ARTÍCULO ORIGINAL

Gac Méd Caracas 2026;134(Supl 2):S316-S327
DOI: 10.47307/GMC.2026.134.S2.7

Community determinants of mental health in women victims of armed conflict: A study in Montes de María, Colombia

Determinantes comunitarios de la salud mental en mujeres víctimas del conflicto armado: un estudio en los Montes de María, Colombia

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SUMMARY

Introduction: *Mental health emerges as an essential element of overall well-being; its importance is amplified in contexts characterized by armed conflict, where suffering and violence significantly impact daily life.*
Objective: *To understand the community determinants of mental health in women victims of armed conflict in the Montes de María region of Colombia.*
Methodology: *The study employed a qualitative, interpretive approach grounded in ethnography. Purposive sampling was used. The techniques employed included in-depth interviews, social mapping, and participant observation. Data analysis was performed using thematic coding. Information was triangulated to ensure rigor and interpretive validity. The research focused on the municipalities of El Carmen de Bolívar (Bolívar), San Onofre (Sucre), and María la Baja (Bolívar), located in the Montes de María subregion of Colombia, an area historically impacted by armed conflict and characterized by limited access to mental health services. The participants were eighteen adult women, direct victims of Colombian armed violence, who had experience in community organizing processes in the selected municipalities.*
Results: *Despite the violence they experienced in the Montes de María region, the women rebuild their emotional well-being through community networks and collective practices such as weaving, gardening, and talking circles. These practices strengthen their sense of belonging, restore their agency, and redefine the territory as a place of symbolic and emotional healing.*
Conclusion: *Territory and community practices transform pain into collective action. The women not only survive the war, but they also build mental health through memory, social cohesion, and self-determination, transforming the territory into a place of healing and dignity.*

Keywords: *Social determinants of health, women survivors of armed conflict, community resilience, community mental health.*

DOI: https://doi.org/10.47307/GMC.2026.134.S2.7

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Recibido: 19 de diciembre 2025
Aceptado: 20 de febrero 2026

RESUMEN

Introducción: *La salud mental emerge como un elemento esencial del bienestar integral, cuya importancia se fortalece en contextos de conflictos armados, donde el sufrimiento y la violencia inciden de manera notable en la vida cotidiana.*
Objetivo: *Comprender los determinantes comunitarios de la salud mental en mujeres víctimas del conflicto armado en los Montes de María, Colombia.*
Metodología: *El estudio se realizó desde un enfoque cualitativo, fundamentado en el paradigma interpretativo, mediante un método etnográfico. Se optó por un muestreo intencional. Las técnicas empleadas fueron entrevistas en profundidad, cartografías sociales y observación participante. El análisis se realizó mediante la codificación temática. Se trianguló la información, con el propósito de asegurar el rigor y la validez interpretativa. El epicentro de la investigación fue el municipio de El Carmen de Bolívar (Bolívar), San Onofre (Sucre) y María La Baja (Bolívar), ubicados en la subregión de los Montes de María en Colombia, una zona históricamente impactada por el conflicto armado y caracterizada por una limitada disponibilidad de servicios de salud mental. Las participantes fueron dieciocho mujeres adultas, víctimas directas de la violencia armada colombiana, con experiencia en procesos de organización comunitaria en los municipios seleccionados.*
Resultados: *A pesar de las violencias vividas en los Montes de María, las mujeres reconstruyen su bienestar emocional a través de las redes comunitarias y de prácticas colectivas, como tejer, cultivar huertas y formar círculos de palabra. Estas prácticas refuerzan la pertenencia, restauran la agencia y redefinen el territorio como un lugar de reparación simbólica y emocional.*
Conclusión: *El territorio y las prácticas comunitarias convierten el dolor en acción colectiva. Las mujeres no solo sobreviven a la guerra, sino que también construyen salud mental a partir de la memoria, el tejido social y la autodeterminación, transformando el territorio en un lugar de reparación y dignidad.*

Palabras clave: *Determinantes sociales de la salud, mujeres víctimas del conflicto armado, resiliencia comunitaria, salud mental comunitaria.*

INTRODUCTION

Mental health is an essential component of overall well-being, whose relevance is accentuated in contexts affected by armed conflict, where social and structural dynamics impose significant challenges on the population (1). Colombia is a clear example of this, as the country has endured internal conflict for more than six decades and has 10,110,121 people affected according to the Single Victims Registry (2).

It could be argued that the impacts of this phenomenon go beyond material damage, affecting bodies, social ties, and territories, thus reconfiguring the country's sociocultural and political life. This is especially true in Montes de María, a subregion of the Colombian Caribbean whose inhabitants have been victims of direct, cultural, and structural violence (3), which has led to forced displacement, massacres, selective killings, sexual violence against women, uprooting, and a shortage of basic health, education, and employment services (4). These experiences had a lasting impact on mental health, fragmented the social fabric and, with it, the ability of communities to reorganize their daily lives. This raises the question: what are the community determinants of mental health that have developed among women victims of armed conflict in the Montes de María region of Colombia?

To answer this question, this study aims to understand the community determinants of mental health in women victims of armed conflict in Montes de María, Colombia, and to unravel the complexities of their experiences and the community coping strategies that have emerged in this territory. It was derived from the research project entitled "Life Narratives of Women Victims of Armed Conflict in Montes de María and Córdoba: Memory, Resistance and Peace Building." Developed at the University of Sinú, Montería, Colombia. In line with this purpose, the research was based on three central conceptual categories that guided the interpretation and analysis of the results:

Community mental health from a relational perspective

Addressing mental health in situations of armed conflict and structural violence, such as those experienced in Colombia, requires a critical review of the traditional model, which often focuses on the diagnosis, medicalization,

and psychopathologizing of victims (5). This dominant approach, centered on a Westernization of mental health, largely dissociates emotional pain from the social, political, and cultural contexts in which it occurs and is reproduced.

It is imperative to adopt a relational perspective on mental health, shaped by interactions with the environment and social support networks (6-9). From this perspective, mental health extends beyond the absence of disorders and/or illnesses. It encompasses individuals' capacity to interpret pain and relate it to their agency, even in adverse circumstances, thereby actively contributing to the transformation of their social environment (10,11).

However, in community mental health, psychological well-being is not exclusively an individual phenomenon but rather the result of relationships, bonds, and social practices. In this context, the work of (12) is situated, demonstrating that, despite adversity, collective coping mechanisms also emerge to promote community recovery.

These strategies, which promote identity strengthening, social network reconstruction, and community organization, have proven essential for fostering mental well-being in communities affected by war (13). Consequently, these processes facilitate the reframing of trauma, the transformation of pain into resilience, and the creation of new forms of individual and group agency (14).

In territories affected by armed conflict, such as the Montes de María, mental health cannot be isolated from the worldviews and practices of resistance that communities develop to process pain and preserve life. In this regard, (15) recognizes that psychosocial well-being is linked to the collective capacity to reframe trauma, recover memory, and rebuild the social fabric.

Consequently, understanding mental health in settings marked by multiple forms of violence requires setting aside reductionist perspectives that isolate psychological pain from the historical, social, and cultural circumstances that shape it. Mental health is not only experienced in clinical terms but also in the collective capacity to reframe pain, preserve memory, build communities, and dignify life.

Collective trauma and social suffering: effects of armed conflict on daily life

Collective trauma occurs when a violent event affects not only an individual but an entire community, altering its social relationships, sense of security, and worldview (16). In situations of prolonged violence, such as in Montes de María, the damage is not limited to the initial traumatic event. Still, it has become embedded in everyday practices, altering ways of life.

The literature emphasizes that prolonged conflicts not only cause human and material losses but also damage the social fabric, deepening emotions such as fear, mistrust, and fragmentation of solidarity, with a profound and lasting impact on the mental health of communities (17). In Colombia, various studies reveal that constant exposure to violence becomes a predictor of mental health disorders such as anxiety, depression, and post-traumatic stress (1,18). However, the suffering generated by this phenomenon extends beyond clinical diagnosis, encompassing the breakdown of daily life, the fragmentation of identity, and the rupture of emotional bonds. The women of Montes de María describe how they lost not only family members and territory, but also their sense of security in the world.

These effects are intensified in contexts where social determinants such as poverty, inequality, and state absence intersect with the violence resulting from armed conflict (1). Added to this is the fact that practices of domination, such as sexual violence and the overload of caregiving roles, fall mainly on women, which explains why they are more likely to suffer from depression, anxiety, and chronic grief than men (17).

For their part, stigmatization and lack of institutional attention aggravate emotional suffering, thus generating new forms of suffering by limiting access to psychosocial support and comprehensive reparation processes (19). This leads to their revictimization. From this perspective, it is assumed that social suffering and trauma transcend psychological experiences because they are the consequence of structural violence that sustains phenomena such as inequality and social exclusion. From this logic, it is understood that war disrupts daily life,

poverty stands in the way of recovery, and finally, collective silence prolongs suffering.

From the perspective of social suffering (20), it is argued that trauma is not only a psychological response, but also the result of structures of inequality that prevent recovery because war disrupts daily life, poverty hinders reparation, and collective silence prolongs pain. This category confirms that collective trauma in Montes de María has taken root in bodies, memories, the territory, and community ties.

Social and community determinants of mental health

These social determinants of mental health are factors that operate across multiple levels and can directly or indirectly influence emotional well-being. According to the World Health Organization model (21) and the adaptation carried out by (22), the determinants highlighted here operate in order of importance, revealing the existence of broad structures and more specific conditions that have distinct impacts on the daily lives of human beings. In view of the above, these determinants operate at three interrelated levels, i.e., they act in a "chain" (23).

Structural determinants include public policies, citizen participation, the presence or absence of the state in people's lives, and the distribution of wealth (24). In contexts of armed conflict, particularly in the case of Montes de María, these determinants translate into state neglect or abandonment, little or no community development, especially in rural areas, dispossession and forced abandonment of land, and systematic barriers that prevent citizens from accessing comprehensive health care, which is exacerbated when it comes to mental health.

Intermediate determinants are the adverse effects of structural determinants, where specific inequalities are consolidated, such as place of residence, salary, type of work, level of education or lack of literacy, and gender (25). In war-torn territories, women are usually more affected, given their position within the home and structures of domination such as patriarchy and colonialism, which have relegated them to a secondary role in community dynamics. They devote themselves almost entirely to caregiving tasks, exposing themselves to gender-based violence, which affects their mobility and directly impacts their safety.

Community determinants/living conditions are all those conditions that directly influence each person's intrinsic experience and perception of well-being: belonging to a social group that provides emotional support in all circumstances, participation in collective meeting spaces, trust in others, and access to basic services such as water, health, and/or housing, among others (21).

Thus, on the one hand, we have social determinants that explain how phenomena such as poverty, material inequality, and various forms of violence pose risks to people's adequate development. On the other hand, community determinants indicate that organized social structures enable individuals to feel protected across all areas of their personal lives, including their mental health.

In the Montes de María subregion, these determinants are interwoven in the experiences of women victims of armed conflict, who have developed multiple strategies to promote collective care, including talking circles and productive projects focused on community gardens, in pursuit of inner healing. This shapes the main community determinants of mental health because it allows them to move forward, even without the support of the State. They build and weave an affective intersubjective relationship, allowing them to repair themselves symbolically and emotionally, in line with the relational approach to mental health (24,25).

For all these reasons, it is important to note that mental health does not refer exclusively to the absence of disease but is also a collective and social product that finds support in emotional bonds, memory, and words expressed within the community.

Montes de María, Colombia: the territory as a space for healing and generating community meaning

The Montes de María is a subregion of the Colombian Caribbean that extends between the departments of Bolívar and Sucre, comprising 15

municipalities. In addition to its natural wealth, it stands out as a geopolitical corridor connecting the Atlantic Coast with the rest of Colombia, making it a territory of special economic and military interest for both the state and various armed actors.

From the 1990s and into the 2000s, the territory comprising this subregion became a key player in Colombia's internal armed conflict. The guerrilla groups of the time, paramilitary groups, and drug trafficking networks engaged in bloody clashes with each other and with the security forces in their quest for territorial control, causing multiple forced displacements, and then seized the abandoned lands with a clear aim of dominating the civilian population (26).

According to the Single Victims Registry (2), thousands of victimizing events have been recorded in Montes de María, including massacres, the most emblematic of which are those of El Salado, Macayepo, Chengue and Pichilín; forced displacement; dispossession and forced abandonment of land; selective killings; threats and sexual violence. By analyzing these manifestations of the armed conflict through the lens of the triangle of violence (3), their hybridization is evident in Table 1, which details the types of violence present in this territory.

Table 1

Types of Violence Identified in Montes de María

Type of violence	Manifestation in Montes de María	Psychosocial impact
Direct	Massacres, displacement, sexual violence, and selective killings	Acute trauma, permanent fear.
Structural	Poverty, absence of the state, impunity	Hopelessness, existential insecurity
Cultural	Stigmatization and silencing of victims	Isolation, guilt, loss of agency

Source: own elaboration based on the proposals of Galtung (2003).

Notwithstanding the above, the effects suffered by women were differential. The female body became a territory of war, a symbol of social control, and sexual violence, surveillance of their freedom of movement, and the invisibility of their true and free role within the community were the order of the day, reducing them to bearing the burden of care in the midst of the conflict (27). The Colombian Constitutional Court, in its follow-up order number 092 of 2008, warned of these differential impacts, recognizing that the violence suffered by women was an expression of patriarchal structures that were accentuated by the war, pointing out the multiple risks to which they were exposed before, during and after the victimizing events and that they had to endure because of being women, in addition to the barriers and obstacles to accessing truth, justice and reparation.

However, the historical framework of direct, structural, and cultural violence has shaped a scenario in Montes de María characterized by significant damage to the social fabric, daily life, and collective mental health. This impact manifests in various ways and is exacerbated for women. However, beyond limiting itself to the territorial experience in its dimension of victimization, the same territory that was the scene of war is being transformed, through the collective action of women, into a space of re-signification, care, and emotional reparation.

In this context, understanding Montes de María as an analytical category facilitates the explanation of how, in environments characterized by violence and exclusion, community practices emerge that challenge the conception of territory and render it a determinant of community mental

health. Thus, the transition of the territory from a space of control and harm to a space of life constitutes the starting point for the analysis of community support networks and collective practices of psychosocial recovery developed by women victims of armed conflict.

METHODOLOGY

Methodologically, a qualitative approach was chosen from an interpretive epistemic stance. From this stance, it is assumed that there is no objective reality per se, but rather that reality is socially constructed from actors' perceptions and experiences. In this context, knowledge is not imposed from outside but arises directly from the individuals who actively participate in the research process (27).

In line with these approaches, the ethnographic method was employed, understood as a prolonged process of immersion in the context, focused on the in-depth reconstruction of the realities analyzed, based on building trust and openness to dialogue with social actors (28,29). The aim was to understand not only the impacts of the conflict on their lives, but also the community determinants that affect the mental health of women victims of the armed conflict in Montes de María.

Participants and Research Sample

The unit of analysis was women who were direct and indirect victims of the Colombian armed conflict. It was a non-probabilistic purposive sample selected for their ability to provide key accounts of their life experiences in relation to victimization and the strategies they have used to redefine their existence (30). In this regard, participants had to meet the following inclusion criteria: (a) Be of legal age and willing to participate in the research process; (b) Be direct or indirect victims of the armed conflict; (c) Be residents of Montes de María; (d) Participate in community organizational processes. Table 2 shows the sample distribution.

Table 2

Sample distribution

Location	Number of women
El Carmen de Bolívar (Bolívar)	6
San Onofre (Sucre)	6
María la Baja (Bolívar)	6
Total	18

Source: Own elaboration, 2025.

Finally, a sample of 18 women who met the previously established criteria was configured until theoretical saturation was achieved (31). The participants recounted their experiences in a context of respect, equity, and mutual recognition, which facilitated the joint reconstruction of a situated perception of their realities.

Data Collection Technique and Instrument

The fieldwork lasted six months, from February to August 2025, in three communities located in the rural areas of El Carmen de Bolívar (Bolívar), San Onofre (Sucre), and María la Baja (Bolívar), located in the Montes de María subregion of Colombia. Data collection was mediated by qualitative techniques that fostered dialogue and enabled an exploration of the subjectivities and life experiences of victims of the armed conflict. The information collection tools (in-depth interview guide, participant observation, and social and emotional mapping) were validated.

Initially, three experts in social work, gender, and community mental health assessed the tools for relevance, clarity, and ethical sensitivity, and modified their content and language. The tools were then piloted with women similar to the participants, refining their understanding and order. During the fieldwork, methodological triangulation and the research team's reflexivity enhanced the reliability of the collected data. Finally, the techniques used were:

In-depth interviews were conducted with each of the 18 participants, aimed at revealing their experiences of violence, the psychosocial impacts, and the coping and care strategies that emerged. All interviews were conducted in two separate sessions. The first session sought to open the narrative space, build trust, and establish dialogue between researchers and participants, during which women could learn about the study's purposes, the scope of their participation, and the ethical conditions. The second session focused on life narratives, delving deeper into violent events, emotional damage, and coping strategies that participants had used over time. The interviews were conducted in participants' homes to ensure they felt comfortable, safe, and in a place of trust.

Participant observation was carried out in community meetings, productive activities, and women's organizational spaces. This technique allowed for an understanding of relational dynamics, gestures, silences, the physicality of pain, and spontaneous processes of mutual support that do not emerge explicitly in interviews (28). The researchers participated actively, albeit indirectly, in daily activities, thereby gaining access to the meanings and emotions generated in social interaction.

Social and emotional cartography (32): complementary group exercises were developed with women to graphically represent: (a) Places associated with fear (risk areas, displacement routes); (b) Places associated with care and emotional support (a neighbor's house, community garden, the stream); (c) Paths of territorial transformation (from a space of war to a space of life). Mapping was used as both a research tool and a therapeutic device, allowing participants to connect their emotional experiences to their territory. The technique enabled participants to take ownership of their territories by recognizing those spaces that had historically been off-limits, as well as the future prospects they had collectively built.

Information processing

The information generated through in-depth interviews, participant observation, and social cartography was analyzed using thematic analysis (33), which facilitated the identification, organization, and interpretation of patterns of meaning in the participants' narratives.

In the first phase, a detailed reading of the transcripts and field records was conducted to familiarize ourselves with the data and to sketch out preliminary meanings. Subsequently, open coding was conducted manually to identify units of meaning associated with experiences of pain, coping, community support, and relationships with the territory. Among the initial codes that emerged were "the territory as a refuge", "weaving to heal", "support among women", "shared memory", and "organization as resistance".

In a second phase, the codes were grouped into thematic patterns through axial coding, with continual comparison to empirical data and conceptual references from the study. This process allowed for the refinement, merging, and elimination of codes, ensuring internal consistency and analytical density. As a result, three analytical categories were consolidated: (a) the territory as a restorative space and generator of community meaning; (b) community support networks as a protective factor; and (c) collective practices of psychosocial recovery. These were reviewed and refined in comparison with the empirical data.

Third phase, the emerging units of meaning were grouped into three categories: (a) territory as a restorative space and generator of community meaning; (b) community support networks; (c) collective practices of psychosocial recovery. The triangulation of methods and sources strengthened the credibility of the results, achieving theoretical saturation when no new meanings emerged.

For greater methodological rigor, both the fieldwork and the analysis and processing of the information were carried out by a team of five researchers, who independently coded a set of interviews and then compared the results in analytical discussion sessions. Discrepancies were resolved through consensus, and an internal audit of the process was conducted to assess the consistency among codes, categories, and textual fragments.

It is important to note that the triangulation of methods and sources (interviews, observation, and cartography) improved the credibility and

consistency of the findings. Theoretical saturation was achieved when the analysis of the new narratives did not introduce additional important categories or meanings but rather reinforced the previously identified analytical patterns.

Ethical aspects

This article arises from the research project Life Narratives of Women Victims of Armed Conflict in Montes de María and Córdoba: Memory, Resistance and Peace Building, approved by Research Committee 01 on 30 January 2025 of the Faculty of Legal, Social and Educational Sciences of the University of Sinú. The Faculty Research Committee is established as the institutional entity responsible for regulating, evaluating, and validating research processes. This function includes reviewing the ethical aspects of studies involving human subjects.

The Declaration of Helsinki guided the conduct of research with humans and the principles of social research. The participation of women victims of armed conflict was voluntary after an explanation of the research's purposes. All participants signed an informed consent form.

To protect confidentiality and anonymity, each account was assigned an alphanumeric code consisting of the municipality abbreviation where the person lived and a consecutive number (e.g., ECB-01 for El Carmen de Bolívar; SO-01 for San Onofre; MLB-01 for María la Baja). In no case were proper names or information that would allow direct or indirect identification of the participants recorded. The transcripts and field records were stored in protected files accessible only to the research team. It is important to note that this system enabled analytical follow-up of the stories, ensuring the ethical handling of information across the study's different phases.

RESULTS

The results were organized into three sections: Montes de María, Colombia: territory as a space for healing and community spirit; community support networks as protective factors; and collective practices that promote psychosocial recovery. These show how women victims of armed conflict have managed to rebuild both their individual and collective well-being through female agency.

Territory as a space for healing and generating a sense of community

Beyond the violence they have experienced, the territory has become a place of daily resistance for women victims of armed conflict, where emotional reconstruction emerges from individual and community experiences. In this process, women perceive one another as subjects intertwined by a shared history of pain and by a collective conviction to continue living and to visualize possible futures. In this way, the territory is no longer just the place where violence occurs, but a space from which life is reorganized.

In response to the physical and emotional devastation caused by the conflict, women-led processes emerged in which words played a fundamental role. Narrating did not mean reopening the pain, but rather reinterpreting the experience of life, activating memory as an act of resistance, and questioning the silence imposed by war. Collective practices such as community gardens and knitting groups were consolidated and now function as community determinants of mental health by enhancing self-agency, a sense of belonging, and women's ability to regain control over their life trajectories (34).

In this study, the territorial context is assumed to be a central analytical condition for understanding how, in the midst of violence and the collective perception of victimization, women produce and reproduce mental health at both the individual and community levels. The territory thus becomes an active space for symbolic and emotional repair, from which coping strategies and collective care are developed.

The findings show that, although Montes de María was historically a war zone, for women victims of armed conflict, the territory transcends its physical and geographical dimensions and constitutes a collective and relational subject, from which life emanates and is sustained, and through which processes of healing and emotional reparation are developed. In this way, the territory becomes a community determinant of mental

health because: (a) it restores agency over it, allowing women to move from being victims to becoming carers and guardians of the territory; (b) it repairs the memory of the body; (c) it restores a sense of belonging, because it weaves together the past with the present and imagines possible futures, generating a sense of continuity, which is necessary for survival and a purposeful life.

Emotional mapping exercises show that women are capable of geographically locating pain, but also of finding places or practices that represent hope and community bonds, such as community planting in vegetable gardens, the stream, the shade of a tree in a neighbor's yard, which were identified as "places where the heart rests". These are important symbols for the processes of comprehensive reparation and endogenous peacebuilding, as they confer new meaning on the territory as a place of care, memory, and life.

These findings clarify that the territory, rather than simply serving as a passive backdrop to violence, functions as an active agent in the processes of psychosocial recovery and the reconstruction of the social fabric. The redefinition of territory as a space for care, memory, and collective action aligns with contemporary approaches to community mental health, which view emotional well-being as a relational and contextual process.

Community support networks as a protective factor

The findings indicate that community support networks are among the main factors that protect against emotional suffering associated with armed conflict. In the absence of the state and the fragmentation of traditional family networks following forced displacement and widespread fear, women restructured collective strategies for emotional support, care, and the maintenance of daily life.

In this regard, elements such as neighborhood, kinship, and social organization networks have emerged as vital sources of emotional and material support in coping with trauma. These strategies can be interpreted through the prism of community resilience, as defined by (35-40), as an active process through which individuals and communities face, endure, and transform the challenges that arise from violent situations, thereby rebuilding their life projects and strengthening the social fabric. This can be contrasted with the following account: "Pain brought us together, but the organization sustained us." (Interview, 48-year-old woman, San Onofre).

In this regard (13), argues that social support is essential to the recovery from collective trauma, as it provides emotional security and a sense of belonging. For their part (14), assert that in communities affected by war, such as Los Montes de María, mutual support and shared care practices not only alleviate suffering but also restore the victims' capacity for action and dignity. These networks are consolidated in Table 3.

These support networks not only provide accompaniment but also serve as spaces for healing from the pain of the armed conflict and as catalysts for the reconstruction of individual and collective life projects.

Collective practices that promote psychosocial recovery

In the three communities studied — El Carmen de Bolívar, María La Baja, and San Onofre — it was revealed that emotional recovery does not come from individual or clinical help, but from social practices organized by women in which the body, memory, and territory come together to reconfigure a sense of belonging and collective dignity.

Through practices such as talking circles, community museums, community gardens, knitting activities, experience exchanges, and community gatherings, it has been possible to foster socio-emotional healing processes, initiate endogenous processes of symbolic reparation, and ultimately construct narratives of resistance. In line with these findings (12), argues that collective action practices in conflict settings increase individuals' sense of control over their lives and promote the community's emotional well-being.

In relation to community gardens, for women victims of the armed conflict in Montes de María, the preparation of traditional foods has become a metaphor that redefines everyday life and ancestral knowledge, as expressed in the

Table 3

Types of support networks and protective factors for mental health in women victims of armed conflict.

Type of support network	Members	Protective function in mental health
Family	Sisters, daughters, mothers, grandmothers, cousins, and people with whom bonds have been formed after the violent experience.	Emotional support, crisis support, and childcare assistance.
Neighbours/community members	Neighbors, friends, neighborhood or village leaders.	Daily support, active listening, and early detection of signs of distress and anxiety.
Organizacional	Grassroots associations and social organizations of women victims of armed conflict	Spaces to share trauma, rebuild collective identity, and promote community resilience.

Source: Own elaboration.

following interview excerpt: "Just as the land bears fruit again, we too have come back to life." (Interview, 44-year-old woman, San Onofre).

For its part, weaving functions as an integrative practice that transcends craftsmanship to become part of processes of memory recovery and re-signification of the territory, as evidenced in the following testimony: "Weaving is putting together the pieces that the war tore from us." (Interview, 49-year-old woman, El Carmen de Bolívar).

These collective actions have generated specific psychosocial effects, including reduced feelings of loneliness, strengthened agency and self-determination, and consolidated emotional relationships grounded in trust and reciprocity. Ultimately, they have succeeded in transforming trauma through processes of collective memory as a practice of resistance. In this regard, (9,14) argue that these practices are forms of resistance and not merely leisure activities. Finally, it can be said that in Montes de María, these practices did not emerge with therapeutic intentions; rather, their origins are rooted in processes of resistance and transformative agency (39,40).

CONCLUSIONS

The Montes de María, a territory historically affected by armed conflict, has had a differentiated impact on women: forced displacement, land dispossession, sexual violence, and care overload. This violence has caused psychosocial damage such as constant fear, unresolved grief, identity breakdown, and uprooting, revealing the intersectionality between war and patriarchal structures that have restricted women's rights and basic services. In response, the territory has been the primary agent of reparation. Through their connection to the land, community gardens, house restoration, and the emotional mapping of significant places, the women reframed their trauma, rebuilt their agency, and regained a sense of belonging. The territory ceased to be merely a physical place and became a place of life support and emotional reconstruction.

Social support networks (family, neighborhood, and organizational) were protective factors, providing emotional support, daily companion ship, and a listening ear. Their action strengthened community resilience and reframed victimization through mutual care and shared security. In addition, collective practices such as talking circles, vegetable gardens, and weaving were strategies for sociocultural healing. They enabled spaces free of stigma, rebuilt collective identity, and strengthened agency, showing that emotional recovery in contexts of violence is a collective, not an individual, process.

In short, the results indicate that women in the Montes de María are life-builders. Through

territory, weaving, and collective practices, they produce community mental health, restore a sense of belonging, project other possible futures, and contribute fundamental knowledge for the construction of public policies for peace and comprehensive reparation for victims of armed conflict.

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