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Impact of gender violence against women in the couple relationship. Narrative review

Impacto de la violencia de género contra las mujeres en la relación de pareja. Revisión narrativa

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Abstract:

In this article, a scientific theoretical review was carried out on the impact of gender-based violence against women in the relationship, with the aim of providing adequate comprehensive care for women in this situation. It was found that gender violence arises from a social structure that legitimizes values, norms and beliefs that generate violence, discrimination and exclusion against women; furthermore, it is a public health problem, because it negatively impacts the physical, psychological, economic, sexual and reproductive health of women, as well as their children. The affectations that are most referred to are the development of mental disorders, among which are depression, anxiety and PTSD; Likewise, the sexual and reproductive life of women is affected, in addition to absenteeism from work, poor performance and the replication of violence by children. It is concluded that when psychological care is provided, it should not only be approached as a health problem, but also as a social problem; Therefore, in addition to making use of scientifically validated therapies, the gender perspective must also be used.

Keywords:

Gender violence, Impact, Health, Women.

Resumen:

En el presente artículo se realizó una revisión teórica científica sobre el impacto de violencia de género contra las mujeres en la relación de pareja, con el objetivo de brindar una atención integral adecuada para las mujeres que se encuentran en esta situación. Se encontró que la violencia de género surge de una estructura social que legitima valores, normas y creencias que generan violencia, discriminación y exclusión contra las mujeres; además, es un problema de salud pública, porque impacta de manera negativa la salud física, psicológica, económica, sexual y reproductiva de las mujeres, así como de sus hijos. Las afectaciones que más se refieren son el desarrollo de trastornos mentales entre los que destacan, depresión, ansiedad y TEPT; asimismo se ve afectada la vida sexual y reproductiva de la mujer, además de ausentismo laboral, bajo rendimiento y la réplica de la violencia por parte de los hijos. Se concluye que cuando se brinda atención psicológica, no solo se debe abordar como un problema de salud, sino también como un problema social; por lo que además de hacer uso de terapias científicamente validadas, también se debe hacer uso de la perspectiva de género.

Palabras Clave*:*

Violencia de género, Impacto, Salud, Mujeres.

INTRODUCTION

Violence is a product of social relations that is generated in different contexts and represents a flagrant violation of human rights; it is also a public health problem, since it represents one of the main causes of mortality and morbidity in the world, which is why it has been addressed from different perspectives and by various organizations and institutions.

The World Health Organization (2002) defines violence as the deliberate use of physical force or power, whether threatened or actual, against oneself, another person, or a group or community, that causes or is highly likely to cause injury, death, psychological damage, developmental disorders or deprivation. According to the above definition, the exercise of violence is not natural because it has an intentionality; it occurs in an asymmetrical relationship that generates inequality; it can be exercised against different people and in different public and private spaces; and it causes pain, suffering and illness. Thus, violence is not just one and is not expressed in a homogeneous way, but has multiple faces and is supported by different social dynamics and norms, such as, for example, gender violence.

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Gender violence affects most women, as it postulates that there is a social order that benefits men, privileging the masculine and devaluing the feminine; generating inequalities and gender stereotypes. This violence is not only directed towards women, it can also be directed towards any person to establish, maintain or reinforce differences between genders (Castro, 2012); however, gender violence against women does involve violence that occurs only against women and girls for the fact of being women.

This violence can occur in different public or private settings such as the community, institutions, the workplace, school and the family. In the family setting, domestic violence is very common and refers to any behavior that causes or may cause physical, psychological, economic, patrimonial or sexual harm to the members of the relationship, where both live under the same roof and are married or in a free union (cohabitation); it also includes violence in dating relationships (Castro 2009). The Ministry of Health (2010) adds to domestic violence the relationships of: lover, ex-spouse, ex-concubine, ex-girlfriend/boyfriend and ex-lover. This violence in the relationship of couples is considered gender violence because it occurs as a result of power inequalities based on gender, which promotes the control and submission of men over women (Ward, 2002, as cited in Castro, 2012).

Gender violence in relationships is multifactorial, but one of its main causes is the patriarchal culture that legitimizes cultural norms and values that postulate the superiority and domination of men over women and place them in a position of subordination and submission to them. A situation that, in addition to generating unequal relationships between genders, causes discrimination, exclusion and violence in any of its types and modalities against women and girls. These cultural values are reproduced through social, educational, health, religious, labor, judicial institutions, the media, and the family; giving rise to gender violence, which plays a relevant role in relationships, since the family is an environment conducive to violent relationships.

Another factor refers to the characteristics of a country, such as the low level of economic and educational development, which prevents the empowerment of women by not having the same opportunities to access employment, education or exercise their rights (Kaya & Cook, 2010 as cited in Puente et. al., 2016), which places them at greater risk of vulnerability.

The following factors refer to those that are present in the context where abuse or violence occurs; they can be family or individual. The former are associated with having a greater number of children, marital status, a low level of satisfaction in the relationship, committing violent acts and stress as a consequence of the various negative situations that arise and that favor different forms of family interaction and functioning; and the latter include being pregnant, attitudes that favor or justify violence, feelings of guilt, shame, fear and depression in female victims, hostile behavior in both members of the couple, and alcohol and drug abuse (Stith et al., 2004 and Dutton, 2006; as cited in Puente et al., 2016).

Patriarchal culture, together with the accumulation of several of the aforementioned factors, has led to an exponential increase in gender-based violence. According to the WHO (2021), worldwide, approximately one in three women (30%) aged 15 to 49 have experienced physical and/or sexual violence in a relationship at some point in their lives; in addition, 38% of murders of women in the world are committed by their partners.

In Mexico, the National Institute of Statistics and Geography (2020) indicates that, based on the results obtained in the National Survey on the Dynamics of Household Relationships (ENDIREH, 2016), 43.9% of surveyed women aged 15 years and older have suffered gender violence from their current or last partner throughout their relationship. In this survey, the most frequent type of violence was emotional (40.1%), followed by economic or patrimonial (20.9%), physical (17.9%) and sexual (6.5%); and the states with the highest occurrence of gender violence in the relationship were: State of Mexico, Mexico City, Aguascalientes, Jalisco and Oaxaca (INEGI, 2017).

The State of Mexico has a high frequency of marital and dating violence. In marital relationships, the most common type of violence is emotional, followed by physical and then sexual. In dating relationships, the most common type of violence is sexual, followed by physical and then emotional (Universidad Nacional Autónoma de México, 2019).

Due to the above, gender violence constitutes a serious public health problem, since its consequences violate the physical, mental, social and labor well-being of women, which prevents them from accessing their human rights, and consequently, the optimal development of their potential. In the words of the Panamerican Health Organization (2002), gender violence against women in relationships has negative consequences for physical, mental, sexual and reproductive health. At the physical level, these consequences manifest themselves through direct injuries, permanent or temporary disabilities; at the mental level, there is a greater risk of suffering emotional problems such as depression, anxiety, alcohol abuse, behaviors related to suicide; and at the sexual level, sexually transmitted diseases, sexual dysfunctions, and at the reproductive level, unwanted pregnancies, among others. For this reason, the WHO (2013) points out that it is necessary to redouble efforts to prevent and address gender violence, as well as to promote the exercise of Human Rights in women and end gender inequalities.

Therefore, since gender violence against women in intimate relationships is very common, it is necessary to know the impact of such violence on the physical, mental and sexual health of victims, which will allow us to provide adequate comprehensive care to reduce its adverse effects.

METHOD

A review of theoretical-scientific information was carried out about the consequences or impact of gender violence in intimate relationships, so books and articles were included to obtain the information searched randomly that met previously established selection criteria. Among the established criteria, the search for scientific articles, current and reliable statistical information on the problem, books by authors who had a long history of research on the subject, and considering an age of no more than 5 years in the information reviewed. The descriptors used were: gender violence, couple, women, impact, physical, mental, sexual, reproductive health, work consequences, impact on daughters and sons of victims of gender violence. Subsequently, the search chain for the research was the following: the topic of gender violence was selected, then information was located on the causes of gender violence in the relationship between couples; consecutively, a search was made on the impact of this on the physical, mental, sexual, reproductive and occupational health of women; as well as on their sons and daughters. The main metasearch engines used were Google, Redalyc, Dialnet, PsycINFO and Medline.

RESULTS

There are various studies around the world that confirm that gender violence against women in intimate relationships has a great impact on a personal level, since in addition to representing a risk to physical, sexual, reproductive and mental health in the short, medium and long term, it also disrupts the functioning of women in different areas of their daily lives, such as work, family and social life.

Impact on physical health

The physical health consequences of gender-based violence against women in intimate relationships can be immediate or long-term; temporary or permanent; chronic or fatal. Furthermore, the more severe the violence, the greater the negative consequences at a physical and mental level; and they can persist over time, even after the abusive relationship has ended.

The most immediate consequences on physical health include injuries such as cuts, lacerations, bruises, puncture wounds, burns or bites, contusions, broken teeth and bones, acute and chronic pain, muscle injuries and damage to the eyes and ears; serious damage that can cause disabilities; digestive system or other organ problems; or even death (Perusset, 2019; WHO 2021b).

Similarly, various studies indicate that women who are victims of abuse by their partners show a greater deterioration in health compared to those who do not experience violence, express a high frequency of non-specific medical complaints and chronic problems, require more assistance from health services, go to emergency rooms more frequently and are more likely to be hospitalized or undergo surgery. In addition, they tend to have chronic pain (head, neck, back, extremities, pelvic and genital area, thoracic, etc.); and the stress generated by violence causes deficiencies in the immune system, causing a decrease in defenses and greater vulnerability to infections (Amor, et al., 2006).

In the long term, the effects on physical health are associated with chronic stress generated by violence, which includes neurological, cardiovascular, gastrointestinal, muscular, urinary and reproductive diseases. Eating disorders, diarrhea or constipation, fainting, frequent or severe headaches, difficulty urinating, sleep problems, shortness of breath and neurological symptoms may also occur (Montero et al, 2004; as cited in Perusset, 2019).

Worldwide, 42% of women victims of intimate partner violence report some injury as a result of it; and 38% of murders against women are committed by their partners (WHO, 2021a).

Impact on mental health

According to Ballester and Ventura (2010), the psychological impact that a victim of gender violence can have on a relationship can be observed at two moments: a) after the violence, where the woman presents acute symptoms that can subside if she receives the indicated help and if the violence stops, and b) in the long term, which derives from repetitive abuse and which usually persists over time.

Various investigations report that, in the long term, women who are victims of abuse in their relationship tend to present more frequently with Post-Traumatic Stress Disorder (PTSD), Depression and Anxiety (Amor et al., 2001; Amor et al., 2002; Matud, 2004; Labrador et al., 2010; Prieto, 2014; WHO, 2021).

Similarly, Preciado et al. (2010) pointed out that women in this situation have a significant prevalence of some depressive disorders, specifically Major Depressive Episode (current and past); Dysthymic Disorder; Manic Episode and Mild Suicidal Risk; as well as anxiety disorders, including Panic Disorder, Agoraphobia and Generalized Anxiety Disorder. Prieto (2014) adds Specific Phobias, Panic Disorder and Obsessive-Compulsive Disorder.

Regarding depressive disorders, Patró et al. (2007) indicate that the symptoms of depression range from mild to moderate and increase with greater intensity of the violence experienced, greater presence of additional stressors and lower levels of social support. It also increases when women present personality traits that tend to experience life in a pessimistic way and focus their attention on external threats that put their

safety at risk (preservation); to adapt to situations created by others (adequacy); to show shyness, insecurity and inhibition in different social contexts (indecision); to show greater willingness to be servile and accommodating to others (submission); and to feel unfairly treated by others (discontent).

In addition to depressive and anxiety disorders, women in situations of intimate partner violence may also manifest psychosomatic disorders, which refer to physical illnesses generated by the stress caused by violence; eating disorders; sexual dysfunctions; dissociative symptoms that can be isolated or may be part of an identified disorder; sleep disorders; substance abuse, especially alcohol; and suicide attempts, which are more frequently observed in women victims of intimate partner violence, with depression and PTSD (Prieto, 2014; WHO, 2021); low self-esteem, social isolation, and maladjustment to daily life (Amor, et al. 2002; Matud, 2004; Amor et al., 2006; Labrador, et al., 2010); thus causing a significant deterioration in daily functioning.

On the other hand, the personality of women in situations of domestic violence can be a resource to respond to their environment in a flexible way, which allows them to get out of the situation they are in and seek healthy relationships, but it can also be a risk factor that keeps them in the relationship where maladaptive relationship patterns prevail, which have remained due to violence in the relationship, because they are automatic and repetitive. Regarding the subject, there is little research, however, Giménez (2012) found that women abused by their partners present the following personality traits: low extroversion, which indicates a tendency to withdraw, to be less expressive and to seek to be alone more; low self-control that is linked to impulsiveness; and high hardness that is expressed through resistance to change and to accepting points of view different from their own.

Likewise, Ballester and Ventura (2010) found in a study that women who experienced depressive symptoms, which persisted over time due to the chronicity of partner violence, more frequently presented compulsive, dependent and histrionic personality.

The personality traits mentioned in both studies speak of behavioral patterns that make women more vulnerable to remaining in a violent relationship. For example, in the study by Giménez (2012), the tendency to withdraw causes social isolation, which is observed in many women in situations of violence; impulsiveness can be associated with reacting immediately to episodes of violence, making unplanned decisions, and letting oneself be carried away by the immediate feelings generated by the aggressor, including moments where there is no tension or violence; and high hardness can be related to the belief of remaining in a family structured as it "should be" so that one does not consider leaving the situation despite the suffering.

According to the study by Ballester and Ventura (2010), compulsive personality traits can also be related to the tendency to follow established social rules and norms related to gender and the relationship; dependent traits with the adoption of a passive role in the relationship and the desire to make the other person happy, putting their well-being first; and histrionic traits with the attempt to reassure their partner and resolve conflicts, guided by "romantic love" and sacrificing themselves in order to receive their approval and praise.

Finally, because cognitive schemes are part of the personality, it is important to mention the way in which violence affects the cognitive schemes of the victims (Arias & Pape, 1999; Dutton, et al., 1994; as cited in Calvete, et al., 2007), especially those related to self-esteem and self-efficacy (McCann, et al., 1988 as cited in Calvete, et al., 2007).

Calvete et al. (2007) conducted a study with women suffering from PTSD who were victims of gender violence by their partners. The results indicated that they had a higher score in the early maladaptive schemas (proposed by Young, 1999) of Mistrust/Abuse and Vulnerability to harm. The first consists of the belief that others will harm, humiliate, or take advantage of her, a situation that is consistent with the abuse they experience; the second refers to the belief that something catastrophic will happen to her and she will not be able to cope, which generates high anxiety and activation characteristic of PTSD. Similarly, significant scores were also found in the schemas of Abandonment, Imperfection/Guilt, Dependence, Attachment, and Social Isolation. These schemas are related to the usual cognitions observed in these women: the idea that if she is abandoned by her partner she will be alone forever and will have no one to lean on; the belief that he or she is an inferior and undesirable person; the insistence that he or she is to blame for his or her partner's abuse; and the intense bond that he or she creates with the abuser because he or she feels incompetent and incapable of making decisions and needs a strong figure to guide him or her (his or her partner).

In accordance with the above, it is shown that women who suffer gender violence from their partners more frequently develop mental illnesses, as well as other maladaptive behaviors and cognitions that significantly alter their lives and that on many occasions place them in a vulnerable position of suffering further violence or remaining in the same situation.

Impact on sexual and reproductive health

In general, research has shown that women who experience gender-based violence in their relationships have little or no desire to have sex with their partner, difficulty or inability to reach orgasm during sex, lack of freedom to make their own

decisions about their sex life, impaired sexual functioning, and problems establishing or enjoying relationships with other people (Martínez, 2015).

Women who experience sexual violence in their relationships are more likely to have negative effects on their sexual and reproductive health. Among the most frequent physical consequences are vaginal, gynecological, or urinary tract infections and chronic pelvic pain or pain during sexual intercourse. Abdominal trauma, gynecological trauma (especially when objects are used to rape the partner) such as vaginal tears, hemorrhages, vaginal bleeding, infections or ulcerations, and other genital injuries can also be reported (Rufa & Chejter, 2010; WHO, 2021). At the psychological level, the studies reviewed indicate a higher prevalence and severity of PTSD, depression, suicidal ideation and a negative concept of one's body (Martínez, 2015).

Regarding reproductive health, it has been observed that violence can hinder agreements regarding having sexual relations, deciding on the use of contraceptives and planning pregnancies; therefore, unwanted pregnancies, high-risk pregnancies, those with complications and abortions in unsafe conditions or spontaneous abortions are frequent. Other risks for the fetus or newborn are low birth weight of babies, a higher probability of perinatal death, premature birth, etc. (Martínez, 2015).

Late and/or insufficient prenatal care can also be observed; fetal bruises, fractures and hematomas; rupture of membranes; sexually transmitted infections, including HIV, or maternal death (Rufa & Chejter, 2010; WHO, 2021).

Impact on work activity

In recent decades, women have entered the workforce to a greater extent, which has given them the opportunity to be self-sufficient, have more resources, increase their autonomy and, in many cases, improve their self-esteem. However, when women experience gender violence in their relationship, having a job can represent an additional source of stress that increases the violence experienced.

Some research on the consequences of partner violence against women in the workplace indicates that these include women being limited or prevented by their partner from entering the workforce, directly or indirectly, in order to maintain greater control and power over them; that they are at greater risk of leaving their job or being fired prematurely; that they are more likely to be changed from one position or workplace to another due to violence; and that they work less time, are less productive and, consequently, generate less income. Furthermore, domestic violence could be reflected in delays, absenteeism, lack of concentration and low quality in the work performed according to Irene Casique, researcher at the National Autonomous University of (2012).

Impact on daughters and sons exposed to gender violence

Children exposed to gender violence against their mothers experience a series of negative repercussions at a physical, psychological and social level, especially when, in addition to being witnesses, they are also victims of that violence. One of the main consequences is the loss of security and confidence in the world and the people around them, especially when the aggressor is the father and the violence occurs in the home that for him or her should represent a place of protection and refuge. This generates a feeling of helplessness and concern that the traumatic situation will be repeated, which inevitably produces anxiety that can become paralyzing at some point (Patró & Limiñana, 2005).

Sternberg et al. (2006, as cited in Alcántara, et al., 2013) point out that these children have a high probability of presenting internalizing or emotional problems, such as anxiety, depression and somatizations; and externalizing or behavioral problems such as not following rules or reproducing violence. They may also present a low capacity to maintain social relationships and decreased school performance (Adamson & Thompson, 1998; Rossman, 1998; as cited in Patró & Limiñana, 2005), as well as high levels of traumatic symptoms (Hughes, 1988; Maker, et al., 1998 and Stenberg et al., 1993; as cited in Patró & Limiñana, 2005). Bayal (2004, as cited in Ordoñez & González 2011), mentions that the main consequences for minors directly exposed to gender violence are: at a physical level, developmental, sleeping and eating problems; at a psychological level, anxiety, depression and PTSD; at a cognitive level, language and learning problems; and at a behavioral level, a lack of social skills, immaturity, violence and addictions.

In this sense, Ordoñez and González (2011) indicate that the consequences in the social sphere in children exposed to gender violence by their partner are difficulties in relating to people, problems of violence or shyness, a tendency to interpret the behavior of others in a hostile way, and deficits in problem solving. In the emotional area, these boys and girls may show a lack of empathy, difficulty in identifying and understanding their own and others' emotions, and problems of impulsiveness. In the area of cognitive development, the main deficiencies observed are low self-esteem, learned helplessness, fear of failure, low tolerance to frustration, problems of egocentrism, and a tendency to be more permissive with their transgressions. All these consequences directly impact the school area, producing low academic performance, absenteeism, and deficits in attention, concentration, and motivation.

Finally, the long-term effects that can be observed in the children of women who are victims of gender violence by their partners are the learning and reproduction of violent behavior in future relationships in adulthood.

DISCUSSION

Gender violence against women is a social problem because it arises from a social structure that implies a hierarchy in terms

of inequality between both genders; which legitimizes values, norms, beliefs, meanings of being a man and a woman, behaviors, traditions and cultural practices; which generate a relationship of subordination of women to men, thus preventing the satisfaction of their basic human needs and causing a violation of their rights, as well as a limitation for the development of their potential. This violence occurs in different areas, but can be observed most frequently in the family, specifically in the relationship between couples, where power inequalities can frequently occur.

Similarly, the WHO points out that gender violence against women is also considered a public health problem, because it negatively impacts the physical, psychological, economic, sexual and reproductive health of women, causing injuries and damage that can sometimes be irreversible or even cause death. However, despite the fact that there is abundant bibliographic information and research on gender violence, there are still many people in the world who believe that today this violence against women does not exist or is minimal; however, because the roots of violence are rooted in a sociocultural environment, it has been normalized and made invisible, hence the importance of knowing the real figures at the global, national and state level of the presence of this problem and the impact it generates in countries and people.

According to the WHO (2021), in the world, approximately 1 in 3 women are abused by their partners, which confirms that violence is learned and reproduced socially, but the greatest damage occurs at a personal level. INEGI (2020) points out that in Mexico, approximately 44% of women have experienced violence from their partners, this tells us that almost half of the population experiences and recognizes it, but the remaining 56% does not mean that they have not experienced it, perhaps a proportion has not identified or recognized it, due to its normalization.

In the State of Mexico, which is an entity with a high prevalence of gender violence compared to the others; marital violence and violence in dating are the most frequent. However, in the marital relationship the most common type of violence is emotional followed by physical; while in dating it is sexual. That is, when couples tend to live together, the aggressor uses humiliation, contempt, confinement, destruction of things, threats, blows, kicks, attempts at hanging or suffocation, etc. as a means to maintain control and submission of the woman since he considers her inferior. While, in dating, single women are mostly controlled and subjugated through their sexuality, whether by manipulating, blackmailing, threatening or forcing them to have sexual intercourse, perform unwanted sexual practices, not use protection or watch pornographic scenes. The above violates the well-being of women, negatively impacting many areas of their lives. Experts point out that, in terms of physical health, the damage caused ranges from a bruise from a blow to serious injuries or even death. In addition to these direct damages, there is also a serious deterioration in health, which manifests itself through various psychosomatic ailments, deficiencies in the immune system due to stress and the appearance of various diseases. Therefore, it is important that medical personnel be trained to detect and identify gender violence in the couple and thus be able to channel the patient to the required psychological or psychiatric treatment.

Regarding mental health, research carried out indicates that women who are victims of gender violence by their partners usually present depressive, anxious, psychosomatic, eating disorders, sexual dysfunctions, substance abuse, Post-Traumatic Stress Disorder and suicide attempts. The above indicates the seriousness of the consequences of gender violence in couples, since, when faced with symptoms of the aforementioned disorders, women may stop being functional in different areas of their lives or find themselves limited.

Similarly, studies indicate that violence can cause women to change their cognitions regarding the way they perceive themselves, others and situations; their behavior, especially in relationships and with people close to them; the expression of their emotions and the control of their impulses. This would lead to a change in personality and the cognitive patterns that support it. Some research indicates that women in situations of domestic violence tend to be more pessimistic, to focus their attention on external threats, to be more helpful, accommodating, dependent, insecure, indecisive, withdrawn, and less expressive; to isolate themselves, to be more impulsive and to be more rigid, which implies a resistance to change and, consequently, to leaving the situation of violence. The above mentioned may be related to the cognitive schemes of Mistrust/Abuse, Vulnerability to harm, Abandonment, Imperfection/Guilt, Dependency, Attachment and Social isolation, more frequently observed in victims of gender violence in the relationship. It is then the job of the psychologist to encourage the patient to identify and modify her cognitions and behaviors that keep her in the abusive relationship.

In sexual health, research indicates that the impact is observed when women do not want to have sexual relations with their partner, or show dysfunctions of this type. However, when sexual violence also occurs, the physical consequences include different types of damage, which can range from pain during sexual relations to serious injuries or gynecological trauma; in the reproductive area; unwanted pregnancies, abortions, fetal problems at birth and even perinatal death are frequent; meanwhile, the psychological repercussions are the appearance of the aforementioned disorders but with greater severity. In the workplace, most studies have shown that women may experience absenteeism, job abandonment, lower concentration and performance, poor quality of work, and lower income generation.

Finally, the impact not only affects women, but also affects their daughters and sons, who experience various negative repercussions at a physical, emotional and behavioral level. These include insecurity, lack of confidence, helplessness,

anxiety, depression, aggressiveness, failure to follow rules, poor academic performance, lack of social skills, and reproduction of violence, among others. According to researchers, children who continue to observe their parents' violence in their relationships as young adults tend to reproduce it in their relationships at later ages.

As can be seen, violence has a great impact on the health of women, as well as on their daughters and sons, but it has a more severe impact on mental health; for this reason, it is important that this problem be addressed and given priority. Today, despite all efforts to eradicate violence, the problem continues to occur at worrying levels, especially in the State of Mexico, where domestic violence has generated a large number of femicides.

Thus, when we talk about psychological care for women who are victims of domestic violence, it should not only be addressed as a health problem, but also as a social problem; therefore, in addition to using scientifically validated therapies, such as cognitive behavioral therapy, we should also use the gender perspective, which will allow us to explain how gender violence is structural; that is, it arises from a patriarchal social organization system that establishes hierarchies between men and women (superior-inferior), and that legitimizes attitudes, behaviors and beliefs that generate violence, discrimination and exclusion against women and girls and against everything that goes against established social norms.

The fact that a psychotherapist who cares for women in situations of violence has this information will help provide higher quality therapy and will allow the patient to understand violence in a broad way and in this way be able to modify thoughts, beliefs, behaviors and attitudes that legitimize the violence that keeps her in this situation.

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