



The footprint of the Colombian armed conflict on women victims of sexual violence

La huella del conflicto armado colombiano en mujeres víctimas de violencia sexual

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ABSTRACT

The objective of this study is to analyze the impact of the Colombian armed conflict on women victims of sexual violence in terms of the following aspects: interconductual, cognitive, emotional, somatic, social relations and spiritual. A qualitative approach with hermeneutic orientation and psychosocial perspective was adopted to address the phenomenon in question. The study population consisted of 10 women leaders from the municipality of Zona Bananera. For the focus group data collection, a semi-structured interview was designed based on the CASIC profile. In the spiritual aspect, faith and religious beliefs have been a fundamental support during the victimizing events, providing a sense of security and hope. It is crucial to highlight that these women have experienced a significant process of resignification of the traumatic event and, at present, play leadership roles as farmers in their territory. Their resilience and empowerment serve as an example for other women victims.

Descriptors: Sexual abuse; Womens rights; health policy; Gender-based violence. (Source: UNESCO Thesaurus).

RESUMEN

Se presenta como objetivo analizar la huella del conflicto armado colombiano en mujeres víctimas de violencia sexual en función de las aristas: interconductual, cognoscitivo, emocional, somático, relaciones sociales y espiritual. Se adoptó un enfoque cualitativo con orientación hermenéutica y perspectiva psicosocial para abordar el fenómeno en cuestión. El segmento poblacional de estudio estuvo conformado 10 mujeres lideresas del municipio de Zona Bananera. Para la recopilación de datos del grupo focal, se diseñó una entrevista semiestructurada basada en el perfil CASIC. En el aspecto espiritual, la fe y las creencias religiosas han sido un soporte fundamental durante los hechos victimizantes, proporcionando un sentido de seguridad y esperanza. Es crucial destacar que estas mujeres han experimentado un proceso significativo de resignificación del evento traumático y, en la actualidad, desempeñan roles de liderazgo como campesinas en su territorio. Su resiliencia y empoderamiento sirven como ejemplo para otras mujeres víctimas.

Descriptores: abuso sexual; derechos de la mujer; política de la salud; violencia de género. (Fuente: Tesauro UNESCO).

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INTRODUCTION

The impact of the armed conflict in Colombia has had an impact on the lives of those who have suffered it, especially on women who were victims of sexual abuse perpetrated by members of armed groups. This crude episode, undeniably traumatic, has left deep scars on these women, who seek to forget this painful chapter. However, the attempt to forget is often unsuccessful, because sexual violence against women generates individual and community terror, when the perpetrators become transmitters of violence, even to the point of silencing complaints with death if necessary (Orduz-Gualdron, *et al.* 2015), (Rodríguez-Escobar & Rodríguez-Escobar, 2014), (Chaparro-Moreno, *et al.* 2022), (Scott-Baker, 2021), (Wilches, 2010), (Venegas-Luque, *et al.* 2017).

In response to this stark reality, in recent years, the Colombian State has undertaken a process of care for women sexually abused during the armed conflict. This effort is presented as a restorative measure to restore the fundamental rights violated during this dark episode in Colombian history. The psychosocial accompaniment, known as the "Program of Psychosocial Attention and Integral Health for Victims - PAPSIVI", designed by the Ministry of Health and Social Protection, stands as an alternative to restore women's right to integral health. This program is based on Decree 4800 of 2011, Article 164, and is aligned with the provisions of Law 1616 of 2013, highlighting the need to promote mental health from a community social intervention approach and psychoemotional accompaniment (Aleán, *et al.* 2022).

In this order, PAPSIVI focuses on repairing the psychosocial damage of the population affected during the Colombian armed conflict, addressing the individual, family and community levels. In the present research, it focuses specifically on the population segment made up of women who were sexually violated during this unfortunate episode (Moreno-Camacho & Molina-Valencia, 2020).

From the above context; the current research takes a phenomenological aspect for the methodological approach from a subject - subject interaction (Aldana-Zavala, 2019, p. 106), this being possible, because the author of this manuscript; is a psychologist by profession, who works with a group of women who were victims of sexual abuse during the Colombian armed conflict. The relevance of this research lies in the need to know and evaluate the perspectives of these women who have been psychosocially intervened through PAPSIVI.

The aim is to understand their therapeutic evolution and their social insertion as a restorative process of their fundamental rights. The social interaction with those affected during the rehabilitation process contributes to build knowledge from a naturalistic-qualitative research approach (Ramírez-Elías & Arbesú-García, 2019), thus strengthening the scientific literature on this topic.

The author, in addition, is a professor at the Universidad Sergio Arboleda, Santa Marta branch, department of Magdalena - Colombia. The professional and academic perspective generates the opportunity to integrate social pedagogy (Martínez-Otero-Pérez, 2021), as a transformative pedagogical approach in the application of PAPSIVI strategies. This not only implies a therapeutic approach, but also a pedagogical approach to empower women with the social rehabilitation strategies and techniques applied. The idea is that, by self-replicating the therapeutic experience, these women will motivate others to join the social rehabilitation process.

The continuous interaction with women leaders addressed in the PAPSIVI accompaniment has led to the consideration of additional strategies to complement the emotional care. The training of emotional caregivers or facilitators for psychoemotional accompaniment is proposed, with the objective of contributing to the formation of work teams in the communities. The idea is to incorporate volunteers to the restorative work for those who have not yet been able to overcome the problem of violence generated by the armed conflict.

The researcher's interaction with victims of the armed conflict has led to the systematization of experiences that imply the development of new strategies to complement the integral recovery from emotional work. The design of these strategies is proposed in the light of professional



knowledge and the emotional needs of the affected women. In addition, the aim is to train them as emotional caregivers or facilitators of strategies, thus promoting care based on the experiences of those who have gone through the therapeutic path. This approach is a management based on helping to help, from a cooperative and didactic perspective, with the aim of generating significant social changes.

Social pedagogy, as a pedagogical approach to social groups, contributes to generate social education in the population whose fundamental rights have been violated. Although its application in Colombia represents a challenge, it is crucial to establish greater possibilities for the successful reintegration of women who were sexually abused during the armed conflict. This pedagogical approach is combined with the implementation of public policies that seek to psychosocially rehabilitate the affected population (Torres-Vega, 2019), (Tobías-Loaiza, *et al.* 2011), (Solórzano-Benítez & de Armas-Urquiza, 2019), (Wood, 2015).

This social action is developed in the Municipality of Zona Bananera in the Department of Magdalena, applying PAPSIVI to a group of women victims of sexual violence during the armed conflict as part of the restorative justice process. The experience has led to the consideration of managing the incorporation of new therapeutic strategies. This inductive approach provides the necessary input for the creation of training guidelines oriented by women leaders who are part of the victim population.

Therefore, the focus is not only on psychosocial rehabilitation, which is urgent and important to overcome the emotional gaps that hinder healthy personal development, but also on complementing this action with a social education that transforms the social phenomena present in the complex Colombian social framework. This leads us to reflect on the importance of attending to and rehabilitating the women of the Municipality of Zona Bananera in the Department of Magdalena, a population affected not only emotionally but also economically. It is urgent to give them the opportunity to grow with dignity in the labor market, aspiring to a reintegration that reflects a healthy self-esteem.

In accordance with the above, the objective is to analyze the impact of the Colombian armed conflict on women victims of sexual violence in terms of the following aspects: interbehavioral, cognitive, emotional, somatic, social relations and spiritual.

METHOD

In the present research, a qualitative approach with hermeneutic orientation and psychosocial perspective was adopted to address the phenomenon in question. The methodology focused on the identification of representations and perceptions of groups and individuals related to the topic.

The study population consisted of 10 women leaders from the municipality of Zona Bananera, who were previously victims of displacement and sexual violence during the armed conflict in Colombia. It is crucial to highlight that these women have experienced a significant process of resignification of the traumatic event and, at present, play leadership roles as peasant women in their territory. Their resilience and empowerment serve as an example for other women victims.

For the focus group data collection, a semi-structured interview was designed based on the CASIC profile. The CASIC test (Pérez-Molina & Rodríguez-Chinchilla, 2011), from the perspective of crisis theory, considers physical illness and injury as precipitating events that individuals and families must skillfully cope with in order to adapt. Adaptation or maladaptation in coping with such events was found to be a crucial factor in crisis resolution (Baumgardt & Weinmann, 2022).

Based on crisis theory (Scott-Baker, 2021), the Behavioral, Affective, Somatic and Interpersonal areas, all integrated in the CASIC profile, were assessed. From the psychosocial perspective and considering the various dimensions of the human being, we continued with the recording of information necessary for the analysis of the focus group. This included the analysis of the Behavioral, Affective, Somatic, Interpersonal and Cognitive dimensions. The behavioral dimension focused on overt activities and behavior patterns, the affective on crisis-related feelings and behaviors, the somatic focused on general physical functioning and health status, the

interpersonal explored the nature of relationships with family, friends, neighbors and peers, and the cognitive involved the individual's mental representations. In Table 1, the emerging study categories are presented.

Table 1. Emerging categories of study.

Categories	AFFECTIONS	Unit of analysis of the results	Relationship between theory and emerging categories
Interconductual	P.1 "No logro conciliar el sueño" P.2 "Tengo cansancio constante" P.5 "Soy agresivo" P.6 "Bebo alcohol" P.4 "Soy desconfiada" P.3 "Tengo miedo a la llegada de la noche y a los ruidos fuertes" P.8 "Tengo miedo a personas motorizadas y extrañas"	Trastornos del sueño Agotamiento y fatiga Conductas reactivas Comportamientos agresivos Consumo de alcohol Miedo e incertidumbre Fonofobias Temor y miedo constante Incertidumbre	La experiencia de la afectación y su significado en las categorías, está representada por reacciones fisiológicas, relacionadas con el agotamiento, el insomnio y la adquisición de conductas patógenas como el consumo de alcohol, la desconfianza y los miedos.
Cognoscitivo-curso de vida	P.9 "Soy desconfiada para establecer relaciones con parejas" P.4 "Me siento menos mujer" P.10 "Me siento abusada y pisoteada" P.9 "Tengo dolor en el alma" P.7 "Siento que no valgo nada" P.6 "Siento mucha tristeza" P.1 "Me siento humillada" P.4 "Me siento fea" P.3 "No me gusta cómo me veo"	Deterioro en su autorreconocimiento como mujer Deterioro en su autoconcepto y autoestima	Se observa el deterioro en su autorreconocimiento como mujer, logrando sumergirlas en una subvaloración cognitiva, donde se evidencia su desconfianza para consolidar relaciones sexoafectivas, también se hace presente la tristeza, de igual manera transitan en sensaciones como la humillación.
Afectivo-emocional	P.7 "Me siento triste" P.9 "Tengo un dolor profundo" P.10 "Me siento humillada" P.4 "Me siento violentada en todo" P.8 "Tengo mucha rabia" P.7 "Tengo mucha frustración" P.2 "Me siento impotente" P.3 "Siento mucho asco" P.1 "Siento ganas de no hacer nada"	Afectaciones en su regulación emocional Depresión Estados de tristeza	Se evidencia la movilización de sentimientos donde la crisis es el factor precipitante y los comportamientos son guiados por estados emocionales no regulados, en este sentido se hace presente la depresión y comportamientos emocionales como la tristeza, la humillación, la rabia, la frustración, la impotencia, el asco y las ganas de no hacer nada.
Física	P.3 "Siento palpitaciones constantes en el corazón" P.10 "Siento calores fuertes constantes" P.1 "Siento deseos de tomar bebidas alcohólicas y fumar" P.2 "No puedo dormir" P.9 "No me da hambre" P.8 "Me da mucha hambre" P.7 "Ganas de salir corriendo"	Taquicardias Alcoholismo Tabaquismo Trastornos del sueño Trastornos de alimentación Ataques de pánico Ansiedad Dispareunia	Se observa como el funcionamiento físico general y estado de salud se merma, en este punto su cuerpo se manifiesta con palpitaciones y calores súbitos, dificultad para conciliar el sueño, desordenes en la ingesta de alimentos, temblores en el cuerpo, pitidos en el oído; también aparecen dolores vaginales. De igual manera emerge la búsqueda

	<p>P.5 "Siento temblores en el cuerpo"</p> <p>P.4 "Siento pitos en el oído"</p> <p>P.6 "Me dan dolores vaginales intensos haya relaciones íntimas o no"</p> <p>P.5 "Manchas menstruales constantes"</p> <p>P.1 "Siento dolores de cabeza"</p> <p>P.9 "Siento mareos u náuseas"</p>	<p>Trastornos menstruales</p> <p>Cefaleas</p>	<p>de sensaciones nocivas como paliativo que logre mitigar las afectaciones y se inclinan por el consumo de bebidas alcohólicas y el tabaquismo.</p>
Vida en relación	<p>P.6 "Tengo temor frente a extraños y conocidos"</p> <p>P.4 "Tengo desconfianza con familiares y vecinos"</p> <p>P.2 "Tengo temor que lleguen y me maten"</p> <p>P.1 "Ya no hay fiestas patronales"</p> <p>P.5 "Tengo temor a sentarme en la puerta de la casa"</p> <p>P.9 "Siento temor frente a extraños"</p> <p>P.2 "No deseo votar en elecciones"</p> <p>P.8 "Siento temor a opinar"</p> <p>P.10 "Tengo miedo a discutir y estar en desacuerdo"</p>	<p>Desconfianza hacia los demás</p> <p>Reacciones agresivas</p> <p>Desesperanza</p> <p>Pérdida de confianza en las instituciones</p>	<p>Se vulnera de manera significativa las interacciones con el otro y la construcción del tejido social, también se observa la pérdida de confianza en la institucionalidad, de acuerdo con esto, se evidencian reacciones agresivas, temores para expresar sus opiniones, sus manifestaciones culturales y ejercer su participación en elecciones populares.</p>
Espiritualidad	<p>P.4.5.7.9 y 10 "Llegue a dudar de Dios"</p> <p>P.3.5.8 y 10 "Sentí abandono de Dios"</p>	<p>Debilitamiento de su fe</p>	<p>Manifiestan sus dudas frente a la presencia de un ser superior que los protege, sintiendo una ambivalencia entre la pérdida de la fe y su búsqueda, para hacer frente a los daños sufridos.</p>

Source: Own elaboration.

Once the interviews and observations were carried out with the women who participated as cognizable research subjects, contributing with their ideas, experiences, feelings, in the construction of the results, the first step was to present the draft of the work in order to be validated from the method of intersubjectivity, applying the technique of content analysis in order to structure the salient aspects in the understanding of the study phenomenon.

RESULTS

The therapeutic course has diagnosed an unfavorable emotional framework to establish an assertive self-relationship of the woman with herself, which hinders a healthy process of social insertion. Recurrent attention is focused on achieving emotional health, which contributes to women establishing life projects in accordance with a social lifestyle favorable to their integral growth. The confidence to overcome the harsh adversities experienced during the armed conflict and the scars in the soul that need to be healed become key elements in this process.

The interviews conducted so far show the traumatic nature of being sexually and emotionally violated, being treated vilely to the detriment of their human dignity. These encounters are presented as opportunities to help victims unlearn and learn a new way of life in accordance with their fundamental rights. The intention is to establish healthy emotional ties with themselves, their



families and society in general. It is only through this process that a society based on a coexistence of mutual respect can progressively emerge in Colombia.

According to the categories presented in Table 1, the results derived from the application of the CASIC are evident, which exposes the affectations derived from the victimizing events, but highlights the resources in relation to the resilience of the women leaders that comprise it:

At the interbehavioral level, in response to the question "What activities (work, play, leisure, exercise, eating or sleeping habits, sexual behavior, alcohol, tobacco, aggressive acts) have been affected by the victimizing events experienced during the armed conflict? They state that after the victimizing events they have presented sleep disorders that result in constant tiredness, as well as the presence of aggressive acts that permeate their life in relation, a constant in mention was the inclination to consume alcoholic beverages as a way to mitigate the pain caused in the context of the violence. They also mentioned that their dynamics in general were affected since the presence of the conflict changed their role from wives to widows and forced them to look for work to survive.

Regarding the question "What do you consider to have been the personal resources used to overcome these effects? In response to the above, they express that the strength and courage inherited by their families allowed them to continue moving forward, and they also attribute to the management of the Christian faith as a factor to maintain hope and continue in their personal struggle.

Continuing with the interbehavioral area, in response to the question "What behaviors have increased, strengthened or damaged after the victimizing events experienced during the armed conflict?", we observe the presence of behaviors related to distrust, fear of the night, loud noises, the presence of motorized persons and reactive and aggressive actions with respect to their life in a relationship. It is important to highlight that behaviors related to the search for protection and that of their family are strengthened, in essence, behaviors emerge in the exploration of their dignity, of recovering their worth and gaining much value, leadership and empowerment, when mentioning "we did not know that we could become leaders" they vehemently reiterate "the conflict forced us to draw strength from where there was none, to become strong women".

In response to the question, what activities or behaviors have they stopped doing that may be affecting them, taking into account the events they have experienced? They explore answers that evidence the historical path of their pain, since they start with a nostalgic tone talking about the meetings in the popular booths where they met with family and neighbors to have fun, dance, talk and enjoy themselves after long working days. They say that this was one of the activities that was most affected, since at nightfall it was obligatory to take shelter in the house as a protective measure. They mention that it was a direct attack on their freedom, where they were deprived of the possibility of enjoying family and community activities. Continuing with this question, they refer to the fact that they abandoned the pot rides on the river and the washerwomen could not enjoy the daily activity of washing clothes in the ports referenced for this purpose.

It should be noted that in terms of the cognitive domain - life course, answers are derived that highlight the cognitive affectations, but also catapult the degree of resilience shown by these women leaders. In the light of the above, in the presence of the question, "In your personal history, that is, throughout your life, what has been most affected after the sexual violence experienced during the armed conflict?" they state that their greatest affectation has been to initiate a sexual-affective experience with a man, since the situation of sexual violence generated fears, fears and undervaluation of their femininity, and they also state that "they feel that their body and soul have been profaned, leaving a deep pain that is difficult to overcome".

Continuing with the dynamics, in response to the question "How did you consider yourself before the victimizing event? They express that their personal history is divided into a before and an after, that before was a world full of many needs to be supplied, but that they were happy in their territory, they were happy with the little they had, they had fun in a very healthy way, they danced, sang, laughed, trusted each other, they were clear that they were worth as a woman, as a mother, as a wife and that beyond the shortages they lived in a territory where their rootedness to the land made them happy. Regarding the question "How do you consider yourself after the victimizing event? A silence impregnated with nostalgia is perceived, typical of the memory of situations



tattooed in their feelings, by virtue of the above, they confess that although there is already a recovery for what they have lived, they consider themselves fearful, distrustful, abused for being women, violated, run over, "It is undeniable that they took away the possibility of being completely happy, but they also opened doors of resilience that turned the pain, sadness and hopelessness into courage and strength that at this moment makes us empowered leaders of our communities".

Based on the question "What coping strategies have you tried to overcome the effects of the victimization and what was the result of each one? They explain that in order to overcome the effects of the victimizing events they took advantage of many possibilities such as love for their children, the need to not let them die made them strong, they ignored their pain, they used their power of decision to continue living, added to this, the stigmatization of a society that marked them as "guerrillas or paramilitaries" gave them strength to demonstrate that they did not belong to any group that took up arms; that they were only peasant and working women fighting for their lives. It is important to mention that, in the context of this question, they attribute an important step to the Christian faith as a coping strategy, where the presence of a supreme being gave them hope to continue fighting a hard battle for survival. They also explain the great attachment to life, keeping in mind that no human being can decide on the life of a person, another factor that they mentioned repeatedly was the certainty that situations are not eternal and that this time of conflict would pass sooner or later and only the strongest would survive.

As a result of the question "Have you identified in your way of being, important factors to overcome the effects derived from the victimizing events? To begin with, there are answers that give an important meaning to leadership, typical of brave women who rise from the ashes and explain that their upbringing in the context of a family that worked the land with their hands, where the shortages were many, but happiness was infinite, built in them a personality with great strength, It formed them to be tolerant, warriors against the adversities of life, endowed them with a capacity to adapt to sudden changes in their personal history, they also mentioned that being a peasant woman gives them a great rootedness and love for their territory, which although they abandoned in search of freedom and life, they had the obligation to return. What is more, they wanted to do it, to resume their life in the countryside was their ultimate premise.

Diving into the affective-emotional domain, responses are explored in terms of the following questions: How do you feel about the effects of the sexual violence experienced during the armed conflict? The initial response, almost in unison, was violent in every sense of the word, expressing that the pain was so great "that it did not fit in their chests" and the prevalence of a question hammering in their heads: Why did this happen to me? They speak of a list of emotions that arise in the context of the event such as: disgust, repulsion, they feel undervalued, they feel a deep rage, desire for revenge, they feel so much pain that the desire to die arises. It is important to mention that guilt is pointed out, referring to the possibility that it was they who provoked or incited the victimizer to abuse them.

Based on the question: Do you freely express the feelings and emotions derived from the discomfort caused by the thought of the victimizing event or do you keep them hidden? Their answers delve into their emotions and allow the expression of feelings in a free manner, corroborating that at present there are possibilities to express the affectations derived from the victimizing events, but they make it clear that when the events occurred there was absolute silence, that the state and social abandonment was so evident that the abused women were subjected to a traumatic silence that re-victimized them. It is pertinent to note that, at this moment, mentioning the feelings and emotions derived from the discomfort caused by thinking about the victimizing event is not kept hidden, they are even talked about in open scenarios with the sole purpose of guaranteeing that they do not happen again. Do you consider that the feelings expressed are the right ones? Expressions of affirmation are derived, giving relevance to the fact that to the extent that pain, anger, disgust, guilt are expressed, communicational channels are opened and it is possible to put into words the emotions experienced as a result of the events, generating the resignification of the situation in the search for emotional recovery.

To conclude the emotional domain, the following question arises: Have you thought that the way of expressing your emotions is an important factor in overcoming the effects derived from the victimizing events? In response to the above, the participating leaders consider that yes, since in the exercise of emotional expression a validation is granted for the pain suffered and it is possible



to put into words all the discomfort derived from the violent actions, these concrete actions in the emotional domain constitute in a significant way the progress in their restoration and emotional care.

The somatic domain links all those physical affections that were affected during the acts of violence of the armed conflict. In the light of the above, questions were explored within the framework of the focus group, resulting in the following reflections: Are there physical affectations associated with what was experienced during the armed conflict? In response to the above, they consider that there were illnesses that cascaded after the events that took place and that even claimed the lives of many people. They also explain that the uncertainty about their lives was so great that it generated deep concerns that directly affected their health in general.

In accordance with the above, the following question arises: What are these physical affectations derived from what they experienced during the conflict in the functioning of their organism? It is important to mention that the answers in this sense derived a list of illnesses such as: heart problems, alterations in blood pressure, the events triggered alcoholism, consumption of psychoactive substances, depression, presence of nervous tics, ringing in the ears, diabetes, sleep and eating disorders, and also mentioned that some sexually violated women suffered from sexually transmitted diseases and cervical cancer.

Continuing in this line of questioning, the following question arises: What diseases or physical ailments are frequent and which have increased after the victimizing events? The leaders consider that the most frequent illnesses are those related to the management of emotions, such as depression and anxieties, they also mention heart problems and blood pressure, and they also establish a direct relationship between the victimizing actions and sleep disorders and cervical cancer.

To conclude the physical domain, a question arises that will highlight the resilient nature of the population under study, which refers to what resources do they consider to have been used to overcome the physical affectations as a result of the victimizing events experienced during the armed conflict? They also mention the presence of an immune system strengthened by the upbringing and nutrition of their own territory, and they understand the presence of the Christian faith as an essential support for overcoming ailments and illnesses. They are not unaware of the presence after the victimizing events of a General Social Security Health System that constitutes an important resource to support the affected population in their recovery. It is striking when they vehemently express that the most important thing to overcome the physical affectations was the great attachment to life.

Defining that life in relationship is an important factor in personal gratification, we then delve into questions that will allow us to evidence resilient factors and affectations of the population under study. In response to the above, the question arises: Has the way of relating and why, with other people (friends, family, neighbors, co-workers, institutions) changed after the events experienced during the armed conflict? The way of relating changed a lot, the fear of dying was so strong that people distrusted their neighbors, friends and even relatives, they say that during the time of the armed conflict "one did not know who were the good guys and who were the bad guys", all this caused relationships to become distant, isolated and often became aggressive, this because they learned to live in order to protect themselves. It is important to mention that in the family environment the law of silence emerged, that is to say, people did not talk about what had happened in order to avoid putting into words what had happened. With respect to the institutions, relations also changed. Before, there was very little presence of officials in the affected territories, but the same violence forced the victims to demand the guarantee of their rights. This is why, at present, when we turn to the state system in search of benefits and rights, we know how to demand what we are entitled to, although we are aware that we do not achieve full recognition of what we are entitled to, at least we make ourselves heard.

This line of questioning is explored in the following: Have you used new ways to relate to others (friends, family, neighbors, co-workers, institutions) what have you done? The leaders express that the evolution in terms of the recovery of their life in relationship, has allowed them to search for healthy dynamics to relate, that, although they maintain some fears derived from the situation



of violence, at this moment communication possibilities open up with the members of the family, where harmonious coexistence takes on an important value, breaking down the silences.

As for relationships with friends and neighbors, new ways of relating are born through meetings in popular weekend clubs, meetings are established around sports fields. It is worth mentioning that work environments are also spaces that allow meeting in rest areas. It is significantly valued that the resilience shown has allowed us to climb socially and turns us into leaders who contribute to the social fabric as new forms of relationship and catapults actions to aspire to public office and legislatures through the popular vote. Consequently, these ways of relating with friends, family, neighbors, co-workers and institutions have been an extremely important factor in overcoming the effects of the victimizing events. In order to better illustrate the reflections derived from the question, the construction of the social fabric is made visible through the personal resources used to give a meaning to peace building and coexistence within the framework of differences.

In the meantime, the need arises to add an inherent aspect of the human being, which configures their beliefs related to faith and spirituality. Based on this, the following question is asked: Taking into account your faith and religious beliefs, do you consider that they were a significant support during the victimizing events that occurred and why? In response to this question, the women leaders give answers that show their emotionality in the certainty that their faith was an important pillar in overcoming the effects of the victimizing events. They state that, in such a hard moment in their personal history, the only thing they were sure of was the presence of a supreme being who never abandoned them and that thanks to that presence outside the earthly they did not lose heart, and they were sure that the bad things would pass and that they would be all right.

CONCLUSIONS

The study has explored the in-depth traces in the various dimensions of the affectations suffered by a group of women leaders in the municipality of Zona Bananera as a consequence of the armed conflict in Colombia:

At the interbehavioral level, significant impacts have been identified in various areas of their lives, highlighting sleep disorders, aggressive acts and recourse to alcohol consumption as ways to mitigate the pain caused by violence.

In response to such adversities, these women have demonstrated remarkable resilience and empowerment, becoming leaders in their communities. They have found personal resources in the strength inherited from their families, Christian faith and the need to care for their children. In addition, they have strengthened behaviors related to seeking protection and exploring their dignity, leadership and empowerment.

In the cognitive sphere, the effects are manifested in the difficulties in establishing sex-affective experiences and in the deep imprint left by sexual violence. The personal history of these women is divided into a "before" and an "after", marked by the loss of innocence, constant fear and the struggle to overcome hopelessness.

On the emotional level, sexual violence has left deep scars, generating emotions such as disgust, revulsion, anger and sadness. The free expression of these feelings has become a crucial factor for emotional recovery and the resignification of their experiences.

On the somatic level, physical affectations manifest themselves in a variety of illnesses, from heart problems to sleep disorders and cancer. However, coping strategies include adaptation to natural resources, Christian faith and a strong attachment to life.

In terms of social relationships, the armed conflict has transformed the way these women relate to each other, marking an era of distrust and estrangement. Despite this, new ways of relating have emerged, focused on harmonious coexistence and the construction of the social fabric.

In the spiritual aspect, faith and religious beliefs have been a fundamental support during the victimizing events, providing a sense of security and hope.

As a whole, these women leaders have demonstrated a remarkable capacity for adaptation and resilience, facing adversity with courage and becoming a reference of strength for other women



victims. Their testimony highlights the importance of comprehensively addressing the interbehavioral, cognitive, emotional, somatic and social dimensions in the analysis of the effects of the Colombian armed conflict, as it is necessary to continue working to erase the unwanted traces left by such an aberrant episode in Colombia's history.

FINANCING

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