RESEARCH ARTICLE

INCIDENCIA, COMPORTAMIENTO EPIDEMIOLÓGICO Y DESENLACES DE LA VIOLENCIA SEXUAL EN MENORES DE 18 AÑOS ATENDIDOS EN EL HOSPITAL UNIVERSITARIO ERASMO MEOZ DURANTE ENERO DEL 2018 A DICIEMBRE DEL 2022

INCIDENCE, EPIDEMIOLOGICAL BEHAVIOR AND OUTCOMES OF SEXUAL VIOLENCE IN CHILDREN UNDER 18 YEARS OF CARE AT THE ERASMO MEOZ UNIVERSITY HOSPITAL DURING JANUARY 2018 TO DECEMBER 2022

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RESUMEN

Introducción: La violencia sexual es una problemática de carácter mundial que atenta contra los derechos humanos fundamentales, y es la forma de maltrato más traumática en los niños, niñas y adolescentes, con repercusiones a corto, mediano y largo plazo en la salud física, mental y social. **Objetivo:** Analizar las principales características de las víctimas, el comportamiento epidemiológico y los desenlaces en el contexto de violencia sexual en menores de 18 años que fueron atendidos en el Hospital Universitario Erasmo Meoz en el periodo comprendido entre enero de 2018 a diciembre de 2022. **Método:** estudio descriptivo, transversal y retrospectivo, muestreo no probabilístico por conveniencia con análisis estadístico de variables descriptivas con SPSS v16. **Resultados:** Se analizaron 464 historias clínicas que cumplieron los criterios de inclusión, donde la caracterización de víctimas de violencia sexual fue principalmente en

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mujeres, adolescentes de nacionalidad colombiana, con estructura familiar nuclear y heteroparental, respecto al comportamiento epidemiológico la incidencia aumentó en la época de pandemia por COVID-19 y el agresor es conocido por la familia. **Conclusión:** La violencia sexual de menores es una pandemia silenciosa, cuyo comportamiento y características se deben conocer y de esta manera tomar medidas desde los espacios en salud, promover la participación de la familia en la protección integral y empoderar a los menores de edad en esta problemática.

PALABRAS CLAVE: violencia sexual, niños, adolescentes, familia.

ABSTRACT

Introduction: Sexual violence is a global problem that violates fundamental human rights and is the most traumatic form of abuse in children and adolescents, with short, medium, and long-term repercussions on physical and mental health. And social. **Objective:** To analyze the main characteristics of the victims, the epidemiological behavior, and the outcomes in the context of sexual violence in children under 18 years of age who were treated at the Erasmo Meoz University Hospital in the period from January 2018 to December 2022. **Method:** descriptive, cross-sectional, and retrospective study, non-probabilistic convenience sampling with statistical analysis of descriptive variables with SPSS v16. **Results:** 464 clinical records that met the inclusion criteria were analyzed, where the characterization of victims of sexual violence was in women, adolescents of Colombian nationality, with a nuclear and heteroparental family structure. Regarding epidemiological behavior, the incidence increased at the time of COVID-19 pandemic and the aggressor is known to the family. **Conclusion:** Sexual violence against minors is a silent pandemic, whose behavior and characteristics must be known, and, in this way, measures can be taken from health spaces, promoting the active participation of the family in comprehensive protection and empowering minors in this problem.

KEYWORDS: sexual violence, children, adolescents, family.

INTRODUCTION

The World Health Organization (WHO) defines sexual violence as any sexual act, attempted act, or other conduct directed against a person's sexuality through coercion, regardless of the relationship with the victim or the setting in which it occurs. It includes acts ranging from rape—defined as the penetration "by physical or other coercion of the vagina or anus with a penis, other body part or object" (WHO, 2024)—to unwanted sexual comments or insinuations, or actions to commercialize or otherwise exploit a person's sexuality

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through coercion in any setting, including the home and the workplace (Ceballos, 2019).

From this perspective, victims of sexual violence, particularly children and adolescents, are subjected to a situation of submission in which they lose ownership and privacy over their own bodies and emotions. They become victims of a process of entrapment, manipulation, and subjugation carried out by the perpetrator, who uses various behaviors to establish and maintain a secretive and guilt-laden bond, which directly affects the abused child or adolescent (UNICEF, 2021). This situation is perpetuated by the fear and vulnerability of the victim, who often perceives that the conditions are not adequate for their voice to be heard—whether due to family, economic, or social issues, or even the guilt generated by the abusive relationship itself (Rivas, 2022). The sense of helplessness is further exacerbated when the victim is forced to live permanently with the abuser, finding no safe space to process the aggression they have experienced (Maluenda, 2022).

In this sense, acts constituting the crime of sexual violence include rape, sexual assault, sexual abuse, sexual harassment, sexual exploitation, human trafficking, threats of sexual violence, or any act that affects the integrity of children and adolescents (Calbet, 2018). Therefore, it is essential to raise awareness among authorities, society, and families about the various forms of violence that particularly endanger children and adolescents. This also requires the coordination of the relevant entities during the activation of the protection response route and, especially, during the follow-up of reported cases (Ministry of Education, 2021).

According to reports from the Criminal Statistics Division of the National Police, between January and August 2023, a total of 8,295 sexual offenses against minors were reported in the country—4,605 against children and 3,690 against adolescents (Office of the Attorney General of the Nation, 2023).

The Public Ministry also stated that, between January and August 2023, the National Institute of Legal Medicine and Forensic Sciences conducted 12,899 forensic medical exams for alleged sexual offenses in early childhood, childhood, and adolescence. Similarly, the number of children and adolescents who entered the protection system of the Colombian Institute of Family Welfare (ICBF) due to sexual violence is alarming, with 11,135 cases recorded between January 1 and August 31, 2023. Of these, 9,705 involved female victims and 1,425 male victims. The departments with the highest number of entries were Bogotá, Valle del Cauca, Atlántico, Cundinamarca, and Antioquia (Office of the Attorney General of the Nation, n.d.). The main associated risk factors include a high-risk family environment, insecure

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attachment dynamics, overcrowding, and ambivalent behaviors from family members or close acquaintances (Apraez, 2015). However, during the SARS-CoV-2 pandemic, other factors became more prevalent, such as extended time spent with the aggressor, reduced institutional presence and oversight, and greater exposure to virtual content. School dropout, family dysfunction, psychopathologies, suicidal ideation, and the adoption of risky behaviors are some of the consequences of this issue, which significantly impacts both the global economic burden and public health (Letourneau et al., 2018).

This study is relevant as it seeks to stimulate discussion on sexual violence against minors, to understand the characteristics of the affected population, and to raise awareness about the impact of this issue in the region of Norte de Santander. The aim is to engage the academic and administrative communities, as well as society at large, in order to urgently promote the implementation of preventive measures against sexual violence and the strengthening of protective factors.

METHODS AND MATERIALS

A non-probability convenience sampling method was used, with approval from the Ethics Committee of the Erasmo Meoz University Hospital (HUEM) in the city of San José de Cúcuta, Norte de Santander department. This is a descriptive, retrospective, and cross-sectional study, in which 464 medical records were reviewed based on the following selection criteria: being under 18 years of age, admitted to HUEM during the study period, having a diagnosis of sexual abuse or another form of sexual violence, cases involving initiation of sexual activity and/or consensual pregnancy before the age of 14, patients with some degree of cognitive impairment who had initiated sexual activity and/or become pregnant, and availability of infectious profile laboratory test results. For the statistical analysis, SPSS version 16 was used.

RESULTS ANALYSIS

Most of the victims were female (85.6%), compared to 14.4% male. Regarding nationality, 53.2% were Colombian and 46.8% were foreign, primarily Venezuelan.

The age group with the highest incidence was adolescents (59.5%), followed by school-age children (27.8%) and preschoolers (11.9%). Educational level was directly related to the child's current age. 38.8% were in primary school, 20.5% had no formal education, 17.7% were in secondary school, and 0.2% were enrolled in undergraduate studies.

Concerning family structure, the most common was the nuclear family (34.9%), followed by blended families (26.5%), extended families (21.1%), and single-parent families (13.6%). Almost all cases

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(99.8%) came from heteroparental households (see Table 1).

Table 1. Sociodemographic characteristics

Characteristics	Categories	% (n=464)
Genre	Male	67 (14,4)
	Female	397(85,6)
Nacionalidad	Colombia	247(53,2)
	Foreigners	217(46,8)
Age	Infant younger	2 (0,4)
	Infant older	2 (0,4)
	Preschool	55 (11,9)
	School School	129 (27,8)
	Adolescent	276 (59,5)
Education Level	No schooling	95 (20,5)
	Kindergarten	19 (4,1)
	Primary	180 (38,8)
	Secondary	82 (17,7)
	Undergraduate	1 (0,2)
	No information	87(18,8)
Family Condition	Nuclear	162 (34,9)
	Extensive	98 (21,1)
	Reconstructed	123 (26,5)
	Single-parent	63 (13,6)
	No information	18 (3,9)
Parents Type	Homoparental	1 (0,2)
	Hetero-parental	463 (99,8)

Source: Own Elaboration

The neighborhoods (comunas) in the city of Cúcuta where these cases were reported included Comuna 6 (14.8%), Comuna 8 (12.5%), Comuna 9 (9.5%), and Comuna 7 (8.0%). 7.5% of the cases involved foreign nationals, primarily from Venezuela. Other municipalities in the department of Norte de Santander where cases were recorded included Villa del Rosario (2.8%), Los Patios (2.8%), Tibú (1.9%), Puerto Santander (1.1%), Chinácota (0.6%), Sardinata (0.6%), among others, each with percentages below 0.5%. However, 4.5% of the cases had unknown origin. There were also isolated reports from other cities such as Bogotá (0.2%) and Ibagué (0.2%), in addition to victims from rural districts near the metropolitan area of Cúcuta (see Table 2).

Tabla 2. Procedencia de los casos

Origin	Frecuency	%
Commune 1	13	2,8
Commune 2	21	4,5
Commune 3	23	5,0
Commune 4	25	5,4
Commune 5	20	4,3
Commune 6	69	14,8
Commune 7	37	8,0
Commune 8	58	12,5
Commune 9	44	9,5
Commune 10	11	2,4
Municipality of Abrego	1	0,2
Municipality of Arauca	1	0,2
Municipality Arboledas	1	0,2
Municipality Bochalema	1	0,2
Municipality Chinácota	3	0,6
Municipality of Salazar	1	0,2
Municipality of Sardinata	3	0,6
Municipality of Tibú	9	1,9
Municipality El Tarra	1	0,2
Municipality Gramalote	1	0,2
Municipality Ibagué	1	0,2
Municipality La Gabarra	2	0,4
Municipality Los Patios	13	2,8
Municipality Lourdes	2	0,4
Municipality Pamplona	2	0,4
Municipality Pamplonita	1	0,2
Municipality Playa de Belén	2	0,4
Municipality Puerto Santander	5	1,1
Municipality San Cayetano	1	0,2
Municipality Tibú	1	0,2
Municipality Villa Del Rosario	13	2,8
Municipality El Zulia	2	0,4

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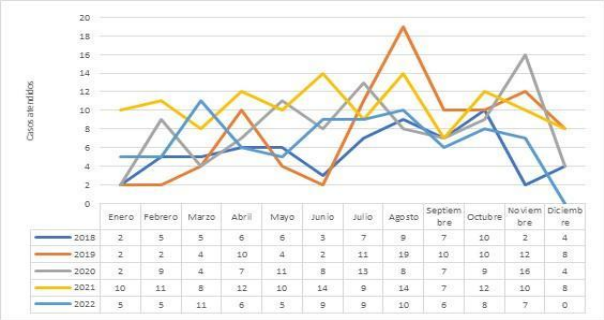
Origin	Frecuency	%
Bogotá	1	0,2
Venezuela	35	7,5
Otros	19	4,0
Sin Información	21	4,5
Total	464	100,0

Source: Own Elaboration

Figure 1. Behavior of attention according to year and month of occurrence of the event



Source: Own Elaboration

According to the epidemiological trend by month and year of occurrence, the average number of cases was 7.7 ± 1.8 per month. The months of August, October, and November consistently recorded the highest numbers of reported cases across most of the years analyzed.

On the other hand, a noticeable decline in reported cases was observed in December, likely due to a decrease in activity during end-of-year holiday celebrations (see Figure 1).

Regarding the incidence rate by year of care, in 2018, there were 24,662 admissions of minors under 18 years of age, of which 3 per 1,000 were due to sexual violence. In 2019, 25,817 minors were admitted, and 4 per 1,000 admissions were related to sexual violence. During 2020 and 2021, there was a significant drop in the total number of minors admitted to HUEM, yet those years registered the highest incidence rates, with 8 and 7 cases per 1,000 admissions, respectively, due to sexual assault.

In 2022, 5 per 1,000 admissions involved sexual violence. Notably, 45.9% of the cases occurred during the COVID-19 period (see Figure 2).

Figure 2. Behavior of care according to year of occurrence of the event and gender

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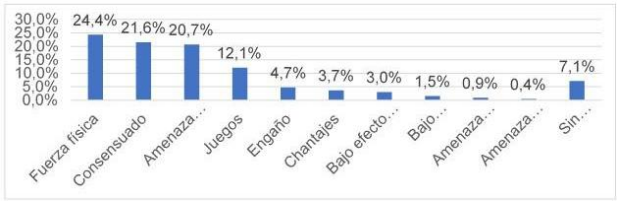
Source: Own Elaboration

The most commonly used method by the aggressor was physical force, accounting for 24.4% of the cases. The second most frequent method was labeled as “consensual”, representing 21.6% of cases. The term “consensual” refers to situations where there was initial consent, but it was later withdrawn or ignored.

Verbal threats were the third most used method (20.7%). Games or tricks accounted for 12.1% and 4.7% of cases, respectively. Manipulation was involved in 17% of the cases. The use of blackmail represented 3.7%. There were also instances where the aggressor acted under the influence of other substances (3%) or psychoactive substances (1.5%). Threats involving firearms (0.9%) and bladed weapons (0.4%) were the least common methods (see Figure 3).

Figura 3. Method Used by the Aggressor

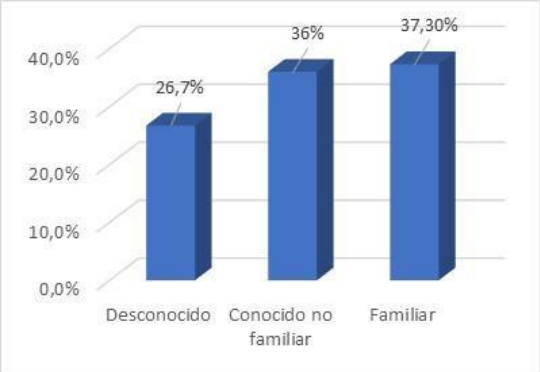


Source: Own Elaboration

Manipulation was involved in 17% of the cases. The use of blackmail represented 3.7%. There were also instances where the aggressor acted under the influence of other substances (3%) or psychoactive substances (1.5%).

Threats involving firearms (0.9%) and bladed weapons (0.4%) were the least common methods (see Figure 3). The distribution of cases by aggressor showed that in 26.7% of the cases the perpetrator was a stranger, in 37.3% a family member, and in 36% a non-family acquaintance (see Figure 4).

Figure 4. Cases Distribution According to the Familiarity with the Aggressor



Source: Own Elaboration

Among known aggressors, 12.3% were stepfathers, 6.7% were cousins, 3.9%

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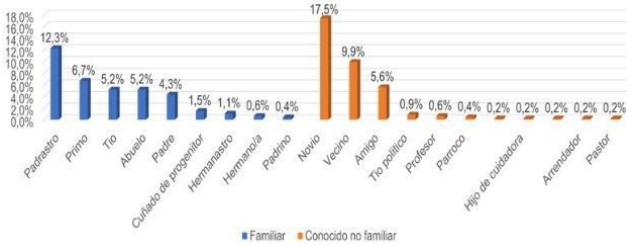
were fathers, 1.3% were parents' in-laws, 1.1% were stepbrothers, and 0.6% were brothers (see Figure 5). Other frequent known non-family aggressors who were assumed to be part of safe environments included neighbors (9.9%), friends (5.6%), teachers (0.6%), priests (0.4%), godparents (0.4%), classmates (0.2%), and children of caregivers (0.2%) (see Figure 5).

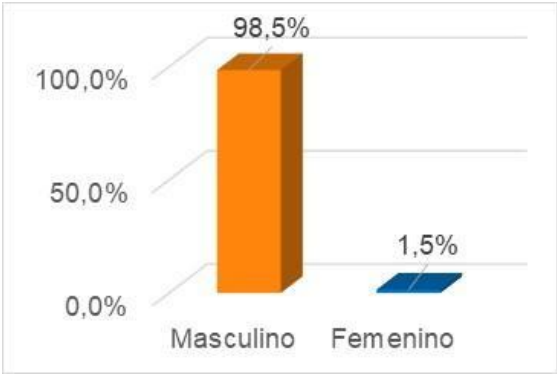
Figure 5. Cases' Distribution According to the Aggressor



Source: Own Elaboration

In 99% of cases, the aggressors were male (see Figure 6).

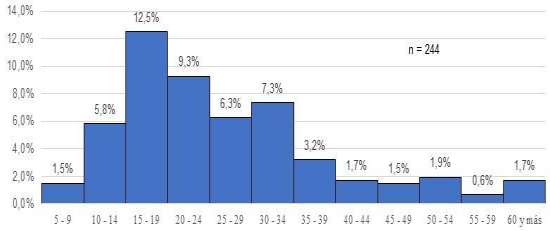
Figure 6. Aggressor's Genders



Source: Own Elaboration

The age of the aggressor was recorded in 244 cases, ranging from 6 to 72 years. The average age of the aggressors was 27 years, with a standard deviation of 13.5 years. The most frequent age was 30 years, with 17 cases (7.0%). Other high-frequency age groups included 16 and 20 years (16 cases each, 6.6%), 17 years (15 cases, 6.1%), and 18 years (11 cases, 4.5%) (see Figure 7).

Figure 7. Agressor's Age



Source: Own Elaboration

Notably, some aggressors were minors, with the youngest being just 6 years old. There were also reports of aggressors over the age of 65. These findings underscore the importance of implementing preventive and awareness strategies across all age groups, since aggressors can belong to any age range. 56.03% of cases were classified as sexual assault, while 43.75% involved repetitive abuse, and 0.22% corresponded to a case of sexual exploitation (see Figure 8).

Figure 8. Type of Events

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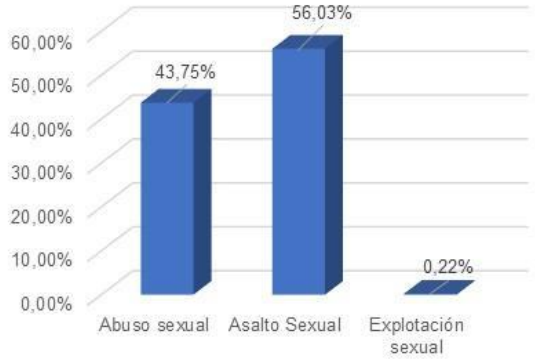

Source: Own Elaboration.

The mother was the primary caregiver in 71.1% of cases. The most common occupation was homemaker, highlighting the essential role mothers play in the care and support of victims. Other caregivers included fathers (4.3%), other relatives such as uncles, aunts, grandmothers, siblings, stepmothers, or non-family caregivers such as boyfriends/partners (5.2%) and other persons (8.0%).

In 1.7% of cases, no caregiver was identified. These findings stress the importance of the family role, especially maternal figures, in supporting and caring for victims, as well as the need to provide guidance and support to non-family caregivers (see Table 3).

In terms of outcomes, 15.7% of the victims became pregnant by their aggressors (73 cases); 82.2% of these pregnancies ended in childbirth, while 17.8% in voluntary termination.

Table 3. Caretaker's Familiar Role

Caretaker	% (n=464)
Mother	71,1 (330)
Other	8,0 (37)
Boyfriend/partner	5,2 (24)
Grandmother	4,7 (22)
Father	4,3 (20)
Aunt	3,7 (17)
None	1,7 (8)
Stepmother	0,6 (3)
Sibling	0,4 (2)
Uncle	0,2 (1)

Source: Own Elaboration.

4.3% of the victims contracted a sexually transmitted infection (STI) (20 cases), with the most common being bacterial vaginosis (7 cases), syphilis (4 cases), Neisseria gonorrhoeae, and Gardnerella vaginalis. One victim tested positive for HIV. 16.4% of victims required psychiatric treatment.

Table 4. Outcomes

Outcomes	Categories	Frecuency (%)
Pregnant girls	Yes	73 (15,7)
	No	391 (84,3)
Pregnancy outcome	Birth	60 (82,2)
	Abortion	13 (17,8)
Sexually transmitted diseases	Yes	20 (4,3
	No	444 (95,7)
Psychiatric treatment required	Yes	76 (16,4)
	No	388 (83,6)
Case management	Report to ICBF	439 (94,6)
	Cases that were examined in follow-up by ICBF	25(5,4)

Source: Own Elaboration.

94% of cases were reported to the Colombian Family Welfare Institute

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(ICBF). 0.6% requested voluntary discharge, while 5.4% left the institution for unspecified reasons (see Table 4).

DISCUSSION

Sexual violence against minors under 18 years of age is frequently committed by family members. Throughout the years analyzed in this study, most cases were sexual assaults, with a smaller percentage of sexual abuse.

Adolescents were the most affected, followed by school-age and preschool children. Females were more affected than males, which aligns with data from the 2022 first semester report on gender and domestic violence and chemical agent attacks from the National Institute of Health (INS), showing 43.4% of sexual violence occurred during adolescence (7,337 cases), followed by childhood (19.8%, 3,354 cases). 85.6% of victims were female (14,462 cases).

Sin embargo, en ese informe el principal agresor fue un familiar diferente al padre, pareja o expareja (20.2 % / 3 407), siendo menos frecuente un agresor desconocido para la víctima.

However, our study noted that the primary aggressor was a relative other than the father, partner, or ex-partner (20.2% / 3,407 cases), with strangers being less common. In contrast, our study identified stepfathers, cousins, and uncles as the main aggressors. Also, while the INS report indicated most victims were foreign nationals, our study found that most were Colombian.

These differences may be explained by population shifts in Norte de Santander, related to border dynamics, and the lack of regional reports on this issue.

Sexual assault was the most frequent form of violence, characterized by physical coercion and verbal threats, often met with disbelief from the mother, which perpetuated the abuse. This form of violence was common in heteroparental families, whether nuclear, blended, or extended, as previously documented by Lozada et al. (2019), who indicated that homes and caregiving environments are the most at-risk settings for child sexual abuse.

En los casos denominados como “consensuados”, se evidenció desconocimiento de la legislación por parte de las familias, aprobación de la relación por los padres de la menor debido al aporte económico agregado por la pareja y la falta de pautas de crianza por algunos padres favoreciendo conductas de riesgo. In “consensual” cases, there was evident ignorance of the law, parental approval due to economic contributions from the partner, and lack of parenting guidelines, all of which enabled risky behaviors.

The majority of aggressors were male family members, with a mean age of 27 years, who used physical force and verbal threats such as threats of killing the victim, harming the mother, abusing siblings, or causing emotional distress,

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trapping the victim in fear and guilt (Marsicano, Bajos & Pousson, 2023).

The home, considered a safe space, was often the site of violence, where the aggressor had greater control and less risk of being discovered, especially if the aggressor was a caregiver (Mebarak, 2023).

From an epidemiological perspective, on March 11, 2020, the WHO declared COVID-19 a pandemic, and Colombia imposed mandatory isolation and quarantine starting March 25, 2020.

45.9% of cases occurred during the pandemic, with a rising trend beginning in early 2020, peaking in 2021 with 125 cases and an incidence of 7 per 1,000 minors, before declining in early 2022. On December 21, 2021, the Ministries of Education and Health announced the resumption of in-person classes due to increased vaccination coverage (Sifontes, 2022). The increase in cases during the pandemic is attributed to decreased institutional oversight and increased contact with aggressors (Maluenda, 2022). This contrasts with Oksal (2023), who reported a decrease in reported cases due to school closures, which limited teachers' ability to identify and report abuse. In our study, the rise in cases occurred because caregivers still brought children to the hospital, despite lockdown measures.

Adolescent pregnancy as a result of sexual assault presents serious health risks. The Pan American Health Organization (PAHO) reported in 2020 that pregnancy and childbirth complications are the second leading cause of death globally among 15–19-year-olds. It also noted that up to 20% of adolescent pregnancies result from sexual violence, exacerbated by early sexual initiation, lack of information, and absence of comprehensive sex education (PAHO, 2020). In our study, some minors exercised their right to voluntary termination of pregnancy without complications. 16.4% of victims required psychiatric treatment for behavioral disorders, sleep issues, maladaptive behaviors, and self-harm.

These experiences violate children's rights to life, dignity, health, and privacy, significantly impacting mental health, leading to social isolation, self-injury, and even suicidal ideation or attempts (Inter-American Commission on Human Rights, 2019).

Certain warning signs may indicate a potential sexual aggressor, though no specific profile exists. Red flags include insisting on being alone with minors, preferential socialization with children, inappropriate expressions of affection, history of sexual abuse, use of psychoactive substances, or consumption of pornography (ICBF, 2020).

La mayoría de los casos de violencia sexual hacia niños, niñas y adolescentes tienen en común que ocurren en los

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entornos más cercanos, debido a la confianza que depositan en su agresor.
Most cases of sexual violence against children and adolescents occur in close environments, where the victim trusts the aggressor. The abuser often creates a sense of safety, gaining privacy and access without arousing suspicion from parents or caregivers (Mebarak, 2023).
Risk factors for victims include lack of early sex education, inadequate self-care awareness, neglect or other forms of maltreatment, overcrowding, and social disadvantage (ICBF, 2020).
Given this context, it is important to highlight that sexual violence against minors has a high social impact and remains a significant public health problem in the country. The reporting of cases by health institutions is crucial to make this issue visible, in order to design strategies that enable prevention and timely identification, to update the care pathway so that victims receive comprehensive support, and to implement institutional measures that mitigate the severe impact of this phenomenon in the region.

CONCLUSIONS

Sexual violence against minors under 18 remains highly prevalent in the region, despite governmental efforts to curb it. Most victims were female, Colombian, with low levels of schooling, under 13 years of age, and in socially vulnerable conditions.

Given the current situation, it is crucial to establish sexual education spaces to help identify potential aggressors, detect signs of abuse, and strengthen parenting skills among caregivers who bring children to emergency or outpatient services. The goal is to empower caregivers to prevent, detect early, and report cases of sexual violence.

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