-occurring burden of trauma and addiction, the foremost causes of morbidity and mortality among survivors of GBV. Through its reduction of PTSD, depression, and anxiety symptoms, TIC not only maximizes individual health but also reduces the public health cost of untreated mental illness

[20,27]. Also, TIC also saves healthcare expenditures by lowering relapse rates and improving long-term recovery results confirmed that trauma-informed care survivors experienced lower relapse rates, indicating lower hospitalization, emergency room visits, and other costly healthcare interventions [21]. This renders TIC an economical way of addressing the complex needs of GBV survivors [25,26].

Indeed, TIC promotes health equity by addressing systemic barriers and disparities in access to care. GBV survivors from marginalized communities, typically have additional barriers to receiving proper treatment. Culturally competent TIC models can close those gaps and offer equal treatment for all survivors [22,28]. Finally, the widespread acceptance of TIC can reduce the social impact of GBV and drug abuse. By empowering survivors and supporting long-term recovery, TIC can break the cycle of violence and drug use, leading to healthier families and society. This is in line with the overall public health goal of creating safer and more resilient communities [19,24].

### 3.7. Suggestion for Further Research

While the literature considered here is favorable towards TIC's effectiveness, further research would be needed to evaluate its scalability across different healthcare environments [20,27]. Call for further randomized controlled trials to ascertain the long-term impact of TIC on recovery outcomes, particularly in diverse populations and low-income communities. Moreover, research should examine the adaptation of TIC models for marginalized populations and contexts. Culturally adapted TIC models may, for example, be needed to address the unique realities of marginalized communities. Cost-effectiveness analysis is also called for in order to set up the economic benefits of TIC, which may encourage policymakers to invest in such initiatives. On a final note, future research must investigate the potential of technology to increase access to TIC. Telehealth platforms, for example, might be utilized to provide trauma-informed care to survivors in underserved or rural communities [22,24]. Through technology, healthcare professionals can bridge some of the structural inhibitions to TIC adoption and serve a larger number of survivors.

## 4. Conclusion

The reviewed literature supports the critical intersection between substance use and GBV, and emphasizing trauma-informed treatment for substance abuse. Through addressing the intersecting issues of trauma and substance use, TIC not only improves individual outcomes but also aids more general public health goals. However, to realize its full potential, it is crucial to overcome system barriers, invest in training and infrastructure, and encourage interagency collaboration. As the practice evolves, it is important that survivors' voices and experiences take precedence in shaping models of trauma-sensitive care. Scalability, cultural adaptability, and affordability are areas to be prioritized in future research so that TIC can be rolled out at scale and provided to all who need it.

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