

Living conditions, sexual violence, and psychiatric symptomatology of Afro-Colombian women victims of the Colombian armed conflict: a cross-sectional study in Cartagena, Colombia

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Abstract

Objective: To evaluate the phenomenon of sexual violence and living conditions of Afro-Colombian women victims of the armed conflict, based in the city of Cartagena, Colombia.

Materials and methods: Prospective cross-sectional study, population-based survey type, conducted between September 2019 and March 2020, in the city of Cartagena, Colombia. Sociodemographic variables, type of crimes suffered in the armed conflict and related factors were evaluated, as

well as history or presence of psychiatric symptoms associated with traumatic events. Through descriptive analysis, the current living conditions of the participants were characterized and associations between the condition of sexual violence and psychiatric symptomatology were explored by means of Odds Ratio (OR).

Results: 215 women participated, with a median age of 40 years and displaced mainly from the department of Bolívar (55%). 85% percent were housewives and only 60% had their own house, with more than 65% of the total number of houses located in flood risk areas. 35% had suffered gender or racial discrimination or had been victims of sexual violence. Approximately half of the sample reported suffering from insomnia, anxiety, and depression. 40% mentioned having had suicidal thoughts and only 1 in 5 women received psychological support. Having been kidnapped (OR 4.71; 95% CI, 1.05-21.07), persecuted (OR 3.33; 95% CI, 1.61-6.89) and sexually abused (OR 3.09; 95% CI, 1.60-5.96), are events that were consistently and significantly associated with psychiatric symptomatology.

Conclusion: The Afro-Colombian women victims of the Colombian armed conflict based in Cartagena, present unstable living conditions, have not received adequate help from support networks, have been discriminated against because of their ethnicity, gender, and victim status, and have a high prevalence of psychiatric symptoms associated with the traumatic events experienced.

Key words: sexual crimes, violence, violence against women, psychic symptoms, social conditions.

Resumen

Objetivo: Evaluar el fenómeno de violencia sexual y condición de vida de mujeres afrocolombianas víctimas del conflicto armado, asentadas en la ciudad de Cartagena, Colombia.

Materiales y métodos: Estudio prospectivo de corte transversal, tipo encuesta poblacional, realizado entre septiembre de 2019 y marzo del 2020, en la ciudad de Cartagena, Colombia. Se evaluaron variables sociodemográficas, tipo de delitos sufridos en el conflicto armado y factores relacionados, además de antecedentes o presencia de sintomatología psiquiátrica asociada a los eventos traumáticos. A través de análisis descriptivo, se caracterizó las condiciones de vida actuales de las participantes y se exploraron asociaciones entre la condición de violencia sexual y sintomatología psiquiátrica, por medio de Odds Ratio (OR).

Resultados: Participaron 215 mujeres, con una mediana de edad de 40 años y desplazadas principalmente del departamento de Bolívar (55%). El 85% eran amas de casa y solo el 60% tiene vivienda propia, encontrándose más del 65% del total de las viviendas en zonas de riesgo por inundación. Por lo menos el 35% habían sufrido discriminación de género, racial o habían sido víctima de violencia sexual. Aproximadamente la mitad de la muestra declaró padecer insomnio, ansiedad y depresión. El 40% mencionó haber tenido pensamientos suicidas y solo 1 de cada 5 mujeres recibió apoyo psicológico. Haber sido secuestrada (OR 4,71; IC 95%, 1,05-21,07), perseguida (OR 3,33; IC 95%, 1,61-6,89) y abusada sexualmente (OR 3,09; IC 95%, 1,60-5,96), son hechos que se asociaron de forma sostenida y significativa con sintomatología psiquiátrica.

Conclusión: Las mujeres afrocolombianas víctimas del conflicto armado colombiano asentadas en Cartagena, presentan condiciones de vida inestables, no han recibido la ayuda adecuada de redes de apoyo, han sido discriminadas por su etnia, género y condición de víctima, y tienen una prevalencia elevada de sintomatología psiquiátrica asociada a los hechos traumáticos vividos.

Palabras clave: Delitos sexuales, violencia, violencia contra la mujer, síntomas psíquicos, condiciones sociales.

Introduction

Throughout the Colombian armed conflict, around 10 million people have been recognized as victims, of which, almost 50% are women, and 10% of the total are Afro-Colombians (1). According to the National Center of Historical Memory (CNMH by its Spanish acronym) of Colombia, between the years 1985 and 2016 there were about 12,499 cases of sexual violence against women, 1,152 of these Afro-Colombian women, perpetrated mostly by paramilitary groups, followed by guerrillas, state agents, post-demobilization armed groups (GAPD by its Spanish acronym), among others (2). For almost 60 years, the phenomenon of armed conflict in Colombia has been characterized by countless crimes against humanity, including forced displacement, unlawful killings, torture, threats, land dispossession, disappearances and kidnappings, as well as sexual abuse, among other crimes (3).

Sexual violence has been a strategy used to dispute territorial control of the most marginalized and forgotten areas by the state, such as rural and remote areas with large settlements of indigenous peoples, Afro-descendant, and peasant communities, with the most vulnerable group being ado-

lescents, children and women (4-6). In particular, Afro-descendant women have been subjected to inferior treatment, exploited and abused in order to be catalogued as “war trophies” and weaken the men of the enemy group. For this reason, the International Commission on Human Rights (IACHR) has stated that the armed conflict has had a different impact on women than on men, despite the fact that both have had their human rights violated (7).

Although organizations such as the United Nations, International Amnesty and civil society organizations in Colombia have investigated and documented the different ways in which women’s rights have been violated in the context of the armed conflict, the few complaints, especially in cases related to the conflict, added to the fact that state institutions do not have accurate statistics, make it impossible to evaluate the scope of these events (3,8).

The National Center of Historical Memory (CNMH) points out that the emotional and psychological damage has been substantial for Afro-descendant women, as the experiences they have had to live through due to the armed conflict have left marks that are difficult to heal. This assessment reflects psychological wellbeing, quality of life and perceived social support (9-11).

Cartagena is a city with a high rate of poverty and social inequality, with a large population of Afro-Colombian victims of the armed conflict from different municipalities of the Caribbean and Pacific coast. The conditions of extreme poverty accentuate the vulnerability of women and ethnic population groups that have been marked by historical phenomena of social exclusion, discrimination and racism, widening the gaps between these groups and the rest of the Colombian population. These characteristics and conditions place them at a disadvantage and with fewer possibilities of vindicating their rights, which have traditionally been violated (12).

Taking into account the above context, it is appropriate that the psychosocial evaluation of the phenomenon of sexual violence not be generalized and open to a clear and focused perspective on a specific population, and that this allows understanding that sexual violence is differential and affects a specific population in a specific way, in order to design and implement an adequate health, socioeconomic and psychosocial support network. Therefore, the objective of this study was to evaluate the phenomenon of sexual violence, living conditions and psychiatric symptomatology in Afro-Colombian women victims of the armed conflict in Cartagena, Colombia.

Materials and methods

Study design and participants

Prospective cross-sectional study, population-based survey type, conducted between September 2019 and March 2020, in the city of Cartagena, Colombia; in Afro-Colombian women victims of the armed conflict, located through the database of the Legal Clinic and Conciliation Center of the University of Cartagena, in addition to contacts among the participants. Potential study participants were identified and informed that the research was governed by the ethical principles of Law 1090 of 2006 (13), regarding confidentiality, responsibility, participant welfare and the use of information only for research purposes. Once informed consent was obtained, the survey was applied individually, after verification of the inclusion criteria.

Inclusion and exclusion criteria

Women of legal age, Afro-Colombian, who declared having been victims of the Colombian armed conflict were included. The exclusion criterion was determined as any woman who wished to withdraw at any time from the study.

Sample size

It was not possible to calculate the sample size based on the Afro-descendant female population due to the lack of projections by the National Administrative Department of Statistics (DANE by its acronym in Spanish), based on the 2005 data (14) and also due to the absence of current and accurate statistics that take into account gender and ethnicity for the population in each of the departments and municipalities of the Colombian territory, therefore, the participants were selected based on a non-probabilistic sampling, by convenience.

Instruments and variables evaluated

Sociodemographic questionnaire: A series of questions were used to collect sociodemographic characteristics of the participants, such as age, marital status, socioeconomic status, level of schooling, housing conditions, environmental risk, among others.

Questionnaire on the type of crimes suffered during the armed conflict:

Through a series of questions, we inquired about the crimes of which the participants were victims during the armed conflict in Colombia, obtaining information related to the crimes of forced displacement, kidnapping, homicide of family members, torture, abuse, violence, and sexual exploitation (15). In addition, we inquired about the actors who acted as victimizers.

« *The data obtained were organized in a database in Excel 2019 and then analyzed in the IBM® SPSS® Statistic (Inc, Chicago, IL) software for statistical analysis).*»

Self-reporting Questionnaire (SRQ) (16) and CIE 10 (17):

For the evaluation of psychiatric symptomatology.

Statistical analysis

The data obtained were organized in a database in Excel 2019 and then analyzed in the IBM® SPSS® Statistic (Inc, Chicago, IL) software for statistical analysis).

The assumption of normality was evaluated using the Kolmogorov-Smirnov test. For the descriptive analysis, proportions, measures of central tendency and dispersion were used, presenting the variables with normal distribution according to their mean and standard deviation, while those that were not normally distributed were expressed according to their median and interquartile range (IQR). The Chi-square test was used to analyze the categorical variables; in addition, the Odds ratio (OR) was calculated. A $p < 0.05$ was considered statistically significant. Graphpad Prism® software was used to create graphs.

Results

A total of 215 displaced Afro-Colombian women were identified in the city of Cartagena, Colombia.

1. Sociodemographic characterization and living conditions.

The study population consisted of Afro-Colombian women residents at the time of the study in the city of Cartagena de Indias, with a median age of 40 years [IR 29-50], a high percentage of whom belonged to the subsidized system (90.23%). The predominant marital status was common-law marriage (47.9%), and most of them had completed primary school (58%) (Table 1).

Table 1. Sociodemographic characteristics of the population studied

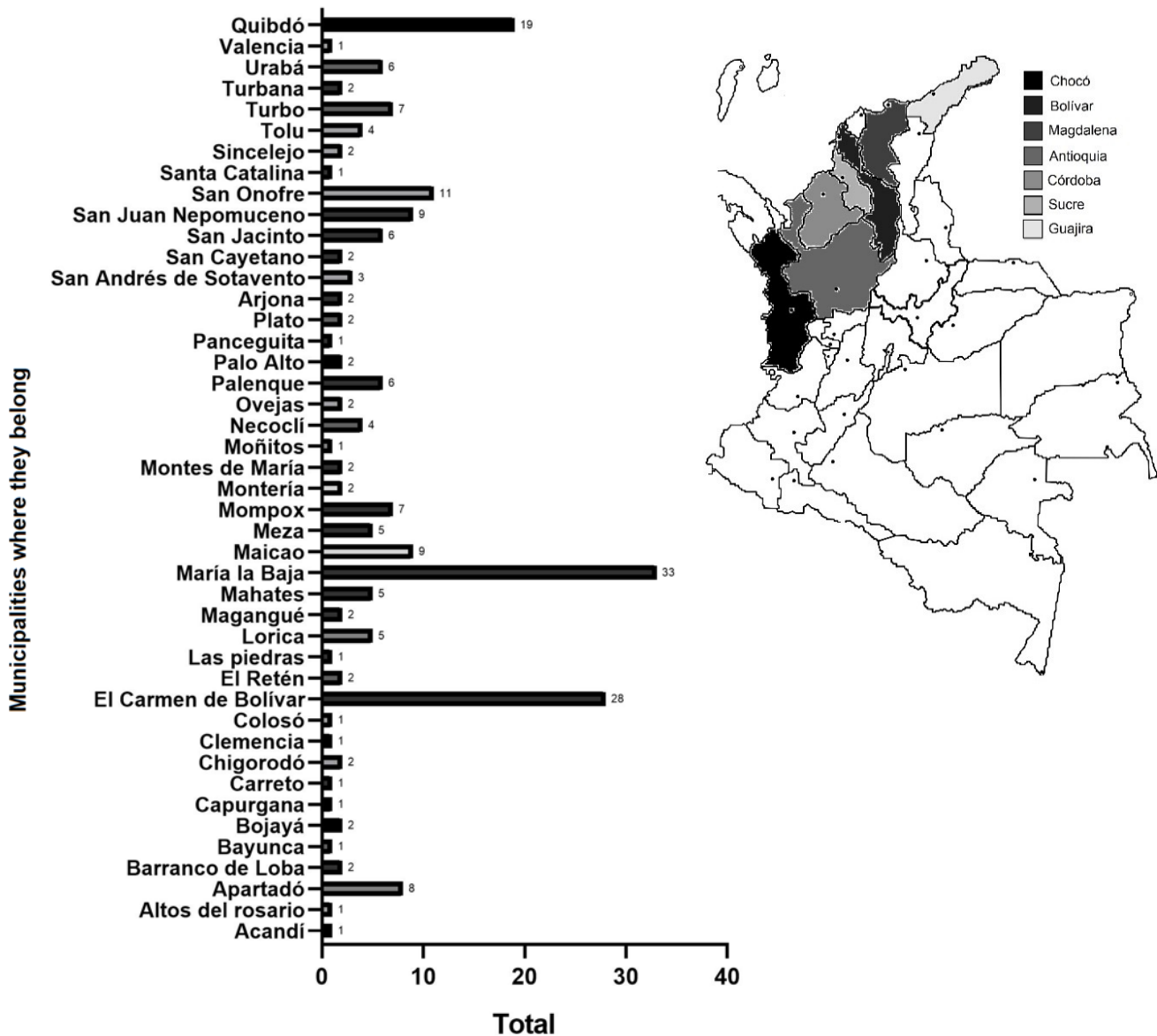
| | N (215) | |
|---------------------------------------|----------------|----------------|
| Ade, X (DE) | 40,2 | (13,67) |
| Me [RI] | 40,0 | [29,0 - 50,5] |
| Marital status, n (%) | | |
| Single | 70 | (32,6) |
| Married | 32 | (14,9) |
| Common-law | 103 | (47,9) |
| Widowed | 4 | (1,9) |
| Divorced | 6 | (2,8) |
| Education, n (%) | | |
| No schooling | 27 | (12,6) |
| Elementary School | 53 | (24,7) |
| Incomplete elementary school | 73 | (34,0) |
| Secondary | 24 | (11,2) |
| Incomplete High School | 6 | (2,8) |
| Technical/Technological | 12 | (5,6) |
| University | 20 | (9,3) |
| Municipality where from, n (%) | | |
| Antioquia | 27 | (12,6) |
| Bolívar | 118 | (54,9) |
| Chocó | 23 | (10,7) |
| Córdoba | 12 | (5,6) |
| Guajira | 9 | (4,2) |
| Sucre | 22 | (10,2) |
| Magdalena | 4 | (1,9) |

A large part of the population studied was displaced from the Colombian Caribbean coast, mainly from the department of Bolivar (Figure 1).

«The Chi-square test was used to analyze the categorical variables; in addition, the Odds ratio (OR) was calculated.»



Figure 1. Municipalities from which the Afro-Colombian women studied were displaced



When we inquired about the main neighborhoods in which the study population was settled, we found that the majority of women reside in vulnerable and depressed areas of the city of Cartagena, the first place being occupied by the El Pozón neighborhood (26.0%), followed by those living in the Olaya Herrera neighborhood (24.2%) and those living in the Olaya Herrera neighborhood (24.2%).

The vast majority of the houses are made of block and cement (75.3%), followed by houses built of wood (21.4%), with a representative number of

houses built in black brick or semi-built. A high percentage stated that their houses are located in risk areas, mainly due to flooding (56.7%) and contamination (23.7%) (Table 2), because they are located on the shores of the Ciénaga de la Virgen, a body of water that is currently facing environmental problems as a result of garbage and solid waste dumping.

Table 2. Social conditions of family life and housing conditions of the participants

| | N (215) | % |
|----------------------------------|----------------|----------|
| Type of housing | | |
| Own | 129 | (60,0) |
| Leased | 59 | (27,4) |
| Taken care of | 19 | (8,8) |
| Renting | 8 | (3,7) |
| Housing material | | |
| Wood | 46 | (21,4) |
| Cement-block | 162 | (75,3) |
| Plastic | 2 | (0,9) |
| Other | 5 | (2,3) |
| Housing at risk | | |
| Yes | 146 | (67,9) |
| No | 69 | (32,1) |
| Type of housing risk | | |
| Flooding | 122 | (56,7) |
| Landslide | 24 | (11,2) |
| Fire | 19 | (8,8) |
| Explosion | 2 | (0,9) |
| Contamination | 51 | (23,7) |
| Other | 7 | (3,3) |
| Access to public services | | |
| Drainage | 196 | (91,2) |
| Sewage | 153 | (71,2) |
| Electricity | 210 | (97,7) |
| Natural gas | 169 | (78,6) |
| Landline telephony | 17 | (7,9) |
| Internet | 18 | (8,4) |
| Access to health services | | |
| Yes | 203 | (94,4) |
| No | 12 | (5,6) |
| Health affiliation regime | | |
| Contributive | 19 | (8,84) |
| Subsidized | 194 | (90,23) |
| No affiliation | 2 | (0,93) |
| Access to education | | |
| Yes | 164 | (76,3) |
| No | 51 | (23,7) |

Regarding accessibility to public services, it was found that the population has electricity (97.7%), water (91.2%), sewerage (71.2%) and natural gas (78.6%). Access to other services that today are also considered basic, such as internet and landline telephony, showed a very low proportion. 94.4% of the women reported having access to health services, most of them under the subsidized health regime (90.23%). On the other hand, 76.3% of the women surveyed said they had access to education for their entire family, in contrast to the remaining 34.4% who said they had limited access to opportunities to complete their studies due to the lack of free education and lack of time; they also said that their young children often fail to attend classes because they have nothing to feed them before sending them to school; their adolescents suffer from the remoteness of training centers and the lack of resources for transportation.

Of all the women surveyed, 38.1% are single mothers and 56.7% of the households are formed by five or more people. 60.5% of the women surveyed said that only one person in the family nucleus works, mostly informally under the modality of “working informally” with a monthly income below the SMMLV (minimum legal monthly salary in force).

2. Sexual violence and psychiatric symptomatology.

A total of 34.4% reported having been discriminated against because of their gender, 47.9% because of their racial status and 41.4% because they had been victims of sexual violence. Of the total population evaluated, 65.1% presented psychiatric symptoms. Of those discriminated by gender, race, and victim of sexual violence, 38.6%, 50% and 38.6% showed psychiatric symptomatology. No statistically significant associations were found between discriminatory factors and psychiatric symptomatology (Table 3).

« Access to other services that today are also considered basic, such as internet and landline telephony, showed a very low proportion. 94.4% of the women reported having access to health services ...»

Table 3. Association of discriminatory factors with psychiatric symptomatology in Afro women victims of the armed conflict settled in Cartagena de Indias.

| Discriminatory condition | Total number of participantss | Psychiatric symptomatology | | OR (IC 95%) | p |
|---|-------------------------------|----------------------------|------------|---------------------|-------|
| | | Yes | No | | |
| | N (%) | | | | |
| | 215 (100%) | 140 (65,1%) | 75 (34,9%) | | |
| Gender Discrimination | | | | | |
| Yes | 74 (34,4) | 54(38,6) | 20(26,7) | 1,73 (0,93-3,20) | 0,080 |
| No | 141 (65,6) | 86(61,4) | 55(73,3) | | |
| Racial discrimination | | | | | |
| Yes | 103 (47,9) | 70 (50,0) | 33 (44,0) | 1,28 (0,72-2,24) | 0,401 |
| No | 112 (52,1) | 70 (50,0) | 42 (56,0) | | |
| Discrimination for being a victim of sexual violence | | | | | |
| Yes | 89 (41,4) | 54 (38,6) | 35 (46,7) | 0,72 (0,41-1,27) | 0,251 |
| No | 126 (58,6) | 86 (61,4) | 40 (53,3) | | |

A high percentage reported feeling stressed (72.6%), 54.4% reported feeling anxious and 39.1% reported having suicidal thoughts (Table 4).

Table 4. Presence or history of psychiatric symptomatology and psychological support, self-reported by the women participating in the study.

| | N (215) | % |
|--|---------|--------|
| Suffering from insomnia | | |
| Si | 114 | (53,0) |
| No | 101 | (47,0) |
| Suffering from stress | | |
| Yes | 156 | (72,6) |
| No | 59 | (27,4) |
| Suffering from anxiety | | |
| Yes | 105 | (48,8) |
| No | 110 | (51,2) |
| Padecimiento de ansiedad | | |
| Yes | 117 | (54,4) |
| No | 98 | (45,6) |
| Suicidal thoughts | | |
| Yes | 84 | (39,1) |
| No | 131 | (60,9) |
| Receiving psychological support | | |
| Yes | 39 | (18,1) |
| No | 176 | (81,9) |

133 (61.9%) women reported having been victims of threats, 152 (70.7%) victims of displacement, 110 (51.2%) victims of land displacement and 78 (36.3%) witnessed a homicide during these events. Displacement (65%), threats (60%) and land dispossession (53.6%) were the scenarios where the highest frequency of psychiatric symptomatology was evidenced. Displacement (OR 0.43; 95% CI 0.22-0.84, $p=0.012$), kidnapping (OR 4.71; 95% CI 1.05-21.07, $p=0.027$) and persecution (OR 3.33; 95% CI 1.61-6.89, $p=0.001$), were associated in a sustained and significant manner with the presence of psychiatric symptomatology (Table 5).

Table 5. Association between victimizing events and psychiatric symptomatology in the evaluated population

| Victimizing events | Total participants | Psychiatric Symptomatology | | OR (IC 95%) | p |
|---------------------------------------|--------------------|----------------------------|------------|----------------------|--------|
| | | Yes | No | | |
| | N (%) | | | | |
| | 215 (100%) | 140 (65,1%) | 75 (34,9%) | | |
| Threats | | | | | |
| Yes | 133 (61,9) | 84 (60,0) | 49 (65,3) | 0,80 (0,44-1,43) | 0,443 |
| No | 82 (38,1) | 56 (40,0) | 26 (34,7) | | |
| Displacement | | | | | |
| Yes | 152 (70,7) | 91 (65,0) | 61 (81,3) | 0,43 (0,22-0,84) | 0,012* |
| No | 63 (29,3) | 49 (35,0) | 14 (18,7) | | |
| Torture | | | | | |
| Yes | 37 (17,2) | 27 (19,3) | 10 (13,3) | 1,55 (0,71-3,41) | 0,270 |
| No | 178 (82,8) | 113 (80,7) | 65 (86,7) | | |
| Recruitment | | | | | |
| Yes | 19 (8,8) | 15 (10,7) | 4 (5,3) | 2,13 (0,68-6,66) | 0,185 |
| No | 196 (91,2) | 125 (89,3) | 71 (94,7) | | |
| Disappearance of family member | | | | | |
| Yes | 42 (19,5) | 32 (22,9) | 10 (13,3) | 1,93 (0,89-4,18) | 0,093 |
| No | 173 (80,5) | 108 (77,1) | 65 (86,7) | | |
| Kidnapping | | | | | |
| Yes | 18 (8,4) | 16 (11,4) | 2 (2,7) | 4,71 (1,05-21,07) | 0,027* |
| No | 197 (91,6) | 124 (88,6) | 73 (97,3) | | |
| Homicide | | | | | |
| Yes | 78 (36,3) | 55 (39,3) | 23 (30,7) | 1,46 (0,81-2,66) | 0,210 |
| No | 137 (63,7) | 85 (60,7) | 52 (69,3) | | |
| Land dispossession | | | | | |
| Yes | 110 (51,2) | 75 (53,6) | 35 (46,7) | 1,32 (0,75-2,31) | 0,334 |
| No | 105 (48,8) | 65 (46,4) | 40 (53,3) | | |
| Persecution | | | | | |
| Yes | 62 (28,8) | 51 (36,4) | 11 (14,7) | 3,33 (1,61-6,89) | 0,001* |
| No | 153 (71,2) | 89 (63,6) | 64 (85,3) | | |
| Object of dispute | | | | | |
| Yes | 10 (4,7) | 6 (4,3) | 4 (5,3) | 0,80 (0,22-2,91) | 0,742 |
| No | 205 (95,3) | 134 (95,7) | 71 (94,7) | | |

80 women reported having been victims of some type of sexual crime, 70 (35.3%) of sexual crimes other than sexual exploitation, 6 of sexual violence and sexual exploitation at the same time, and 4 (4.7%) were only victims of sexual exploitation. A total of 43.6% of the sexually violated women presented psychiatric symptoms, while 7.1% of the exploited women expressed some symptoms. Both events were significantly associated with the risk of suffering psychiatric symptoms (sexual violence: OR 3.09; 95% CI 1.60-5.96, p=0.001 vs. sexual exploitation: OR 1.58; 95% CI 1.42-1.75, p=0.016) (Table 6).

Table 6. Association between the affectation of the sexual sphere and psychiatric symptomatology in Afro women victims of the armed conflict settled in Cartagena de Indias

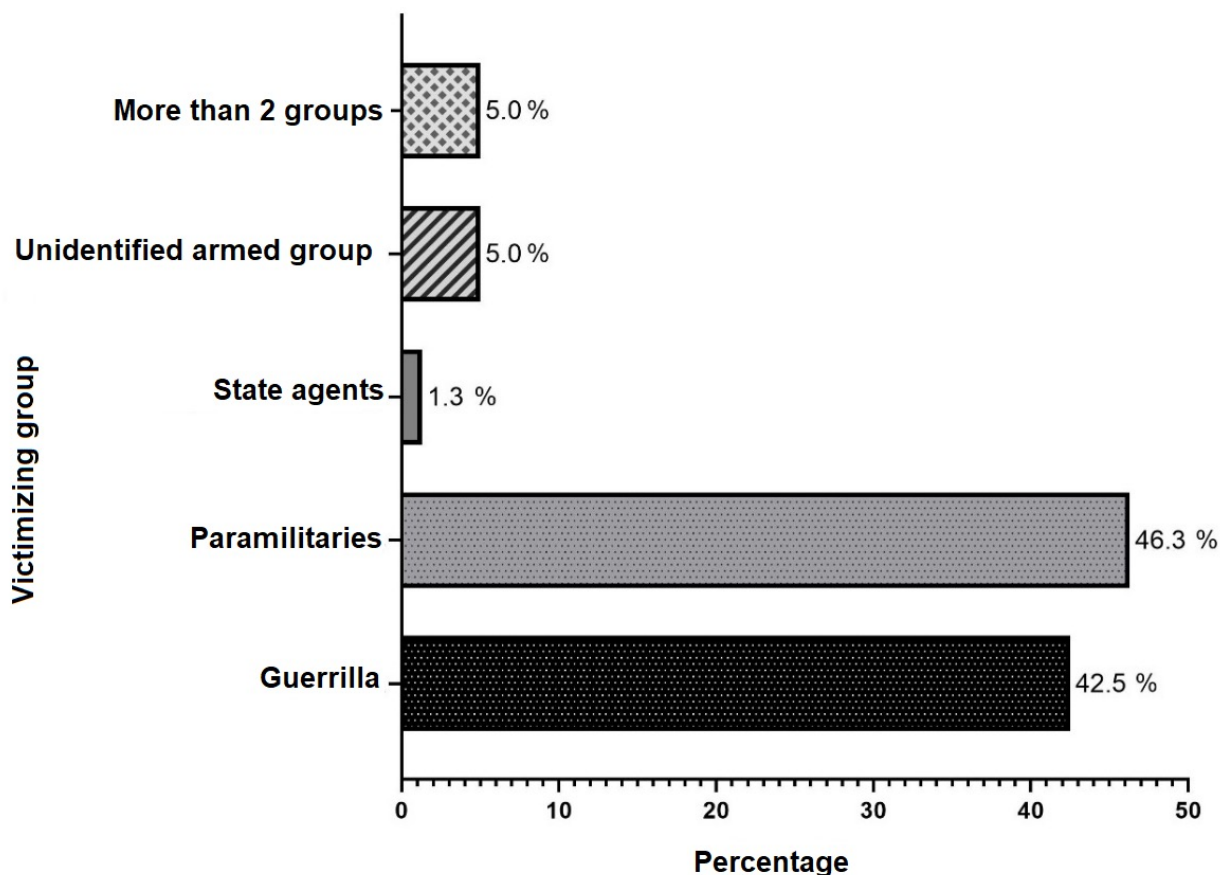
| Affectation of the sexual sphere | Total participantss | Psychiatric symptomatology | | OR (IC 95%) | p |
|----------------------------------|---------------------|----------------------------|-------------------|---------------------|--------|
| | | Si | No | | |
| | N (%) | | | | |
| | 215 (100%) | 140 (65,1%) | 75 (34,9%) | | |
| Sexual violence | | | | | |
| Yes | 76 (35,3) | 61 (43,6) | 15 (20,0) | 3,09 (1,60-5,96) | 0,001* |
| No | 139 (64,7) | 79 (56,4) | 60 (80,0) | | |
| Sexual exploitation | | | | | |
| Yes | 10 (4,7) | 10 (7,1) | 0 (0,0) | 1,58 (1,42-1,75) | 0,016* |
| No | 205 (95,3) | 130 (92,9) | 75(100,0) | | |

The main insurgent victimization groups responsible for sexual violence events are shown in Figure 2.

«80 women reported having been victims of some type of sexual crime, 70 (35.3%) of sexual crimes other than sexual exploitation, 6 of sexual violence and sexual exploitation at the same time ...



Figure 2. Percentage distribution of victimization groups responsible for sexual offenses against women participating in the study



When contrasting variables such as receiving or not psychological help and being a single mother with the presence or absence of psychiatric symptoms in the participants, it was found that being a single mother was significantly associated with the presence or suffering of psychiatric symptoms (OR 7.304; 95% CI 1.87-28.5, $p=0.02$) in women who were victims of sexual violence.

Discussion

The Consultancy for Human Rights and Displacement (CODHES) reported that in recent decades more than 75,000 displaced people arrived in the city of Cartagena, victims of the Colombian armed conflict from the region of Los Montes de María, in Bolívar, and from other departments such as Cesar, Magdalena, Sucre, Córdoba, Chocó and Antioquia. This population was settled in squatter settlements in marginalized areas with difficulties in basic living conditions (18). This study reflects the same behavior today, where the networks and policies designed are not effective, nor do they guarantee access to opportunities and improvement of the quality of life

of Afro-Colombian women victims of the armed conflict. These groups live in areas with a very high rate of poverty, with environmental and health risks, as well as security risks. Therefore, the living conditions of the population studied remain as described by the United Nations Special Rapporteur, which shows that, although the Afro-descendant population in the country is numerous, no official public policies are established to favor the economic and social condition of this ethnic group, the vast majority of which lives in conditions of extreme poverty (19,20)

In Colombia, it has been reported that the fact of being displaced, being a woman and belonging to an ethnic or cultural group makes the victims even more vulnerable to inequalities (21). This study showed that approximately half of the women evaluated have been discriminated against because of their ethnic condition. In addition, most of them are single mothers (38.1%), heads of household, who do not have a formal job, and in many cases, violence took their husbands away from them. Therefore, they had to assume responsibility for the family nucleus, as indicated by the CMH (19), which states that the rates of female head of household (marked by widowhood and being a single mother), shot up during the bloodiest period of the internal armed conflict with the appearance of paramilitarism, a group responsible for 46.3% of the victimizing events among the women surveyed in this study.

Vásquez-Campos et al. (9) described that the emotions that are most widespread in the population are fear, anguish, guilt, among others; which indicate psychological affectation derived from exposure to a situation of intense terror, which does not allow them to face situations in their daily lives and in turn causes them to be unable to visualize themselves as generators of projects, to have future expectations and promotes feelings of derealization (9). In the present study, it was found that only 1 out of 10 women finished high school, and the same proportion obtained a university degree. Thus, the difficulty of overcoming and access to quality education, generates that in the eyes of society, they are seen as incapable of overcoming and are blamed for not being able to progress socioeconomically (which is a phenomenon that is further aggravated by discriminatory events due to their ethnic condition).

Andrade Salazar et al. (21) argue that the mental health condition is somatized in manifestations of stress, sleep, depression, insomnia, anxiety, among others; very common symptoms observed in the present study.

However, a determining and necessary aspect to highlight is that a representative percentage stated that they had never received psychological help. In this sense, the impact on the psychological well-being and quality of life of people due to the affectation of their mental health as a result of acts of violence in the framework of the armed conflict affects both the victim and the people around them and even the entire community, as is the case of special populations such as indigenous people, Afro-descendants, farmers (22), etc., therefore, this is a public health problem that should be discussed and worked on by all the fields directly related to the area of health and public policy.

Specifically, the phenomenon of sexual violence can leave lifelong scars on any survivor of this scourge, especially when the victim has not had sufficient psychological support, is the victim of acts of impunity, lacks protection by the authorities, has legal and political obstacles, does not have quality medical assistance or when the victim has not received appropriate support to recover from the physical and mental sequelae caused by this event (23,24). Indigenous and Afro-descendant women are the main victims of sexual violence by illegal groups (25,26) since it is an instrument used to symbolize male and racist domination over a woman's body in contexts of dispute for territorial domination of a given region (27).

Women victims of sexual violence also experience problems in family, social and work environments, some victims feel guilty and indecent; in addition, they have to bear the burden of society's imaginary and the accusations associated with this type of crime, which is why many of these cases, due to the shame felt by the victims, remain silent and without the opportunity to receive care (26,28). In Colombia and the Caribbean, similar studies have already been reported in other populations (29), where post-traumatic stress syndrome and associated problems generate a significant burden of disease.

Authors have debated that, although there is much talk of economic reparation as a mechanism for forgiveness and resilience, it is a pseudo-solution far removed from reality, since reparation is a matter of reestablishing and guaranteeing human rights and the self-reconciliation of the victims with themselves; and it is there where the Colombian state has fallen short, since a victim makes reparation first with themselves, then with their environment and finally with society (31). In this way, the dimension of the problem continues to be undervalued. Law 1719 establishes that in order

to guarantee that there is no revictimization, attention to victims of sexual violence should be provided from a human rights approach, which would contribute to an ethnic differential approach for the planning of public policies that guarantee the protection of the rights of the Afro-Colombian population, victims of crimes in the framework of the Colombian armed conflict (10).

At the global level, this phenomenon has been studied since, unfortunately, it is frequently evidenced in low- and middle-income countries, which suffer from historical crimes of economic domination, land and inequality (32,33). In general, young people are populations at very high risk of being affected; males are at greater risk of perpetuating any type of violence, and females are at greater risk of being attacked (34). Nevertheless, the evidence supports that community interventions in personal, community mobilization, social norms, economic empowerment, survival response and relationship skills improve substantially, even to the point of completely resolving post-traumatic stress and allowing healthy reintegration into daily life activities (35). However, it is complex to try to extrapolate results that have unique factors that vary according to the regions and the sociopolitical context, therefore, it is necessary to constantly design and evaluate interventions in the Colombian Caribbean region, in order to make a real change with significant results.

Conclusions

Afro-Colombian women victims of the Colombian armed conflict settled in Cartagena, present unstable living conditions, have not received adequate help from support networks, have been discriminated against because of their ethnicity, gender and victim status, and have a high prevalence of psychiatric symptoms associated with the traumatic events experienced.

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References

1. Unidad para la Atención y la Reparación Integral a las Víctimas. [Internet] Registro Único de Víctimas [Consultado 7 Jul 2021]. Disponible en: <https://www.unidadvictimas.gov.co/es/registro-unico-de-victimas-ruv/37394>
2. Centro Nacional de Memoria Histórica. [Internet] Conflicto Armado [Consultado 30 Mar 2021]. Disponible en: <http://centrodememoriahistorica.gov.co/micrositios/especial-25mayo/>
3. Amnistía Internacional. [Internet] Colombia: violencia sexual contra la mujer: datos y cifras [Consultado 7 May 2022]. Disponible en: <https://www.amnesty.org/download/Documents/20000/amr230372012es.pdf>
4. Unidad para la Atención y Reparación Integral a las Víctimas Colombia. [Internet] Experiencia de la Estrategia de Recuperación Emocional con Mujeres Víctimas de Violencia Sexual en Colombia. [Consultado 5 May 2022]. Disponible en: <https://colombia.unfpa.org/es/publications/experiencia-de-la-estrategia-de-recuperaci%C3%B3n-emocional-con-mujeres-v%C3%ADctimas-de>
5. Congreso de la Republica de Colombia. [Internet] Ley 1719 de 2014 [Consultado 5 May 2022]. Disponible en: http://www.secretariosenado.gov.co/senado/basedoc/ley_1719_2014.html
6. Torres Falcón M. Entre el silencio y la impunidad: violencia sexual en escenarios de conflicto. *La ventana*. 2015; 5:73-112.
7. Comisión Interamericana de Derechos Humanos. [Internet] Las mujeres frente a la violencia y la discriminación derivadas del conflicto armado en Colombia [Consultado 5 May 2022]. Disponible en: <http://www.cidh.org/countryrep/ColombiaMujeres06sp/lyll.htm>
8. Comisión Interamericana de Derechos Humanos. [Internet] Acceso a la justicia para mujeres víctimas de violencia sexual [Consultado 5 May 2022]. Disponible en: <https://www.cidh.oas.org/pdf%20files/MESOAMERICA%202011%20ESP%20FINAL.pdf>
9. Vásquez-Campos JH, Echeverri-Londoño MC, Moreno-Correa JC, Carrasco-Tapias NE, Ferrel-Ortega, Fernando R, et al. El apoyo social percibido por las víctimas del conflicto armado en Colombia. *El Ágora USB*. 2018; 18(2):362-373.
10. Ministerio del Interior de Colombia. [Internet] El enfoque diferencial para comunidades negras, afrocolombianas, raizales y palenqueras víctimas del conflicto armado [Consultado 5 May 2022]. Disponible en: https://gapv.mininterior.gov.co/sites/default/files/enfoque_diferencial_comunidades_negras.pdf
11. Departamento Nacional de Planeación. [Internet] Política para promover la igualdad de oportunidades para la población negra, afro colombiana, palenquera y raizal [Consultado 5 May 2022]. Disponible en: <https://convergenciacoa.org/wp-content/uploads/2017/07/CONPES-3660.pdf>
12. Defensoría del Pueblo. Situación de riesgo e impacto diferencial del conflicto armado en las mujeres del Distrito de Cartagena [Internet]. [Consultado 5 May 2022]. Disponible en: https://www.sdgfund.org/sites/default/files/Colombia_Riesgo%20mujeres%20por%20conflicto%20armado%20Cartagena.pdf
13. Función Pública de la Republica de Colombia. [Internet] Ley 1090 de 2006 [Consultado 26 Abr 2022]. Disponible en: <https://www.funcionpublica.gov.co/eva/gestornormativo/norma.php?i=66205>
14. Departamento Administrativo Nacional de Estadísticas. [Internet] Censo general 2005 [Consultado 26 Abr 2022]. Disponible en: <https://www.dane.gov.co/index.php/estadisticas-por-tema/demografia-y-poblacion/censo-general-2005-1/censo-general-2005>

15. Oficina de las Naciones Unidas contra la Droga y el Delito comisión económica de las Naciones Unidas para Europa. [Internet] Manual para Encuestas de Victimización [Consultado 26 Abr 2022]. Disponible en: https://www.unodc.org/documents/data-and-analysis/Crime-data-EGM-Feb10/Manual_Victimization_Spanish_030210.pdf
16. Organización Mundial de la Salud. [Internet] A user's guide to the Self Reporting Questionnaire [Consultado 26 Abr 2022]. Disponible en: https://apps.who.int/iris/bitstream/handle/10665/61113/WHO_MNH_PSF_94.8.pdf
17. Organización Panamericana de la Salud. [Internet] Clasificación Estadística Internacional de Enfermedades y Problemas Relacionados con la Salud [Consultado 26 Abr 2022]. Disponible en: <https://ais.paho.org/classifications/chapters/pdf/volume1.pdf>
18. Consultoría para los Derechos Humanos y el Desplazamiento. [Internet] No hay peor ciego que el que no quiere ver: una mirada al desplazamiento forzado y la crisis humanitaria y social en la ciudad de Cartagena [Consultado 26 Abr 2022]. Disponible en: http://www.archivodelosddhh.gov.co/saia_release1/almacenamiento/APROBADO/2018-03-30/430967/anexos/1_1522429335.pdf
19. Centro de Memoria Histórica. [Internet] Modelo conceptual y metodológico para la implementación de procesos de memoria histórica para comunidades y organizaciones afrodescendientes [Consultado 26 Abr 2022]. Disponible en: <http://www.centrodememoriahistorica.gov.co/micrositios/comunidades-etnicas/assets/pdf/Modelo-Conceptual-y-Metodologico.pdf>
20. Céspedes-Báez LM. La violencia sexual en contra de las mujeres como estrategia de despojo de tierras en el conflicto armado colombiano. *Estudios Socio-Jurídicos*. 2010; 12:273-304.
21. Andrade Salazar JA, Alvis Barranco L, Jiménez Ruiz LK, Redondo Marín MP, Rodríguez González L. La vulnerabilidad de la mujer en la guerra y su papel en el posconflicto. *El Ágora USB*. 2017; 17:290-308.
22. Campo-Arias A, Celina Oviedo H, Herazo E. Prevalencia de síntomas, posibles casos y trastornos mentales en víctimas del conflicto armado interno en situación de desplazamiento en Colombia: una revisión sistemática. *Rev Colomb Psiquiatr*. 2014; 43:177-185.
23. Amnistía Internacional. [Internet] Colombia: Cuerpos marcados, crímenes silenciados: Violencia sexual contra las mujeres en el marco del conflicto armado [Consultado 26 Abr 2022]. Disponible en: <https://www.amnesty.org/download/Documents/92000/amr230402004es.pdf>
24. 24. dad por los delitos de violencia sexual relacionados con el conflicto. Declaración pública [Consultado 26 Abr 2022]. Disponible en: <https://www.amnesty.org/download/Documents/4000/amr230242014es.pdf>
25. ABColombia. [Internet] Colombia: Mujeres, Violencia Sexual en el Conflicto y el Proceso de Paz [Consultado 26 Abr 2022]. Disponible en: <https://www.abcolombia.org.uk/wp-content/uploads/2017/06/4-Sexual-Violence-Spanish.pdf>
26. Fajardo Arturo LA, Valoyes Valoyes RY. Violencia sexual como crimen internacional perpetrado por las FARC. 1era edición. Bogotá: Universidad Sergio Arboleda; 2015.
27. Marciales Montenegro CX. Violencia sexual en el conflicto armado colombiano: racismo estructural y violencia basada en género. *Revista VIA IURIS*. 2015; 19:69-90.
28. Peltier-Bonneau L, Szwarcberg M. Transformación de las emociones en las víctimas del conflicto armado para la reconciliación en Colombia. *Desafíos*. 2019; 31(2):197-229.

29. Martínez JP, Acero KD, Bonilla BC. Memoria y cultura: el caso del conflicto armado en Rocha, periodo 2001 – 2018 [Internet]. Universidad de Cartagena; 2019. Disponible en: <https://repositorio.unicartagena.edu.co/bitstream/handle/11227/11873/MEMORIA%20Y%20CULTURA%20EL%20CASO%20DEL%20CONFLICTO%20ARMADO%20EN%20ROCHA%20PERIODO%202001%202018.pdf?sequence=1&isAllowed=y>
30. Unidad para la Atención y Reparación Integral a las Víctimas. Mujeres y Conflicto Armado [Internet]. [Consultado 26 Abr 2022]. Disponible en: <https://www.unidadvictimas.gov.co/sites/default/files/documentosbiblioteca/mujeres.PDF>
31. Wilches I. Lo que hemos aprendido sobre la atención a mujeres víctimas de violencia sexual en el conflicto armado colombiano. *Rev Estud Soc.* 2010; 36:86-94.
32. Stallone K. Strategic Submission to Rape is not Consent: Sexual Violence in the Colombian Armed Conflict. *Violence Against Women.* 2021; 10778012211054872
33. Breiding MJ, Smith SG, Basile KC, Walters ML, Chen J, Merrick MT. Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization--national intimate partner and sexual violence survey, United States, 2011. *MMWR Surveill Summ.* 2014; 63(8):1-18
34. Mulawa M, Kajula LJ, Yamanis TJ, Balvanz P, Kilonzo MN, Maman S. Perpetration and Victimization of Intimate Partner Violence Among Young Men and Women in Dar es Salaam, Tanzania. *J Interpers Violence.* 2018; 33(16):2486-2511
35. Spangaro J, Toole-Anstey C, MacPhail CL, Rambaldini-Gooding DC, Keevers L, Garcia-Moreno C. The impact of interventions to reduce risk and incidence of intimate partner violence and sexual violence in conflict and post-conflict states and other humanitarian crises in low and middle income countries: a systematic review. *Confl Health.* 2021; 15(1):86.