

Early Sexual Abuse among Honduran Women and Its Association with Sexual and Reproductive Health

Ilene S. Speizer*, Mary Goodwin, Lisa Whittle***, Maureen Clyde+,**

***CSC Consultant to CDC, Division of Reproductive Health**

****Centers for Disease Control and Prevention, Division of Reproductive Health**

*****ORISE Fellow, CDC, Division of Reproductive Health**

+Comforce, Inc, CDC, Division of Reproductive Health

Gender-based violence against women (GBV), also known as domestic violence, is gaining recognition by governments, civil society organizations, and academia as a prevalent public health problem that has negative effects on physical and mental health of women and children. It also undermines social and economic development, and violates basic human rights. Gender-based violence is an extreme manifestation of gender inequity, often targeting women and girls because of their subordinate social status in society (Velzeboer, 2003). In Central America efforts are underway from the health and judicial/legal sectors to end violence. For violence prevention efforts to succeed, a better understanding is needed of the prevalence of violence, who is at risk of violence, and the impacts of violence on women's lives.

This study takes a first step at examining exposure to early sexual abuse of female children (before age 12) and its impacts on subsequent reproductive health indicators of women in Honduras. Using data from the 2001 Honduras Reproductive Health Survey that included a module on violence against women, this study presents 1) the reported prevalence of early sexual abuse, 2) the association between early sexual abuse and subsequent sexual behaviors, and 3) the association between early sexual abuse and involvement in recent heterosexual relationships that are either physically or sexually abusive. A specific module for adolescents and young adults was also included in this survey, permitting additional analyses specific to women between the ages of 15 and 24 years old. A total of 8362 women aged 15-49 participated in the survey (3189 women age 15-24; and 5223 women age 25-49). All analyses adjust for the clustered survey design and are weighted to be representative of the entire Honduras female population in 2001 (total weighted sample size is 11,900).

All women were asked the following question, “BEFORE you were 12 years old, do you remember if someone forced you to have sex or to participate in any sexual act that you did not want?” Women who reported affirmatively were coded 1, all others were coded zero. This was the key independent variable of interest to these analyses. The key dependent variables were: age at first sex (continuous); contraceptive use (any or modern) at first sex (yes/no); and age at first pregnancy (continuous – only for women age 15-24). Additional dependent variables included whether the women had experienced recent (during the last 12 months) physical violence (or sexual violence) by their current partner(s) (asked of all women in a relationship during the last 12 months).

Bivariate and multivariate analyses were used to examine the association between sexual abuse before age of 12 and the above dependent variables. All multivariate models included as control variables: current education level (no education, primary, secondary, higher), religion (Catholic, Protestant, none/other), socioeconomic status (low, medium, high—classified according to a goods and services index based on 9 items belonging to a household: piped water, toilet, electricity, radio, television, refrigerator, telephone, private vehicle, and electrical or gas stove), residence (rural or urban), and exposure to sexual abuse before age 12 (yes/no). All models controlled for the current age of the respondent (to provide a control for possible differences over time for younger cohorts) and included only respondents who reported that their first sexual experience was when they were age 12 or older (to avoid counting the forced early sexual experience as the first sexual activity). Models were performed separately for women under 25 and for women 25 and older. Joint models of all age groups were performed to determine whether there are generational differences in the outcomes of interest.

In 2001, 4.9 percent of surveyed women reported that they were sexually abused before the age of 12. This includes forced sex as well as participation in any sexual act that was undesired. Among adolescents and young adults the reported prevalence was 5.3% which was not significantly different than the prevalence reported among women over 25 (4.7%). The most commonly reported perpetrators of early sexual abuse (before age 12) were a relative other than the father or step father (35%) and acquaintance (35%) followed by stepfather (13%) and stranger (13%).

The examination of the association between early sexual abuse and sexual and reproductive health outcomes indicated that those women who reported being sexually abused before the age of 12, were significantly younger at first sex than women who did not experience sexual abuse. This was found for both the sample of women under 25 (coefficient = -0.45; $p = 0.019$) and in the sample of women age 25 and older (coefficient = -1.04; $p < 0.001$). Controlling for age at first sex, no association was found between experience with early sexual abuse and contraceptive use (any use or modern use) at first sex in both the sample of women under 25 and the sample of women age 25 and older. As found in previous studies, a key determinant of contraceptive use at first sex was age at first sex, such that those women who were younger at first sex were significantly less likely to use contraception (any and modern methods) than those women who were older at first sex. Notably, in both samples of women, those women who reported that their first sexual experience was more recent (0-4 years ago or 5-9 years ago) were significantly more likely to report contraceptive use at first sex than those women who reported that their first sexual experience was 10 or more years ago. This suggests an increasing trend in contraceptive use among more recent cohorts of women at sexual initiation. Finally, the analysis of whether early sexual abuse was associated with earlier pregnancy experience among the adolescent and young adult sample indicated that, controlling for age at first sex, there was no difference in age at first pregnancy between women who experienced early sexual abuse and women who did not experience early sexual abuse.

To further explore the impacts of early sexual abuse, we examined whether women who were sexually abused at an early age (under 12) were significantly more likely to be in current relationships where physical or sexual abuse occurs. This analysis only examined women who had a sexual partner (husband, partner, fiancé, boyfriend, or lover) in the last 12 months (N=2326 under age 25; N=4461 age 25 or older). Controlling for current age, education, marital status, SES, residence, and religion, adolescent and young adult women who were sexually abused before the age of 12 were two times more likely to report recent partner physical violence than all others. Among women age 25 and older, those with experience of early sexual abuse were 1.8 times more likely to report recent partner abuse than those without early sexual abuse experience. Furthermore, women who experienced early sexual abuse were also more likely to report recent partner sexual abuse (OR=2.8 for <25 year olds; OR=1.8 for age 25+) than women who did not experience early sexual abuse.

The results of this study indicate that in Honduras, early sexual abuse of women is a problem such that one in twenty women report sexual abuse before age 12, and one in ten women report sexual abuse before age 19 (not shown). Notably, the perpetrators of abuse before age 12 tend to be relatives and acquaintances; among the women who were abused at somewhat later ages, the list of perpetrators is similar but also includes husbands and boyfriends. Recognizing the risk of sexual abuse to young girls and its lifetime effects is a crucial first step to addressing the problem at a programmatic and policy level. These data provide a glimpse of the accumulated repercussions of male sexual violence against girls. Early sexual abuse is associated with earlier age at first sex as well as being at greater risk of experiencing violence later in life.

From the data available, it is not possible to determine why women who experienced early sexual abuse are at greater risk of currently being in an abusive relationship. Researchers in the U.S. have described a process of revictimization of women who experienced early sexual abuse: traumatic sexualization, betrayal, stigmatization, and powerlessness (Russell, 1986). These dynamics contribute to confusion around who to trust and how to detect danger, feelings of being unsupported and isolated, as well as increased vulnerability to perpetrators and difficulty in defending themselves (Mayall and Gold, 1995). Therefore, women with early experience of sexual abuse may have relationship skills and expectations that put them at greater risk of physical and sexual abuse by intimate partners. Another contributing factor may be that women who have already reported sexual abuse during childhood on the survey are more likely to disclose recent experiences of physical and sexual violence. Multiple opportunities to report gender-based violence at different points in the survey have been found to increase women's willingness to reveal incidences of violence (Smith, 1994).

This study has a number of notable limitations. In particular, the measurement of violence (early sexual abuse or recent partner abuse) is fraught with complications. Whether surveys are an appropriate mechanism for collecting this type of data is still up for consideration. Most researchers agree that if the data are biased, they are biased to under-report the true prevalence of early sexual abuse or recent partner abuse. Therefore, in Honduras, it may be that the proportion of women that have ever experienced violence

or who are currently experiencing violence is actually somewhat higher. A more disconcerting problem is that the women who report violence may be different in some important (and unknown) way from the women who choose not to report violence they experienced. The impact (i.e., direction of unmeasured effect) of this bias is difficult to assess, given that we don't have good data to know which type of women might be more or less likely to report. Future studies that utilize multiple approaches including both qualitative and quantitative methods are needed to get a better handle on this level of bias and the impact of this bias on the results presented.

This study provides some preliminary insights for developing policy and programmatic strategies for Honduras related to early sexual abuse. Prevention of early sexual abuse will necessarily entail multi-faceted strategies. These strategies will need to target 1) young girls, 2) parents, and 3) victims of sexual abuse. Strategies for young girls need to teach them to recognize behaviors or situations that may put them at risk of sexual abuse. These young girls need information on where and to whom they can turn when a scary or inappropriate situation arises. Programs need to inform parents that they can prevent situations that may increase their daughter's risk of sexual abuse, recognize the symptoms of sexual abuse when it does occur, and understand the long-term implications sexual abuse can have on their children. Bringing in parents as partners in prevention should help to prevent further abuse, especially since some of the parents are themselves perpetrators. Finally, identifying adolescent women and adult women who have experienced sexual abuse may permit working with these women to develop personal strategies for decreasing their risk of involvement in a future violent relationship. These women can be identified in school-based screening programs, at regular check-ups, or at gynecological visits. Training providers to identify, communicate with, and refer sexually abused women is an approach that could have potential long-term positive outcomes for women throughout Honduras.

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