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**Violence Against Women: Group Treatment Mental Health Strategies in the Integral
Women's Centers in the Autonomous City of Buenos Aires, 2017**

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Buenos Aires, Argentina

Abstract

Argentina is combatting the high frequency of violence against women, a specific type of gender violence that is described as “Any conduct, action, or omission which, directly or indirectly, in both the public and private spheres, based on an unequal relationship of power, affects the life, freedom, dignity, physical state, psychological state, sexual state, economic state, or patrimonial state as well as personal security of someone” (Argentine Congress, 2009). The number of femicides in Argentina is increasing every year which highlights the magnitude of the problem of violence against women (Fernández, 2012). The government has created laws such as Law 26.485 which requires “complete protection in order to prevent, sanction, and eradicate violence against women in the environments where they develop interpersonal relationships” (Ministry of Social Development, 2017), but the problem still exists.

There are a variety of mental health services that use group strategies in Buenos Aires, including group therapy, group activities, and subprograms. These take place in the Integral Women’s Centers (IWCs) weekly or monthly depending on the specific service. The purpose of this study was to explore mental health services in Buenos Aires, with an emphasis on the IWCs that work to prevent and address violence against women. The specific objectives were to explore the centers’ mental health group treatment strategies and analyze the impact and availability of their services. Government documents, official websites, and other educational sources were analyzed for this investigation.

The conclusions drawn suggest that the IWCs’ mental health services are viable and beneficial options to help women in violent situations, yet there are still difficulties involving the employees and public awareness of what services the centers provide. Furthermore, although these services can help victims individually, they cannot completely change their specific situations as the abusers would also need to change and adopt new attitudes for this to occur. However, only one of the five subprograms aimed at stopping violence against women works to promote a gender inclusive perspective and eradicate violent tendencies in men in the entire city of Buenos Aires. Therefore, it is difficult to change their patriarchal attitudes, and this patriarchal environment can cause women to feel pressured to satisfy the ideal woman’s stereotype promoted by society even though it is an impossible goal to achieve.

Introduction

In 1948, the United Nations issued the Universal Declaration of Human Rights which included the right to a life free of violence and discrimination. The rights listed are universal, inalienable, independent of personal characteristics, and irrevocable. Although the phrase “a life free of violence” appears in this document, many people continue to live in violent situations, especially those who are members of vulnerable populations. For example, gender-oriented violence targets people who are not perceived as heteronormative males. It is described as “Any conduct, action, or omission which, directly or indirectly, in both the public and private spheres, based on an unequal relationship of power, affects the life, freedom, dignity, physical state, psychological state, sexual state, economic state, or patrimonial state as well as personal security of someone” (Argentine Congress, 2009).

Gender-based violence is not a new issue as it has existed in various cultures, religions, and societies since ancient times. Although it has been around for quite a while, the International Women’s Movement to fight against the problem did not begin until the 1970s (Asencio, 2014). The movement focused specifically on the denaturalization of macho violence and tried to bring attention to the system that favored heteronormative men. One of the most common types of gender-based violence is violence against women. In Argentina, because of the movement mentioned above, the Argentine State considered and implemented a commitment to punish perpetrators and eradicate violence against women. The government also acknowledged the need to give a higher level of attention to this matter. In his study, Asencio notes that “the activists of the time expressed the idea that ‘personal is political,’ thus formulating a new view of life and a feminist philosophy that was intended to transform reality” (2014). At the end of the 1970’s, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) was

adopted and became the first international document addressing the issue. CEDAW declares that “Discrimination against women in its multiple forms is expressly prohibited and obliges States to take action on that line” (Asencio, 2014). This document created the basis for the incorporation of gender perspectives into the community. In Argentina specifically, the Inter-American Commission on Human Rights to prevent, punish, and eradicate violence against women was approved in the 1990s. All countries located in Latin America and the Caribbean have ratified it. In addition, this document recognizes that violence is not only committed by action but also by omission.

Argentina is battling the high frequency of violence against women, a specific type of gender-based violence. An Argentinean woman is killed every 30 hours, implying that a femicide passes almost every day (Cosecha Roja, 2016). Femicide is the most violent form of violence against women, described as a homicide of a woman committed because of gender-based motives. The number of femicides is increasing every year, which demonstrates the magnitude of the problem (Fernandez, 2012). Furthermore, one in three Argentinean women will be a victim of some form of violence during their lives (Fundación Avon, 2017). Statistics from 2015 show that during that year there were 13,250 women victims of sexual assault, 3,746 *reported* rapes, and 50 sexual assault occurred s each day (La Nación, 2016). Although the government has created laws such as Law 26.458 which was intended to provide "comprehensive protection to prevent, punish and eradicate violence against women in areas where they develop their interpersonal relationships" (Ministry of Social Development, 2017) and other developments to protect women and eradicate the problem, violence against women and patriarchal attitudes in Argentina still exist. There is a large movement called “Ni Una

Menos” that formed to fight against the macho attitude. This movement focuses heavily on preventing femicides and violence against women. As their website says:

Thousands of people, hundreds of organizations nationwide, schools, and militants of all political parties have joined Ni Una Menos. Because addressing this problem is urgent and change is possible, Ni Una Menos has placed itself in both the public and political agenda. (Ni Una Menos, 2017)

Violence against women still occurs because laws and other methods of prevention cannot change the macho attitudes present in society. Machismo refers to the idea that men are superior to women in some way. Many times, this idea can be seen through control violence which occurs when a man feels he has the right to control some aspect of a woman's life.

The magnitude and frequency of violence against women create a need and demand for assistance, but often there are not enough social workers or psychologists to assist each individual (S. Larcamón, personal communication, 2017). Because many victims experience mental, not just physical symptoms, it is important that they have access to mental health services such as group therapy, workshops, and mutual aid groups. Women need some type of safe environment where they can receive support and express themselves. Furthermore, group therapy and workshops are good measures to ensure that each woman receives some form of assistance as more than one woman can attend each session. All of these services can be accessed at the Integral Women’s Centers (IWCs) in Buenos Aires, Argentina.

The general objective of this study was to investigate mental health services, with an emphasis on the Integral Women’s Centers of the Autonomous City of Buenos Aires (CABA), to prevent and assist violence against women. The specific objectives were to discover what mental health services are available in CABA, to explore the group treatment strategies offered by the

IWCs, and to analyze the impact and availability of these services. To respond to these objectives, this paper will analyze government documents, official websites, other educational sources, and documentation of the IWCs, their functions, and work strategies.

Literature Review

1. Definition of Gender-Based Violence

Gender-based violence is defined as violence directed at those in vulnerable situations because of their gender condition that does not reflect the ideal condition of heteronormativity. Eva Giberti describes it more thoroughly:

If gender is mentioned, in the social imaginary, it is automatically associated with some form of violence, as if the idea of violence should inevitably proceed to the conceptualization of gender. As if it were an inevitable link, permanently locked in its way of settling socially and mentally. That which suggests a homogeneous conception of this topic that polarizes gender (men, women, and transgenders) and binds it to the multiple violences that string together victims and perpetrators. (Giberti, 2012)

Therefore, male abusers, who hold a more powerful position, use the privileges that society grants them to exert their power over those who are vulnerable. For example, victims of gender-based violence can include transgender people, homosexual individuals, and women. Ana María Fernández describes it as "the product of inequitable gender-power relationships" (2016). This study focuses on violence against women, which is a more specific type of gender-based violence prevalent in the city of Buenos Aires, Argentina.

1.1 Violence Against Women

Violence against women is the main concept of my research and is defined by the Argentine Congress as "any conduct, action or omission which, directly or indirectly, both in the

public and private spheres, based on an unequal relationship of power, affects the life, freedom, dignity, physical state, psychological state, sexual state, economic state, or patrimonial state, as well as the personal security of someone" (Argentine Congress, 2009). Furthermore, it includes indirect violence such as "all conduct, action, omission, disposition, criterion, or discriminatory practice that puts the woman at a disadvantage with respect to the man" (Argentine Congress, 2009). There are five types of violence against women: physical, psychological, economic, sexual and symbolic. Because there is not only one form of abuse, victims' symptoms and responses may vary.

It is important to realize that violence against women is not only a problem between the victim and the perpetrator, but also a problem for society, especially when that society maintains or promotes the idea of machismo. Machismo refers to the idea that men are superior to women in some way and this ideology often results in the naturalization of violence against women (S. Larcamón, personal communication, 2017). Naturalization occurs when a woman does not realize the severity of her situation, and the violent situation seems almost natural to her. It also implicates the community and how it views the situation.

It is also important to realize that violence against women not only occurs between a woman and her partner, although this situation is one of the most commonly seen, but it can also occur in the workplace, school, and family. For example, according to Eva Giberti, "the highest percentage of sexual abuse is produced by close relatives, primarily the father" (2017). She explains that many times family abusers are viewed as role models or protectors. For example, violence can begin with the father during the woman's childhood. Then, it might continue to occur in her future relationships and marriage. As she suffered violence routinely throughout her childhood by someone who held a significant role in her family, the continuation

of violence might seem natural. Although this is frequently seen in cases of violence against women, the abuser may also be the victim's child. Ana María Fernández describes the family situation as follows:

[Forms] of violence less visible, but not less effective, are put into practice in the family daily through the inequality in the distribution of money, power, domestic responsibilities, options for personal fulfillment, etc. Likewise, within the family organization, marital pacts often violate both the meaning and practices of female eroticism; On the other hand, education, the mass media or some forms of medical and psychological practices produce a feminine image that forces, in many women, the need to transform their social setting. (Fernandez, 2009)

1.2 The Patriarchal View

The patriarchal view, which is also called machismo, contributes to the naturalization of violence against women and the objectification of women. This view refers to the idea that men are superior to women in some way. It is based on the inequality of power between the sexes and results in discrimination. The inequality and discrimination "are supported by a symbolic equation: different = inferior (or dangerous or ill)" (Fernandez, 2006). As women are perceived to be inferior in macho society, discriminatory actions against them are often seen as acceptable and natural. For example, a man who controls some aspect of a woman's life can be mistakenly perceived as a protector or caretaker because the patriarchal society permits men to exert their power over women. This ideology is dangerous as it can lead to the idea that the man owns the woman, that she is his and only his. Therefore, the man thinks he can do whatever he wants without consequences because he has the "right" to do it as a woman's "owner."

1.3 Cycle of Violence

As "the most common form of violence experienced by women at the global level is physical violence inflicted by an intimate partner" (United Nations, 2009), it is important to know about the cycle of violence that occurs in couples' relationships and how this cycle can affect the victim. It consists of three different phases: "1) the phase of increasing tension; 2) the explosion or the incident of aggression; and 3) the period of calm and affection" (Walker, 1979). The first phase usually consists of minorly aggressive incidents towards the woman. During the second phase, a lack of control resulting from the increasing incidents causes an aggressive explosion. Many times, the woman suffers greatly during this phase. The third phase occurs immediately after the second and consists of kindness, repentance, and loving behavior. During this phase, the man tries to reconcile with the woman, and often she accepts his apology because she thinks he is sincere and will not return to his violent ways. This cycle repeats itself on several occasions, and that is why it is referred to as a continuous cycle. However, sometimes it breaks with the femicide or suicide of the woman.

2. The Legal Situation

As violence against women became more visible, it was necessary to incorporate laws that would ensure the protection of women victims of violent situations. What follows are some examples of laws that allow us to trace the legislative transformations regarding the subject of violence against women.

2.1 The Important Modification

The national Law 24.417 was created in 1994 and deemed the "National Law of Protection Against Family Violence" (Argentine Congress, 1994). Although the law had national jurisdiction, it was only applied in the federal capital of Buenos Aires. It also excluded intervention in private households which meant if a woman suffered violence at home, the police

could not intervene because the house was out of their jurisdiction. However, this changed with the creation of Law 26.485 which states that women are entitled to a life free of violence, independent of the physical space in which it may occur (Argentine Congress, 2009). Therefore, with its ratification, women became eligible to receive help from the police and government even if the violence took place in a private home.

2.2 Law 474 of 2000

Law 474 of CABA is described as a "Plan of Real Equality of Opportunities and of Treatment Between Women and Men," and was created in August of 2000 (Legislature of CABA, 2000). This law is included in the First Generation of Laws, which contains those sanctioned during the period 1994-2002 (Asencio, 2014). It provides a definition of gender discrimination and describes positive action measures such as gender mainstreaming. According to the law, the incorporation of gender-inclusive perspectives must be carried out in public policies such as the IWCs. In addition to this, it mentions the need to promote a gender-inclusive perspective in the areas of economics and labor.

2.3 26.485 of 2009

On April 1, 2009, Law 26.485 was ratified. This law is part of the Second Generation of Laws, which includes those sanctioned from 2005 to present-day (Asencio, 2014). The law is described as a "Comprehensive Protection Act to Prevent, Punish and Eradicate Violence against Women in Areas where they Develop their Interpersonal Relationships" (Argentine Congress, 2009). It specifically responds to two situations: "The need to articulate comprehensive protection policies associated with work on gender-related violence against women [and] strengthen provincial women's areas of care and assistance for women victims of violence" (Argentine Congress, 2009). It also requires planning and monitoring of a National Action Plan

for the prevention, assistance, and eradication of violence against women, and a consultative council. Chapter 1 of Title 2 states that "comprehensive and timely assistance for women suffering from any type of violence, ensuring free, fast, transparent and effective access to services" (Argentine Congress, 2009) should be accessible.

2.4 Law 4.566 of 2015

In 2015, the CABA legislature ratified Law 4.566, a government commitment, to amend Law 1688 (Pérez & Ritondo, 2015). The new version written by Ni Una Menos demands these five things:

1. Implementation of all necessary resources and monitoring of the National Plan of Action for the prevention, assistance and eradication of violence against women, as established by law 26,485.
2. Ensure that victims can access justice.
3. Develop the single official register of victims of violence against women. Provide official and up-to-date statistics on femicides.
4. Guarantee and deepen comprehensive sexual education at all levels of education, to guarantee equality and a life free of discrimination and macho violence.
5. Ensure the protection of victims of violence. (Ni Una Menos, 2017)

In part of this commitment, Ni Una Menos requests that there be an IWC for each district of CABA. There are 15 districts in the city, but when the law was created there were only 7 centers in 5 districts. Today there are 11 centers in 9 districts and by February 2018, there will be 11 centers in 10 districts as one IWC will move to another area. The project will be completed by 2019 when there will be 15 centers in 15 districts.

3. Mental Health Services

Many of the government-provided assistance services interact with the IWCs. Therefore, it is important to know their functions and roles within the network. Here are some mental health services available to women in CABA as well as an explanation of the role and services of the IWCs.

3.1 Government-Provided Assistance Services

To combat violence against women, the government created some public policies which include the Women's Office, Office of Domestic Violence, women's police stations for denunciations, and telephone lines (Fernandez, 2016). In 2009, the Women's Office was created by the Supreme Court of Justice of the Nation (CSJN). It has five main components: elaboration of diagnoses, sensitization and training, elaboration of proposals, communication and diffusion, and monitoring of judicial activity (CSJN, 2009). These components include the creation and execution of workshops and the control of the implementation of Law 26485 in public policies. The Office of Domestic Violence was also created by the CSJN. This office is permanently open, and each province has its own. Women can visit the office without an appointment to make denunciations, obtain information about domestic violence, receive a free risk report, undergo medical examinations, and discuss viable solutions to their situations (CSJN, 2006). Women's police stations function similarly, but victims can denounce any form of violence, not only domestic violence. The telephone lines include Line 137 and 144. Line 137 is free, and anyone can call when they are in a violent situation. It assists victims of family or sexual violence. The woman, a family member, a friend, or a neighbor can call if they know of a violent situation. Psychologists or social workers receive the calls and assess the situation's risk level to determine if it is an emergency. In addition to Line 137, women can call the national Line 144 to receive information and advice related to any type of violence (physical, psychological, sexual,

economic and patrimonial, and symbolic) (Government of CABA, 2017). This line is open 24 hours and 365 days a year. It is also anonymous and free of charge. The team is made up of psychologists, social workers, and lawyers.

Law 314 of 2006 created the Victims against Violence Program aimed at providing care, assistance, and support to victims of family or sexual violence (Interior Ministry, 2006). The program works in the Ministry of Justice and Human Rights' field and is managed by Dr. Eva Giberti. In 2008, Law 170 ratified the continuation of the program, which fights against different types of violence such as exploitation, child prostitution, and family violence (Interior Ministry, 2006). The program's services include Line 137 and the Mobile Brigade. In emergencies, mobile brigades go to the victim's aid. The team of the Mobile Brigade includes a psychologist, social worker, and two federal police officers. The victim is then transferred to a safe place or hospital if necessary, and the team records the information on a computer system that registers victims of violence.

3.2 The Integral Women's Centers' Services

The Integral Women's Centers are community centers that specialize in assistance or prevention of violence against women. In 1985, the first meeting of the Center for Prevention and Assistance of Battered Women was convened, and this led to the creation of some IWCs and women's police stations in Buenos Aires (Asencio, 2014). Currently in Buenos Aires there are 11 IWCs, and all their services are free (Government of CABA, 2017). Each IWC is dedicated to a specific commune of Buenos Aires. The centers are for women over the age of 18 and generally operate Monday through Friday. Their team is made up of psychologists, social workers, and lawyers. Their services include individual and group therapy, legal advice, and group workshops (Government of CABA, 2017).

Different subprograms are carried out in some assistance IWCs that include “Bonds,” "Non-violent Relationships," "Assistance to Women Victims of Sexual Crimes," "Assistance to Violent Men" and "Child Abuse Assistance" (Government of CABA, 2017). "Bonds" seeks to aid women who are abused by their children (over 14 years of age) through reflection and psychological support groups. "Non-Violent Relationships" focuses on providing assistance to women aged 14 to 21 who are in violent relationships through individual and group therapy, support groups, and reflection groups. "Assistance to Women Victims of Sexual Crimes" is for women who have suffered any kind of sexual violence. This program offers individual and group therapy, reflection groups, and workshops. "Assistance to Violent Men" is for males over 18 years old who want to change their violent behaviors and gain a gender-inclusive perspective. Finally, "Child Abuse Assistance" is a program for adolescents up to 18 years who are in violent situations. The program tries to provide them with assistance through reflection groups and individual and group therapy. Each of these subprograms has meetings in some IWCs that specialize in assistance (Government of CABA, 2017). Although the IWCs' staff of psychologists, lawyers, and social workers only works with women over 18 years, the subprograms have a different staff that is able to assist men and adolescents; the IWCs simply provide a meeting place so these subprograms can take place.

3.3 Group Therapy as a Strategy to Aid Victims of Violence Against Women

Regarding victims of violence against women, a previous investigation of mutual aid groups (MAG) to be operating within community organizations, not so much within the national scope. It has been revealed that they fulfill an important role in the recovery of women in the situation of VG" (Fernandez, 2016). Mutual aid groups are less traditional forms of group therapy but can still create "conditions of possibility for a better and faster recovery of the

devastated, favoring the processes of re-dignifying and empowering women" (Fernandez, 2016).

The study describes the functioning of the MAG as follows:

The objectives of the [MAG] include the formation of non-violent relationships as a form of recovery and the questioning of gender stereotypes from group exchanges. Sharing your situation among others recomposes ties, provides contacts; listening to other experiences gives you better ideas for implementing coping skills, empowering yourself, etc. The professionals intervene, facilitating the exchange, containment, and coordination. (Fernandez, 2016)

In addition to these groups, there are other forms of similar mental health resources such as group workshops and reflection groups that take place in the IWCs.

Brabender et. al.'s *Essentials of Group Therapy* discusses the history of group therapy. The idea of group therapy originated in the United States in the first half of the twentieth century when Joseph Pratt decided to create a group for patients with tuberculosis, so that the patients could share their difficulties and coping mechanisms (Brabender et al., 2004). Throughout the first half of the century, more people began to pay attention and experiment with group therapy, but a great growth coincided with the Second World War. The Second World War resulted in many mental problems such as post-traumatic stress disorder (PTSD) and a significant increase in patients with mental problems. This led to the use of group therapy as professionals could treat more than one person at a time. After World War II, the Community Mental Health Movement and the creation of more than 500 mental health centers also led to a more frequent use of group therapy (Brabender et al., 2004). Group therapy is still developing, but we now have more qualified professionals, and diverse forms of therapy that can help more than one type of person are also accepted (i.e. art therapy).

Group therapy is psychosocial treatment in which patients come together to have a discussion. The moderator is a licensed therapist. Brabender et al. (2004) talk about the five supporting factors that exist in effective group therapy: the installation of hope, acceptance, altruism, universality, and cohesion. The installation of hope refers to the goals of the group and the ability to see possible and positive results. Acceptance expresses the way in which the members of the group treat each other. Altruism refers to the selfless concern for others' well-being. Universality alludes to the feeling that we are not alone with our difficulties, and finally, cohesion refers to the sense of union with other people. It is important to include each factor to ensure the effectiveness of group therapy.

Objectives

1. General Objective

The general objective is to investigate mental health services, with emphasis on the IWCs in Buenos Aires, that prevent violence against women and assist victims.

2. Specific Objectives

The specific objectives are:

- Identify what mental health services are available in CABA to address this problem,
- Explore the functioning of the IWCs and the group care strategies they use,
- Analyze the impact and availability of these services.

To respond to these objectives, this paper will analyze government documents, official websites, and other educational sources explaining what the IWCs are and how they work.

Methodological Strategy

To respond to the questions posed by this research, an exploratory qualitative study was conducted. It was considered necessary to utilize secondary sources such as official

documentation about the available government resources and material from movements trying to bring attention and respond to the current situation. Theoretical material produced on the subject was consulted. In reference to the primary sources, material obtained during class lectures and activities was utilized. The following are the sources of inquiry into this research:

1. Primary Sources

The study focuses on the mental health services offered by the Integral Women's Centers (IWC) in Buenos Aires, Argentina. IWCs are community centers that specialize in the assistance or prevention of gender-based violence and offer many group services, such as group therapy and workshops, that can improve mental health. During class activities taking place at ISALUD University and National University of Quilmes in Buenos Aires, Argentina, I had the opportunity to listen to government employees speak about violence against women and the IWCs, and I was also able to ask questions specific to my study. Furthermore, I was able to take notes during class lectures pertaining to my topic.

2. Secondary Sources

I studied secondary sources such as academic articles to obtain statistics relevant to my topic. The sources included previous studies, documents officially published by the Ministry of Health, national laws, and newspaper articles. I also viewed public videos posted by the IWCs of Buenos Aires that showed some of their workshops in progress.

Results

1. Violence Against Women

Violence against women includes silent and less obvious forms that usually begin before physical violence, although these forms are not recognized as frequently. There are many types of violence against women as well as distinct levels, but when someone thinks of this issue it is

most common to think of femicide or physical violence. Since these forms can be seen (bruises, wounds), it is easier to identify them. Furthermore, many people know that violence against women is a health problem, but they usually think about physical health, not mental health. Nonetheless, violence against women can manifest itself in any form and affect any aspect of health, physical or mental (Ciudad Social, 2011). For example, possible symptoms include: internal lesions, hemorrhages, menstrual cycle alteration, insomnia, PTSD, alcoholism, drug addiction, depression, low self-esteem, depersonalization, isolation, suicide, and femicide (S. Larcamón, personal communication, 2017).

2. The Role of the Society

Violence against women cannot be solved by the mental health professionals alone as there is a social environment independent of the professionals and available services. The patriarchal society contributes to the continuation of violence against women. For example, sexism creates gender roles, such as that of the ideal woman, that revolve around the idea that a woman needs to satisfy someone (her partner, family, etc.) in order to be valued (C. Touris, personal communication, 2017). Therefore, gender roles can generate a lot of pressure for women. For example, many women feel pressured to keep their family together. When the woman's husband is the abuser, she might say: "How can I denounce the father of my children?" In addition, the stereotype of the ideal woman can generate a sense of guilt in women when they do not think they meet the requirements. During a creative workshop of one of the IWCs, the women created a poster with photos where they represented the ideal woman according to society (Arminda Aberastury Integral Women's Center, 2017). Pictures of magazines, books, films and others were used to show this stereotype. In another part of the poster, the women created a word map to express how what they thought about this stereotype. Some of the

characteristics they mentioned were white, skinny, rich, organized, and seductress. This example of symbolic violence results in an obligatory feeling that one needs to be the ideal woman, although this is an impossible goal to achieve (C. Touris, personal communication, 2017).

3. IWCs' Services

The Integral Women's Centers (IWC) are community centers specializing in assistance or prevention of violence against women. Currently in Buenos Aires there are 11 IWCs, and all their services are free (Government of CABA, 2017). Each is dedicated to a specific commune of Buenos Aires. Their team is composed of psychologists, social workers, and lawyers, and their available services include individual and group therapy, legal advice, and group workshops. Some workshops are creative while others are reflective.

There is only one IWC that offers group workshops, and it is part of the Program to Strengthen Policies of Equal Opportunities, which focuses on prevention of gender-based violence (A. Senorans, personal communication, 2017). On the other hand, the rest of the IWCs fall into the assistance category. The preventative IWC offers creative and reflective workshops. The creative workshops focus on artistic creation. During the activity, women work together to create something. This workshop can remedy negative symptoms associated with victims of violence against women such as low self-esteem and isolation. During these activities, each woman contributes her own ability to the group's creation, and this collaboration results in a sense of community. In addition to increasing confidence and providing a sense of community, this workshop also provides an opportunity to rebuild social networks. As many women in violent situations experience isolation, it is important that they reintegrate and rebuild their support network (S. Larcamón, personal communication, 2017). Working with other participants during the workshop results in conversation and possible connections.

In addition to creative workshops, reflective workshops can alleviate negative symptoms such as low self-esteem and isolation (Ciudad Social, 2011). The reflection groups take place each week and focus on sharing coping skills, discussing direct consequences on victims' health, and imagining situations of violence and how to manage them. During November of 2017, the topic of the workshop was "The Woman and Self-esteem" (Arminda Aberastury Integral Women's Center, 2017). Each week, the group gathered to discuss topics such as the pressure of being a perfect woman and how gender stereotypes can affect self-esteem. The workshop provides an opportunity for women to get together and talk. They also help participants recognize all forms of violence against women, especially the silent ones. This is crucial as the first step in overcoming violence against women is recognizing the multiple forms of violence against women.

Group therapy is another service offered by IWCs that can remedy negative symptoms such as low self-esteem, isolation, devaluation, and naturalization. In each group there are approximately five or six women and a moderator, who is a licensed psychologist. Each session lasts approximately an hour and a half and functions as a round table in which each woman can express herself and share her own story. Many times, these women have not told anyone their stories, so sometimes it can be difficult to integrate a new woman into the group (A. Senorans, personal communication, 2017). However, when a woman decides to tell her story, she receives validation from the others and the moderator. Women can also identify with each other during the session. It is common for a victim of violence against women to feel isolated and that she is the only person suffering. Group therapy provides an opportunity to hear similar stories, so victims can identify with other women and put their stories in perspective with the others (S. Larcamón, personal communication, 2017). In addition, many victims need to change their

relationships and rebuild their social networks. Group therapy encourages interactions between women and provides a community where they can begin to re-socialize and reintegrate.

4. Difficulties

Although the IWCs provide many beneficial services, there are still difficulties, especially with employees. The team is sufficient in number, but some centers have older employees or very young employees (A. Senorans, personal communication, 2017). In those with older workers, the employees have difficulty adapting to the newly digitalized processes. Much of the work is now digitized, but some employees do not want to adapt because they prefer to use their older methods. It may also be challenging to form a connection between a 70-year-old employee and a 20-year-old patient because society and women change with each generation. Sometimes employees are unable to connect with younger women because they are set in their ways and are not going to change. On the other hand, in the centers with very young employees, the employees may lack experience to effectively handle a difficult situation, so the best service possible is not always provided. Burnout is another difficulty affecting employees and their service that occurs when an employee gets tired because he/she is frequently listening to the same things and his/her work can be emotionally heavy. Because of burnout, employees may start to dread working, and this can directly affect the quality of service given. To decrease the frequency of burnout, there are monthly supervision sessions where employees come together to discuss and help others. These act as an exchange of opinions and coping mechanisms (A. Senorans, personal communication, 2017).

In addition to the difficulties faced by the IWC team, there is also a great challenge in making the public aware of the IWCs and their services. Some women know that the centers exist, but nothing more. Thus, few women visit the IWCs to get help or use the services. "The

availability and effectiveness of the IWCs are not important if women do not come" (A. Senorans, personal communication, 2017). Furthermore, although some women know about the services, it is still a huge decision to visit a center for the first time. Worldwide, only one in ten women in violent situations asks for help (A. Senorans, personal communication, 2017). Many do not want their neighbors to know about their situations because they are very personal and intimate to them. Another challenge is providing resources for men that promote gender-inclusive perspectives. The efficacy of interventions with women may be questionable if their abusers stay the same and do not change. There is a subprogram called "Assistance to Violent Men," but apart from this there are no more available resources.

Conclusions

In CABA there are many mental health services available to victims of violence against women. These include the Women's Office, Office of Domestic Violence, women's police stations, Line 144, and the Victims Against Violence program that is in charge of Line 137. Apart from these, the IWCs offers two types of mental health services for victims: therapy, which is offered in individual or group formats depending on the woman's preference, and group workshops which are creative or reflective and function as a round table for women to express themselves and interact with others.

As many women in violent situations experience isolation, it is important that they can rebuild their social networks. Reflective workshops and group therapy give them a good chance to do so because they provide a sense of community and identification with other participants (S. Larcamón, personal communication, 2017). More specific to group therapy, the sessions are more structured. For example, the group meets every week. Also, the sessions are not open to the public, and women have to have an interview in the IWC before they can attend. During group

therapy sessions, participants can hear the opinions and personal experiences of others which can serve to put their own situations into perspective. Sharing or listening to a personal experience facilitates the development of interpersonal relationships because it implies that there is trust between the speaker and listeners. In addition, creative workshops also help rebuild the social network, but in another way. Those of reflection consist of sharing, listening, and reflecting while creative workshops are more abstract and based on collaboration to create an artistic expression.

Although the IWCs' services provide many benefits, the centers still struggle with difficulties. Some IWCs have older employees, and in this situation, it may be difficult to achieve a connection between an employee of 60 or 70 years and a 20-year-old patient as society and women change with each generation (A. Senorans, personal communication, 2017). Sometimes employees are unable to connect with young women because they have already set their styles of engagement with patients that might not work well with newer generations. Furthermore, the number of older employees may affect which women visit the center and continue to visit after the first time. On the other hand, other IWCs have mainly younger employees with little experience, and therefore they may not know how to handle some demanding situations and may not provide the best possible service. This can also influence who comes to the center and continues to visit after the first visit. It may be difficult to achieve a connection between a 25-year-old employee and a patient of 60 or 70 years. To help employees who may be experiencing burnout, supervision provides an opportunity for employees to come together to discuss difficulties and stress and help others. They work as exchanges between professionals. However, they are only conducted once per month, even though most employees work five days a week. Hearing traumatic stories and working with victims of violence every day

can result in a lot of stress and therefore, monthly supervisions are not sufficient to alleviate these situations.

Although there are available mental health services, violence cannot be solved only by professionals because of the social environment independent of the available resources. It is clear that this patriarchal society contributes to violence against women. For example, sexism generates gender roles. If women cannot fulfill their expected roles, they feel devalued because the macho society objectifies them and gives them the responsibility of satisfying their partner, family, etc. For example, until recently there was a law that did not allow a woman to divorce her husband (C. Touris, personal communication, 2017). Therefore, if a woman had been in a situation of violence, she could not leave the house because that would constitute an abandonment of her family. Although this law does not exist today, this sense of responsibility still does. For example, earlier I mentioned an example of a woman who told her psychologist: "How can I denounce the father of my children?" In this case, the woman assumes full responsibility for keeping her family together. She gives more importance to satisfying this responsibility than she gives to her own life. Also, her emphasis on the word *father* shows that she still sees her husband as an integral part of her family, not as an abuser. This situation demonstrates the naturalization that allows women to ignore and excuse violence, which results in a sense of guilt. In addition to this pressure, the stereotypes of society's ideal woman can generate guilt in those who do not think they meet the requirements. For example, earlier I mentioned a poster that showcased characteristics of the ideal woman. In this situation, why do the women feel that they need to be the ideal woman, and why does being the ideal woman need to have specific features? Because it is what the patriarchal society demands, and if women want to be valued by members of this society, they have to satisfy them. Moreover, machismo only

places importance on the characteristics in agreement with the role of women in patriarchal society. Therefore, many women who have other characteristics do not feel that they are good enough.

The idea that women have to fulfill their expected roles can also be seen in the distribution of mental health services. There are not a lot of resources or programs to promote a gender-inclusive perspective in men, but the utility of working with a woman and reaching a turning point may be limited if her abuser stays the same and does not change. There is one subprogram called "Assistance to Violent Men," but apart from this there are no more available resources for men to promote a healthy change so that they can see women as equals, not as objects for satisfying themselves. The lack of therapeutic resources for men reflects the idea that women are always responsible. Women are the ones that have to change. They go to therapy and workshops while the men do nothing. The fact that women are the only ones working to end the violence results in the feeling that their situations are personal and intimate problems, and that is why many times they do not want to share them. If a woman arrives at a center alone, she may see her arrival as an indication that she is not the ideal woman since she has problems that the ideal woman should not have. However, violence against women is not an individual problem that women have to fight alone. Everyone must change their mindset and realize the role society plays in the production of violence against women.

Future Research

During this investigation, I was not able to interview or survey women who use the IWC's services because this population is particularly vulnerable. One would have to go through a lengthy process to receive institutional review board approval for this type of research, and I was not able to accomplish this as I had a limited time in Argentina. However, future research

involving anonymous interviews and/or anonymous surveys given to women who have visited and used the IWC's at least once would provide useful information on the effectiveness and availability of these services. It could also give us ideas on how to improve the IWC's and their services so that more women are able to access them and receive adequate support. Furthermore, to date, no investigations of the prevalence and effect of machismo on violence against women in the Argentinian society have been conducted. I believe that additional research regarding the link between violence against women and the patriarchal society should be conducted in Argentina. Future research on this connection could help us understand how to improve resources for victims of violence against women and how to better prevent violence against women from occurring.

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