# MONITORING AND EVALUATION SUPPORT FOR COLLABORATIVE LEARNING AND ADAPTING (MESCLA) ACTIVITY

## GENDER-BASED VIOLENCE STUDY IN WESTERN HONDURAS

# MONITORING AND EVALUATION SUPPORT FOR COLLABORATIVE LEARNING AND ADAPTING (MESCLA) ACTIVITY

## GENDER-BASED VIOLENCE STUDY IN WESTERN HONDURAS

**SUBMITTED TO:**

USAID/Honduras

**PREPARED BY:**

The Global Women's Institute at the George Washington University and Estudios e Investigaciones de Centroamérica for Dexis Consulting Group

**DISCLAIMER:**

The authors' views expressed in this document do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

# TABLE OF CONTENTS

## FIGURES AND TABLES

## AUTHORS

Manuel Contreras-Urbina
Margarita Quintanilla
Víctor Manuel Morales
Jessica Sánchez
Angela Bourassa
Junior Ovince
Elizabeth Rojas

## ACKNOWLEDGMENTS

## Acronym List

| | |
|---|---|
| CDCS | Country Development Cooperation Strategy |
| DO | Development Objective |
| DHS | Demographic Health Survey |
| IPV | Intimate Partner Violence |
| GBV | Gender-Based Violence |
| LAC | Latin America and the Caribbean |
| LGTBI | Lesbian, Gay, Transexual/Gender, Bisexual and Intersex |
| MESCLA | Monitoring and Evaluation Support for Collaborative Learning and Adapting |
| UN | United Nations |
| VAWG | Violence Against Women and Girls |
| WHO | World Health Organization |

# EXECUTIVE SUMMARY

## BACKGROUND AND METHODS

Addressing gender-based violence (GBV) is a priority issue for the United States Agency for International Development's Mission in Honduras (USAID/Honduras). As part of the USAID/Honduras' Country Development Cooperation Strategy's (CDCS) Development Objectives (DOs), the Global Women's Institute (GWI) at the George Washington University (GWU) and Estudios e Investigaciones de Centroamérica (EICA), undertook an in-depth analysis of different types of GBV in Western Honduras. Studies on GBV in Western Honduras have been scarce and limited and the only source for assessing rates of different types of GBV has been the Demographic Health Survey (DHS). This study combines quantitative (household and school-based surveys) and participatory qualitative methods to explore the situation of GBV in both urban and rural areas of six Departments in Western Honduras. This study, the most comprehensive diagnosis conducted in this region, supports the objectives of USAID's Development Objective Two (DO2) in Western Honduras and contributes to the evidence base for USAID's current and future programs and policies globally.

## RESULTS

In Western Honduras, violence against women occurs most frequently within heterosexual partners and is perpetrated mainly by men towards women. Gender patriarchal norms are learned at early ages by males and females and contribute to high levels of GBV. Although there generally is social acceptance for women to acquire an education or job, there also is a prevailing expectation for women to fulfill more traditional roles.

Among the women surveyed, half reported to have suffered some form of violence by their male partners and 35 percent reported such violence within the previous 12 months. One out of 4 women reported physical and/or sexual violence by their male partners, and all forms of intimate partner violence (IPV) were slightly higher in rural areas compared to urban areas.

The survey revealed that almost 55 percent of women justified the violence against them. Women at higher risk of any form of violence include those who became pregnant at an early age, are from a low economic background, have a controlling partner, lack social support, suffered violence during childhood, and those who have become economically empowered but lack gender sensitization in the household.

Most of women who suffer physical and/or sexual IPV remain silent and do not report the violence to official institutions. The most commonly identified obstacles to reporting violence are lack of knowledge, absence of reliable services, and social stigma. Limitations in the health and other support systems' capacity to provide services for violence survivors also contribute to low reporting.

Among men and women, the perceptions of insecurity are strikingly different. While male students mention fear of guns, alcohol and drug use, and robbers, female students fear harassment and sexual abuse. In the household survey, 11 percent of women said they had experienced rape or attempted rape by a non-partner in their lives, and just over 3 percent said they had experienced rape or attempted rape by a non-partner in the previous 12 months. The prevalence of sexual abuse by a non-partner

reached 24 percent of women when accounting not only for rape and attempted rape, but also for sexual harassment and other forms of abuse.

Sexual abuse begins at an early age. Sixty-five percent of women who have suffered non-partner sexual violence had this experience before the age of 18. In addition, of the total women surveyed who have had sexual relations, 18 percent said that their first sexual relationship had been forced or non-consensual. This percentage was higher among women in rural than urban areas.

Although most children consider the school environment as a safe space, the survey revealed that almost half of all children have suffered some type of abuse in school. The variety of abuses included insults, humiliation, beatings, and being touched in their intimate parts. Respondents shared that it is common in school for children to touch the private parts of girls, with 1 in 5 children confirming this.

The study examined issues affecting the Lesbian, Gay, Transexual/gender, Bisexual and Intersex (LGTBI) population and noted the absence of organized groups for this group. Conservatism, including strong religious beliefs, directly affects the LGTBI population and is an obstacle to free sexuality. Participants (mainly women) recognize the discrimination against the LGTBI population but ultimately believe that the LGTBI populations should not have the same rights as the rest of the population. The study also included issues affecting persons with disabilities. Interviewed officials acknowledge that few women with disabilities report abuses but that these cases exist and that structural and social obstacles prevent women with disabilities from filing complaints.

## IMPLICATIONS FOR ACTION

### RECOMMENDATIONS

The study results demonstrate a need for programs that focus on transforming cultural norms and gender attitudes to eliminate discriminate against women, and for implementation plans to apply a multicultural and ethnic approach. Recommendations include: a) adapt initiatives that have been successful in other contexts; b) include in all social policies at the local level an obligatory mandate for the inclusion of a gender perspective and prevention of GBV; c) strengthen—including financially and technically—local women organizations that work on the topic of gender equality; d) support academic programs that have an objective to transform the norms around gender discrimination; e) work at the institutional level with different types of organizations, including in the private sector, to change their regulations and policies for the prevention of different types of GBV.

Child maltreatment has a gender component. Recommendations to prevent child maltreatment from a gender perspective include: a) establish "zero tolerance" for all types of child abuse in any environment or space; b) promote workshops within schools for mothers / fathers to teach appropriate ways to discipline children and avert physical or psychological violence; c) promote actions for the total eradication of physical aggression by teachers against children as a form of punishment. Shortcomings in services effect reporting and support. Recommendations include: a) improve attention towards survivors of violence from the health sector, which has had significant setbacks in victim support; b) prioritize rural areas that lack services, in both health and protection, and include legal support for survivors.

Among the populations most at risk of abuse and least likely to report are LGTBI individuals and persons with disabilities. Recommendations to prevent and address discrimination and violence include:

a) strengthen organizations that work with the LGTBI population and with people with disabilities; b) prioritize work with adolescents and young people who are more open to transformations, using an intersectionality approach that takes into account other forms of discrimination experienced by this population; c) promote awareness campaigns for officials and the population in general.

## SPECIFIC RECOMMENDATIONS FOR USAID DO2 PROGRAMMING

Some USAID DO2 programmatic activities have specific strategies on gender equality or approaches for gender mainstreaming that provide a framework and enhance the visibility of this important work. These strategies and approaches have three main limitations: a) deficient implementation of systematic and long-term actions that give concrete results in the transformation of gender norms; b) lack of monitoring of the implementation of these plans in relation to their gender actions; c) absence of specific work on GBV.

Recommendations to address these three limitations include: a) refocus the work of schools towards a more integral and holistic approach, incorporating actions regarding bullying but with a gender perspective; b) carry out systematic and long-term training on gender equality and prevention of GBV for the staff responsible for implementation of USAID projects; c) incorporate a gender component in all entrepreneurship and economic empowerment activities for women, including work with men; d) adapt programs on the transformation of gender norms by applying a multicultural vision, given the ethnic diversity in Western Honduras.

## RECOMMENDATIONS FOR FUTURE RESEARCH

Research and programming activities can enable greater impact throughout a broader region. Recommendations include: a) conduct a more specific study that takes into account the entire life cycle of women who suffer violence, from childhood to adulthood, inquiring about central moments in their lives; b) analyze in greater depth the situation of women in La Paz from a multicultural perspective; c) analyze in-depth the barriers to accessing services, both at a personal, family, and institutional level, including psycho-social, medical, and legal support services; d) conduct more research with men exploring how different types of masculinities are linked to perpetration of violence against women and girls, as well as victimization including sexual abuse against boys and other forms of violence among men; e) conduct a more in-depth analysis on GBV by examining the impact, both positive and negative, of community economic development interventions, including actions that focus on women's economic empowerment; f) carry out similar studies in other areas of Honduras and in the surrounding region where USAID implements programs; and compare results and provide feedback to strengthen the development and implementation of USAID programs in Central America.

# 1. BACKGROUND

## 1.1 INTRODUCTION

Over 20 years ago, the international community convened in Beijing for the Fourth World Conference on Women to highlight pressing global issues facing women and girls. As a result of this conference, a total of 189 United Nations (UN) member states adopted the *Beijing Platform for Action*, which galvanized key stakeholders to work towards ending deeply entrenched gender inequalities and related manifestations, such as gender-based violence (GBV).[1] Prior to Beijing, numerous governments within the Latin America and Caribbean region (LAC) came together in 1994 to sign and ratify the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (also known as the Convention of Belém do Pará). These international agreements are mostly a result of the unprecedented work of many women's rights movements at local and regional levels, and have created a global momentum to respond to and prevent GBV.

Despite progress, GBV remains a pandemic issue. In 2013, the World Health Organization (WHO) estimated that 35 percent of women globally experience sexual and/or physical intimate partner violence (IPV) or sexual assault at some point in their lives. In Latin America and the Caribbean, over one third of women (36 percent) have reported experiencing either IPV or non-partner sexual violence (NPSV) (World Health Organization, 2013). The LAC region has the second highest prevalence of NPSV globally. While many different interventions have been implemented to reduce GBV, the evidence base remains limited, particularly for large-scale interventions. The most effective community-based interventions often include several different components, address GBV risk factors, and engage community members in a sustained and sensitive manner (Ellsberg, et al., 2015). There is an urgent need for robust evidence in order to determine how structural interventions can contribute to primary prevention of gender-based violence.

Addressing GBV is a priority for the United States Agency for International Development's Mission in Honduras (USAID/Honduras). In partnership with Dexis Consulting Group (Dexis), USAID/Honduras is implementing the Monitoring and Evaluation Support for Collaborative Learning and Adapting (MESCLA) Activity. The MESCLA Activity seeks to support achievement of USAID/Honduras' CDCS Development Objectives (DOs). The goal of CDCS is "a more prosperous and safer Honduras that advances inclusive social and economic development among vulnerable populations." To achieve this goal, USAID/Honduras has defined three overarching Development Objectives:

- DO1: Citizen security increased for vulnerable populations in urban, high-crime areas.
- DO2: Extreme poverty sustainably reduced for vulnerable populations in Western Honduras.
- DO3: Public administration at the national level is more transparent and responsible.

For USAID, the focus on gender is a key piece of its CDCs to ensure the respect of human rights and effective sustainable development. As such, USAID/Honduras has envisioned a series of tasks to ensure proper inclusion of gender issues, including an in-depth analysis of different types of GBV and the

---

[1] This study refers to gender-based violence (GBV) as defined in the United Nations Declaration on the Elimination of Violence Against Women, adopted by the UN General Assembly in 1993: "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." It is not a form of individual violence based on physical superiority, but of discriminatory relations emerging from the patriarchal social structure that influence gender relations.

connection with program areas, activities, and goals under DO2 in Western Honduras. In order to accomplish this task, the Global Women's Institute (GWI) at the George Washington University (GWU), along with Estudios e Investigaciones de Centroamérica (EICA), was selected to carry out research and analysis. This report presents the main findings of this study.

## 1.2 CONTEXT OF THE STUDY

Honduras, like other LAC countries, has a patriarchal society. This social structure places women in subordinate roles and perpetuates gender inequalities (INE, 2016), and creates cultural norms, rules, and practices that reinforce a superior status for men. Through gender norms, a man's violence against women is legitimized as part of the privilege of male domination. The position of men in society is further influenced through the culture of machismo, in which men are expected to be strong and aggressive, especially in relation to women. Gender inequality impacts various sectors of society.

Although women currently have greater access to education than in past decades, even more than men do (INE, 2016), this does not translate into better economic opportunities or status for women: for every woman integrated into the labor force, there are two men, but for domestic jobs that have lower remuneration the proportion is 1 man for every 20 women (INE, 2016). Wages also reveal inequality: for every Lempira (Honduras currency) that a man receives, a woman receives 86 cents. Another economic indicator where gender inequality persists is property ownership: only 8 percent of women have individual possession of land, in contrast to 30 percent of men. Leadership and decision-making positions also expose gender inequality; for example, men make up over three-fourths of elected officials nationally (USAID, 2015).

Gender inequality translates to high levels of GBV.[2] Honduras continues to have high rates of different types of violence against women and girls. An urgent issue is that of femicide which has increased exponentially in recent years. Between 2005 and 2015, the number of registered femicide cases increased by 390 percent (Sánchez & Sánchez, 2015). Gang violence poses a significant threat to women, with 15 percent of femicides committed by a gang member (IUDPAS, 2015). Gang members threaten, abduct, rape, and assault Honduran women in retaliation for grievances against family and friends. According to a 2015 UN special rapporteur report from Honduras, "Violence against women is widespread and systematic and affects women and girls in numerous ways. A climate of fear, in both the public and private spheres, and a lack of accountability for violations of human rights of women are the norm, despite legislative and institutional developments" (Manjoo, 2015). The last decade has seen an increase in violence against activists who defend human rights and denounce femicide linked to organized crime.

The Government of Honduras (GOH) recognizes GBV as a priority issue and has established laws and policies to protect women who experience violence. The Law Against Domestic Violence, enacted in 1997, criminalizes domestic violence and seeks to protect the physical, psychological and sexual integrity of women. The Criminal Code also addresses GBV, focusing on all inter-family violence. Federal criminal codes do not, however, delineate the different types of GBV that women experience, such as sexual violence within marriage, marriage to underage girls, sexual abuse, and sexual harassment (Center for Women's Rights, 2014).

Laws and legal policies in Honduras have focused primarily on responding to GBV situations rather than implementing primary prevention strategies. The Integral Policy of Coexistence and Citizen Security

---

[2] For definitions of different types of violence mentioned in this study, please see Annex 1.

(PICSC) 2011-2022 attempted to focus on a more holistic approach by convening the GOH officials with the public and private sector leaders and with citizenry as a whole to address GBV at all levels. Despite attention to the issue and recent legal progress, implementation is dismal. At the local level, the challenges are even greater due to lack of support for GBV prevention and response to survivors of violence.

Weak public institutional structures contribute to the inadequate operationalization of laws and policies in Honduras. Institutions such as the Judiciary, Public Ministry, National Police, and Ministry of Health have attempted to enhance their response to GBV but impediments to implementation include insufficient political will, inadequate budgets, centralized service locations in cities making access difficult from rural areas, absence of or inadequate training and awareness of GBV within police and other Departments, and a pattern of sexist culture and norms. Additionally, the National Institute for Women (INAM) lost authority and power when it was folded into the Sectorial Cabinet of Inclusion and Social Development. Non-governmental organizations (NGOs), human rights organizations, and universities offer alternative legal services, care and support, however they are limited by budget and size (USAID, 2015).

Similar to legal policy, interventions are mostly reactive and take place in the densely populated cities of Tegucigalpa and San Pedro Sula. Recently, community-based participatory research is emerging as a tool to understand the roots of violence and prevention (USAID, 2015). The literature review found limited studies on GBV in Western Honduras and that the only source for accessing rates of different types of GBV is the DHS.[3] According to 2011-12 DHS, about 20 percent of women in Western Honduras have experienced physical, sexual or emotional violence committed by their husband or partner in the 12 months of 2012.[4]

Overall reports of GBV and IPV in Western Honduras are slightly lower than the national average but remain high. The Departments of Lempira and Copán have lower lifetime and one-year prevalence of GBV against women aged 15-49. In Santa Bárbara there are higher levels of sexual violence (both by a non-partner and partner), exceeding those of the national average. The highest levels of physical or sexual violence by a partner are in La Paz but may not be statistically significant compared to the other Departments (for DHS tables of GBV in Western Honduras, see Annex 2).

In general, IPV is common and normalized in Western Honduras, with both perpetrators and victims expressing acceptance of IPV as a normal experience. A study conducted to understand community perceptions of IPV found a strong disparity between the views of female healthcare volunteers (FCV) who saw cultural norms as having the strongest influence on behavior, and male community leaders (MCL) who saw jealousy and gossip as the causes of violence (Sukhera, Cerulli, Gawinski, & Morse, 2012). In addition, the study found that MCLs denied the existence of partner violence and minimized its impact on women.
Acceptance of IPV is largely influenced by the views of social contacts. Women's perceptions of IPV acceptability are most influenced by the views of others within their household, while men's perceptions of violence are strongly affected by those within their household as well as the perceptions of neighbors and peers (Shakya, et al., 2016).

Some evidence shows the migration of men in Western Honduras as an additional risk factor for GBV (Sukhera, Cerulli, Gawinski, & Morse, 2012). While men are away working as migrant farmers, many

---

[3] The Demographic Health Survey in Honduras is referred to as the Encuesta Demografica y de Salud (ENDESA).
[4] The prevalence mentioned in the paragraph was calculated using the DHS Program StatCompiler
https://www.statcompiler.com/en/

women run their households independently, become accustomed to autonomy, and experience greater safety within the home. When the men return with money and alcohol, violence follows. The results of this study indicate that interventions targeting the household, specifically on the periphery of the community, are the most effective to enact change.

This current study provides in-depth analysis of the different types of GBV in Western Honduras. The research team utilized different types of methodologies to prepare the most comprehensive diagnosis to date. The information will not only improve USAID programs that are currently in place, but will also contribute to the evidence base for future programs and policies around GBV.

## 2. STUDY DESIGN AND METHODS

### 2.1 STUDY AIMS

The primary goal of the study is to develop an in-depth analysis of GBV issues and related program areas, activities, and goals under DO2 in Western Honduras, resulting in recommendations and concrete actions to contribute to the reduction in GBV.

Specific Objectives:
a. Calculate lifetime prevalence of different forms of (physical, sexual, economic, and emotional) partner violence against women and girls and in the last 12 months.
b. Calculate the lifetime prevalence of non-partner sexual violence against women and girls and in the last 12 months.
c. Identify and analyze the factors associated with different types of GBV.
d. Identify and analyze the circumstances in which different types of GBV occur and the characteristics of the perpetrators.
e. Identify and analyze some of the consequences of violence suffered by women and their children.
f. Identify and analyze how families and communities respond to different cases of GBV.
g. Identify the types of services that exist for women, LGTBI individuals, and people living with disabilities who suffer violence.
h. Identify and analyze the diverse existing programs in the communities that could have potentially contributed to the response and prevention of GBV.
i. Identify what other types of gender-based violence are predominant in the community.
j. Analyze the situation and perception of safety of children – both boys and girls - in the school environment.
k. Understand the gender norms and attitudes of both adults and children in the community and their relationship with different types of GBV.
l. Make recommendations for additional strategic interventions by USAID/Honduras DO2 activities that would decrease levels of GBV in Western Honduras.

### 2.2 CONCEPTUAL FRAMEWORK

Analysis of GBV, particularly when directed towards women and girls, relies on various theoretical models that have been developed to help understand the nature of the problem. The most common approach among scholars is a multidimensional perspective that gathers comprehensive information and

incorporates a variety of different levels of analysis. Among the different models that use a multidimensional approach, the ecological model has the most widespread dissemination.[5]

Using an adaptation of the ecological model to understand men's violence against their partners, Heise (1998) found this phenomenon to be the product of a system of interacting factors that are associated with violence and are conceptualized at four different levels of the social environment (Heise, 1998). The four levels of the social environment that influence conceptualization are: the macrosystem (structural or societal level), the mesosystem (community level), the microsystem (level of relationship of the couple), and the individual (level of personal history of the individual). This study takes from the ecological model the notion of conceptualizing the problem considering these four levels of social reality.

Figure 1. Ecological Model on Violence Against Women



**Societal**
- Gender, social and economic inequalities
- Discriminatory legal frameworks
- Cultural norms that support violence

**Relationship**
- Marital discord
- Poor parenting
- Violent parental conflict
- Low socio-economic household status
- Inequitable decision making

**Community**
- Poverty
- High crime levels
- Acceptance of gender norms and VAWG
- Stigma for divorce
- Community violence
- Lack of sanctions for violence

**Individual**
- Childhood violence
- Acceptance of VAWG
- Age
- Education
- Employment or livelihoods opportunities
- Asset ownership

GBV by men against their female partners is legitimized through society's use of social norms. These norms are reproduced and socialized within communities and through individuals, beyond the legal statutes in which violence is framed within the Honduran legal system. In this work, social legitimacy is understood as the quality of a social power that produces and maintains the dominant beliefs of society.

In addition to the multidimensional approach, there are various theoretical approaches that focus specifically on certain issues related to gender-based violence. Some of these theories reference, directly

---

[5] The ecological model originates from the General Theory of Systems, developed by the Austrian biologist Ludwig Von Bertalanffy (Von Bertalanffy, 1968). The model for the study of violence was presented for the first time by Belskey (1980), who used it to organize a variety of causes associated with the abuse of infants (Belskey, 1980). Later it was applied to interpersonal violence by different authors (Carlson, 1984), (Dutton, 1988) and (Edelson & Tolman, 1992). In 1998 Heise presented a specific model to understand violence between couples by the male (Heise, 1998) and it is this model that, in recent years, has been widely cited by a large number of researchers dedicated to the subject.

or indirectly, the legitimization of violence. This study takes into account two of the theories that approach the problem of violence from a social macro perspective: the patriarchal / feminist theory and the theory of the culture of violence. These theories are explained in Annex 3.

## 2.3 STUDY AREA

This study includes research conducted in both urban and rural areas of six Departments in Western Honduras: Copán, Intibucá, La Paz, Lempira, Ocotepeque and Santa Bárbara. These six Departments represent an ethnically diverse population with two large indigenous populations: Lenca and Maya. The DO2 USAID intervention 2014-2019 involves the 143 municipalities of these Departments.

Figure 2. Map of the Six Departments of Western Honduras
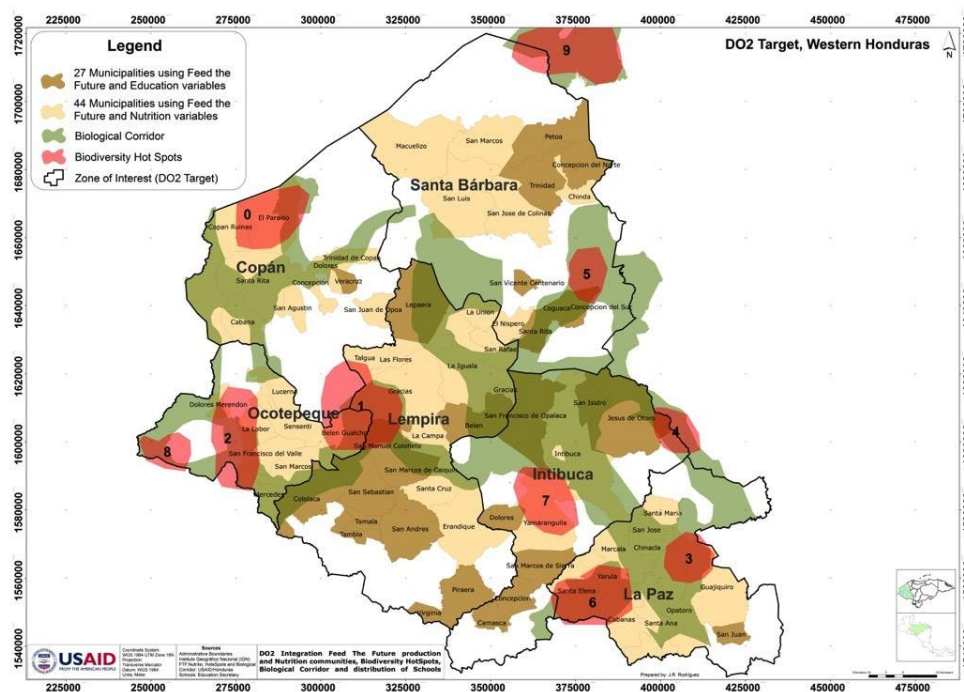


## 2.4 METHODOLOGY

Research for this study incorporated a literature review, a cross-sectional household survey, a quantitative school survey, complementary interviews with key informants, and participatory discussions with focus groups. The scope and approach are described below.

### Literature Review

A brief literature review provided background on the research and informed the design of the methodological tools. The literature included published and unpublished research articles, and Honduras GBV programmatic reports, particularly from the Western region. In addition, the authors of the study

developed a mapping of existing interventions for gender equality and GBV in order to obtain information on current prevention activities and services for survivors in the region.

## Cross-Sectional and Representative Household Survey

A cross-sectional and representative survey was carried out in households among women aged 15 to 64 years in the DO2 implementation areas in Western Honduras. The survey is based on the WHO multi-country study on women's health and domestic violence model, which was translated and adapted by GWI for use in Central America. The survey engaged 1,006 women in the region, which jointly represented the six Departments of Western Honduras: Copán, Intibucá, La Paz, Lempira, Ocotepeque, and Santa Bárbara. For programmatic and cost considerations, the donors and partners involved agreed that the sample would not represent each Department, but instead would represent the geographic area of the 6 Departments as a whole. For the first sampling stage, the random selection of 4 Departments involved Copán, La Paz, Lempira, and Santa Bárbara. For more information of the sample frame, please see Annex 4.

For the household-based survey, the team used a sampling frame methodology to randomly select the individual households for their participation. For the selected households, the team used the following criteria to determine the participating women:

- Female between 15 and 64 years of age;
- Residence at the study site;
- Lives primarily in the selected home, or visits the home for at least 4 weeks, or works as a domestic worker in the home and usually sleeps there at least 5 nights a week.

Only 1 woman per household was selected, and their selection was made randomly. From a sample of 1,257 households visited, 1,135 were reached (90 percent). Out of 1,135 households, 1,050 of them had an eligible woman. Of those with an eligible woman, the team interviewed 1,006 individuals (96 percent) (see Table 1).

Table 1. Household survey response rates

| Household response rate | |
|---|---|
| **Number of HH visited** | **1257** |
| Number of HH empty | 77 |
| Number of HH with no member at time of visit | 29 |
| Number of dwelling not found, not accessible | 16 |
| **Number of HH interviewed** | **1135** |
| **HH response rate** | **90.3** |
| Number of HH with eligible women | 1050 |
| Number of HH without eligible women | 85 |
| **Individual response rate** | |
| **Number of HH Interviewed (with eligible women)** | **1050** |
| Number of women not at home / not available | 20 |

| Individual response rate | |
|---|---|
| Number of selected women who has a disability to answer the questionnaire or to understand the consent form | 5 |
| Number of selected women who postponed the interview | 19 |
| **Number of women interviewed** | **1006** |
| **Individual response rate** | **95.8** |

## Survey in Schools

The research team carried-out a self-administered survey in schools in order to measure knowledge, attitudes and behaviors of this subgroup. The main focus of this survey was on children's attitudes and knowledge around gender equality, situations of violence in the school and home, and their sense of safety. This survey was based on a questionnaire that GWI developed and piloted previously in the Caribbean. The schools and classrooms were randomly selected, and the students of the selected classrooms were invited to participate in the study. The sample frame was a sub-sample of the household sample frame (see Annex 5). Overall, the survey included 237 enrolled girls and boys, from 10-14 years of age.

## Qualitative Component

*Focus Group Discussions – Free Listing*
To obtain information on the types of violence that are more common in the home, communities and schools, researchers utilized free listing in focus groups with community members and other key stakeholders (representatives of international, national and local organizations, service providers, school children and school staff). Trained facilitators asked participants to mention forms of violence they knew and then wrote the responses on adhesive paper and pasted them on a blackboard. The papers were color code to denote the gender of the victim. The facilitator then polled the participants to better understand the context (where, when, by whom, how often) of the different types of violence.

*Focus Group Discussions – Open Stories and Venn Diagrams*
To gather detailed information about access to services and supports, the team designed a participatory method that used open (or incomplete) GBV-related stories and involved community members, interested representatives of international, national and local organizations, service providers, school children and school staff. The beginning of two independent stories was presented to participants, but they intentionally left out the detailed development and outcome. This approach allowed the researcher to map what kind of services are available to survivors of GBV and detail any barriers to accessing such services. It was also used to better visualize the accessibility and usefulness of the different possible sources of support (both formal and informal). The team also used Venn diagrams.

*Semi-Structured Interviews – Interviews with Key Informants and Stakeholders*
When there was an absence of formative information in the previous phases of the investigation, the team conducted semi-structured interviews in a one-on-one environment to obtain more in-depth information. Key informants at different times included community leaders, health service providers, legal authorities, local government representatives and school staff, and other stakeholders. The semi-structured interview process provided a general frame of reference, included questions to guide the conversation to address the specific research questions, and allowed flexibility in the conversation.

*Participatory Safety Mapping*
During the work with school children, the research team facilitated the development of physical maps of the school areas and their surroundings. Through this process, the school children identified the areas that are considered "safe" or "unsafe" and why.

The team used intentional sampling to ensure the breadth of knowledge and experience. If necessary, additional participants were found by snowball sampling. Focus groups included specific groups of women, men, boys and girls.

Table 2. Focus groups and in-Depth interviews

| Departments | Focus groups | Participation |
|---|---|---|
| Copán, Intibucá, La Paz, Lempira, Ocotepeque and Santa Bárbara | 6 focus groups per Department | • Boys 10-14 years of age<br>• Girls 10-14 years of age<br>• Male youths 15-19 years of age<br>• Female youths 15-19 years of age<br>• Female adults<br>• Male adults |
| Copán and Francisco Morazán | 2 focus groups per Department | Lesbian, Gay, Transsexual/gender, Bisexual and Intersex (LGTBI) individuals |
| Intibucá and Santa Bárbara | 2 focus groups per Department | Advocates and people with disabilities. |
| **Departments** | **In-depth interviews** | **Participation** |
| Copán, La Paz, Lempira, and Santa Bárbara | 5 individual interviews per Department | • Local authority<br>• NGO<br>• School representatives<br>• Police<br>• Health service providers |

## Process and Data Analysis

*Quantitative Data*
The research team used descriptive statistics to assess the prevalence and characteristics of GBV of the target population and their responses to violence and social norms. Using SPSS, GWI conducted bivariate (t-test, Chi-square) and multivariate regressions to identify the individual risk level and protection factors for different types of violence.

*Qualitative Data*
The team gathered qualitative date to increase understanding about the key characteristics of the different forms of violence present in the study population. Notetakers captured the information from interviews and focus groups for the qualitative study. GWI and EICA staff analyzed the notes according to topics that corresponded to the research questions and relevance to the investigation. Using the Open Code 4.03, the team first used a combination of Priori Theory and Grounded Theory to develop and assign codes for the notes and to mark the relevant text segments from each interview and focus group discussion with the appropriate code. By using codes, the research team was able to link data segments and develop analytical categories. The team then examined the most important categories and established connections between the categories.

## 2.5 ETHICAL CONSIDERATIONS

The team paid particular attention to ethical considerations, guided by the WHO eight recommendations for conducting safe and ethical research on violence against women and girls (VAWG). Seven of the WHO recommendations related directly to this investigation and were incorporated:

- The safety of the respondents and the research team is fundamental and should guide all decisions about the project.
- Prevalence studies should be methodologically sound and should be based on current research experience on how to minimize underreporting of violence.
- The protection of confidentiality is essential to ensure the safety of women and girls, as well as the quality of the data.
- All members of the research team should be carefully selected and receive specialized training and ongoing support.
- The study design should include actions that seek to reduce any possible anguish caused by the study among its participants.
- Field workers should be trained to refer to local services and sources of support that are available to women and girls who request assistance. If there are few resources, it may be necessary for the study to create short-term support mechanisms.
- Researchers and donors have an ethical obligation to ensure that their findings are interpreted appropriately and used to promote regulations and development of interventions.

The research protocol of this study was approved in full by the Institutional Review Board (IRB) of the School of Medical Science of the National Autonomous University of Honduras (UNAH) and by the Technical Advisory Group (TAG) in Honduras, which is an independent body of experts on VAWG research and programming made up of local, national, and international practitioners representing both NGO and government structures. In addition, the team secured permission from appropriate authorities at national and local levels to conduct the research.[6]

---

[6] For more information on the ethical considerations, contact the research team for the research protocol.

# 3. FINDINGS

## 3.1 CHARACTERISTICS OF WOMEN AND GIRLS IN WESTERN HONDURAS

### PARTICIPANTS CHARACTERISTICS

70% Rural

Average age: 33 years

83% low education level

| | |
|---|---|
| 30% Lenca | |
| 4% Maya | |
| 4% Mestizo | |
| 62% None | |

88% have never been in a union

40% in a union before 18 years of age

17% land-owner
33% home-owner
6% business-owner

51% Catholic
40% Protestant

97% have never lived outside the region

24% work outside of the house

7% earn their own income
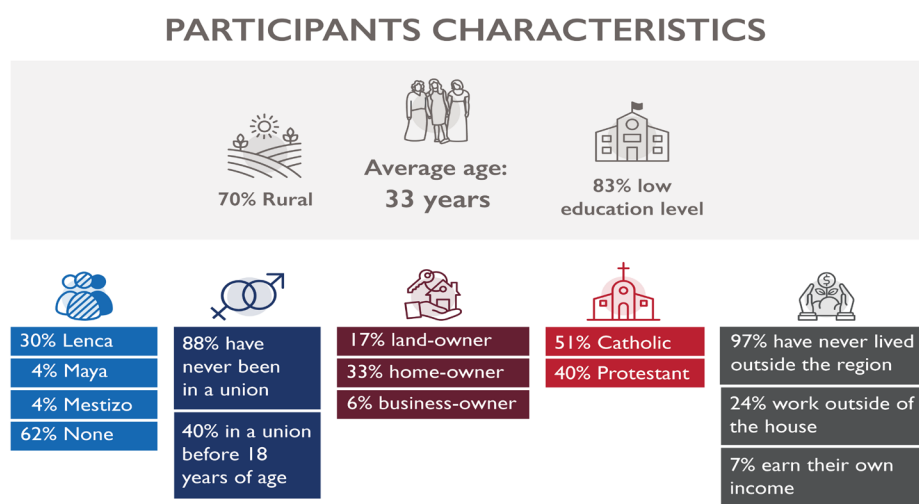
The majority of participants in the household surveys were young (median age, 33 years); did not identify with a particular ethnic group, (62 percent stated 'none' while 31 percent identified as Lenca)[7]; were from rural areas (70 percent, as opposed to 30 percent coming from an urban area); and, independently from their place of living, described themselves as Christian (51 percent self-identified as Catholic and 40 percent as Evangelical).

The majority of women married young and were economically dependent on their partners. Eighty-eight percent of study participants were in a union, and within this group seven percent of unions occurred before the age of 15, and 40 percent before the age of 18. Only 24 percent of women worked outside of the home, while 53 percent depended on their partner's income. Many of the participants also had low levels of education, 72 percent of women had a primary education, and 11 percent had no education level. Furthermore, most participants – 97 percent had never lived outside of the region. These characteristics indicated that most women in Western Honduras have a low-socioeconomic background.[8]

## 3.2 GENDER NORMS: PATRIARCHAL STRUCTURE

Honduras has a patriarchal society structure that perpetuates gender inequalities, giving more value to the lives of men and boys than those of women and girls. This patriarchal structure regulates the gender

---

[7] To obtain information about ethnicity, researchers asked participants which ethic group they belong to, having different options to respond: mixed, Lenca, Maya, Garifuna, etc. The fact that more than 60 percent of women did not identify themselves with any group might be a reflection of the discrimination against indigenous groups in the country in which people do not want to identify themselves as part of any of these ethnic groups. In future surveys, it is recommended to use other type of techniques to capture this information, for example asking questions around the knowledge of ethnic languages in surveys or conducting some type of ethnographic analysis.

[8] See Annex 6 for additional data on the characteristics of women and girls in Western Honduras.

norms that are spread through the actions of people and institutions. The survey captured how these gender dynamics develop at an early age for both males and females.

Patriarchal gender roles are well-defined and reinforced from a young age in the home. The school-based survey revealed that around 4 out of 10 children, who were 10 to 14 years of age, had worked for money.[9] Among the children who had worked for money, 70 percent were boys. Girls, on the other hand, were more active helping at home. In the same survey, when we asked, "What do you do when you are not in school?" 87 percent of girls said they helped with household chores whereas 58 percent of boys said they were involved in the household tasks (see Table 3).

Table 3. Proportion of Boys and Girls According to Activities They Carry Out When Not in School

| Activities * p < .05 | Responses from girls n= 125 | | Responses from boys n = 109 | | Total n =234 | |
|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent |
| Play | 35 | 28 | 39 | 36 | 74 | 32 |
| Watch television | 33 | 26 | 26 | 24 | 59 | 25 |
| Listen to music | 34 | 27 | 20 | 18 | 54 | 23 |
| Help with household chores* | 109 | 87 | 63 | 58 | 172 | 74 |
| Work* | 5 | 4 | 41 | 38 | 46 | 20 |

*Chi-Square: p value < .05

Norms reinforcing divisions in gender roles were evident in several situations, including the differences for boys and girls to experience freedom of movement in public spaces and to have free time. One of the main complaints that girls expressed in relation to boys was the differences in "being able to go out and play." Girls mentioned, and boys agreed, that girls are not allowed to leave the house and that games are seen as a "waste of time."

> "Boys are given more permission to go out only because they are male. It should not be like that. It should be the same. We all run the same risks. The boys go out and girls stay to do things in the house. He gets to play to have fun. I stop doing something to have fun, and they tell me to start doing something more productive."
>
> -Focus group with girls, Ocotepeque

The children's responses to gender attitudes reflect the internalization of unequal social norms. For example, both girls and boys shared beliefs that reflect the society's patriarchal norms; for example, they reinforced the expectation that boys should be stronger than girls and that housework should be the responsibility of girls rather than of boys (see Table 4).

---

[9] In Honduras, child labor is recognized as a problem. The national prevalence is 14 percent but could reach 70 percent in rural areas, according to the Encuesta Permanente de Hogares (EPHPM) del Instituto Nacional de Estadística INE (INE, Honduras - Encuesta Permanente de Hogares, 2013).

Table 4. Proportion of Boys and Girls who Agree with Gender Unequal Statements

| Statement | Responses from girls n= 124 | | Responses from boys n= 107 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| Boys are more intelligent than girls, especially in subjects like math. * | 41 | 33 | 63 | 59 |
| Boys should not cry. | 55 | 45 | 61 | 58 |
| Boys should be stronger than girls.* | 75 | 63 | 89 | 83 |
| Washing dishes and cleaning should be tasks that girls do more than boys. | 89 | 71 | 71 | 66 |
| If a boy bothers/harasses a girl, it is usually because she "looks for it."* | 30 | 24 | 42 | 40 |

*Chi-Square: p value < .05

Although the focus groups showed there were shared attitudes among boys and girls relating to gender equality, there are areas of strong resistance and firm consolidation of discriminatory norms in society. For example, many of the respondents believe that women should be mainly responsible for the tasks of the home and the care of the children.

> *"Girls should help the mother with the household work because the mother can't do everything."*
> -Focus group with boys, Santa Rosa de Copán

Participants also believe that girls' behaviors and clothing were to blame for GBV committed against them.

> *"Because they like it and attract problems. It is the fault of girls because they shouldn't be showing what [body parts] they have. When they are around with tights and you can see the whole body, she is putting herself at risk ..."*
> -Focus group with girls, Santa Bárbara

The responses of women in the household survey and in the qualitative interviews also revealed these gender dynamics. There is an expectation for women to fulfill conventional gender roles within the home in terms of childcare and grooming. According to the participant responses, parents are not teaching children to change these gender-differentiated practices.

> *"Education in the home starts at a young age [when] the parents instill concepts such as boys do not have to help in household chores since it is the girl who helps her mother in the household. According to society they have to work on the land with their parents."*
> -Focus group with adult women, Lempira

Regarding patriarchal gender attitudes, 7 out of 10 women think it is natural that men should be the head of the family and 8 out of 10 think a woman's most important role is to take care of her home (see Figure 3). The proportion of women with hierarchical attitudes is higher among those who live in rural areas compared to those who live in urban areas. For example, 84 percent of women in rural areas think that a woman's most important role is to take care of her home, compared to 69 percent from

urban areas. In general, women with lower socio-economic background (who have low educational level and live in poor household conditions) have more unequal gender attitudes than women with higher socio-economic background. In addition, the proportion of older women who express unequal gender attitudes is higher than the proportion of younger women.

Figure 3. Proportion of Women who Agree with Gender Unequal Statements
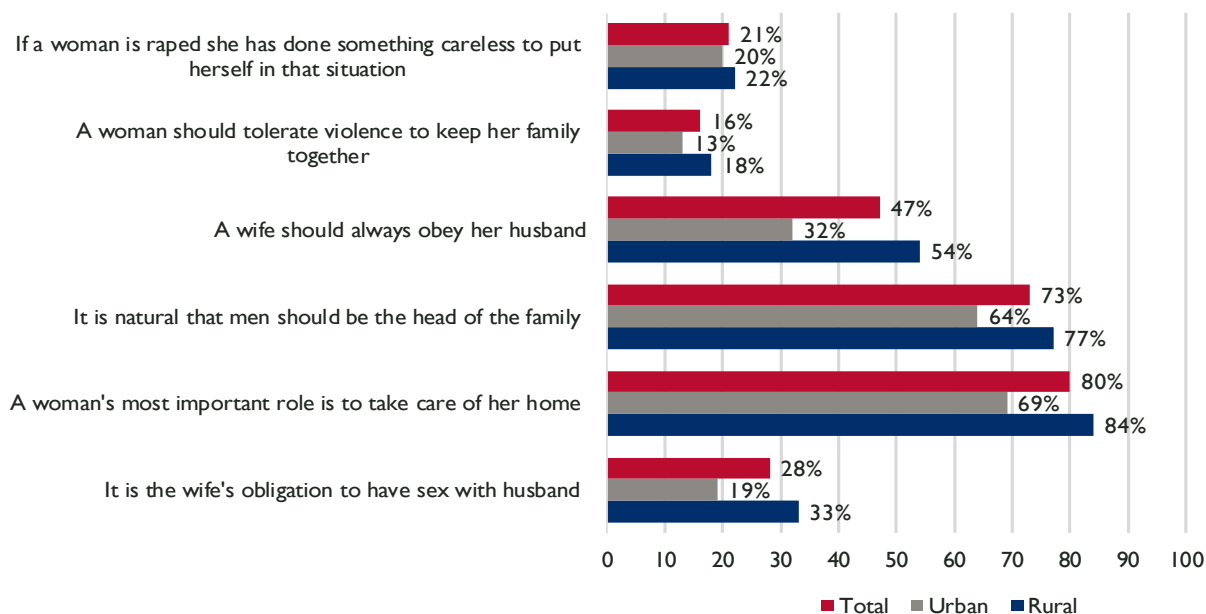


In Western Honduras, there appears to be social acceptance for women to study, get paid jobs, and to compete with men in positions of power, as long as the same woman continues fulfilling her primary role of taking care of the home. Women are also expected to have a limited sexuality and be monogamous within marriage. The expectations relating to sexuality are strongly associated with their religious beliefs, which are sustained through the institutional strength of various Christian religious orders in the communities within the region.

## 3.3 GENDER-BASED VIOLENCE IN THE HOME

### Acceptance of Intimate Partner Violence

The household survey showed acceptance of violence against women, with almost 55 percent of participants expressing acceptance of violence against them in certain circumstances. The highest rate of acceptance occurred if "she cheats on him with another man" indicating that the most severe transgression of social norms for women relates to her sexuality. If a woman has or is suspected of having more than 1 sexual partner, slightly under half of the survey respondents said she has less value and deserves to be physically punished. In contrast, it is socially accepted or at least expected that men have more than 1 sexual partner. These inequalities in expectations for men and women reflect the prevailing patriarchal social norms. The second circumstance with the highest percentage of women (27 percent) justifying violence is related to neglecting children, reflecting a patriarchal attitude in which a woman's main role is expected to be as a mother who is responsible for the household duties. In rural areas, the acceptance of gender differentiated social norms was higher in in all cases.

Figure 4. Proportion of Women who Justify Violence



| | Total | Urban | Rural |
|---|---|---|---|
| At least one act | 54% | 44% | 59% |
| If she cheats on him with another man | 48% | 40% | 51% |
| If she burns the food | 11% | 7% | 12% |
| If she argues with him | 17% | 13% | 19% |
| If she neglects the children | 27% | 19% | 30% |
| If she goes out without telling him | 14% | 8% | 17% |
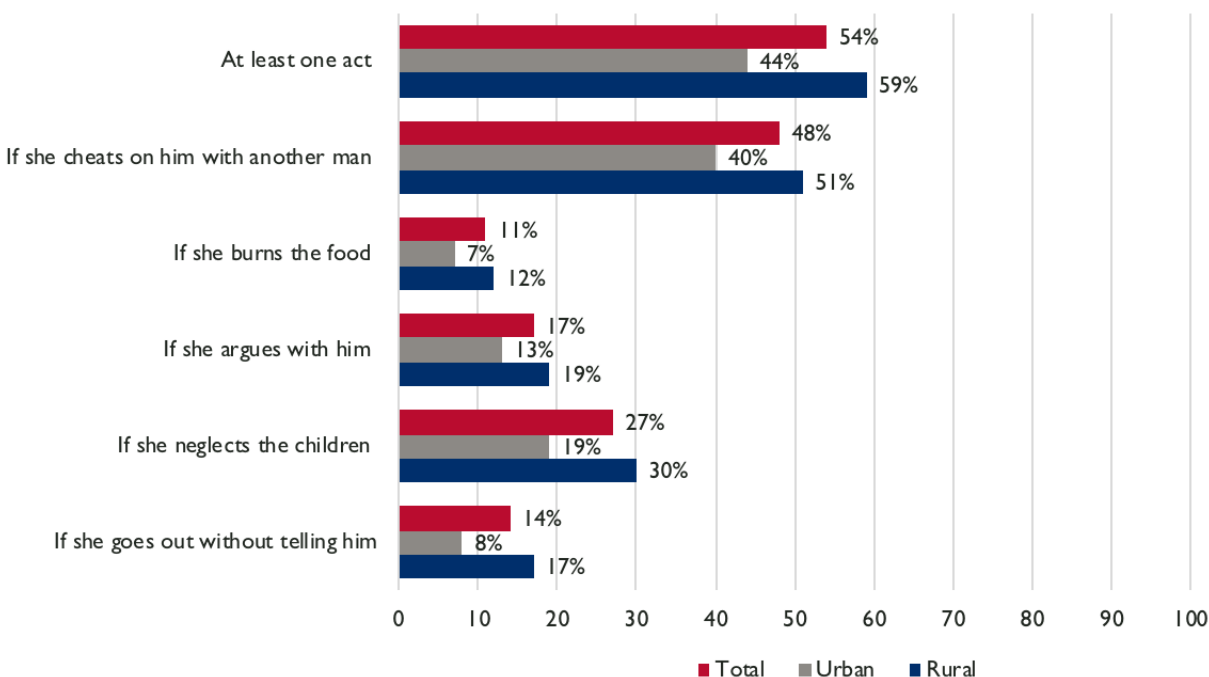
During the focus groups, participants frequently blamed women for the violence inflicted by their partner or perpetrated in the street, claiming "they do not behave well" or they "like to be beaten."

> *"There are women that like it or are used to being mistreated and because of that, they stay around that man."*
>
> -Focus group with girls, San Marcos Ocotepeque

## The Magnitude and Consequences of Intimate Partner Violence

The study found that the most frequent violence against women occurs among heterosexual couples, perpetrated mainly by men towards women. These findings were affirmed in the qualitative work of the focus groups and in-depth interviews. For example, each focus group began with an exercise in which participants were asked what they considered the main type of violence within the community. In all cases, participants agreed that the most frequent violence was IPV, including physical, economic, sexual and emotional manifestations of violence.[10]

---

[10] The questionnaire defined physical violence as being slapped, having something thrown at you, being pushed, cornered, pulled by the hair, punched, hit with something that caused injury, kicked, dragged, beaten, attempted strangle, intentional burning, or being threatened by or assaulted using a gun, knife or any other weapon against you. Economic violence was defined as prohibiting you from getting a job, working, negotiating, selling, gaining income, participating in activities that could earn income, taking your earnings by force, or refusing to give you money for household expenses even when the partner has money for other things such as alcohol and cigarettes. Sexual violence was defined as your husband/partner forcing you to have sexual relations without your consent by using threats, holding you or hurting you, having sexual relations with your husband/partner out of fear of retaliation, or being forced to do a sexual act that you found humiliating or degrading. Emotional violence was defined as being insulted or made to feel bad about oneself, being disparaged or humiliated in front of others, having things done to intentionally scare or intimidate you, or verbally threatening to physically hurt you or someone important to you.

*"Domestic violence is the most frequent…it happens in situations with physical blows, and physical, psychological, and verbal aggressions. Normally from the man against the woman."*
-Focus group with adult men, Ocotepeque

In the household survey, women were asked about their experiences of violence by their current or former partners, both lifetime experience and in the last 12 months prior to the survey. They were asked about physical as well as economic, sexual and emotional violence. Based on the responses, it was possible to obtain the prevalence of each of these forms (see Figure 5).

Figure 5. Prevalence of Lifetime and Past 12 Months Intimate Partner Violence Reported by Women and Girls (ages 15 to 64) in Western Honduras
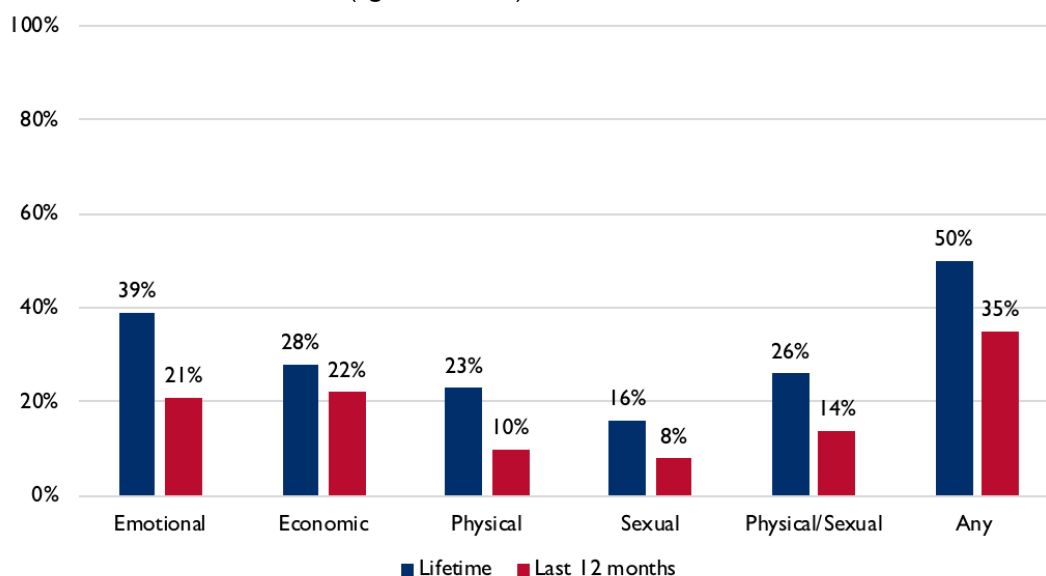


According to Figure 5, 50 percent of women in Western Honduras who participated in the survey reported had suffered some form of violence by male partners, and 35 percent said they had suffered violence in the 12 months prior to the survey. The survey indicated that the most prevalent form of violence is emotional violence with almost 40 percent experiencing such violence in their lifetime and a little higher than 20 percent during the previous 12 months; followed by economic violence, with 28 percent experiencing such violence in their lifetime and 22 percent during the previous 12 months. When asked about physical violence, 23 percent of women reported such violence in their lifetime and 10 percent during the previous 12 months. When asked about sexual violence 16 percent reported such violence during their lifetime and 8 percent in the previous 12 months. However, 26 percent reported they had both physical and/or sexual violence during their lifetime and 14 percent during the last 12 months. This means that 1 out of 4 women surveyed report physical and/or sexual aggression by their male partners in their lifetime. These survey findings are similar to most studies in the world (e.g. WHO Multi-Country surveys, DHS surveys, among others).

IPV in all its forms was found slightly higher in rural areas compared to urban areas, but the difference was not statistically significant. Specifically, 28 percent of women from rural areas reported physical and/or sexual violence versus 23 percent in urban areas. By Department, the highest level of IPV in any form was found in Copán (56 percent) and the lowest in Santa Bárbara (47 percent) (see Figure 6). The highest prevalence of physical and/or sexual IPV was found in Lempira (31 percent), followed by Santa Bárbara (28 percent), Copán (26 percent), and La Paz (17 percent). However, the survey was not

designed to be representative of each Department, but instead of whole region, preventing clear conclusions about the differences demonstrated in these results.

This survey's findings on the prevalence of violence were higher than those in previous studies carried out in Honduras. For example, the countrywide 2011-12 DHS found a lifetime prevalence of 35 percent and a current prevalence of 22 percent for any form of violence. In comparison, this study found a prevalence of 50 percent and 33 percent respectively. Each Department in this study demonstrated a higher prevalence than found in the DHS. It is important to note that the DHS only included women 15 to 49 years of age and this study included women 15 to 64 years of age.

For comparison purposes, this study calculated the prevalence of violence for the 15 to 49 age group to see if there were any differences with the 15 to 64 age group. The lifetime prevalence for women 15 to 64 years of age was exactly the same as the 15 to 49 age group (50 percent); and the prevalence of violence during the prior 12 months among women 15 to 49 years of age was just a little higher than the 15 to 64 age group (35 percent vs 33 percent).[11]

### Figure 6. Prevalence of all types of violence by Department
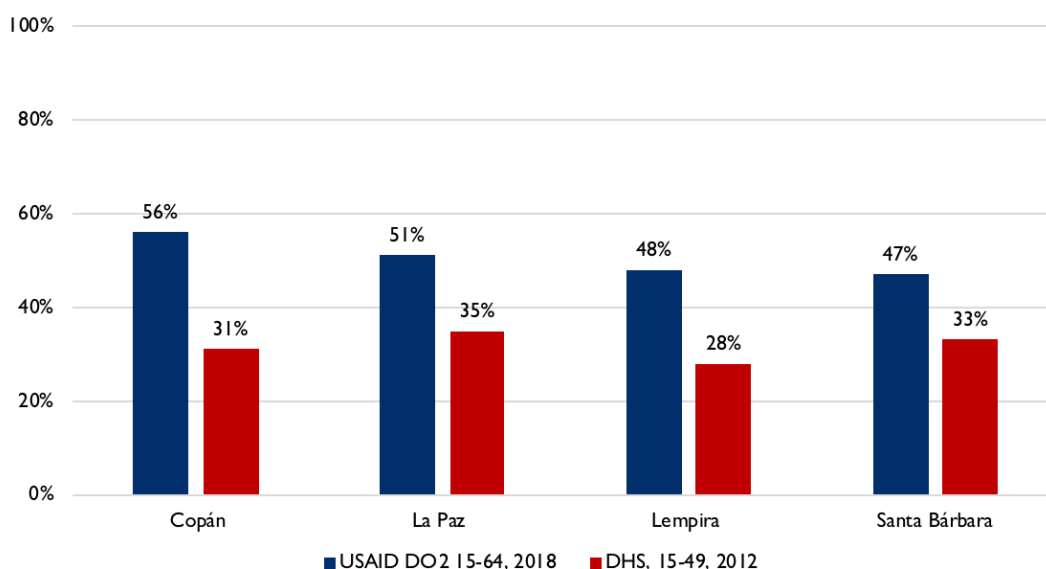


Intimate partner violence can have serious consequences on the health of women as demonstrated in many studies conducted globally on this topic. This research found that approximately 1 out of 4 women who experienced physical and/or sexual violence had suffered some type of physical injuries. The study also found a significant association between the experience of violence and the health status of women: the better health status, the lower prevalence of violence. For example, women who reported poor or very poor health conditions also reported higher levels of violence (63 percent of those who reported

---

[11] The difference is mainly due to the methodology used in this survey and does not indicate that IPV has increased in the period between the two surveys. According to former studies "the most important differences that were found concerned ethical and safety procedures and the interview setting. The results indicate that prevalence estimates for violence are highly sensitive to methodological factors, and that underreporting is a significant threat to validity" (Ellsberg, Heise, Pena, Agurto, & Winkvist, 2001).

any form of violence and 36 percent of those reporting physical and/or sexual violence); compared to women who said they had excellent health conditions (36 percent of those who reported any form of violence and 14 percent of those reporting physical and/or sexual violence) (see Figure 7). Participants in the qualitative part of the study, including several interviews and focus group discussions, emphasized the negative consequences of IPV for women, including suicidal situations.

> *"In many cases when women and girls are victims of this type of violence (domestic) or abused, they end up taking their own lives, or have damage [to] their physical or psychological integrity, ultimately reaching a psychological disorder."*
>
> -Focus group with adult women, Lempira

Figure 7. Association between prevalence of different types of VAWG and women's assessment of their health condition
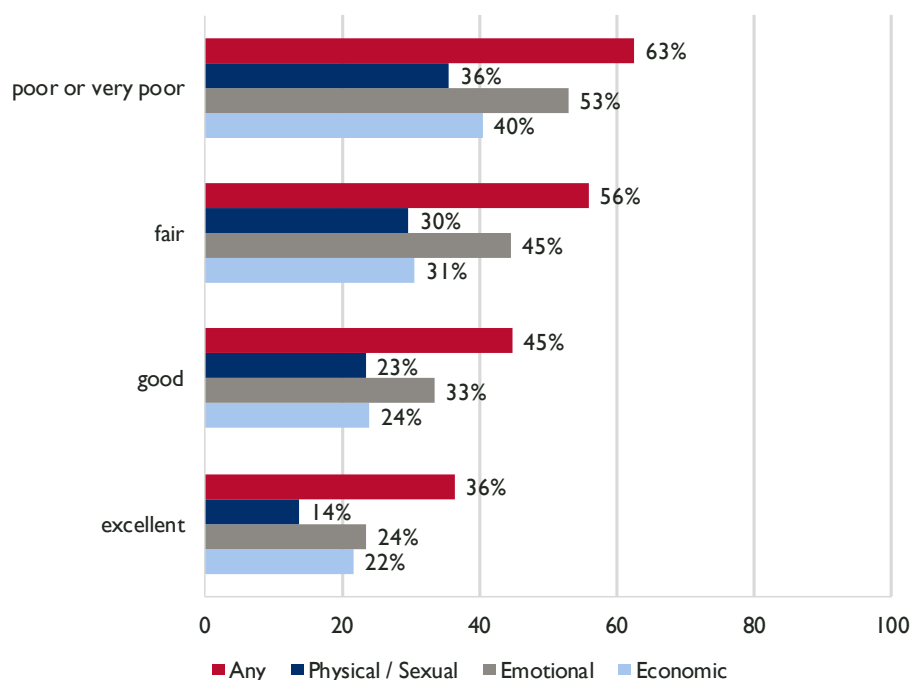


## Determining IPV Risk Factors that Affect Women

To identify IPV risk factors, the team carried out a very comprehensive descriptive and bivariate analysis. The team compiled different key variables (socio-demographic and economic, economic empowerment, relationship dynamics and controlling behaviors by the male partner, gender attitudes, and violent experiences during childhood); next they explored any associations between the variables and IPV in all its forms and over a woman's lifetime and in the prior 12 months; and then they examined the influence of these variables as possible risk factors for experiences of IPV.[12] In addition, they used multivariate

---

[12] The selection of variables to analyze in this chapter was based on the conceptual framework previously introduced. The variables representing the socio-demographic and economics are: age, partner's age, difference of age between the couple, religion, ethnicity, educational level, type of union, number of unions, age at first union, age at first pregnancy, zone urban/rural, household's economic characteristics, partner's work, support from family and community and migration. The variables representing the economic empowerment are: labor status, women's income, and women's ownership of assets. The

analysis between the variables that the bivariate analysis found to be significant in physical and/or sexual IPV. The specific data analysis strategy is explained in Annex 7 and the results of the multivariate analysis can be seen in Annex 8. This section focuses on the main associations that were found statistically significant in all the types of analysis.

a.   The Socio-Demographic Background

The analysis of the socio-demographic background of participants in relation to all different forms of IPV found that IPV (both lifetime and current) does not vary significantly by the age of participants or their partners. The exception was for economic violence occurring during the prior 12 months where there were higher the levels of this type of violence among younger participant or their partner. For example, 34 percent of women 15 to 24 year of age reported economic IPV compared to less than 20 percent of women 35 years of age and older. The age difference of partners was not a significant variable associated to IPV.

The female life-cycle clearly impacts their experience with IPV. The study shows that the younger the woman/girl experiences pregnancy, marriage, or cohabitation with a man, the more at risk she is of being involved in a violent relationship (see Figure 8). The associations between age at pregnancy and age at marriage were statistically significant for all forms of IPV, except for economic IPV.

Both the bivariate and multivariate analyses confirmed there is a statistically significant association between early pregnancy and the risk to suffer physical and/or sexual IPV; this is especially the case for girls who have a pregnancy under 15 years old. For example, the bivariate analysis demonstrated that females who got pregnant before age 15 were 5.3 times more at risk to suffer physical and/or sexual IPV than women age 25 and older. When adjusted for other socio-demographic variables, the risk maintains the same level; and when adjusted for all other different variables the risk lowers to 4.3 but keeps its significance.

---

variables representing the relationship dynamic are: alcohol abuse by the partner, partner's extramarital relationship, communication, frequency of arguments, and controlling behaviors. The variables representing the gender attitudes are the ones presented in the section of gender norms. The variables representing the justification of violence are the ones presented in the section of acceptance of violence. Finally, the variables representing violence during childhood are the experience of strong physical violence, the experience of psychological violence, and the experience of witnessing violence against the mother by a male figure. The variables that are not mentioned during the explanation of findings were not found statistically significant at any level.

Figure 8. Proportion of women who experience any type of IPV in their lifetime by age at first marriage/union and age at first pregnancy
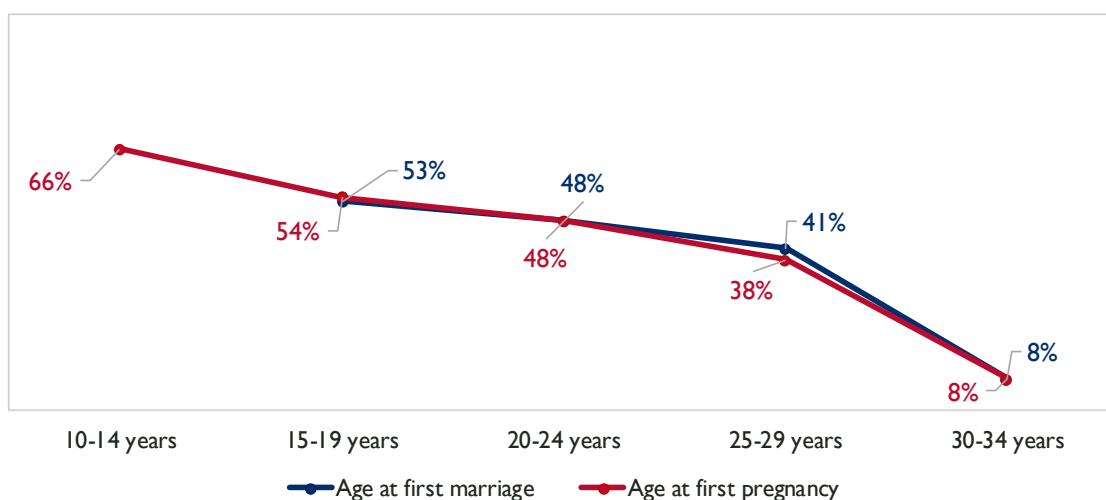


The association between education and IPV demonstrated that the more educated the women and their partners, the less at risk she is to be involved in any type of IPV (over prior 12 months and in her lifetime) (Figure 9). This association was particularly significant for economic violence; but there was not a correlation between a partner's higher educational level and emotional violence. Within the population of Western Honduras, the study indicates that education could be a protective factor to diminish the risk of physical and/or sexual violence, but not necessarily to prevent emotional violence. However, education was no longer a key variable or had limited impact as a protective factor when combined with highly influential demographic variables such as early marriage or pregnancy.

Figure 9. Proportion of women who experience any type of IPV in their lifetime by her and her male partner's education level
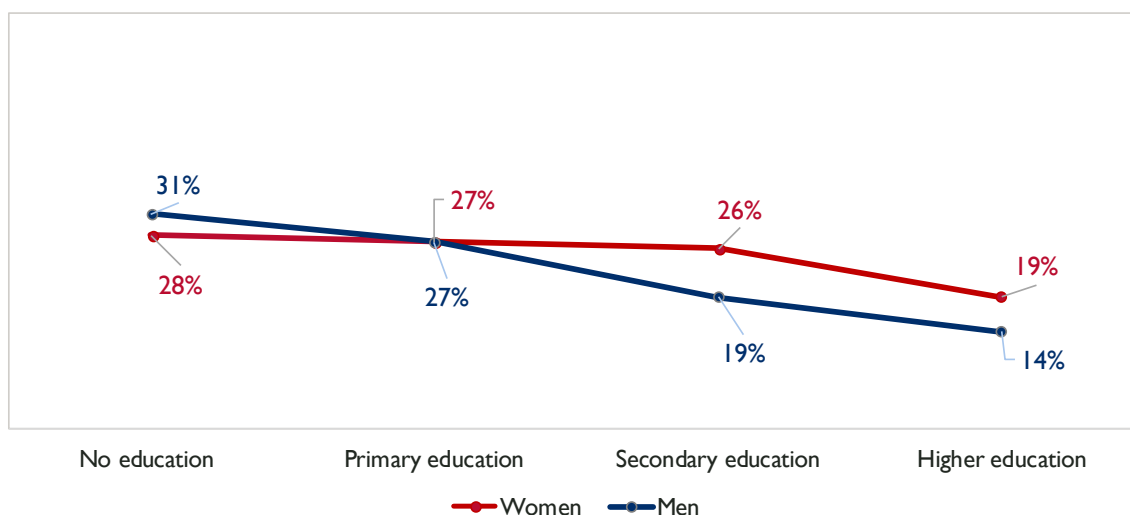
b. Economic Situation

The findings reveal two aspects of the economic situation of women that are key to analyzing their risk of violence: women's participation in paid labor outside of the home and women's greater economic independence. Overall, women were at higher risk of violence – especially physical and/or sexual IPV – if they worked outside the home, earned a better income than their male partners, and/or owned a business. For example, the prevalence of physical and/or sexual IPV over the lifetime of a woman working outside the home was 34 percent, compared to 24 percent of women who do not work outside the home. Among women who suffer physical and/or sexual IPV, 32 percent were women who were the main source of household income, and 25 percent were women without an income. In this region, owning assets, especially owning a business, also is associated to IPV; specifically, 4 out of 10 women who own a business mentioned that they have suffered physical and/or sexual IPV at some point in their lives.

The bivariate analysis showed a significant statistic association between both working outside home and owning a business with physical and/or sexual IPV. For women with more economic independence, the risk of violence was double that of other women. This association maintained its influence even after combining with other economic factors; meaning that women who become breadwinners of the household are at higher risk of violence, independent of their economic status. When combined with other key variables, the association diminished, unless the woman owns a business.

Studies in other settings have shown similar results in which more economic empowerment for women could bring more violence (Ellsberg et al., 2015). In some contexts, women's economic empowerment could generate more violence because of men's resistance to losing economic privileges and their sense of decreased power for not being the main bread winners. Some authors suggest that male violence against women is a way to construct masculinity, and it is also an effort to reconstruct a contested and unstable masculinity (Anderson & Umberson, 2001). They suggest that because of the structural changes in the gender order—such as the participation of women in labor outside of the household—some men perceive or position themselves as vulnerable and powerless and the feeling of "disempowerment" is used to justify the use of violence.

Poverty is another key variable associated to IPV. To analyze women's economic situation, the research team used proxy indicators around women's household characteristics. For example, the number of rooms in the household that are used to sleep, was found to be associated with different forms of IPV (lifetime and during the previous 12 months). The fewer rooms in a household, the higher the risk for involvement in IPV. The study found that 31 percent of women living in households with just 1 room used for sleeping reported physical and/or sexual violence, compared to 18 percent of women living in households with 3 or more rooms used for sleeping. This association kept its significance when combined by other economic variables, however it loses significance when combined with other key variables in the model.

c. Social Support

Only 3 percent of women interviewed have ever migrated outside of their community, but those who reported living outside of their community also showed higher prevalence of all different forms of IPV than those who have never lived outside. For example, the prevalence of physical and/or sexual IPV of those women who have migrated is 42 percent versus 25 percent of those who have never lived outside of their region. This association is statistically significant.

However, this association loses significance when combined with other social support variables. In particular, the lack of family support is a major risk factor for suffering different forms of IPV, both current and ever. Of those that said they do not have the support of their families of origin, 43 percent suffered physical and/or sexual IPV. In comparison, 24 percent of women who said they have family support suffered from violence. This association maintains significance after controlled by the rest of the variables of the model. Basically, women who do not have the support of their families are twice at risk to suffer violence than those who do have the support.

This analysis and qualitative findings suggest that the family of origin plays a key role as a protective factor for women when they are already married and/or in-cohabitation. The lack of this support could put women at risk to suffer different forms of IPV. This is reflected when women migrate. It seems that the lack of social support, especially from the family of origin, explains in part why women who migrate are more at risk to suffer different types of violence, including IPV.

d. Relationships

In the analysis, the power dynamics of the relationship and the behavior of some male partners emerge as extremely important factors associated with all different forms of IPV. In general, women who are involved in conflictive interactions and who are in an unequal gender relationship when men exert control over them are more at risk to suffer IPV than the rest of women. In particular, the main variables representing the relationship group associated to the risk of IPV are: a) frequent arguments, b) partner's controlling behaviors, c) partner's alcohol abuse, and d) partner's extra-marital relationships.

Frequent arguments between the couple emerged as a major determinant of all different forms of violence in the study. For example, 6 out of 10 women who frequently argued with their partners said that have suffered IPV physical and/or sexual, and 8 out of 10 have suffered any form of IPV. In comparison, only 1 out of 10 women who rarely argue or do not argue have suffered physical and/or sexual IPV and 4 out of 10 any form of IPV. The multivariate analysis shows that women who are involved in a relationship in which arguments occur a lot are almost 12 times more at risk to suffer physical and/or sexual IPV than women in relationships where arguments do not occur. This finding seems obvious considering that most of cases of IPV are preceded by a situation of conflict. However, it is important to highlight that conflict usually precedes IPV and it is crucial for partners to learn interaction skills, such as communication and respect, to avoid violent situations.

The main circumstances that generate the use of violence by men against a partner, according to both quantitative and qualitative findings, are alcohol abuse and possible extra-marital relationships, which emerge as triggers of the conflicts that end in IPV. In the case of alcohol, 70 percent of women whose partners drink alcohol almost every day or every day reported physical and/or sexual violence in their lifetime and 34 percent in the last 12 months previous the survey. These numbers are 41 percent and 23 percent for women whose partners drink alcohol once or twice a week, and 22 percent and 11 percent for women whose partners drink less than once a month or do not drink. The multivariate analysis confirms the association between alcohol abuse and physical and/or sexual IPV, especially for partners who drink very often. It is important to mention that alcohol abuse is not a cause of violence, however it is an important element that contributes to the increase of risk to commit aggression.

The other determinant of conflicts that generate IPV is the involvement of extra-marital relationships or at least the belief that the partner is involved in another relationship. Honduras, like other Latin American countries, is a monogamous country where, in general, sexual activity outside of marriage is socially condemned. However, one characteristic of the gender hegemonic role of

males is to be sexually active with several women. The narratives in the qualitative component of the study indicated that extra-marital relationships are not uncommon among men and that this behavior is related to serious marital conflicts.

The quantitative findings showed the following: among women who said that their partner had had a relationship with other women, almost half also reported that they had been physically and/or sexually abused by their partner; in contrast, among women who said that their partner had not had a relationship with other women, 17 percent responded that they had been physically and/or sexually abused by their partner. This association maintains statistical significance after controlling for all other variables. Women who said that their partners have (in their lifetime) had a relationship with other women were more than 3 times at risk to suffer IPV than other women.

The situation worsens when a woman is suspected of having an extra-marital relationship with another man. The patriarchal culture is relevant and many women in the focus groups mentioned that men's jealousy is a regular source of conflict. Although the survey did not ask women if they have had extra-marital relationships with other men, there were questions probing men's controlling behaviors (see Figure 10).

Figure 10. Proportion of women who have experienced different forms of IPV by controlling behaviors
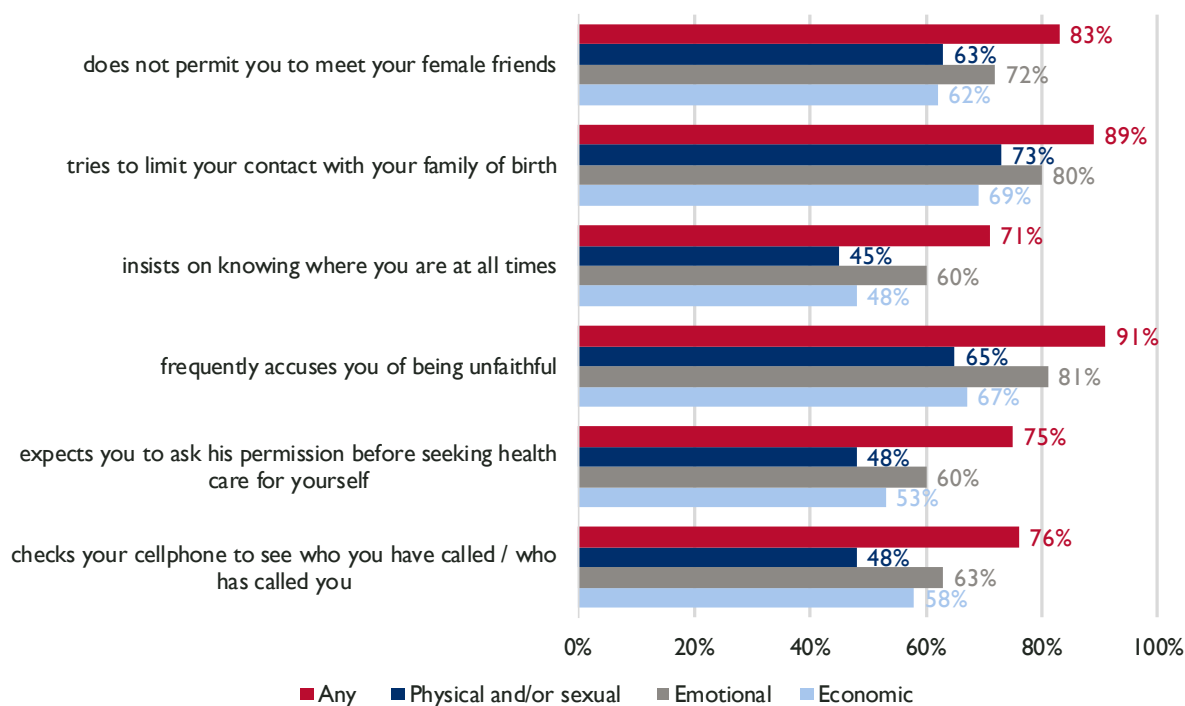


Overall, partners who exert controlling behaviors against their partners also exert all different types of IPV. Most of these controlling behaviors relate to jealousy, control of women's bodies, and control of women's interactions with other people (mainly other men). The bivariate and multivariate analysis confirmed the statistically significant association between male controlling behaviors and IPV physical and or sexual. For example, the bivariate analysis shows that those women who reported 3 or more of the controlling behaviors exerted by their male partners, are

much more at risk to suffer physical and or sexual IPV compared to women who reported only 1 or 2 or who did not report the controlling behaviors. Although association decreases in strength when controlling by other variables, it keeps its significance.

e. Attitudes Around Gender Equality and Violence Against Women

As expected, the prevalence of all different forms of IPV (during the lifetime and in the 12 months prior to the study) is higher among women who showed more hierarchal attitudes around gender and who justified violence in certain circumstances, compared to the rest of women. Attitudes that were strongly associated to physical and/or sexual IPV were the justification of violence against women if they go out without telling their partners, if they neglect the children, or the tolerance of violence to keep the family together. For example, 40 percent of women who think that violence is justified when women go out without telling him, have suffered lifetime physical and/or sexual IPV and 57 percent of any form of IPV. For women who do not think violence is justified for this reason, the numbers are 24 percent and 50 percent respectively.

Both of these forms of justifications of violence are strongly linked to traditional gender expectations for females as the main caretaker of children and as having a passive interaction with people outside of the home. The results reflect the social norms that give "permission" to men to use violence against their intimate partners as a means of discipline when women are perceived as having transgressed conservative female gender roles. Interestingly, attitudes were not any more statistically significant when controlling with the rest of the variables. Even the attitudes that seem important to understand IPV, decreased in significance when interacting with the behavior variables that are associated with men controlling their female partners.

f. Violence During Childhood

Childhood exposure to violence and violence against children in the household are common situations in Western Honduras. Many women reported witnessing violence against their mother by a male figure and/or being survivors of hard physical and/or emotional violence during childhood in their homes. Many studies confirm that violence against children correlates with later violence against women during adulthood. This intergenerational transmission of violence refers to violence as part of a learning process that starts during childhood. Evidence shows that children who suffer or witness violence are more at risk to be involved in violent relationships during their adulthood.

The survey findings indicate that almost 4 out of 10 women who witnessed violence during their childhood also reported either physical or sexual IPV, compared to 2 out of 10 women who did not have these types of childhood experiences. The numbers were similar for women who were physically punished severely by their parents or caregivers. In all cases, women who witnessed or were themselves victims of violence during their childhood had higher prevalence of any form of IPV compared to those who did not suffered these types of violence experiences during their childhood. In the bivariate model, these associations remain significant, especially the case of being a victim of hard physical violence during childhood. However, the association begins to decrease in significance when interacting with other variables related to violence during childhood and even more when interacting with all other different variables. The findings suggest that experiencing violence during childhood can be an important predictor of IPV; however, this variable become less important, for example, when a woman interacts during her adulthood with a controlling or not controlling man, or when she becomes pregnant or married at an early age.

In sum, this subsection describes the variables that were found to be important determinants of physical and/or sexual IPV. In Western Honduras, variables indicating a higher risk of IPV for women, involve: becoming pregnant or marrying at an early age; belonging to a low economic background; having a controlling partner; suffering or being exposed to violence during childhood; lacking social support; and gaining economic empowerment without gender sensitization in the household. The multivariate analysis also shows that the key determinants for a woman's risk of IPV include: having a controlling partner; transgressing (real or perceived) conservative gender expectations; and living in difficult conditions from an early age. It would be interesting to conduct additional research to learn more about men as perpetrators and build a more in-depth understanding of violence from a life-cycle approach.

## After the Violence: Silence

In Western Honduras, maintaining silence is common among survivors of different types of violence, according to both the survey and the qualitative research results. The survey showed that half of women who suffered physical and/or sexual IPV have never told anyone about the situation. Only a quarter said that they told one of their parents (mainly the mother), and less than 10 percent said they told other people, such as female friends, neighbors, siblings or other relatives. There were no significant differences between rural and urban areas.

The social stigma regarding violence, the social norms around marriage, and the expectations of women to be good wives that tolerate negative situations in order to keep the family together are key elements for women to remain silent. This is affirmed in the following quotes from a focus group of young people:

> *"A woman does not speak—these are the social rules. She does not want to be divorced or say she is battered. In the end, the woman is always at fault. She is blamed for not enduring the situation her mother or grandmother did."*
>
> -Focus group with boys, Ocotepeque

> *"[The woman] should not be silent, because maybe afterwards they do not believe her anymore. But sometimes women are silent for the love of her children."*
>
> -Focus group with girls, Copán

## Access to Services and Institutional Responses to IPV

Women who suffer violence and who seek out help and support have prioritized the police and Peace Courts for denunciations, and churches and women's organizations—like *Visitación Padilla*—for support. The focus groups revealed differences in urban and rural areas, with much scarcer options in rural regions. Health units were only mentioned in the case of injuries:

> *"There are women who go to the police, to the women's local governmental office or to the court. She only goes to the hospital if she is seriously injured."*
>
> -Adolescent girl, Intibucá

The groups identified the woman's fear of her partner as the main cause for not reporting violence, and also mentioned impunity as an element that hinders reporting.

> *"If I report him and the judge advocates on behalf of the person I accuse and takes him out of there, [I] fear reporting because when he comes out, it may be worse…"*
>
> -Adolescent girl, Copán

Another barrier identified for reporting violence is lack of confidentiality and discretion within institutions, leaving survivors vulnerable and exposed.

> "*The woman does not report [violence] because of the lack of confidentiality, everyone finds out everything and, in the end, she ends up in more turmoil and does not proceed forward.*"
>
> -Adolescent boy, Ocotepeque

The survey and qualitative research confirmed three main points, discussed in more detail below, relating to women accessing support from service institutions:

a. Few women report violence in official institutions; only 3 out of 10 women sought help from any institutional source.
b. The main obstacles for reporting violence are lack of knowledge about available services, the service provider's unreliability, and fear and social stigma.
c. Police are the main and, in most cases, the first and only service provider women seek out.

The survey shows that 16 percent of women who experienced physical and / or sexual IPV went to the police, more than to any other service institution. In the survey and qualitative research, there was little mention of the health sector as a recourse; for example, the survey showed only 6 percent of women seeking support from a clinic or hospital (see Figure 11). There was no significant difference in rural and urban areas, except that a higher percentage of women in rural areas went to a religious leader as a main option after the police.

Figure 11. Proportion of women survivors of IPV who sought help in an institution
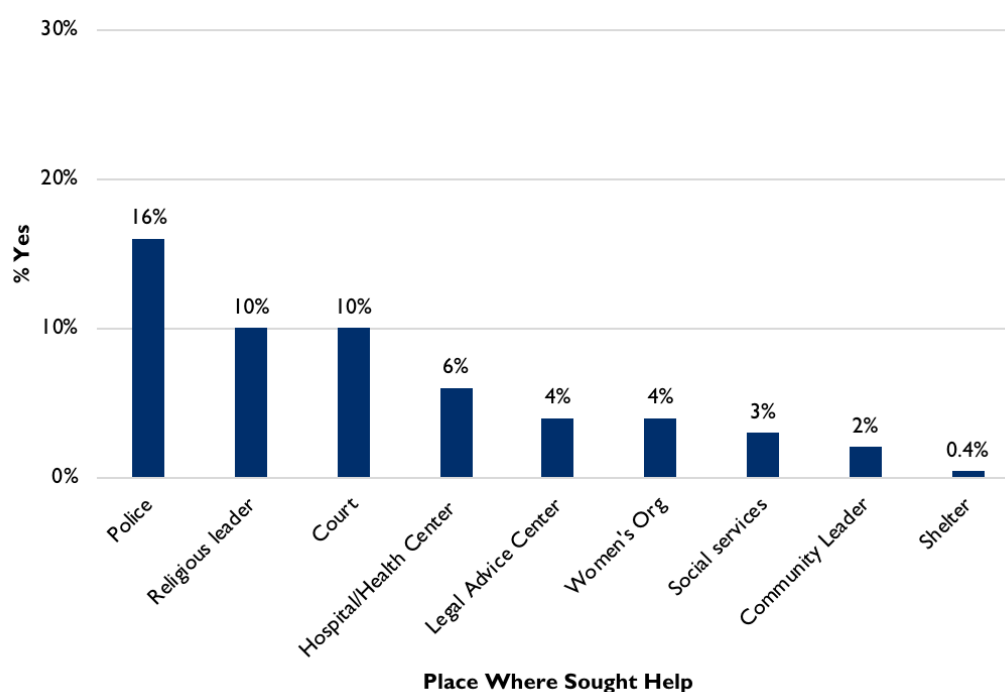
The main reasons for women not accessing services involved lack of knowledge about available services, followed by fear of reprisals and their concerns that the service institution would not take the problem seriously (see Figure 12). Fear of reprisals or consequences was linked to the sense that the service institution was unreliability or would not maintain their confidentiality in services; it seemed common for service providers to share information with other people and this could ultimately reach the survivor's acquaintances or their aggressor. In this case, there were significant differences between women from rural and urban areas. Women from rural area mentioned stigma, shame, and possible loss of family environment; while a higher percentage of women in urban areas mentioned the normalization of violence as something "not serious" or they simply did not know why they had not gone to a service institution. The results show that beyond the obstacles relating to knowledge about accessible service institutions, the reasons and barriers that most limit women from seeking help have a very important cultural aspect and context.

Figure 12. Proportion of women survivors of IPV who did not seek help according to the reasons for not seeking help
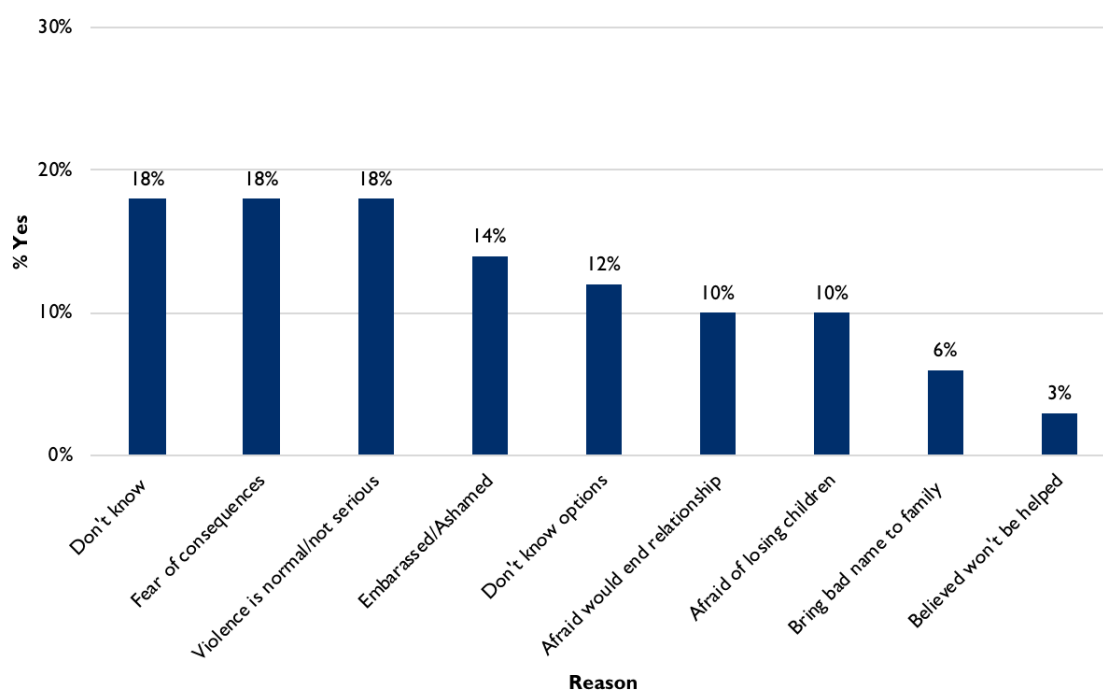


## Police and Justice

The focus groups and interviews with service providers in the justice sector described the expected course of action in cases of IPV: the women should be reporting to the police. If she reports an act of violence within twenty-four hours and the perpetrator is arrested, there is an immediate court proceeding. If not, she is given a future appointment by the court and preventive measures are enforced. However, women often do not appear for court or withdraw the complaint.

> "The police can impose measures, look for him and arrest him if they find him. The hearing can be held immediately or the judge gives an appointment, measures are imposed; the Peace Court assigns psychological treatment for both, community work for the aggressor, and inspections are done on the

*accused to certify that measures have been imposed. In most cases women do not attend the psychological care."*

<div align="right">-Judge, Lempira</div>

There are many barriers to accessing justice and having a case progress. Interviews with justice officials revealed the following barriers to progression of cases:

1. Women do not report or withdraw the complaint out of fear from the aggressor, issues of self-esteem or due to their fragile economic situation. The aggressor is the one who provides and maintains the household, women do not have the resources.

   > *"There are many people who withdraw, the report is read to the complainant and if she does not ratify that's how far the hearing gets. I had a case with a woman that was in bad shape because of the injuries, but at the time of the hearing she wanted to reconcile."*
   >
   > <div align="right">-Judicial system official, Copán</div>

2. Women are not familiar with the course of action, timelines, and necessary procedures. They do not know the difference between domestic violence and interfamily violence, or the procedure that should be followed in the case of injuries. As one judicial officer explained:

   > *"Domestic violence is considered a misdemeanor, not a felony, because to be a felony there has to be a penalty, they are only punished with hours of community service. That is the sentence. However, in the case of a recidivist, the Domestic Violence Law becomes Intrafamily Violence, and then the case goes to the penal justice system (Ministerio Público), which requires the previous domestic violence sentence as a proof for the case. Generally, the man attacks the woman again and does not comply."*
   >
   > *"When the attack provokes an injury that lasts longer than 10 days to heal, it is considered a misdemeanor, and the perception of people is one but what the law says is different. Art. 136 from the Penal Code indicates that the level of the penalty is determined by the injury, the level of disability it created, and the acts; because it could also be seen as a homicide within the couple."*

3. Delays in accessing judicial procedures may be due to police "who do not send the complaints to the *Jueces de Paz* in time," or judicial system officials who defer scheduling hearings. When the procedures are slower, the women become desperate and desist.

4. Lack of evidence, which is linked to people's fear to serve as witnesses is a factor, as are the shortcomings in police capacity to provide the necessary evidence.

   > *"The police do take the complaint, fulfill the requirements and make the arrest, but it is not a sentencing body . . . The lack of proper investigation and not collecting the evidence affects the process, but also there are no witnesses. If someone sees the violence, they don't report because of fear. Society maintains the silence. If it is taken to the court, the procedure is done and there is punishment; but there are crimes that are reconciled, there are crimes that are commuted . . . most of them are thrown out because the judge does not have evidence to be able to impose a sentence."*
   >
   > <div align="right">-Police, La Paz</div>

5. Myths and prejudices held by police and judicial personnel have an effect and are a problem.

*"Barriers exist even for the police in court or in the prosecution, a need for sensitization. There are many illiterate judges. In Gracias, we had a judge who did not apply the correct procedure, looking at the issue of violence with indifference."*

-MAIE official, Copán

6. Impunity is a recurring barrier and links to economic or political power relations.

    *"There are cases where there is political influence and a person who commits a crime is taken out of prison. [This] creates impunity and creates a sense that someone protects them [from punishment]. There must be more instruction in the population, it is necessary to take appropriate measures so that women can be empowered by their own rights. Justice in Honduras is not fair. There are always judges who favor [or owe] someone; or if you have economic resources, justice can be bought with money."*

-Police, La Paz

7. There is little coordination between institutions involved in the access to justice.

    "*We coordinate with organizations and with the police. We have a working team [that includes] the Municipal Women's office, justice facilitators, Judges of Peace. . .but we still need to improve."*

-Judge, Lempira

8. Despite the Law against Domestic Violence establishing Execution Judges who are charged with ensuring compliance and imposing sanctions, there is a lack of Execution Judges nationwide in Honduras.[13] Without sufficient officials to monitor the implementation of sentences, women remain at risk due to the recidivism of the aggressors.

    *"One does not know if the man abides or not, because we don't have an execution judge – I used to send the social worker to verify but that is no longer done."*

-Judicial system official, Copán

9. There are few resources in the Office of the Prosecutor and a consensus among officials about the need to strengthen this institution. The Office of the Prosecutor plays a fundamental role in the defense of victims, the collection of evidence, and the promotion of procedures. However, judges, police officers, and officials of the Prosecutor's Offices recognize that they do not have enough human resources to respond to the demand.

10. Psychological evidence is lacking and would be of great use, according to the interviewed judicial sector officials. Some the officials mentioned that due to the complexity of domestic and sexual violence crimes, the cases should not be based on physical evidence or rely on witnesses, but instead on psychological tests that identify the effects on the victims. However, this poses a resource challenge for attaining psychologists to provide this type of analysis.

---

[13] The Law Against Domestic Violence and its reforms (Article 21) establish that the Execution Judge is responsible for ensuring compliance with resolutions and imposing corresponding sanctions in case of non-compliance with protection measures. In places where there is no Judge or Judge of execution, this responsibility will correspond to the Judge (a) who is aware of the complaint.

One advancement identified by those interviewed in Santa Rosa de Copán and Santa Bárbara, is the implementation of the specialized Integrated Care Modules (MAIE).

> "The MAIE emerged as a strategy from the Public Prosecutor's Office (MP)[14], with the support of the Association for a More Just Society (ASJ). Its purpose is to avoid the revictimization of people who have suffered or witnessed crimes, and to provide attention, with quality and warmth, to victims and witnesses in vulnerable conditions."

> "The MAIEs are made up of prosecutors, social workers and psychologists, among other professionals; they currently offer care in Tegucigalpa, Comayagua, Ceiba, San Pedro Sula, Progreso, Santa Rosa de Copán and Santa Bárbara."

> "These multidisciplinary teams make use of tools such as the Chamber of Gesell to take the testimony of victims in a comfortable, private space, with the assistance of personnel who understand their situation and without being exposed / in the presence of the person who committed the crime. Under these conditions, the participation of victims and witnesses in criminal proceedings is ensured; and with this, the justice is realized."

According to the interviews, the MAIE has enabled greater protection for vulnerable victims. The MAIE has helped in cases of serious aggressions where women were raped by their partners, and in cases involving adolescents, girls or boys who were survivors of sexual violence. However, the MAIE is currently funded by the NGO Association for a More Just Society (ASJ) and the sustainability of this initiative will depend on future support and resources from the Public Prosecutor's Office.

## Health Sector

In Honduras, the health sector has historically lagged behind in the provision of services for survivors of IPV and other types of violence. The National Policy on Gender in Health and its Implementation Plan recognize gender-based violence as a barrier to accessing health services, and the latter establishes that health institutions have a fundamental role in the prevention of violence against women and care of victims and survivors. Violence is recognized as a risk factor for various health problems that concern the country, including the prevalence and consequences of unwanted pregnancies, low birth weight, teenage pregnancy, and low family planning indexes, among others.

As part of the standard response to domestic violence, health officials are required to identify, attend to, and report situations of domestic violence to the corresponding judicial authorities; non-compliance may result in a penalty of fines or withdrawal of duties.

The legal framework in Honduras[15] establishes Family Counselling centers that are supported by the Ministry of Health. These centers include personnel who are responsible for facilitating emotional recovery for the aggressors and self-esteem for the victims. Despite the establishment of these services and the requirements for civil servants, the perception among different actors and populations is that the health sector has little involvement.

---

[14] Association for a More Just Society (ASJ). Specialized Integral Attention Modules will provide protection to victims of crimes. Publicado 2016-05-26 en: http://asjhonduras.com/webhn/modulos-de-atencion-integral-especializada-brindaran-proteccion-integral-a-victimas-y-testigos-de-delitos/

[15] Law Against Domestic Violence and its Reforms. DECRETO No. 250- 2005. La Gaceta, No. 30,950, March 11, 2006. República de Honduras. Tegucigalpa

While there are instruments for detection and registration of domestic violence[16], the health personnel interviewed for this study mentioned that the process remains extremely limited. They pointed to several factors that contribute to non-detection: a) women's silence and absence of assertions, b) staff who are overwhelmed and lack time to dedicate to this type of issue, and c) fears the staff may have of reprisals the aggressors may inflict against them.

> *"In health units, cases of violence are reported daily, and are then included in the monthly record and the monthly report. A year and a half ago it occurred to me to bring a prosecutor to talk to the staff about their responsibility to report the violence and to explain that they could be sued [for non-compliance]. But they have begun [to comply] . . . In the month of February of this year, I saw a girl who had been raped by her father. In this case, we coordinate with the prosecution. [A doctor from the health unit told the prosecutor] 'I am here as the head of the community . . . I am afraid to report because of that . . .How do you want me to report? They'll come to cut my head.'"*
>
> -Health Unit, Lempira

In relation to the Family Counseling centers, the justice sector officials interviewed for this study noted that there are not enough resources to respond to the demand in the region. There are many women in need of emotional support and the services of psychologists and social workers, and "there isn't enough for all." This perspective mirrors the views of health officials.

> *"In the Health Center there is counseling, but the problem is that there is only one psychologist for Ocotepeque, Copán, Lempira – she is regional. It is not enough, [she cannot] respond. What I do is ask for help at the Women's Center to do me the favor of helping me with the woman."*
>
> -Judicial system official, Copán

As for the adolescents interviewed, the majority emphasized lack of confidentiality, stigma, and discrimination as barriers in accessing health center services and revealing situations of violence:

> *"As a minor, it's difficult to go on your own to see a doctor at the Health Center, regardless if you have a partner or not. The [health workers] always scold and say things that makes it difficult to return, unless you have the full support of parents and they take you. The nurses in the health center are very discriminatory and even more so if you are a minor; they scold you and insult you, and say 'this happened to you for being overly excited . . ."*
>
> -Adolescent girl, Ocotepeque

**<u>Other Support Networks</u>**

Women have minimal access to other support services, such as those offered by civil society organizations or by support centers coordinated by government agencies. The qualitative research revealed that Women's Offices, which charged with implementing the municipalities' gender policies, are undertaking a variety of actions to address IPV. The actions include, for example, conducting community training sessions to empower women, creating safe spaces for adolescents, and accompanying victims of violence to file for alimony.

The Women's Offices in some localities (like in Gracias) have a Judicial Promoters program they run in coordination with the Family Court and the local public ministry. The program trains 1 or 2 people in

---

[16] According to the Ministry of Health policies for domestic violence response, mandatory screening for all women is required while receiving health care.

each community to assist in reporting situations of violence and to file the reports on behalf of the accuser. An apparent advantage of this strategy is that it helps protect the identity of the accuser. However, the prevailing perception that nothing will be done to address partner violence, continues to impede many victims from reporting.

> *"If they do not report it, it is because domestic violence is not penalized, it is only preventable, and that makes women not want to report. The husband is arrested for 24 hours, but nothing happens from there. Sometimes he becomes more aggressive and increases the risk."*
> -Office of Women, Municipality of Gracias

The Women's Offices coordinate with state institutions (health, justice, education), civil society organizations, and NGOs (e.g. CEM-H, CDM, Visitación Padilla). Their work aimed at strengthening leadership in the communities is recognized as being fundamental. Some officials at Women's Offices complained, however, of "not having their own spaces" to talk privately with women. The lack of human and economic resources is a barrier to their impact and effectiveness.

Another positive initiative to be highlight is the collaboration between schools and health units. Together these service institutions are hosting talks and trainings to avert sexually transmitted diseases and HIV and to reduce pregnancy in adolescent girls.

> *"Within our schedule of workshops, we have support talks with doctors and nurses. They give talks, they even brought us contraceptives, we distribute them to avoid pregnancies. . ."*
> -Education representative, Ocotepeque

## Additional Type of Violence Happening at Home: Violence Against Children

Another common type of violence captured in this study is violence against children within the household. All the methodological instruments used in this study demonstrated that children are either witnesses of IPV against their mothers or victims of physical and psychological abuse by their parents. Regarding the latter, 1 out of 5 participants mentioned that they were beaten hard, insulted, or humiliated by someone in the family when they were a child.

The school-based survey shows that violence against children is a common problem in the region. Almost 30 percent of children said they have been beaten by either they mother or father when they have not behaved well and 7 percent said they have been insulted or humiliated. When disaggregated by gender, the percentage of children who suffer physical or emotional violence by their parents as a way to discipline them is higher in boys than in girls. For example, 33 percent of boys said they have been beaten by their mothers compared to 24 percent of girls.

In the narratives of the focus groups with children, there is evidence of mistreatment of children in their homes and physical punishment (beatings, swathes, etc.) as part of their lives. The sanctions differ by gender. Although both boys and girls are punished for "not being in school" or " not respecting," for example, punishments are also carried out when girls and boys do not fulfill the roles established for them according to their gender. Girls are punished for not fulfilling or for neglecting domestic chores, for dating, for "meeting men" or "walking with boyfriends." Boys, on the other hand, are punished for acting aggressively (fighting, yelling), smoking, drinking, relaxing with their friends, "because they do not want to go out and do errands," "for using the change," or for being late to the house.

It is striking that girls recognize that boys are "hit harder and harder" because of the idea that boys are stronger.

*"They punish boys more than girls because they say that boys endure more and are stronger."*

<div align="right">-Focus group with girls, Ocotepeque</div>

Violence against children in the home also emerged frequently in the narratives of adult focus groups, confirming that this is a situation children face on a daily basis.

*". . . [the most frequent form of IPV is] family violence because a teacher notices violence towards children that come from parents."*

<div align="right">-Focus group with adult women, Copán</div>

*"Physical punishment is personal education within the home. They believe it is the best way to educate the little ones. Parents should be educated to put aside these old punishments and to innovate with peaceful punishments using materials of personal interest for the children, using understanding and strengthening other moral values."*

<div align="right">-Focus group with adult men, Lempira</div>

## 3.4 GENDER-BASED VIOLENCE IN THE COMMUNITY

### Perception of Insecurity

The study reveals that, in Western Honduras, public space is generally perceived as insecure by the population, but mainly for women. This perception may be linked to the dissemination of information and media communications about cases of criminal acts, homicides and the constant risk of sexual assault for women.

Quantitative data from the household survey and the school survey, as well as the qualitative information from focus groups and in-depth interviews, demonstrates the perception of citizen insecurity as they frequently mentioned situations of risk in various spaces.

For example, in the household survey participants were asked if they felt safe in a variety of community spaces. The results showed that practically half of the women do not feel safe on public transportation, at the market or shopping center, or on the street. The proportion of women who feel insecure in these spaces is even greater in rural areas than in urban areas. The Department of La Paz stands out, where the perception of insecurity was the highest compared to the rest of the Departments. The response pattern in focus groups and in-depth interviews corroborated this perception of insecurity, where women were clearly identified as the most affected. The spaces identified as most unsafe included open public spaces such as streets, recreational areas, rivers, and police stations, which link to concerns about the presence of men. Other places identified as insecure are those where girls have "disappeared" (which may be related to trafficking in women) and those where bodies appear.

*"I do not leave my house because my parents will not let me. Other girls have already been lost in nearby communities."*

<div align="right">-Focus group with young women, Santa Bárbara</div>

In the survey, these perceptions were confirmed by probing participants' knowledge of situations of rape towards women in their own community. Ten percent indicated they had heard about cases of rape in public spaces. The survey also asked about the knowledge of criminal acts in the community and whether they had heard or known about fights, assaults, prostitution, murders, sale of drugs, existence

of gangs, among others. Of all the acts known, the highest percentage was for murder, with 1 in 3 women saying they had knowledge about this in their community. In addition, 1 in 4 said they knew about fights, assaults and drug sales, and 1 in 4 said they knew about the existence of gangs. For almost all acts, the highest percentage of women who reported knowing these acts in their community was in La Paz, with the exception of prostitution which had a higher percentage in Copán, and extortion which was higher in Santa Bárbara. The significant differences between urban and rural areas occurred mainly in relation to the existence of gangs, prostitution and drug sales, which was higher in urban areas; and in relation to fights between neighbors, which was greater in rural areas.

The research team used a school-based survey to ask students about insecurity issues. They found that less than 20 percent of students felt insecure inside the school, but that more than half felt insecure walking outside the school with the percentage of girls being slightly higher than boys.

In the focus groups, students frequently mentioned insecurity they perceive on the street and especially around the school. Places they frequent with other teenagers are parks, courts, restaurants and in the more rural areas rivers, hot springs or "hills." In these places, the perception of safety depends on the time of day. At night they become dangerous due to the presence of delinquents and the consumption of alcohol or drugs. These findings coincides with answers to the question "which are the sites that feel most insecure," where "the street" appears as the first option. The insecurity is a result of crime, absence of sidewalks for walking, and above all the consumption of alcohol and drugs, which are identified as a main cause for feeling insecurity.

> *"We feel insecure in the streets because there are a lot of thieves, we can be struck by cars, and men are drunk during the evening hours."*
>
> -Focus group with girls, Copán

> *"In the Pretil I knew a boy who was killed with a machete by one of his friends. He sold drugs and went to rob a house. They came and hung him up on a stick."*
>
> -Focus group with girls, Santa Bárbara

The gender differences in the perception of insecurity are striking. Boys mention fear of guns, men who drink alcohol, and use drugs and robbers, and girls fear being harassed and sexually abused. Both boys and girls mentioned fear of being killed or abducted.

### Sexual Violence in the Community

Respondents identified different types of sexual aggression and abuse against women and girls as a common form of violence in the community. In the household survey, around 11 percent of participants said they have experienced rape or attempted rape in their lives by a non-partner and a little more of 3 percent in the last 12 months. Combining rape or attempted rape with other types of abuse such as sexual harassment and unwanted sexual touching by a non-partner, the prevalence reached 24 percent of women reporting that they have suffered a type of sexual abuse by a non-partner in their lifetime and for 11 percent of women this event occurred during the 12 months prior to the survey. (see Figure 13).[17]

---

[17] The questionnaire defined rape as being forced by a male individual to have sexual relations without your consent through threats, holding you down, putting you in a situation where you could not say no, forcing you to have sex when you were too intoxicated to say no, or forcing or convincing you to have sex with more than 1 man without your consent. Attempted rape was defined as someone attempting to force you to perform a sexual act without your consent or forcing you to maintain sexual relations that ultimately did not occur. Unwanted sexual touching was defined as being touched sexually or having your

Combining sexual abuse by a non-partner with sexual abuse by a partner shows that 1 out of 3 women in Western Honduras have experienced sexual abuse in her life.

Figure 13. Prevalence of different types of non-partner sexual abuse
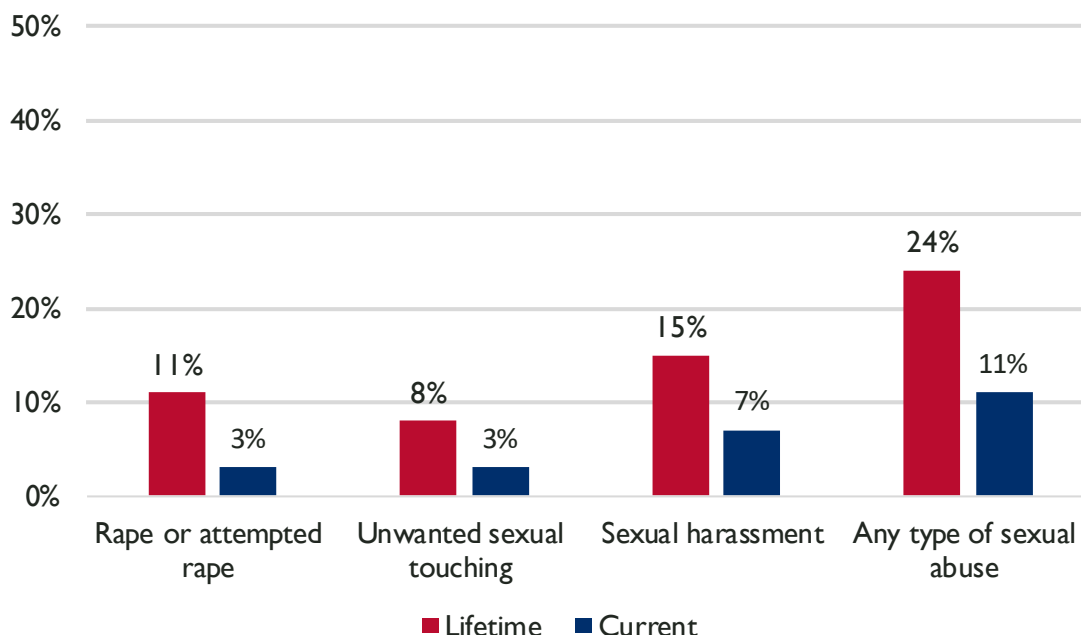


Women who experienced rape by a non-partner were asked about their perpetrator: 40 percent said the abuser was a stranger, 23 percent a friend or an acquaintance, 15 percent a family member, 8 percent a work colleague, and 2 percent a religious leader. In previous studies in different settings, the most common perpetrator of non-partner rape is a friend, acquaintance, or family member (WHO, 2005). In the case of Western Honduras, it was notable that strangers were identified as the main abusers. One possible explanation for this is the rise of criminal activities in the country may be associated with a possible increase of sexual abuse against women in the community. This scenario is consistent with the perception of insecurity in this region. A second explanation is that cultural and social norms make it harder for a woman to disclose sexual abuse by someone she knows, especially if she has an emotional bond with the aggressor, and more likely to report such abuse by a stranger. Feelings of shame, guilt, pain, and fear might prevent women from reporting abuse by an acquaintance.

Similar to IPV, half of women who have suffered non-partner abuse have never shared this with anyone and those who have shared this chose their mothers as the first person to talk about the abuse. Like with IPV, reporting is very low and the police are the service institution most contacted. Only 17 percent of survivors of non-partner rape reported to police stations, 11 percent to a legal advice center or a court, 9 percent to a health center, 8 percent to a religious leader, and 3 percent to a community

intimate body parts touched without your consent. Sexual harassment was defined as forcing you to perform sexual acts against your will in order to get a job, maintain your job, get a promotion, pass an exam or obtain good grades; and by being touched physically by someone, being rubbed on a bus or in another public space, or received personal electronic messages with sexual content that made you feel uncomfortable.

leader. A critical survey finding is that less than half of women know where to seek help in cases of sexual abuse.

Figure 14. Proportion of women survivors of non-partner sexual abuse who sought help at a formal institution
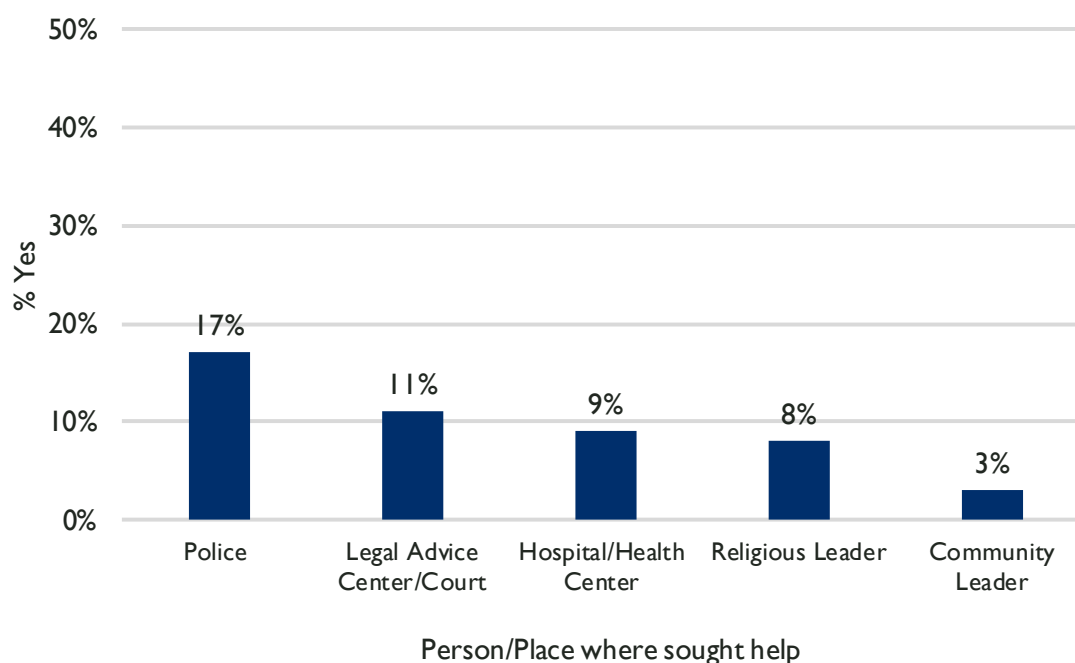


**Sexual Abuse Against Children**

Sexual abuse begins at an early age. According to the survey, 65 percent of women who suffer sexual violence by someone who is not their partner have had that experience before they were 18 years old. Of the total women surveyed who have had sexual relations, 18 percent said their first sexual relationship had been forced or non-consensual; this percentage is higher among women in rural rather than urban areas (21 percent versus 11 percent). The findings indicate that a large portion of women in rural parts of Western Honduras begin their sexual life in a forced way, which has repercussions for the rest of their lives.

To analyze sexual abuse in greater depth, the survey included a question about sexual abuse before the age of 18 using drawings of a happy face and a sad face. On a tablet, interviewees could mark their selection anonymously (without the interviewer having access to the response) to indicate if they had or had not suffered sexual violence before the age of 18. Using this anonymous format, 30 percent of participants reported they had suffered sexual abuse during childhood or adolescence. These findings confirm the high-risk women or girls suffering sexual violence at an early age and, because reporting improves when identity can be protected, how stigma, shame and other key factor are obstacles for reporting abuse.

The quantitative findings were confirmed in the qualitative research. Adolescents are the ones who most often recognize sexual violence as part of their reality in the public sphere (including public toilets). They

point to sexual harassment as a problem on the streets, including from public officials such as the police and armed bodies.

> *"In the streets we feel insecure, anything can happen to us, they can take us to a car and take us away. Sleazy men show and touch their parts . . . There are police officers who are not good, they fall in love with the girls on the street. Sometimes, it is the cars of soldiers who come back and say vulgarities, etc."*
>
> -Adolescent girl, Intibucá

On the other hand, adolescents are aware that women who have experienced rape face stigma and discrimination from the community. Some interviewees said as the only escape is to migrate to another place. Beyond the harm caused by the aggressor, they view the stigma and accusations by the community as causing even greater emotional harm. They identify and fear the loss of virginity as a harmful act because "some think she must be a virgin to marry."

> *"One is marked for life, frustrated, mocked . . . It may be that one migrates because in a town it is very complicated. People discriminate. I would feel shame."*
>
> -Adolescent girl, Ocotepeque

The sexual abuse of minors, at home or by acquaintances, is a form of sexual violence mentioned by different groups interviewed. The disclosure or denunciation is mitigated by fear of the aggressor, social stigma, and the perception of impunity. The sense of no recourse creates feelings of isolation, further harms the victim, and deepens the effects of the trauma.

> *"I have a nephew. The father of a friend raped him. The child was left highly anxious. They told him God was going to do justice, and then they laughed at him and called him 'the raped one'."*
>
> -Adolescent girl, Copán

The above coincides with the statements made by judicial officials who express consternation at the frequency of sexual abuse against girls and boys (the former being the most frequent). Those working in the judicial sector mention the lack of sufficient involvement by health officials in the detection of abuse of minors, despite the preponderant role health personnel have in addressing the consequences of this crime for the lives of girls, boys and adolescents.

> *"I do not know why we have no reference to the health units, even though doctors are obliged to report cases of violence against girls under 14 years of age. We see 12 year old pregnant girls, and 7 year old girls with human papillomavirus, but doctors almost never report."*
>
> -Judicial system official, Copán

For their part, health personnel are aware of the problem of sexual violence against adolescents. They share that it is a problem that overwhelms them, not only because of the legal implications and risks, but also because of the emotional impact they experience and the lack of support networks to coordinate and respond.

It is important to understand how continuous contact with such painful situations effects staff members. Two people interviewed in the judicial sector mentioned having to stop, based on medical recommendations, their role in the Gesell unit[18] relating to sexual abuse of girls and boys. The frequent exposure and case characteristics had caused them clinical depression.

---

[18] Gesell unit is a specific space to provide psycho-social support to children.

*Personally, I suffered a depressive crisis, which led me to leave the unit that assists children. I could not do it anymore. The hardest thing was to listen to the testimonies of the children. . ."*

<div align="right">-Judicial system official, Santa Bárbara</div>

## 3.5 OTHER TYPES OF VIOLENCE BASED ON GENDER

### Violence Against Children in Schools

The school environment is perceived as a safe space by most children interviewed, even though the school survey highlighted that almost half of children have suffered some type of abuse in school. The various types of abuses included being insulted, humiliated, beaten, and even some mentioned having been touched in their intimate parts (see Table 5). There were no statistically significant differences between the responses of boys and girls.

Table 5. Proportion of girls and boys who said they suffered some type of abuse in school

| Type of abuse | Responses from girls n = 125 | | Responses from boys n = 104 | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| Belittled or humiliated | 48 | 38 | 32 | 31 |
| Insulted | 22 | 18 | 24 | 23 |
| Hit | 17 | 14 | 14 | 13 |
| Genitals touched | 1 | 1 | 4 | 4 |
| Any of the above | 53 | 42 | 48 | 46 |

Although in schools slightly more boys than girls reported being touched in their private parts (4 percent versus 1 percent), 1 in 5 children reported that it is relatively common in school for children to touch the private parts of girls. In focus groups, mainly with girls, participants frequently mentioned different types of sexual abuse, such as lifting their skirts to trying to touch them. These findings indicate how sexual harassment begins and is normalized at a very early age, both in perpetration and in victimization.

*"The boys annoy the girls. If the girls are silent, the boys embarrass them. If the girls are daring, the boys say they are going to rape them. When the girl has big breasts, the boys want to touch her. Sometimes they touch their buttocks . . ."*

<div align="right">-Focus group with girls, Santa Bárbara</div>

The above quote also shows how from a young age, girls are exposed to the risk of aggression regardless of their behavior by the simple fact of being female. Discriminatory gender constructs leave girls in an extreme situation of vulnerability of sexual aggression simply because they are female. The children in focus groups made negative comments relating to the sexual awakening of girls specifically; boys and girls both criticized girls for behaviors such as "having a boyfriend," "sending notes to boys," and even "kissing with boys" as signaling that the girls were "easy," "flirtatious" or "spicy."

Regarding other types of violence unrelated to sex—such as bothering, humiliating, insulting, etc.— it was the youngest age group that reported having suffered the most. Apparently, these situations decrease as children grow and progress in school grades. The youngest children are most affected and the main perpetrators appear to be other children; the main type of violence found in the survey is 'bullying' on the part of older children to the younger ones, which seems to be reproducing as children grow up. In the survey, 60 percent of children indicated knowing the meaning of bullying and 40 percent said that bullying exists in school. This information is confirmed in the focus groups.

> *"The most dangerous area is the school, because that is where the biggest ones are."*
>
> -Focus group with boys, Copán

> *"Bullying occurs among boys, girls, adolescents, to aggression among students of educational centers. It is very common… fights, pushing, and more."*
>
> -Focus group with young males, Lempira

The study found that bullying is basically an expression of discrimination targeting age, socio-economic level, ethnicity, and gender. The acts of violence are perpetrated by children against other children who socially belong to a group of greater marginality and discrimination. In the focus groups and interviews, it was repeatedly mentioned that those who suffer the most bullying are the poor, indigenous children, and the most affected being the youngest age groups.

There was a statistically significant association between having felt bothered at school and abuse within the home. For example, of the children who mentioned that their mother beats them, 52 percent said they felt bothered at school compared to 36 percent of those who mentioned that their mother talks to them when they misbehave. This suggests a situation of greater vulnerability to bullying in school among those who have also suffered violence in the home. This relationship may have to do with the normalization of violence, low self-esteem, and the low sense of empowerment as a result of family abuse and that these characteristics translate into acceptance of aggression in the school setting. The school survey shows that both girls and boys are exposed to aggression, but gender constructions mark differences in the type of abuse and its causes.

Violence perpetrated by teachers was also reported in the survey. As noted above, a small percentage of children said that teacher had been the one to mistreat or bother them. However, when asked what a teacher does when a male child misbehaves, 15 percent of boys and 12 percent of girls said the teacher would hit the boy.

In general, the focus group discussions revealed a generational change in the way teachers discipline students. A majority mentioned that in the past, teachers commonly used beatings as a form of punishment but that this was less frequent now, although has persisted mainly in rural areas. The qualitative and quantitative information indicates that some teachers still use physical aggression – in some cases extreme forms – to discipline children. This is mainly inflicted on boys due to the belief that males are stronger and can "endure more."

> *"They [boys] get yelled at, or do not go out for recess, and sometimes they get hit. Other punishments may be to have to stay after school, do tasks, or to remain kneeling in the front of the classroom . . . Sometimes [teachers] punish us in a physical way, mostly to boys. A teacher burst a ruler on a boy's back."*
>
> -Focus group with girls, Ocotepeque

*"When the teacher gets angry, they hit them [boys] with the ruler. The teachers also hit girls who behave badly when they talk and play in groups."*

-Focus group with boys, Copán

In the school survey, participants reported abuse by teachers. According to the children, more than 10 percent of teachers use physical aggression as a way to discipline children, while another 10 percent use methods such as shouting or forcing them to leave the classroom. No gender differences were observed.

Table 6. Proportion of children according to reaction of teachers when boys and girls misbehave

| Teacher's Action | If a girl misbehaves n= 227 | | If a boy misbehaves n = 230 | |
|---|---|---|---|---|
| | *number* | *percent* | *number* | *percent* |
| Nothing or draws attention | 178 | 78 | 183 | 80 |
| Yells or removes from classroom | 23 | 10 | 19 | 8 |
| Hits the student* | 26 | 11 | 28 | 12 |

## Violence and Discrimination Against LGTBI

When inquiring about the situation of the LGTBI population, the absence of organized groups was evident. Regional interviews and focus groups involved members of the community whose sexual identity was not public. In addition, the team contacted leaders of the LGTBI movement working at the national level but who were native to Western Honduras or who knew the reality of the region in relation to the issue.

In this environment, the people interviewed reported that the consequences of identifying outwardly as LGTBI can range from being sent to psychological therapy by the family "to fix them," or being expelled from the home or losing their job. Those who have identities that are "perceived as unnatural" suffer more from harassment in the streets, including by institutions that are responsible for guaranteeing order and safety.

*"I live near the police station and I have stopped going through that side if I see that police are outside. They almost always say things to me and once they tried to attack me. My family does not know, only my sister. But what can we do? That's why I better avoid it."*

-Adolescent gay person, Copán

Even in the interviews with the judicial sector, stakeholders recognized the stigma and discrimination against the LGTBI population. In the context of a very conservative environment, they recommend that these cases not be exposed because they believe the LGTBI population may end up more harmed by publicizing their sexual orientation or the violence they suffer.

> *"Santa Bárbara is a very macho society. Knowing what the police are like, they would make fun and not pick up the report. It would be important to train personnel in these matters. . ."*
>
> -Judicial system official, Santa Bárbara

For lesbian women the situation is not easier. They view the macho and conservative society as determining specific roles for women in service of men and marriage.

> *"If the parents of my friends realize that I am like that . . . they will not let them be around me. It happened to me when I was in school. A classmate started saying things about me and several said: 'I will not hang with you because you are a lesbian.' My mom and dad took me to a psychologist, and they started telling me that I was wrong. . .this is how it is in a rural and farm society. Women do not decide. They are an object for man."*
>
> -Adolescent lesbian woman, Copán

In the case of transsexuals, the interviews with national organizations indicate that stigma and rejection lead these individuals to migrate from their region to the capital in order to exercise their sexuality. Families often do not know about their processes because when they return to visit their towns, they present their heterosexual identity. Migration can be within the country or abroad. In most cases, the options are few and many of them are pushed to sex work.

Participants, mainly women, recognized the discrimination towards the LGTBI population and claimed to have no problems relating to and having friendships with this group. When pressed, they all agreed, however, that LGTBI individuals should not have the same rights as the rest of the population, especially in terms of marriage and adoption of children. They mentioned their religious beliefs for these positions.

> *"God made men and women, not gays nor lesbians."*
>
> -Focus group with adolescent girls, La Paz

> *"It is very difficult, biblically. It is not acceptable because in the eyes of God he rejects it and does not agree with that, and that is how it is with religion. But I also do not hate them because they are human beings and sometimes they are not to blame."*
>
> -Focus group with adult women, Ocotepeque

> *"The bible says, damn the man who lies with man. [He] is "mental," "psycho." They are sick, they have a disease."*
>
> -Focus group with adult males, Santa Bárbara

> *"It is always a person. They also have their rights and can live their lives. Women accept them more. Men do not have the capacity to understand and accept. I respect a lot."*
>
> -Focus group with adolescent girls, Santa Bárbara

Discrimination against the LGTBI population is demonstrated in many ways, the most extreme being violence that even ends in death.

> *"Here in Santa Rosa, people have been killed because of their homosexual condition. They have been angry with them. There is a lot of hatred."*
>
> -Focus group with adult women, Copán

*"I have a gay friend. Life is difficult for them. He was beaten and humiliated. They have the same feelings. They suffer. He did not accept himself and he rejected men. He suffered in his physical and emotional appearance."*

-Focus group with adolescent girls, Santa Bárbara

Discrimination against the LGTBI population was even apparent among children in the region. Children in focus groups shared opinions similar to those of adults, repeating the idea that the LGTBI population "has psychological problems" and that they should not have the same rights as the rest of the population.

*"God did not create four sexes, he only created two. It is not correct because the man must be with the woman and the woman with the man. It is much worse to be homosexual."*

-Focus group with boys, Copán

Another reason children mentioned for not accepting the LGTBI population is their inability to procreate (having children) like heterosexual people, and the inability for men to breastfeed.

*"The Lord said man and woman reproduce. They cannot have children, they can only adopt but not even the adopted will love them."*

-Focus group with girls, La Paz

When asked how one would react in school to someone with a different sexual orientation, the response was negative. Most children affirmed that the person would probably suffer abuse such as taunting nicknames, ridicule, not having friends, and physical aggression. Some even expressed that they themselves would take measures not to be close to that person and would not have them as a friend.

*"I would change classrooms or school. Teachers would be angry and expel them. . .They would not have friends and would be bullied. They would treat him differently by saying nicknames and hitting him. They would have few friends."*

-Focus group with girls, Copán

Children also acknowledge that these same attitudes of rejection would be found in the family and community.

*"They would not have relationships or friendships with others because of their way of thinking. They would be treated badly. If they got close to a group of friends, they would be pushed away. .If they are a girl or woman, they will lose all their friends."*

-Focus group with girls, Ocotepeque

*"It is not suitable for the family and the family would be embarrassed and ridiculed. [They] would tell the men that they are 'fagots' and tell women they are lesbians."*

-Focus group with girls, Ocotepeque

A smaller number of girls and boys said that people with different sexual orientations should be respected and "understood." The main reason for this is the belief that the individual's sexual orientation is a condition that results from "a trauma" or "that's how they were born, and they were not to blame." Very few children recognized the rights of individuals with different sexual orientations. Some express confusion by what they have seen and what they think, but believe it is not right to discriminate against those who are victims.

In the school survey, 9 out of 10 boys and girls said that it was not right for a man to have a boyfriend or for a woman to have a girlfriend.

## Violence and Discrimination Against Persons with Disabilities

The study included issues to examine the experience of populations with disabilities. In focus groups conducted at schools, most children said that people with disabilities were treated well, but their descriptions revealed elements of discrimination. The narratives about their interactions with students with disabilities included references to calling them unflattering nicknames, bullying them, and perceiving them as "less" or attacking them.

> *"There is a classmate with a disability in his legs, another with Down Syndrome. The child with Down Syndrome says a lot of words, but we [try to] understand [the words] because he is 'sick'."*
>
> -Focus group with girls, La Paz

In other focus groups, participants recognized that people with disabilities suffered different forms of discrimination, including bullying in communities and schools. There was mention about the lack of awareness that exists in society to support this population, although some indicated that there is now greater awareness in society.

> *"A teacher told me that her son had difficulty hearing and speaking, and at school, they discriminated against him. They did not recognize that he had a problem. She felt the pain of a mother, because they told her to leave him at home."*
>
> -Focus group adult women, Santa Bárbara

> *"There is no human conscience. When someone finds a person in a wheelchair, no one takes the initiative to ask if they need help or provide the help they need."*
>
> -Focus group adult women, Lempira

> *"There has been a bit of improvement because before people with disabilities were seen as marginalized. Local governments and people in the area have tried to integrate [people with disabilities] into society to feel useful in one way or another."*
>
> -Focus group adolescent boys, Ocotepeque

In focus groups that involved people with disability, the narrative demonstrated that the majority of support programs are welfare related and do not promote integral development. Participants with disabilities noted that most of the service programs are concentrated in Tegucigalpa and San Pedro Sula and that almost nothing else exists beyond those programs. Participants also highlighted that the situation is even worse for women, who in addition to gender discrimination have another heavy layer of discrimination due to the disability, which also increases their risk of sexual assault.

> *"Women with disabilities are victims…in the sense that they do not receive respect for their right to private life, their relationship with their partner, their sexual intimacy, their sexual life. They are not allowed that freedom . . . Because the parents of a person with a disability consider it a sin; in the case of the female gender to have the idea of having a partner . . . no, no, no . . . they do not allow it. The cases that have occurred are for people who have been in a process of rehabilitation and have managed to have that right respected. . ."*

> *"What makes it more difficult [to support for victims of sexual violence] is that the same family members are linked [to the violence] and they do not allow the complaint to take place. When it does*

*come out, the same family members end up reconciling the situation for fear that they will end up in jail. So, although we know the procedure to follow up with the institutions [commissioner and prosecutor] the obstacle is initiating [going to] the trial because of the family's fears. . ."*

-Focus group with people in disability situations, Santa Bárbara

In interviews, officials generally recognized that women with disabilities bring few cases of violence. They explained that they are aware of the existence of violence against this population and recognize the structural and social limitations that exist for women who have some form of disability to file complaints. One example mentioned is the court buildings facilities, which usually lack the conditions for people with motor disabilities to access them.

*"The building was not equipped for people with disabilities . . . not for our peers who have health problems. They have a hard time climbing so many stairs."*

-Judicial system official, Santa Bárbara

## 4. CONCLUSIONS AND RECOMMENDATIONS

This section summarizes the conclusions and recommendations that emerged from the study. The material is organized into three categories: conclusions and general recommendations, specific recommendations for USAID DO2 programming, and recommendations for futures research.

The general recommendations are for governmental institutions, nongovernmental agencies, UN agencies, civil society organizations, and cooperation agencies like USAID. These are entities with a charge of promoting and agenda for gender equality and GBV reduction in Honduras. These recommendations can serve as a guide for policy makers, stakeholders, donors, service providers, and others who direct political and programmatic actions for GBV prevention and response.

The series of recommendations specifically addressed to USAID are intended to strengthen USAID DO2 regarding GBV. These recommendations were developed jointly with a variety of actors working locally and nationally on USAID programs in Honduras, including DO2 activities and projects.

The final series of recommendations center on how to continue constructing. a critical body of knowledge about GBV in Honduras, primarily in Western Honduras. Continued research on GBV would help provide evidence and analysis to pending questions and better understand this subject.

### 4.1 CONCLUSIONS AND GENERAL RECOMMENDATIONS

1) In Western Honduras, as in most other regions of the world, GBV is mainly caused by gender inequality. The study confirms this finding. For this reason, the first recommendation focuses on the implementation of actions that aim to transform cultural norms and gender attitudes that discriminate against women in all areas. Recommendations:

   - Review local and global initiatives that show successful to consider the best approach for the problem. According to several studies, the most effective programs for the transformation of roles and GBV reduction share specific features that include: investing

long-term, working with all community actors, improving coordination between sectors, dedicating special attention to campaigns and communication materials, and using methods such as the trans-theoretical model of social change.[19]

- Strengthen social policies at the local level by requiring all agencies to implement an obligatory mandate to institute a gender perspective and GBV prevention in programs and policies.
- Strengthen local women organizations—by providing financially and technically—that work on gender equality, especially those working with women who support other women in the community (e.g. Organización Intibucana de Mujeres Las Hormigas).
- Support academic programs that have, as a central an objective, a commitment to transform social norms around gender inequality. In terms of preferred approaches, an intersectionality framework can draw associations across different forms of discrimination to examine gender inequality in relation to ethnicity, class, sexual orientation, etc. Interventions that have demonstrated positive results within the education sector have the following in common: the involvement of all actors from the education sector (decision-makers, directors, teachers, parents, students, etc.); emphasis on the importance of gender equality; and a long-term implementation period. Key activities include training and sensitization for teachers, the incorporation of gender equality in the educational curricula, and working towards the empowerment of girls and the transformation of negative male identities among boys.[20]
- Work at the institutional level with different types of organizations, including in the private sector, to change regulations and policies and support the GBV prevention. Promote awareness within institutions so that their policies, norms, regulations or laws, activities, and reforms promote equality between men and women and strongly and effectively condemn GBV situations within the same institutions.[21] The study results also indicate that these actions should also take into account other forms of discrimination, such as ethnicity.

2) Violence against children as a way to discipline them is very common in homes and at schools in Western Honduras, according to the study findings. In addition, this type of abuse has repercussions in adult life as violence is reproduced intergenerationally, affecting women especially. Therefore, it is important to promote actions to prevent child maltreatment using a gender perspective. This includes exposing the gender-influenced life experiences of girls and boys, their specific conditions inside and outside of the domestic space, and the prevalent norms that are used to justify violence as a method of upbringing and education. Recommendations:

- Transform politics and laws to establish "zero tolerance" for all types of child abuse in any environment or space. Laws regarding the rights of children in the region should adhere to international agreements such as the United Nations Convention on the Rights of the Child.
- Promote school workshops for mothers / fathers that teach alternative ways to discipline children and discourage physical or psychological violence. Several

---

[19] For more information, see (Ellsberg, et al., 2015), (Michau, Horn, Bank, Dutt, & Zimmerman, 2015) and (Contreras-Urbina, et al., 2016).

[20] Some examples of successful programs focusing on boys include, Safe Schools, Gender Equity Movement in Schools (GEMS), the Fourth R, Coaching Boys into Men, Good School Toolkit-Raising Voices.

[21] See *Gender at work: theory and practice for 21st century organizations* by (Rao, Sandler, Kelleher, & Miller, 2016).

interventions exist at a global level that serve as a reference and some address the connection between violence against children and violence against women.[22]

- Promote political and programmatic actions for teachers to ensure the total eradication of physical aggression against boys and girls as a form of punishment and discipline and adopt a 'zero tolerance' approach.

3) Women and girls who are married at an early age and especially those who become pregnant at an early age, are at greater risk of violence. The study results confirmed this finding. Recommendation:

- Promote joint actions involving the health and educational sectors to deliver sexual and reproductive health to adolescents in the region. Some interviews and focus groups indicate that adolescents have little information about sexuality and that any knowledge they have comes mainly from religious institutions or beliefs in the home. Sexual education should be promoted to help prevent early pregnancies; rural areas, which generally lack the most resources, should receive priority services.

4) The study results exposed the need to improve attention towards survivors of violence. In particular, survivors have had limited access to the health sector, causing significant setbacks in victim support. Recommendations:

- Strengthen inter-institutional coordination, mainly between the health and justice sectors, to address and monitor GBV situations. The enhanced coordination should include establishing or harmonizing local processes and even routes for responding to violence against women and girls.
- Strengthen the emotional support options for survivors that assist them to break the cycle of violence and prevent new situations of violence.
- Invest in efforts to combat the perception that reporting domestic violence does not "serve any purpose." For example, support programs that educate the population, justice officials and other service providers to assist survivors to access justice and safely submit reporting. Include information to increase understanding about the consequences of injurious crimes, in particular psychological harm, and how these crimes link to the experiences of women who suffer from IPV.
- Promote coordinated actions for detection and attention to sexual violence affecting minors. Involve institutions responsible for access to justice, detection, and prevention.
- Include the school system within the GBV reference system. This does not necessarily mean that services be installed within the schools, but instead that the school staff be trained and have the necessary information to assist survivors of violence that occurs within the schools. The information should include where to go, what services can be accessed, and where to receive legal, psycho-social support, etc.
- Prioritize rural areas that for the most part are completely lacking health services, protection services, and legal support for survivors. Women survivors who live in rural areas have to travel to their municipal capitals or to large cities to receive care. For example, it would be important for municipalities to establish a physical presence for justice operators and to provide houses of refuge (like the one in Santa Rosa) in rural regions of Western Honduras.

---

[22] Some examples of interventions that seem effective for addressing both violence against children and violence against women could be found in (Bacchus, et al., 2017) and (Guedes, Bott, Garcia-Moreno, & Colombini, 2016).

5) Throughout Western Honduras, there is a strong feeling of insecurity. Participants in this study confirmed that women experience greater insecurity and are at risk of violence that is based on gender discrimination and centers on their sexuality. Recommendation:

- Implement programs (e.g. Safe Cities for Women and Girls) that focus mainly on altering spaces to reduce risks for women. These types of programs are based on activities of empowerment, addressing gender roles, and transforming the infrastructure of common spaces (Red Mujer and Women in Cities International, 2010).

6) High levels of discrimination and violence affect frequently marginalized groups, such as people with disabilities and LGTBI populations especially. The study results confirmed these findings. Recommendation:

- Start working from the base by strengthening the organizations working with these groups on prevention of and response to discrimination and violence. Promote awareness campaigns for officials and the population in general. The emerging diverse groups of people represent an opportunity to work on regional campaigns aimed at promoting healthy interactions and relationships of respect and tolerance. Prioritize work with adolescents and young people who are more open to education and transformation of social norms.

## 4.2 SPECIFIC RECOMMENDATIONS FOR USAID DO2 PROGRAMMING

Some USAID DO2 Activities have specific strategies on gender equality (e.g. Honduras Local Governance, the Fintrac Dry Corridor Alliance, and EducAccion). Other USAID DO2 Activities have a gender mainstreaming approach in their programmatic work (e.g. GEMA). Both the strategies and the gender mainstreaming approach have been important frameworks to raise the visibility and emphasize the importance of gender equality in sectoral projects of various kinds. These have also provided a framework for developing actions to empower and benefit women. However, three main limitations have hindered their best impact. First, deficient implementation results from the absence of more systematic and long-term actions that are designed to transform gender norms and nurture a context of greater equality between women and men. Second, the lack of close monitoring hampers accurate implementation of the plan's gender objectives and actions. Third, the absence of specific work on GBV is a critical oversight to success, given the prevalence and contextual links. The exception is ACS, which has carried out GBV work but with few resources and many restraints. Consequently, the recommendations for USAID DO2 are designed to address and overcome these three limitations. Recommendations:

1) Refocus the work with schools towards a more integral and holistic approach. This approach requires work with the school community, children and parents, and especially work over the long-term with teachers to transform gender discriminatory norms, promote gender equality, and prevent GB. For example, this work incorporates a gender perspective into actions centered on countering bullying.

2) Carry out systematic and long-term training for the staff responsible for implementation of USAID's projects (Governance, GEMA, etc.), focusing the training on how to affect gender equality, GBV prevention, and positive masculinities. These trainings should include the basic instruction about what to do and what not to do when conducting actions aimed at the

empowerment of women and GBV prevention. Currently, there are several manuals and guides on how to work these issues from different sectors.[23]

3) Review programs that focus on economic advancement for women to mitigate against the potential increase in exposure to intimate partner violence. The study found many women who work outside the home and who contribute significantly to the family economy are at greater risk of violence. Specifically, all entrepreneurship and economic empowerment activities for women should carry, as a central component, objectives relating to gender, GBV prevention, and work with men on positive masculinities. Some programs have been evaluated and have shown positive results; for example, IMAGE in South Africa (Kim, et al., 2006) is a successful program that has been replicated in LAC countries (Hidrobo, Peterman, & Heise, 2016).

4) Review programs currently being implemented in Honduras that center on the transformation of gender norms and roles, such as SASA! in La Ceiba or My Community of IDECOAS. These programs should be evaluated for adaptation and implementation in Western Honduras. Given the ethnic diversity of Western Honduras, the adaptation will require a multicultural vision and other contextual considerations.

5) Implement awareness programs that focus on sensitizing the community around the rights of LGTBI people and other marginalized groups such as people with disabilities. Emphasize inclusion, non-discrimination, empowerment, and prevention of violence against these groups.

6) In all actions, prioritize the rural area of Western Honduras where, according to the study's findings, the challenges are the greatest.

## 4.3 RECOMMENDATIONS FOR FUTURE RESEARCH

This study provides the most comprehensive diagnosis conducted in Western Honduras to date. The extensive findings, conclusions and recommendations are intended to contribute to the evidence base for current and future programs and policies conducted by USAID and others investing in the region. The research also revealed gaps and complexities that could not be covered in this study and that are important to understand for further progress towards gender equality and GBV prevention. This segment highlights relevant topics for future research. Recommendations:

1) Conduct a more specific study that examines the entire life cycle of women who suffer violence, from childhood to adulthood. This study would inquire about central moments in women's lives, such as the transition to adulthood and the beginning of the working life inside and outside the home, and the respective associations with different types of GBV.

2) Analyze in greater depth the situation of women in La Paz from a multicultural perspective, focusing on the situation they live within their homes and on the stigma, shame, other emotions, and other social consequences in relation to different types of GBV situations.

3) Analyze in a more specific manner the barriers to accessing services, both at a personal, family, and institutional level, including psycho-social, medical, and legal support services.

---

[23] For more detailed information, see *Violence against women and girls resource guide* by GWI in partnership with the World Bank and the Inter-American Development Bank http://www.vawgresourceguide.org/

4) Conduct more research with men to explore how different types of masculinities are linked to perpetration of violence against women and girls, and also to the perpetration of violence against other males, including sexual abuse against boys.

5) Conduct a more in-depth analysis on how community economic development interventions, including actions that focus on women's economic empowerment, affect GBV situations; and what factors influence a positive rather than negative outcome for GBV situations.

6) Carry out studies similar to this one in other areas of Honduras and in the surrounding region where USAID implements programmatic actions. Gather the diverse studies to compare results and provide feedback on possible actions that can strengthen the development programs implemented by USAID in Central America.

# 5. REFERENCES

Anderson, K., & Umberson, D. (2001). Gendering violence: masculinity and power in men's accounts of domestic violence. *Gender and Society*, 358-380.

Bacchus, L., Colombini, M., Contreras-Urbina, M., Howarth, E., Gardner, F., Annan, J., . . . Watts, C. (2017). Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment in low- and middle-income countries: a scoping review. *Psychology, Health & Medicine*.

Belskey, J. (1980). Child maltreatment: An ecological integration. *American Psychologist*, 320-335.

Carlson, B. (1984). Causes and maintenance of domestic violence: An ecological analysis. *Social Service Review*, 569-587.

Center for Women's Rights, N. N.-H. (2014). *Status of violence against women in Honduras.* Feminist Organization Report.

Contreras-Urbina, M., Heilman, B., Von, A., Kathrin, A., Hill, A., Puerto, M., . . . Arango, D. (2016). *Community-based approaches to intimate partner violence: a review of evidence and essential steps to adaptation.* World Bank.

Dutton, D. (1988). Profiling of wife assaulters: Preliminary evidence for a tri-modal analysis. *Violence and Victims*, 5-29.

Edelson, J., & Tolman, R. (1992). *Intervention for Men Who Batter: An Ecological Approach.* SAGE.

Ellsberg, M., Arango, D., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: what does the evidence say? *The Lancet, 385(9977)*, 1555-1566.

Ellsberg, M., Arango, D., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: What does the evidence say? *Lancet*, 1555-66.

Ellsberg, M., Heise, L., Pena, R., Agurto, S., & Winkvist, A. (2001). Researching Domestic Violence against Women: Methodological and Ethical Considerations. *Studies in Family Planning*, 1-16.

Guedes, A., Bott, S., Garcia-Moreno, C., & Colombini, M. (2016). Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global Health Action*.

Heise, L. (1998). Violence against women: An integrated ecological framework. *Violence Against Women*, 262-290.

Hidrobo, M., Peterman, A., & Heise, L. (2016). *The effect of cash, vouchers and food transfers on intimate partner violence: Evidence from a randomized experiment in Northern Ecuador.* American Economic Journal.

INE. (2013). *Honduras - Encuesta Permanente de Hogares.* Instituto Nacional de Estadisticas- INE - Honduras.

INE. (2016). *Sistema de Información sobre Niñez, Adolescencia y Mujer.* Instituto Nacional de Estadisticas-INE Honduras.

IUDPAS. (2015). *Citizen perception about insecurity and victimization in Honduras, executive report 2014.* Tegucigalpa: National Autonomous University of Honduras (UNAH).

Kim, J., Watts, C., Hargreaves, J., Ndhlovu, L., Phetla, G., Morison, L., . . . Pronyk, P. (2006). *Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa.* American Journal of Public Health.

Manjoo, R. (2015). *Report of the special rapporteur on violence against women, its causes and consequences.* United National Human Rights Council.

Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015). Prevention of violence against women and girls: Lessons from practice. *Lancet*, 1672-1684.

Ministry of Health Honduras, N. I. (2013). *Honduras Demographic and Health Survey 2011-2012.* Tegucigalpa: SS, INE, ICF International.

Rao, A., Sandler, J., Kelleher, D., & Miller, C. (2016). *Gender at Work: Theory and Practice for 21st Century Organizations.* New York: Routledge.

Sánchez, A., & Sánchez, J. (2015). *Diagnóstico Violencia y Seguridad Ciudadana: Una Mirada desde la perspectiva de género.* Tegucigalpa : UN Women UNDP USAID.

Segato, R. (2014). *Las nuevas formas de la Guerra y el cuerpo de las mujeres.* Primera Edición Puebla.

Shakya, H., Hughes, D., Stafford, D., Christakis, N., Fowler, J., & Silverman, J. (2016). *Intimate partner violence norms cluster within households: an observational social network study in rural Honduras.* BMC Public Health.

Sukhera, J., Cerulli, C., Gawinski, B., & Morse, D. (2012). *Bridging prevention and health: Exploring community perceptions of intimate partner violence in rural Honduras.* Journal of Family Violence.

USAID. (2015). *Gender-based violence analysis for USAID/Honduras.*

Von Bertalanffy, L. (1968). *General System Theory; Foundations, Development, Applications.* New York: George Braziller.

WHO. (2005). *WHO multi-country study on women's health and domestic violence against women.* World Health Organization.

World Health Organization. (2013). *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence.* World Health Organization.

# 6. ANNEXES

**Annex 1.** Definitions of Different Types of Violence[24]

**Violence:** The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation. This study utilizes other terms to refer to violence such as aggression and abuse, and they are used interchangeably.

**Violence Against Women and Girls (VAWG) or Gender-Based Violence (GBV):** Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

**Intimate Partner Violence (IPV):** Refers to behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors.

**Non-Partner Sexual Violence (NPSV):** Any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object.

**Femicide:** Involves intentional murder of a woman because they are female, but broader definitions include any killings of women or girls.

**Child Marriage:** formal marriage or informal union before age 18.

---

[24] These definitions are obtained from the United Nations *Declaration on the Elimination of Violence against Women* and the World Health Organization.

**Annex 2.** Honduras Demographic and Health Survey 2011-12 Tables

Figure 1. Lifetime Prevalence of GBV by Department

| Department | Women have ever experienced physical violence since age 15 (percent) | Women who have ever experienced sexual violence (percent) |
|---|---|---|
| Total 15 to 49 | 27 | 12 |
| Copán | 23 | 9 |
| Intibucá | 21 | 13 |
| La Paz | 26 | 12 |
| Lempira | 20 | 9 |
| Ocotepeque | 22 | 10 |
| Santa Bárbara | 25 | 16 |

(Honduras, Demographic and Health Survey, 2012)

Figure 2. Lifetime Prevalence of IPV

| Department | Emotional violence committed by husband/partner (percent) | Physical violence committed by husband/partner (percent) | Sexual violence committed by husband/partner (percent) | Physical or sexual or emotional violence committed by husband/partner (percent) |
|---|---|---|---|---|
| Total 15 to 49 | 32 | 20 | 6 | 36 |
| Copán | 26 | 17 | 5 | 30 |
| Intibucá | 27 | 16 | 7 | 30 |
| La Paz | 32 | 20 | 6 | 35 |

| | | | | |
|---|---|---|---|---|
| Lempira | 25 | 16 | 6 | 28 |
| Ocotepeque | 30 | 18 | 6 | 31 |
| Santa Bárbara | 30 | 17 | 7 | 33 |

(Honduras, Demographic and Health Survey, 2012)

Figure 3. Prevalence IPV in the last 12 Months

| Department | Physical or sexual or emotional violence committed by husband/partner in last 12 months (percent) | Emotional violence committed by husband/partner in last 12 months (percent) | Physical violence committed by husband/partner in last 12 months (percent) | Sexual violence committed by husband/partner in last 12 months (percent) |
|---|---|---|---|---|
| Total 15 to 49 | 22 | 21 | 10 | 3 |
| Copán | 18 | 15 | 7 | 3 |
| Intibucá | 19 | 18 | 9 | 3 |
| La Paz | 23 | 21 | 11 | 4 |
| Lempira | 18 | 17 | 9 | 3 |
| Ocotepeque | 21 | 20 | 10 | 3 |
| Santa Bárbara | 21 | 19 | 10 | 4 |

(Honduras, Demographic and Health Survey, 2012)

Figure 4. Help Seeking by Department

| Department | Sought help to stop violence (percent) | Never sought help to stop violence, but told someone (percent) | Never sought help to stop violence, and never told anyone (percent) |
|---|---|---|---|
| Total 15 to 49 | 42 | 31 | 23 |
| Copán | 36 | 30 | 28 |
| Intibucá | 44 | 31 | 20 |
| La Paz | 51 | 23 | 23 |
| Lempira | 52 | 26 | 19 |
| Ocotepeque | 50 | 23 | 27 |
| Santa Bárbara | 40 | 28 | 27 |

(Honduras, Demographic and Health Survey, 2012)

**Annex 3.** Theoretical Approaches to Violence Against Women

*Patriarchal and Feminist Theory*
The patriarchal / feminist theory for the understanding of VAWG has its main theoretical foundations in radical feminist thought. Although there are multiple positions on this theory, the central argument is that gender inequality is responsible for violence between couples. Such violence is the result of cultural norms, rules and practices that legitimize and stimulate the patriarchal structure where the man is presented superior to the woman, where they have the right - and the obligation - to exercise power and, therefore to dominate women. And it is precisely this patriarchal structure that in turn regulates gender norms, where, among other things, the violence of men against women is legitimized as part of the privilege of male domination.

*The Theory of the Culture of Violence*
The theory of the culture of violence was originally developed by Wolfgang and Ferracuti in 1969, and its basic postulate is that the widespread use of violence is a reflection of the basic values that are part of society's system of norms. According to this theory, the rules provide meaning and direction to violence, which can be understood as a social behavior that may be appropriate under certain circumstances. Following this theory, the VAWG is conceived as a reflection of a broader culture of social violence, that is, the VAWG is part of a general pattern of violence that occurs and is legitimized in society. Therefore, this theory postulates that VAWG will occur more frequently in violent societies than in peaceful societies (Levinson, 1989), since the same acceptance of violence in general as a way to resolve conflicts legitimizes the use of VAWG.

**Annex 4.** Sample Frame

The sampling frame is the total sampling units prepared to extract the samples. For the case that concerns us, the sampling frame is the list of Departments, municipalities and populated places (neighborhoods, colonies, villages and hamlets) of the female inhabitants between the ages of 15 to 64 years residing in the Western Departments of the Honduras (Santa Bárbara, Intibucá, Ocotepeque, Lempira, La Paz and Copán).

The type of sampling adopted for this type of study is probabilistic, random, stratified and proportional to the size in seven phases.

The sampling unit is made up of the homes of the neighborhoods or colonies, villages and hamlets belonging to the Western Departments of Honduras obtained from the list of the XVII Population Census of 2013 of the National Institute of Statistics.

The informative unit (UI) will be the women between 15 and 64 years of age living in the selected sample units. The population under study will be women between 15 and 64 years of age exposed to the risk of being victims of violence who permanently reside within the areas under study.

The domain of this study is unique. In this case, it is Western Honduras, made up of the Departments of Copán, Intibucá, La Paz, Lempira, Ocotepeque and Santa Bárbara. The assignment of parameters for calculation of the sample was assigned the level of reliability of 95 percent, the assumed sampling error of 2.84 percent, and a probability of 30 percent of finding p; these assignments condition the inferential process in the estimation.

The formula for the calculation of sample size is for infinite populations, based on the law of large numbers, and is as follows:

$$n = \frac{k^2 * p * q}{e^2}$$

Where:
n = size of the sample
$k^2$ = constant of the reliability value, which for the case of 95.0 percent, is value in table Z of 1.96 squared.
p = is the probability of finding the main variable, this time we will leave this parameter at 30 percent, as expected from the main variable.
q= p minus 1.
$e^2$ = is the permissible error, varies between 1 percent to 10 percent, in this case it was assumed 2.84 percent at the regional level

Statistical Power of the Sample:
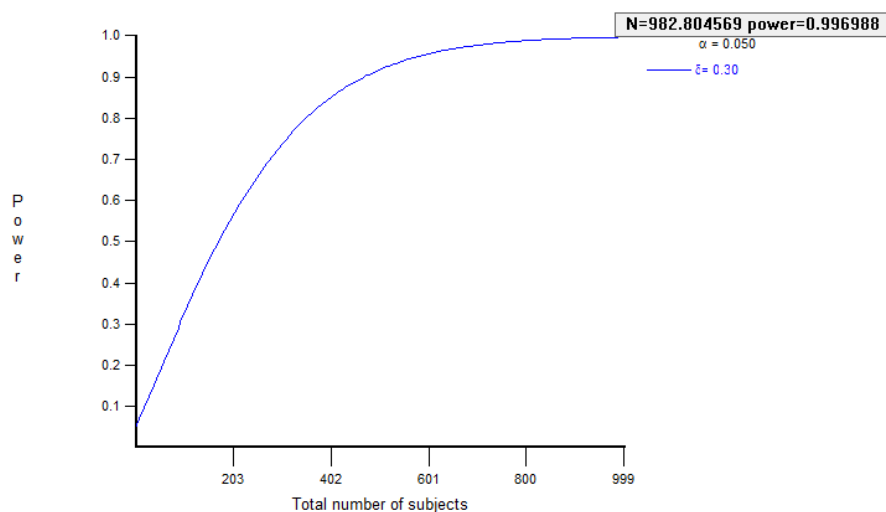


The sample size at the regional level was 1,006 tickets, distributed in 50 sample points, each sample point collected information from 20 households. With the exception of the places with indigenous population, given that in these places an over-sample of 24 percent was requested, so that, at each indigenous sample point, the information of 42 households was collected.

The first stratum of the sample represents 45 percent of the total sample. In this stratum are the municipalities with the highest percentage of indigenous population. To ensure that the population of indigenous women is represented in the sample of this stratum, the municipalities with more than 75 percent of the indigenous population and those with less than 75 percent were selected, and the sample points were distributed according to their population weight. The selection of the sampling points was carried out in a random and systematic way.

It is systematic because the procedure followed was as follows: from the list of places populated by stratum, the number of sample points assigned to the same stratum was divided and the resulting quotient is the systematic jump for the selection of sample points in a random manner. The start was chosen a random number between zero and the maximum resulting from the quotient.

Selection of the Sample by Stages:

1) The first stage was to stratify the Western Departments of the country according to their percentage of indigenous population, leaving the strata as follows:

| Stratum | Departments with more than 40 percent indigenous population | Population of women between 15 to 64 years old | Population that belongs to an ethnic group | Majority indigenous population |
|---|---|---|---|---|
| I | Intibucá | 77,231 | 53% | Lenca |
| I | La Paz | 66,564 | 56% | Lenca |

| Stratum | | Population | | Majority indigenous population |
|---|---|---|---|---|
| I | Lempira | 101,178 | 46% | Lenca |
| | Total population in first stratum | 244,973 | | |

| Stratum | Departments with less than 40 percent indigenous population | Population of women between 15 to 64 years old | Population that belongs to an ethnic group | Majority indigenous population |
|---|---|---|---|---|
| 2 | Santa Bárbara | 133,486 | 2% | Lenca |
| 2 | Copán | 121,332 | 6% | Maya-chorti |
| 2 | Ocotepeque | 49,954 | 11% | Lenca |
| | Total population in second stratum | 304,772 | | |

2) The second stage was the random selection of two Departments by stratum, assigning a correlative value to each Department and then, by means of the random number statistical function, the following Departments were selected by stratum:

| Stratum | Departments with more than 40% indigenous population | Percentage of the stratum in the simple according to its population |
|---|---|---|
| I | La Paz | |
| I | Lempira | 45% |
| Stratum | Departments with less tan 40% indigenous population | |
| 2 | Santa Bárbara | |
| 2 | Copán | 55% |

The random selection of 2 Departments by stratum to have a sample of 4 Departments instead of the sample covering the 6 in the region is mainly due to logistics and costs. However, based on a socio-demographic analysis it is certain that the 2 Departments selected from each stratum statistically represent the region that comprises the entire stratum; that is, in the case of stratum 1, the Departments of La Paz and Lempira represent the region that covers both these Departments and the Department that has been excluded, in this case Intibucá, given the homogeneity of the 3 Departments in terms of their socio-demographic characteristics. The same is the case for the stratum 2, where the selected Departments of Santa Bárbara and Copán have representativeness of the region regarding this stratum given the homogeneity with the excluded stratum, in this case Ocotepeque. The homogeneity of the Departments in the socio-demographic variables can be seen in Annex 2. Likewise, these variables are key to explaining the main independent variables related to violence that will be analyzed.

Another justification for the homogeneity of these places is the information on the prevalence of violence against women by their partner, obtained by ENDESA 2012, in each of these Departments. In the Departments of stratum 1 such prevalence is between 20 percent and 25 percent (20 percent Lempira, 21 percent Intibucá, 25 percent La Paz); and in the Departments of stratum 2 the prevalence is between 22 percent and 25 percent (22percent Ocotepeque, 23 percent Copán, 25 percent Santa Bárbara).

3) In the third stage, the sampling points or population clusters were distributed, these are distributed according to the population weight of each stratum (in the first stratum it represents 45 percent of the total sample and the second 55 percent).

| Stratum 1 | Sample points | Stratum 2 | Sample points |
|---|---|---|---|
| La Paz | 9 | Copán | 13 |
| Lempira | 13 | Santa Bárbara | 15 |
| **Total** | **22** | **Total** | **28** |
| **Both strata total 50 sample points** | | | |

4) The fourth stage consisted of the selection of the municipalities with the largest indigenous population in the first stratum to ensure the collection of information corresponds to the proportion of indigenous and non-indigenous women. The first stratum corresponds to 22 sampling points, of which 11 were selected according to the municipalities with more than 75 percent of the indigenous population and the other 11 in the rest of the municipalities belonging to the same stratum. Then, the sample points in both strata were randomly and systematically selected.

It is systematic because the procedure was as follows: from the list of places populated by stratum, the number of sample points assigned to the same stratum was divided and the resulting quotient is the systematic jump for the selection of sample points in a random manner. The start was assigned a random number between zero and the maximum resulting from the quotient.

5) The fifth stage refers to the 25 percent increase of the general sample, this corresponds to 250 questionnaires or ballots distributed proportionally in the strata, given that by previous studies, considering the non-response rate plus uninhabited or informant houses that do not comply with the requirements of the investigation limit the collection of information and in order to achieve the quotas assigned in the sample and comply with what is required in the technical proposal stipulates this over sample.

6) The sixth stage is the strategy of gathering information that was based on the following:

   a. It is recommended that interviewers be exclusively women, because of the sensitivity of the topic. The training of interviewers and supervisors of the content of the questionnaire is vital. One supervisor is suggested for every three or four pollsters.

   b. Following the ethical and safety recommendations of the World Health Organization on research on violence against women, one woman per household will be interviewed,

randomly selected from an elaborate list of eligible women (between 15 to 64 years of age). In addition, it is recommended to leave an interval of at least 5 houses in the urban area and two houses in the rural area, to minimize the risk of other family members knowing the objective of the survey.

c. Household selection is done randomly, using a systematic interval for the selection of 25 households at each sampling point. When locating in the indicated populated place, identify the home that is more to the south east; from this point, it will be counted from 1 to 5 and the latter will be the selected home and will proceed always in a clockwise direction, always selecting the fifth home in the row.

d. In a rural area, it is suggested that the home or house of the community leader be identified and, from this, leave two houses in order to conduct the interviews.

e. Sometimes, there may be difficulties in finding residents in the dwelling of the selected home. In these cases, to avoid methodological biases, households are not replaceable. The pollsters will try at least three times to contact residents of the household. If this is not possible, the home is declared vacant and the households selected in the sample are continued.

7) The seventh stage refers to the choice of the informant.

a. The choice of the informant will be done randomly. After conducting a small survey with him or the head of the household to draw up a list of eligible women, a random selection of the informant will be made, using an application in the electronic tables.

b. The interview must be conducted with the selected information, only if the informant is available to give the information, and is not accompanied by other women, home partner or other people so that the information obtained is the least biased possible and confidential, and to guarantee the physical and emotional security of the informant and the pollster.

c. If the selected person is not available, no other person is selected or replaced, to avoid systematic biases. Instead, an appointment is made to return and conduct the interview with the selected person. At least, three additional visits will be made to try to conduct the interview.

The **sample size** was calculated in 1250 questionnaires or ballots, with the objective of achieving 1000 complete interviews with the appropriate information, an estimated 25 percent of non-responses to the sample was added to take into account homes where no one lives, or where there are no eligible women, or where the selected woman refuses to participate in the study. This margin was calculated based on other experiences in Honduras and Central America with similar studies. The proposal of 1250 interviews was estimated based on available resources. It will be sufficient not only to provide adequate accuracy of prevalence of partner violence, but also to allow comparisons of rates of violence between different groups according to ethnicity, urban or rural area, and poverty levels. The statistical confidence was established in 95 percent, with a margin of error of 2.84 percent and an estimated probability of finding the victimization variable (p) in 30 percent, according to experience it is known that this percentage will respond that has been a victim of physical, psychological violence and sexual at some point

in their life and the larger the sample, the smaller the error and the greater the accuracy and allows the generalization of the data.

The margin of error of the sample was estimated at 2.84 percent and not at 5 percent, because the issue of victimization of women is sensitive and a higher level of precision is needed to estimate the statistical parameters of the population. In addition, a prevalence rate of about 30 percent is expected. The statistical power of the sample, according to the parameters of 95 percent confidence, 2.84 percent of sample error and p of 0.3, and a size of 1000 questionnaires, is 99.9 percent (see annex). Therefore, the value of the null hypothesis of statistical power is that p (victimization variable) is greater than 33 percent.

**Annex 5.** School-Based Survey Sample Frame

The selection of the sample was not carried out randomly, but based on convenience, where the places of the household survey were located compared to the schools. The selection of classrooms and students was random, to have better statistical consistency.

Also, the sample of the schools was not made in proportion to the size of the student population. The same percentage distribution of the sample of households was used and this sample was an identical sub sample, to decrease the expected costs, and so that the students' data are representative of the same localities included in the household survey.

**Annex 6.** Characteristics of Women and Girls in Western Honduras

| All women, n=1006 | | Department | | | | Urban/Rural | | |
| | | Copan | La Paz | Lempira | Santa Barbara | Rural | Urban | Total |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | | % | % | % | % | % | % | n |
| **Respondent age** | 15-24 | 31.9 | 31.6 | 29.2 | 20.2 | 28.9 | 26.1 | 281 |
| | 25-34 | 26.2 | 25.8 | 30.3 | 22.5 | 26.3 | 26.1 | 263 |
| | 35-44 | 19.0 | 20.5 | 17.0 | 25.6 | 21.1 | 19.0 | 205 |
| | 45-54 | 12.5 | 11.6 | 11.8 | 14.5 | 12.1 | 14.1 | 127 |
| | 55-64 | 10.4 | 10.5 | 11.8 | 17.2 | 11.6 | 14.7 | 126 |
| | Mean (median) | 33.8 (32) | 33.7 (34) | 34.1 (31) | 37.8 (37) | 34.4 (32) | 36.0 (34) | 1006 |
| **What is your religion?** | none/other | 8.6 | 6.8 | 4.4 | 16.9 | 8.8 | 10.5 | 93 |
| | evangelical | 38.5 | 30.0 | 39.1 | 49.8 | 37.3 | 46.1 | 400 |
| | Catholic | 52.9 | 63.2 | 56.5 | 33.3 | 53.9 | 43.5 | 507 |
| **Which ethnic group do you identify with the most?** | None | 82.4 | 35.1 | 41.4 | 79.8 | 58.0 | 69.7 | 618 |
| | Mestizo | 5.4 | 3.1 | 1.1 | 5.0 | 2.3 | 6.8 | 37 |
| | Lenca | 1.8 | 61.8 | 56.0 | 11.5 | 36.6 | 16.6 | 306 |
| | Other | 10.4 | 0.0 | 1.5 | 3.8 | 3.2 | 6.8 | 43 |
| **Respondent age at first pregnancy** | 10-14 | 4.9 | 4.2 | 5.5 | 2.3 | 5.3 | 1.7 | 35 |
| | 15-19 | 57.0 | 61.2 | 57.1 | 51.4 | 60.6 | 46.0 | 464 |
| | 20-24 | 29.1 | 27.3 | 26.7 | 31.7 | 26.0 | 35.6 | 237 |
| | 25-29 | 7.6 | 4.2 | 8.3 | 11.5 | 5.5 | 14.6 | 67 |
| | 30-34 | 0.4 | 1.8 | 1.8 | 2.3 | 1.7 | 1.3 | 13 |
| | 35-39 | 0.9 | 1.2 | 0.0 | 0.9 | 0.7 | 0.8 | 6 |
| | 40-44 | 0.0 | 0.0 | 0.5 | 0.0 | 0.2 | 0.0 | 1 |
| | 45-49 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0 |
| **Educational attainment** | none | 14.0 | 9.7 | 12.3 | 8.4 | 12.8 | 7.8 | 112 |
| | primary | 70.3 | 79.6 | 74.3 | 65.3 | 77.2 | 59.5 | 715 |
| | secondary | 3.6 | 3.2 | 2.6 | 8.0 | 2.6 | 8.5 | 44 |
| | technical/professional/university | 12.2 | 7.5 | 10.8 | 18.3 | 7.4 | 24.2 | 125 |
| **Age at first marriage/partnership** | 15-19 | 65.4 | 64.3 | 64.3 | 58.8 | 66.4 | 55.6 | 482 |
| | 20-24 | 25.2 | 26.4 | 22.6 | 27.0 | 23.6 | 29.1 | 193 |
| | 25-29 | 7.5 | 4.3 | 11.1 | 10.4 | 7.0 | 12.4 | 66 |
| | 30-34 | 0.5 | 2.9 | 1.0 | 2.4 | 1.5 | 1.7 | 12 |
| | 35 or older | 1.4 | 2.1 | 1.0 | 1.4 | 1.5 | 1.3 | 11 |
| **First marriage or union before age 18** | no | 57.7 | 58.5 | 57.3 | 68.2 | 56.2 | 71.2 | 536 |
| | yes | 42.3 | 41.5 | 42.7 | 31.8 | 43.8 | 28.8 | 349 |
| **How many times have you been married or partnered?** | never | 2.0 | 9.5 | 5.6 | 4.7 | 5.6 | 3.9 | 45 |
| | once | 76.0 | 81.1 | 82.3 | 71.2 | 77.7 | 76.4 | 683 |
| | twice or more | 22.0 | 9.5 | 12.1 | 24.2 | 16.7 | 19.7 | 155 |
| **Have you ever lived outside of the country or in another region of Honduras?** | no | 97.8 | 94.8 | 97.8 | 96.2 | 97.3 | 95.8 | 971 |
| | yes | 2.2 | 5.2 | 2.2 | 3.8 | 2.7 | 4.2 | 32 |
| **In general, how is your health?** | excellent | 11.9 | 12.7 | 10.6 | 16.1 | 10.1 | 19.0 | 128 |
| | good | 46.8 | 34.9 | 42.9 | 34.1 | 41.1 | 38.0 | 402 |
| | fair | 31.7 | 34.9 | 37.0 | 42.1 | 37.4 | 34.4 | 365 |
| | poor or very poor | 9.7 | 17.5 | 9.5 | 7.7 | 11.5 | 8.5 | 106 |
| **What do you do for work?** | working | 20.1 | 16.8 | 42.1 | 15.6 | 22.6 | 28.0 | 244 |
| | not working/other | 79.9 | 83.2 | 57.9 | 84.4 | 77.4 | 72.0 | 761 |
| **What is the main source of income for the household?** | no income | 5.0 | 6.3 | 8.1 | 2.7 | 6.3 | 3.6 | 55.0 |
| | income from own work | 17.6 | 19.0 | 13.9 | 19.6 | 14.7 | 23.6 | 174.0 |
| | spouse or joint income | 51.3 | 56.6 | 51.6 | 52.7 | 55.6 | 46.2 | 528.0 |
| | money from relatives | 25.4 | 18.0 | 26.0 | 21.9 | 22.6 | 24.9 | 233.0 |
| | other | 0.7 | 0.0 | 0.4 | 3.1 | 0.9 | 1.6 | 11.0 |

**Annex 7.** Data Analysis Strategy

The descriptive analysis was carried out through cross tabs between the explanatory variables selected based on the conceptual framework and the questionnaire design and the dependent variables representing all different forms of IPV (physical, sexual, emotional, physical and/or sexual, and any). The percentage of cases involved in IPV for each variable and the test of significance of Chi-squared was used to find associations among variables. 5 percent significance level was used to assess the presence of a true association.

Bivariate and multivariate analysis were also used. Because a large number of variables was considered, they were classified by topics and subtopics informed by a theoretical framework for step by step analysis. The bivariate analysis was conducted to describe the relationship between the dependent variable and the independent variables. Wald tests were used to test the significance of the associations between the variables and the outcome.

In order to examine these relationships while controlling for other factors, multivariate analysis was performed using the logistic regression technique. It was considered appropriate to use logistic regression because the outcome is a dichotomous categorical variable. Each observation takes the value of '1' for those who reported having been involved (in the last 12 months) in any of the violent acts described in the last subsection (violent men), and '0' for those who did not (non-violent men). The logistic model can be expressed as:

$$\log [\pi/(1-\pi)] = \alpha + \beta_1 x_1 + \beta_2 x_2 + \dots + \beta_n x_n$$

Where:

$\pi$ = probability of being violent
$\alpha$ = constant term (or corner) representing the value of $\log [\pi/(1-\pi)]$ (or log odds) when all the explanatory variables take value zero. This corresponds to the log odds at the baseline value of all factors.
$x_1$ to $x_n$ = series of explanatory variables
$\beta_1$ to $\beta_n$ = regression coefficients associated with the explanatory variables

The choice of variables to be included in the models was based on statistical associations and the conceptual framework describing hierarchical relationships between risk factors. The models were developed to assess the effects of different combinations of factors. Overall, the multivariate analysis was conducted using the following strategy. As mentioned above, a theoretical classification of variables was performed. Crude odds ratios and their 95 percent confidence intervals were obtained for each variable of interest. These findings were compared with the results of the bivariate analysis to check for consistency. Then, different models were built including variables from the groups of topics and subtopics. For each group, all the variables were entered in all different possible combinations in a series of models. Due to the strong multicollinearity between some variables and the existence of highly redundant factors, only those that appeared to have strong independent effects on IPV were retained in the final model. The adjusted odds ratios and their 95 percent confidence intervals were obtained. The crude and adjusted odds ratios were compared. The Wald Test was used to test whether individual coefficients differed from zero.

**Annex 8.** Multivariate Results

*Logistic Regression Crude and Adjusted Odds Ratios of the Associations Between IPV Physical and/or Sexual Violence Ever and Explanatory Variables*

| | Crude Odds Ratio | C.I. 95% | Adjusted Odds Ratio | C.I. 95% | Adjusted Odds Ratio | C.I. 95% |
|---|---|---|---|---|---|---|
| | | | Model I | | Model II | |
| **Age at first pregnancy** | | | | | | |
| 25 and + | 1.0 | | 1.0 | | 1.0 | |
| 20 - 24 | 1.3 | 0.7 - 2.5 | 1.3 | 0.6 - 2.6 | 1.2 | 0.5 - 3.0 |
| 15 - 19 | 1.8 | 1.0 - 3.2 | 1.8 | 0.9 - 3.5 | 1.5 | 0.6 - 3.4 |
| 10 - 14 | 5.3* | 2.2 - 12.6 | 5.2* | 2.0 - 13.7 | 4.3* | 1.2 - 14.6 |
| **Work outside home** | | | | | | |
| No | 1.0 | | 1.0 | | 1.0 | |
| Yes | 1.6* | 1.1 - 2.3 | 1.6* | 1.1 - 2.3 | 1.2 | 0.7 - 2.0 |
| **Owner of a company or business** | | | | | | |
| No | 1.0 | | 1.0 | | 1.0 | |
| Yes | 2.1* | 1.2 - 3.5 | 2.0* | 1.1 - 3.4 | 2.1 | 0.9 - 4.9 |
| **Rooms at household used for sleeping** | | | | | | |
| 3 or more | 1.0 | | 1.0 | | 1.0 | |
| 2 | 1.5 | 1.0 - 2.4 | 1.6* | 1.0 - 2.5 | 1.5 | 0.8 - 2.8 |
| 1 | 2.0* | 1.3 - 3.1 | 2.2* | 1.4 - 3.4 | 1.9 | 1.0 - 3.6 |
| **Support of family** | | | | | | |
| Yes | 1.0 | | 1.0 | | 1.0 | |
| No | 2.4* | 1.6 - 3.7 | 2.4* | 1.6 - 3.7 | 2.2* | 1.2 - 4.0 |
| **Partner's alcohol consumption** | | | | | | |
| He does not drink alcohol | 1.0 | | 1.0 | | 1.0 | |
| He drinks once or twice a week | 2.5* | 1.6 - 3.9 | 1.1 | 0.6 - 1.9 | 1.3 | 0.7 - 2.4 |
| He drinks every day or almost every day | 7.7* | 3.9 - 15.3 | 4.2* | 1.7 - 10.3 | 4.4* | 1.7 - 11.4 |
| **Partner's extra-marital relationships** | | | | | | |
| No | 1.0 | | 1.0 | | 1.0 | |
| Yes | 4.2* | 3.0 - 5.8 | 3.1* | 2.1 - 4.6 | 3.1* | 2.0 - 4.8 |
| **Frequency of agruments between couple** | | | | | | |
| Not arguing | 1.0 | | 1.0 | | 1.0 | |
| Rarely | 4.1 | 1.0 - 17.2 | 2.2 | 0.5 - 9.7 | 2.6 | 0.3 - 21.0 |
| Sometimes | 9.8* | 2.3 - 41.4 | 3.6 | 0.8 - 16.1 | 4.4 | 0.5 - 35.7 |
| Often | 28.9* | 6.7 - 125.0 | 8.7* | 1.9 - 40.9 | 11.9* | 1.4 - 100.6 |
| **Controlling behavior** | | | | | | |
| Not controlling behavior | 1.0 | | 1.0 | | 1.0 | |
| 1 to 2 acts of controlling behavior | 2.5* | 1.6 - 3.7 | 2.0* | 1.2 - 3.2 | 1.6 | 0.9 - 2.7 |
| 3 or more acts of controlling behavior | 10.2* | 6.7 - 15.4 | 4.8* | 3.0 - 7.9 | 2.8* | 1.6 - 5.0 |
| **Violence justified if she goes out without telling him** | | | | | | |
| No | 1.0 | | 1.0 | | 1.0 | |
| Yes | 2.1* | 1.4 - 3.1 | 1.6* | 1.0 - 2.6 | 0.9 | 0.5 - 1.8 |
| **Violence justified if she neglects the children** | | | | | | |
| No | 1.0 | | 1.0 | | 1.0 | |
| Yes | 1.9* | 1.3 - 2.6 | 1.7* | 1.1 - 2.4 | 1.5 | 0.9 - 2.6 |
| **Experience of strong physical violence during childhood** | | | | | | |
| No | 1.0 | | 1.0 | | 1.0 | |
| Yes | 2.6* | 1.8 - 3.8 | 2.1* | 1.4 - 3.2 | 1.6 | 0.9 - 2.9 |
| **Mother beaten by partner during childhood** | | | | | | |
| No | 1.0 | | 1.0 | | 1.0 | |
| Yes | 2.1* | 1.5 - 2.9 | 1.6* | 1.1 - 2.3 | 1.5 | 0.9 - 2.5 |

* Statistically significant association

Model I. Variables were adjusted only by other variables of the same conceptual group. For example, age at first pregnancy in model I shows the odds ratio of age pregnancy controlled only by other demographic variables.

Model II. Variables were adjusted by the rest of the variables of the model that were found statistically significant associated to IPV in the bivariate analysis.