



BEYOND SHOCK

Charting the landscape of sexual violence in post-quake Haiti:
Progress, Challenges & Emerging Trends 2010-2012

Anne-christine d'Adesky with PotoFanm+Fi

Foreword by Edwidge Danticat | Photo essay by Nadia Todres



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DEDICATION

This report is dedicated to Haitians who are victims of crimes of sexual violence, including those affected after the historic 2010 earthquake.

Some died of injuries related to these crimes. Others have committed suicide, unable to bear injustice and further suffering.

May they rest in peace. May we continue to seek justice in their names.

Let their memory serve as a reminder of the sacredness of every human life and the moral necessity to act with all our means to protect it.

It is also dedicated to the survivors who have had the courage to step out of the shadows of shock, pain, suffering, indignity, and silence and into recovery and public advocacy. Their voices guide a growing grassroots movement.

We also acknowledge and thank the many individuals and groups in and outside Haiti – community activists, political leaders, health providers, police officers, lawyers, judges, witnesses, caretakers and family members, human rights and gender activists, journalists and educators – who carry the torch.

Kenbe Fem – Stay strong.



Table of Contents

Charting the landscape of sexual violence in post-quake Haiti 2010-2012 (ABRIDGED VERSION)

Table of Contents

I. Executive Summary	8
II. Foreword by Edwidge Danticat.....	13
III. About This Report.....	15
IV. Introduction and Discussion.....	23
V. Sector Progress.....	35
a. Prevention, Community Education, Advocacy: Rebuilding A Movement	36
i. Box: Inestimable Losses.....	36
ii. Box: Haiti’s Women’s Ministry(MCFDF) & UN GBB Sub-Cluster.....	37
iii. The National Dialogue on Violence Against Women.....	40
iv. Gender Action: Follow the Money.....	45
v. Fighting Media Hype.....	48
vi. Portraits in Leadership: Carol Pierre-Paul Jacob, SOFA.....	50
vii. Global Allies: WE-LEAD Heartland Alliance.....	52
b. Reporting and Monitoring.....	54
i. Box: Comparative Data Tables.....	60
ii. Unofficial Picture.....	61
iii. Rural Programs: Box: SOFA and SOFA Sud-Est.....	65
c. Research.....	67
i. Box: Violence Against Children Study- VACS (US CDC/INURED/ GoH).....	69
ii. Box: NYU CHRJ: Lessons of field research.....	70
iii. New Tracking Tools: Mobile SMS.....	73
iv. Box: Digital Democracy.....	73
d. Vulnerable Populations.....	75
i. Spotlight on Girls.....	75
ii. Box: Haiti Adolescent Girls Network (HAGN).....	77
iii. Box: Lidè project.....	79
iv. Sex Workers.....	84
v. Box: ANAPFEH.....	85
vi. Spotlight on Men and Boys.....	87
vii. Teachers and Priests: Help, Don’t Harm.....	88
viii. Box: ADHESE Men’s group.....	88
ix. Child Protection: Orphans, Street Children, Restaveks.....	91
x. Box: Limye Lavi.....	94
xi. Box: Box: Haitian Prison Ministry.....	95
xii. Lesbian, Gay, Bisexual and Transgender (LGBT).....	96
xiii. Box: Portraits in Leadership: Shelly Moreau, FACDIS.....	98
xiv. Gaps in Prevention: Perpetrators.....	99
xv. Box: Haitian Prison Ministry.....	101
xvi. The Disabled.....	102
e. Security.....	107
i. Box: Haitian National Police Gender Violence Unit (UCL FVVof HNP)	113

f. Housing (B) Safe Houses.....	116
i. Box: Women’s House (Kay Fanm).....	116
ii. Commission of Women Victims for Victims (KOFIVIV).....	119
iii. Box: Women of the Sun (AFASDA)/V-Day.....	123
iv. Portraits in Leadership: Jayne Fleming, Esq.....	126
g. Legal Justice.....	128
i. The UN MINUSTAH Scandals.....	131
ii. Box: Rape Accountability and Prevention Project (RAPP) –BAI.....	134
iii. Box: MADRE.....	137
iv. Box: PROJUSTICE’s Little Houses of Justice.....	140
h. Post-Rape Health Care.....	141
i. Box: SART – Sexual Assault Response Team model.....	145
ii. Needed: Simpler Guidelines for Low-No Resource Settings.....	146
i. Reproductive Health.....	147
i. Box: Zanmi Lasante/Partners In Health (ZL/PIH).....	149
ii. Box: WHO Free Obstetric Care (SOG).....	153
j. Mental Health	159
i. Haitian Led Research.....	162
ii. Portraits in Leadership: Rosaline Benjamin, IDEO and URAMEL.....	163
VI. Concluding Comments.....	164
VII. Recommendations.....	167
VIII. Annex	174
I. Selected References and Studies Cited.....	174
II. GBV Reference Card (Kat Referans).....	176
III. Summary Report: The PotoFi Haiti Girls Initiative Adolescent GBV Survey.....	177

And a Special Feature: Photo Essay: ‘Girls In Haiti’s Camps’ by Nadia Todres

Agencies, Groups, and Individuals Contacted for this Report *(Acronyms in alphabetical order)*

- **AFASDA** Haitian Women’s Sun Association | Association Femmes Soleil d’Haiti
- **AHDESE** Association of Devoted Haitian Men | Association des Hommes Devoues du Sud-Est
- **ANAPFEH** National Association for the Protection of Haitian Women and Children | Association Nationale de Protection des Femmes et Enfants Haïtiens
- **APROSIFA** Association for the Promotion of Integral Family Healthcare | Association pour la promotion de la santé intégrale de la famille
- **BAI** Bureau of International Lawyers | Bureau des Avocats Internationaux
- **BPM** Brigade for the Protection of Minors | Brigade de Protection des Mineurs
- **CAFVAS** Center for Support of Victims of Sexual Abuse | Centre d'Appui pour les Femmes Victimes d'Abus Sexuels
- **CDC** U.S. Centers for Disease Control
- **CEFOJ** youth group, Jacmel
- **CHRGJ** NYU Center for Human Rights and Global Justice
- **‘Concertation Nationale’** National Dialogue on Violence Against Women | La Concertation Nationale Contre les Violences Faites Aux Femmes
- **CRGS** Center for Gender and Refugee Studies at Hasting Laws School
- **DD** Digital Democracy
- **FALEPH** Women in Action for Economic and Political Leadership of Haitians | Femme en Action pour le Leadership Economique et Politique des Haïtiennes
- **FAVILEK** Women Victims Rise Up | Fanm Viktim Leve Kanpe
- **GHESKIO** Haitian Study Group on Kaposi’s Sarcoma and Opportunistic Infections | Groupe Haïtien d’Étude du Sarcome de Kaposi et des infections Opportunistes
- **HAGN** Haiti Adolescent Girls Network | Réseau Haïtien pour les Adolescentes
- **HRW** Human Rights Watch
- **IDEO** Institute for Personal and Organizational Development | Institut de Développement Personnel et Organisationnel
- **IJDH** Institute for Justice and Democracy
- **INURED** Interuniversity Institute for Research & Development
- **IRC** International Rescue Committee (IRC)
- **Jayne Fleming**, Esq., Reed Smith Law Firm
- **J/P HRO** Jenkins-Penn Haitian Relief Organization
- **Kay Fanm** (Women’s House)
- **KOFAVIV** Commission of Women Victims for Victims | Komisyon Fanm Viktim pou Viktim in Kreyol
- **KONAMAVID** National Coordination of Direct Victims | Kodinasyon Nasyonal Victim Direk (in Kreyol) |
- **LIDE** Leader
- **Lig Pouvwa Fanm** | Women’s Rights League
- **Limye Lavi** | Light of Life
- **MDM** Médecins du Monde | Doctors of the World
- **MSF** Médecins Sans Frontieres | Doctors Without Borders (MSF-Belgique; MSF-France; MSF-Holland)

- **ODELPA** | Organization for Development and the Fight Against Poverty | Organisation pour le Développement et la Lutte contre la Pauvreté
- **OFAVA**
- **MADRE**
- **MCFDF** Ministry for Women’s Condition and Women’s Rights | Ministère à la Condition Féminine et aux Droits des Femmes
- **Midwives for Haiti**
- **MINUSTAH** United Nations Stabilisation Mission in Haiti | Mission des Nations Unies pour la Stabilisation en Haïti
- **PND’H** Haitian National Police | Police Nationale d’Haiti
- **PIH** Partners In Health (PIH) (also **ZL** Zanmi Lasante)
- **PLAN** International – Haiti
- **RNDDH** National Human Rights Defense Network | Réseau National de Défense des Droits Humains
- **SEROvie**
- **SAS** Small Arms Survey
- **SOFA** Solidarity with Haitian Women | Solidarité Fanm Ayisyèn (also SOFA Sud-Est – Southeast branch)
- **Survivor’s Connect**
- **Thomas Reuters** Foundation
- **UNFPA** United Nations Population Fund
- **UNICEF** United Nations Children’s Fund
- **UNPOL** United Nations Police
- **UNHCR** United Nations High Commission on Refugees
- **UN Women** (ONU Femmes in French)
- **URAMEL** Unit for Medico-Legal Research and Action | Unité de Recherche et d'Action Médico-légal
- **VACS** Violence Against Children Study – CDC/UNICEF/INURED/GoH
- **V-DAY**
- **WE-ADVANCE**
- **WE-LEAD** – Heartland Alliance

Agencies, Abbreviations and Acronyms:
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The following groups and abbreviations may be found in this report:

AFASDA Association Femmes Soleil d’Haiti / Haitian Women’s Sun Association
AIDS Acquired Immune Deficiency Syndrome
ARV antiretroviral drug
ASRH Adolescent Sexual and Reproductive Health
BAI Bureau des Avocats Internationaux
BPM Brigade de Protection des Mineurs / Brigade for the Protection of Minors
CCCM Camp Coordination and Camp Management
CDC Centers for Disease Control
CONAP (KONAP in Kreyol) Coordination Nationale de Plaidoyer pour les droits des femmes | National Coordination for Advocacy on Women’s Rights
CCR Center for Constitutional Rights
CFV Concertation des Femmes Victimes
CIRREV Centre d’Intervention, de Rehabilitation, de Recherche et d’Expertise pour les victimes de violence (in French) | Center for Intervention, Rehabilitation, Research, and Expertise for victims of violence
‘Concertation National’ Concertation National Contre les Violences Faites aux Femmes | National Dialogue on Violence Against Women
CRUO Centre de Reference en Urgences Obstétriques | Referral Center for Obstetric Emergencies
EC Emergency Contraception
EmOC Emergency Obstetric Care (also EOC)
FAVILEK Fanm Viktim Leve Kanpe | Women Victims Get Up Stand Up
GHESKIO Le Groupe Haïtien d’Étude du Sarcome de Kaposi et des Infections Opportunistes / Haitian Study Group on Kaposi’s Sarcoma and Opportunistic Infections
GoH Government of Haiti
GBV Gender-based violence
HAGN Haiti Adolescent Girls Network
HIV Human Immunodeficiency Virus
HNP Haitian National Police | Police Nationale d’Haiti (PNd’H)
HUEH Hôpital Universitaire de L’Etat | University Hospital of the State
HRW Human Rights Watch
IACHR Inter-American Commission on Human Rights
IDEO Institute for Personal and Organizational Development | Institut de Développement Personnel et Organisationnel
IDP Internally Displaced Persons (camps)
IJDH Institute for Justice and Democracy in Haiti
IOM International Organization of Migration
IRC International Rescue Committee
KOVAVIV Komisyon Fanm Viktim Pou Viktim /Women’s Commission of Victims for Victims
KONAMAVID Kodinasyon Nasyon Victim Direk (in Kreyol) / National Coordination of Direct Victims
LERN Lawyer’s Earthquake Response Network
MCDFD Ministère à la Condition Féminine et aux Droits des Femmes | Ministry of Women’s Condition and Women’s Rights

MDM Médecins du Monde | Doctors of the World

MAST Le Ministère des Affaires Sociales et du Travail | Ministry of Social Affairs and Labor

MINUSTAH Mission des Nations Unies pour la Stabilisation en Haïti /United Nations Stabilization Mission in Haiti

MOH Ministry/Minister of Health

MOJ Ministry / Minister of Justice

MOUFHED Mouvement des Femmes Haitiennes pour L'Education de le Développement / Haitian Women's Movement for Education and Development

MSF Médecins Sans Frontières | Doctors Without Borders

OVC Orphans and vulnerable children

PIH/ZL Partners In Health – Zanmi Lasante

PACS Post Abortion Care Services

PAP Port-au-Prince

PEP Post-Exposure Prophylaxis (for HIV)

PEPFAR Presidential Emergency Plan for AIDS Relief

PIH Partners In Health

PLWHA (PPV+ in French): person/people living with HIV or AIDS

PMTCT Prevention of Mother to Child Transmission (of HIV)

RH Reproductive Health

RAPP Rape Accountability and Protection Project of BAI-IJDH

RESTAVEK Kreyol word for *reste avec* in French: 'to stay with' – describes a live-in domestic worker.

RNDDH National Human Rights Defense Network

SART Sexual Assault Response Team

SOFA Solidarite Fanm Ayisyen / Haitian Women's Solidarity

UCL FVV (PNH) Unité de Lutte de Femme Victime de Violence / Combat Unit for Women Victims of Violence of National Haitian Police

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP United Nations Development Programme

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

UNIFEM United Nations Development Fund for Women

UNHCR United Nations High Commission on Refugees

URAMEL Research and Medical Action Unit | Unité de Recherche et d'Action Médico-légale

USAID United States Agency for International Development

UNPOL United Nations Police

VACS Violence Against Children's Study

VAW Violence Against Women

VCT Voluntary counseling and testing

WHO World Health Organization

Executive Summary

Beyond Shock provides a comprehensive report about the **broad and sectorial field progress** made by frontline providers of services to sexual violence survivors since Haiti's historic January 2010 earthquake. The report also looks at the shifting landscape of actors, both established and new, Haitian and foreign, who have raced to respond to the crisis. **It highlights groups, individuals, programs, and approaches that are making a difference in the field and captures emergent trends in this landscape. It offers hope for the future while revealing a very difficult situation in the present.**

A major focus of the report is an examination of access to *holistic* services for victims. Beyond Shock examines progress in the areas of **security, housing, reporting, research, post-quake health care, legal justice, prevention, education, advocacy, and the impact on vulnerable populations**, as well as **the role of men and boys, and what has been learned about perpetrators**.

Beyond Shock addresses the big-picture questions many have asked since the flurry of news reports about rape in Haiti in early 2010. *How bad is the problem of sexual violence in Haiti and how is it changing? Has the situation improved? How do we measure this progress?*

The report both confirms and challenges prior findings on gender-based violence (GBV) and rape in Haiti. It reveals that **less than 1% of international bank funding has been dedicated to fighting sexual violence**, limiting an otherwise robust and expanding effort by grassroots groups and Haiti's government to fight gender-based violence. It **reveals specific gender aftershocks, including a post-quake wave of early unwanted pregnancy, and subsequent abortions, in adolescents linked to sexual violence and survival sex** – that have been overlooked by the media and relief groups.

The report identifies youth and economic vulnerability, along with gender, **as the broad risk factors** for sexual violence. **Specific factors include lack of housing** for women-headed households and poor families with adolescent girls, **lack of safe housing** for GBV victims, **rising food insecurity, and a 2012 surge in urban violent crime and gang activity** – all reflections of a worsening economic picture that impacts on both genders and **is a key engine of sexual violence**. The economic situation has been exacerbated by chronic natural disasters, including **hurricanes Sandy and Isaac**, and a **cholera** epidemic.

Beyond Shock documents how Haitian **civil society has coped and led** despite herculean obstacles. The report offers a **portrait of the rebuilding** of Haiti's feminist movement and profiles **grassroots women's and GBV leaders that** provide a range of voices, perspectives, and reflections on the post-quake period.

Report Team: Beyond Shock was produced by **Haitian and US members of the PotoFanm+Fi coalition**, a post-quake advocacy group that champions Haitian women's voices, leadership, and recovery in Haiti. The report was coordinated and written by veteran journalist and author **Anne-christine d'Adesky**, who has family roots in Haiti. She was assisted by Haitian journalists **and local partners of PotoFanm+Fi**. A number of Haitian scholars and professionals in technical sectors provided expert review of the report. Haitian author **Edwidge Danticat** wrote the foreword to the report. Photographer **Nadia Todres** contributed a special **photo essay about Girls** in Haiti's camps.

PotoFi Survey: Beyond Shock builds upon **new research on sexual violence and pregnancy in over 2000 Haitian adolescents** and families by PotoFanm+Fi's pilot **PotoFi Haiti Girls Initiative ("PotoFi")**, a parallel

participatory field research project begun in October 2011 with seven main Haitian local partners in the Port-au-Prince and Jacmel zones. A **Summary Report of final results is presented in a report Annex.**

Major Findings

Official Cases Down, Unofficial Up: Based on a review of these myriad reports Beyond Shock confirms that gender-based violence and rape spiked after the 2010 earthquake. Since early 2011, **officially reported cases have declined monthly** at some established agencies and **even plateaued to below pre-quake levels.** By comparison, the **unofficial picture shows a steady increase** in urban and rural settings.

Most Vulnerable: Girls. Adolescents and younger girls make up over 60% of reported rape cases – the majority – based on collective data. As one Haitian advocates put it, “The adults get beaten; the younger ones get raped.” Both **victims and perpetrators have gotten younger**, say advocates. **Reports of incest have also increased**, which advocates view as a sign more families feel confident to report it.

Paltry Funding: Less than 1% of Haiti recovery funds from the World Bank and Inter-American Bank funds have been **dedicated to sexual violence programs**, based on an analysis by Gender Action and other data. A single, non-renewable WB grant supported a **grassroots, survivor-led peer outreach network in 2010 that** reached many victims in camps and **boosted reporting of rape.** UN agencies (UN MINUSTAH, UN Women, UNFPA, among others) also provided GBV funds and relief supplies for women.

Outside funding has largely flowed to non-government agencies, leaving **Haiti's women's ministry with too little funding and political muscle** to oversee a national effort by many small and larger actors.

Post-Rape Aftershocks: Unwanted and early pregnancies, illegal abortions, and child abandonment have increased, and reports link cases to sexual violence and increased “survival sex” in teenage girls. The PotoFi field survey found **64% of 981 adolescents reported they got pregnant from rape. Of 1251 pregnant girls, 37% also admitted engaging in survival sex, primarily for shelter, as well as food.**

Overlooked: Domestic Violence. Overall, **domestic violence cases make up 90% of reported GBV cases** since 2010, **dwarfing rape-only cases by a broad ratio of 3:1.** This is similar to the pre-quake picture.

Targeted: The Disabled: Disability has emerged as a big risk factor for sexual violence, with a study showing more reports of rape among disabled women compared to non-disabled, and more rape of disabled individuals outside IDP quake refugee camps versus inside them – a 2011-12 trend.

Challenging Assumptions and Narratives about Rape in Haiti

A Familial Crime: Post-quake reports show **more rapes are committed by persons known or familiar to the victim**, often neighbors and friends. A minority involve gang rapes by masked attackers. This **finding challenges 2010 media reports of “stranger rape” by escaped criminals.** Rape remains a familial crime.

Few Uniformed Attackers: While several male rape scandals involving UN MINUSTAH peacekeeping troops in Haiti have generated recent media attention, Beyond Shock **finds that reported cases of rape by uniformed soldiers and police represent a very small minority of overall cases.** But advocates warn that victims fear arrest by police and soldiers, resulting in under-reporting of such cases.

Protective Civic Leadership: On the positive side, the earthquake has led to increased advocacy against sexual violence. The report presents data showing that local community groups provided better camp security before takeover by a UN agency, suggesting social ties are key to reducing violence.

Vulnerable Groups, Hidden Crimes

Perpetrators: To date, the response to sexual violence in Haiti remains victim-centered and too narrow. The reporting team found limited research, data, or programs that focused on perpetrators.

Child prostitution: A wave of girls (and women) began trading sex for shelter and food since 2010. Agencies working with sex workers also report an increase of younger girls among commercial prostitutes in urban centers. The girls are often subjected to greater abuse, including rapes.

Public Stigma: Stigma and social views of rape cause victims and families to hide the crime. Young girls who lose their sexual virginity through rape are deemed less likely to marry, and thus an economic burden to families, advocates report. Raped women are also labeled as prostitutes.

Limited Service Access: Many groups have improved and expanded GBV outreach and services to victims in the capital, where GBV services are concentrated. Data show many victims do access some counseling, but not post-rape GBV or preventive services from health professionals or hospitals. Instead post-quake conditions have increased hurdles to access for many victims, urban and rural.

Male victims: To date, there are few reported cases of male victims of rape, but recent MINUSTAH scandals have raised awareness of these cases. Stigma and fear of being labeled a homosexual and AIDS carrier are cited by advocates as reasons male victims avoid disclosure.

Sector Progress

Beyond Shock documents considerable activities made by stakeholders at all levels in responding to sexual violence, with support and guidance from Haiti's women's ministry and other state agencies. Much credit goes to ordinary volunteer Haitian citizens, longtime feminists, and GBV survivors, with help from key international NGO allies and Haiti's women's ministry, and country representatives at UN Women, UNFPA, UNHCR and the IOM – among lead UN agencies assisting women and children.

Improved Reporting: Women's groups and survivors, backed by MINUSTAH support, organized an effective survivor-led outreach network that helped find and counsel GBV victims and accompany them to emergency services. This successful peer outreach is cited by advocates as one reason reports of rape increased since 2010.

Technological Innovation: Haitian and international allies successfully launched several SOS rape hotlines, linked to mobile and web-based "real time" crisis monitoring platforms that represent innovative, easy-to-use new tools for reporting, mapping, and monitoring sexual violence.

Civic Response: Within hours after the earthquake, Haitian community leaders began organizing an organic, protective civic response overlooked by media reports. Recent data from one large multi-camp survey shows that less sexual violence occurred in IDP camps run by community members before takeover by a lead UN agency, possibly because residents and local leaders knew each other.

Justice: Several summer 2012 **convictions represent a turning point in fight to end impunity for rape and incest.** The Martelly government has pushed forward impending **reforms of laws on paternity, gender-based violence, abortion and Haiti’s medico-legal protocol** for responding to sexual violence. These steps reflect the government’s increased commitment to fighting rape, allied with civil society.

From Survival to Recovery

One of the most important **indicators of progress in the GBV field is the wellness of victims – their physical, psychological, and social recovery from sexual violence.** To date, there is a critical absence of data and literature about their journeys of recovery and survival. Data to date show that rape victims in Haiti have suffered immediate and long-standing physical and emotional injuries as a result of violent rapes, including gang rapes.

Psychological Impacts: While physical injuries may heal, not all do. Some victims have remained physically disabled for life as a result of rape. Emotionally, many report depression and post-trauma including suicidal thoughts and a fear of encountering their attacker(s). **For many younger women, the social stigma of rape and its perceived negative social impact on their prospects of marriage remain acute sources of depression and anxiety.** Specialized mental health services are lacking in many areas.

Survivor’s and Women’s Leadership: On the positive side, **rape victims and feminist groups have led a highly public advocacy effort to demand attention and resources to assist GBV victims and residents in Haiti’s IDP camps, as well as underserved provincial cities, towns and rural areas.**

International Solidarity: UN agencies and humanitarian groups provided funding and supplies for women, including rape kits, and coordinated a provisional GBV Sub-Cluster and related Reproductive Health Working Group for agencies focusing on sexual violence and women’s health. However, local Haitian NGOs were tacitly excluded or declined to attend sub cluster meetings at the heavily guarded UN compound, including groups outside the capital –leaving out key groups in the GBV fight.

Measuring Benefit: Beyond Shock finds that there has been little focus on monitoring follow services for victims, and there is little data to measure the impact and benefit of interventions on recovery of survivors. The report presents the voices and portraits of GBV leaders, including several survivors, who discuss the role in the movement. They recount a journey of transformation from victims to becoming outspoken public advocates and leaders in the GBV fight. For many, helping others provides an avenue for healing and builds a sense of protective community that aids recovery and social reintegration.

Adolescent Services: With the spotlight turning to the overlooked crisis affecting adolescents, **some groups have formed safe spaces for girls and launched adolescent- and child-friendly GBV and health services.** These are positive signs of progress. So is the **larger national dialogue that indicates social mentalities toward rape in Haiti are changing with increased public awareness and state campaigns aimed at victims and also at educating men.**

Men’s Leadership: More men and teenage boys joined GBV security patrols and belong to men’s discussion groups focused on women’s empowerment and GBV. One Jacmel group is pushing to develop the **nascent men’s movement** but there is still a big gap in visible high-level male leadership.

Forecasting the Future

Looking ahead, **Beyond Shock captures many lessons offered by the post-quake period**, including suggestions for priority action and recommendations listed in the report. **Given the current socio-economic climate, ongoing displacement, and rising violent crime in Haiti, the report warns that sexual violence is likely to keep increasing** in the period ahead, particularly as groups roll out new programs to find and help victims. To shift the tide, displaced women and girls in particular need urgent access to housing and economic assistance, while GBV victims need greater access to a broader package of holistic services, especially rural women and girls. There is much to do, and much that can be done. As the Haitian proverb says, *men anpil, chay pa lou*. *With many hands, the load is lighter.* ∞

FOREWORD

*Many inspiring phrases have been used to describe the strength of Haitian women. **Fanm se pote mitan. Fanm se wozo. Fanm se kajou. Fanm se banbou.** We have been compared to the crucial middle pillars of houses and temples. We say about ourselves that we are as resilient as the neglected reeds on the sides of roads and rivers that get trampled over and over again, but still manage to grow and thrive. It is sometimes said about us too that we are like mahogany or bamboo, that we get better as we age, and that we bend but do not easily break. All of this is true.*

However, as this painstakingly researched report shows, Haitian women--particularly poor women--are as vulnerable as they are strong, vulnerable to what one woman's rights' activist, Carole Pierre-Paul Jacob of SOFA (The Haitian Women's Solidarity Organization), calls "the feminization of poverty" as well as natural disasters, disease and sexual assault.

On January 12, 2010, the devastating earthquake that struck Haiti killed a large number of the country's women, along with its men and children. Many of those who survived moved into improvised displacement camps, some in public squares and other open spaces. Young girls, who have always been at greater risk for sexual assault, were now even more so. Some had no choice but to resort to survival or transactional sex, or to move in with older males for protection.

It was obvious, even walking around the streets of Port-au-Prince a few months after the earthquake, that there were more pregnant girls around. This post-quake phenomenon of 'filles-mères,' or girl mothers, has affected girls as young as twelve, whose still developing bodies are less likely to survive childbirth. What this report documents is the link of youth and vulnerability to sexual violence and other gender aftershocks of the earthquake.

The sheet-thin walls of improvised tents offered little protection for these women and girls, some of whom had had been assaulted before during previously volatile political periods in Haiti. It is as if, members of a woman's grassroots organization told writer and activist Beverly Bell months after the earthquake, their bodies had never stopped shaking.

Rape is a structural and not a cyclical problem, a point stressed by SOFA's Pierre-Paul Jacob and other Haitian feminist leaders. In a country where rape was only made a punishable crime in 2005 and where rapists could once easily remedy their crime by marrying their victims, the problem needs to be addressed broadly and thoroughly. There is not, as many have wrongfully asserted, a "rape culture" in Haiti any more than there is anywhere else, where crimes in general, but particular sexual assaults, go largely unpunished, be they by one's neighbors or by MINUSTAH or UN forces. But like anywhere else, neither silence nor hyperbole will solve the problem.

"The question of violence," says Pierre-Paul Jacob, "is a matter of education and training. Our social education deserves to be critiqued and diagnosed and that way we'll finally arrive at solutions."

This report, looking beyond the initial shocks of 2010, does not only offer bad news. It is a must-read report on an essential subject because you will not only learn about programs and advances in this field, but you will be inspired.

All of us who have followed or have been involved in gender-based violence issues in Haiti, rejoiced, for example, when Malya Villard-Appolon of KOFAVIV (The Commission of Women Victims) was recently named a 2012 CNN Hero for her work with raped women in displacement camps. Here you will learn more about Malya and other women like her, as well as many other individuals and organizations that have been trying to stop gender based violence in Haiti and seek justice for victims long before the earthquake. Other younger, newer leaders have risen out of the rubble, carrying the skills and structures they developed organizing female watch committees and safe spaces for girls in the displacement camps, into a growing diligence that has reached into some of the neighborhoods where families, some forcibly removed from the camps, have relocated.

Among those trying to take women's issues and concerns into national politics is singer and activist Barbara Guillaume, who co-founded NAP VANSE (Kreyol for WE ADVANCE), a women's rights organization that works in Cité Soleil and is also profiled in this report. This populated zone of the capital is one of the poorest and most vilified places in Haiti. "If we can change the worst of Haiti," Guillaume, a mayoral candidate from Cité Soleil, has said, then "we can change all of Haiti."

A lot of work remains to be done to change Haiti, especially for women. The number of vulnerable women and girls has grown, not only due to increased poverty, unstable living situations, but also due to physical disabilities resulting from earthquake-related injuries. As this report notes, specific post-quake conditions such as lack of housing fuel sexual violence and must be addressed to turn the tide.

The earthquake has also attracted plenty of well-meaning organizations from all over the world who want to work on issues of gender-based violence in Haiti and need to understand what is happening on the ground and how best to involve and include the participation of the women there who are trying to move beyond shock -- and shock value -- towards further empowerment, for themselves and each other.

Part of the solution must also be rural women -- women outside of Port-au-Prince--who have very little or no access to gender based violence services. It includes men and boys, who could be standing with women as they address the role of male perpetrators and male victims too, and push forward needed reforms regionally and nationally, via broader educational campaigns and in smaller community settings.

This report digs deeply to diagnose problems and also seeks out solutions. There can be no solution however, without the full inclusion of the women who fight this battle on the front lines every day, while still remaining pillars and unyielding reeds, while stumbling and not falling, while bending and not breaking, as they try to not just survive, but thrive, and move beyond shock to empowerment.

--Edwidge Danticat

About This Report

This report was developed by Haitian and US members of the PotoFanm+Fi partnership coalitionⁱ that formed after Haiti's January 2010 earthquake. It also benefits from recent research on sexual violence and pregnancy in Haitian adolescents by our groups' pilot PotoFi Haiti Girls Initiative, a participatory field research project carried out in October 2011 with eight Haitian local partners in the Port-au-Prince and Jacmel zones (see Annex III).

Beyond Shock provides an overview of broad and sectorial field progress made by frontline providers of services to sexual violence survivors since the earthquake. It reviews reports and data documented from 2010 to fall 2012 by myriad actors, spotlights successful programs approaches, and provides a comparative yardstick to evaluate overall advances by this movement.

Background

This report was carried out in response to widespread reports of sexual violence in Haiti in the immediate aftermath of the historic January 12, 2010, earthquake. The *goudougoudou*, as local Haitians call the quake in Kreyol – a word that suggests shaking – was a disaster without parallel in terms of the sheer destruction of Haitian life and its social, economic, institutional, and governmental infrastructures.ⁱⁱ Over the past two years, many groups have published reports that document what some initially called an “epidemic of rape” inside Haiti's dangerous, overcrowded camps for displaced quake survivors.

The reports have varied wildly, from estimates of several hundred complaints of sexual violence cited in various reports by rights groups to over 10,000 cases by one research group.ⁱⁱⁱ Most of these cases actually reflect complaints – what people said happened to them – versus “verified” (officially reported) incidents reported to the police or backed by a legal investigation, a medical examination, or other forensic evidence of assault. By comparison, the official cases have remained far below such figures. That's one reason why it's been difficult to put a reliable hard figure on cases of rape in Haiti, and why some advocates continue to urge prudence in interpreting statistics.

Official or not, within a post-disaster environment marked by insecurity and economic crisis, rising crime, and political tensions, women and girls have experienced what some call “a living nightmare” of constant, daily fear of rape and other threats, both within and outside Haiti's camps and tough streets. So have some boys and men, in cases of violence still largely hidden aside from recent rape scandals involving MINUSTAH forces that have garnered global attention – and condemnation (*see Minustah box, Security section*).

New Faces, New Partnerships

Over two years have passed since the earthquake, and the national response to gender-based violence (GBV) is steadily evolving in Haiti. A growing array of groups and individuals – local and foreign, established and new – started or expanded programs to help survivors of sexual violence after the earthquake. They represent a tiny fraction of hundreds of humanitarian groups and volunteers who flooded into Haiti in the wake of the quake – some 1,700 relief workers from 40 organizations in the first

week alone – an unprecedented global response.^{iv} They joined an already clogged humanitarian aid field in a country dubbed a “Republic of NGOs.”

While some new actors chose to partner with long-established Haitian women’s groups and existing GBV programs, others have created fresh programs and alliances for advocacy at the local, regional, and global levels. Some reflect passion-driven projects launched by committed individuals and small groups with shoestring budgets or supported by outside donors and institutions, including hospitals and universities. As non-governmental actors, they work in parallel, ideally complementary partnerships with Haitian government agencies and other multi-sector actors, though in practice, many NGOs have carried out programs alone. This has complicated an already chaotic humanitarian response and created duplication, making the challenge of coordination and effective, timely delivery of help to survivors of sexual violence more difficult.

Many of the existing GBV programs focus primarily on providing medico-legal services to survivors of sexual violence. Those run by local actors address the long-term needs of survivors for services and economic support to help them recover, including psychosocial counseling, safer shelter, legal aid, education, training, and livelihood activities. There’s a fresh effort to integrate girl-friendly spaces and support groups for children and adolescents into previously adult-focused programs, including services for vulnerable orphans and *restavek* children (unpaid domestics) (*see Spotlight on Girls section*).^v All are positive signs that Haitian civil society and relief groups are more engaged in addressing sexual violence.

Global Allies

Outside Haiti, the voices of global allies in the feminist and human rights movement have also helped to further raise the issue of women’s rights in Haiti as being of central importance in addressing the roots of sexual violence and supporting Haitian women’s voices in the reconstruction effort. Initially, women’s groups abroad sent funds and resources to provide food, tents, medicine, hygiene kits, and supplies for pregnant women that addressed specific needs of women and girls in displaced camps (*see Safe Shelter section*). To date, many hands support the Haitian-led movement to fight gender-based violence.



Photo © Nadia Todres. 2011.

Objectives

With many new actors and so much movement in the sexual violence arena, there's been a growing interest and demand for information about progress that's been made and the impact of so much activity on preventing sexual violence and helping survivors. This request has come from many quarters: government officials in Haiti and abroad, leading NGOs, activists, donors, and most importantly, the Haitian populace, which has witnessed an arc of sexual violence in the aftermath of natural disaster. Many groups are keenly interested in the lessons learned to date and what programs serve as models to scale up. They want to know what shifting challenges and priorities face frontline actors.

Our team wanted to look at the big picture of the sexual violence movement in Haiti and measure progress to date. We wanted to look at the myriad data and anecdotal reports from 2010-12 to better grasp the trends that have been documented and how these may be changing. We wanted to find out why some groups have reported very different numbers of cases and how the picture compared in different sites. We wanted, above all, to highlight groups and programs that are making a tangible difference in the lives of survivors and their families, and to identify the positive progress that's been achieved in response to the reported escalation of post-quake violence.

Interview Subjects

Our reporting team interviewed 60 field providers of GBV-related services in Haiti from June through November 2011 and received updates from additional groups through September 2012. Many local programs work in the non-profit field and represent smaller service-based programs. We sought updates and perspectives from international groups with Haiti initiatives as well.

“Holistic” Services Focus

Our reporting gathered updates from service providers in eight areas that represent essential aspects of a holistic or integrative (linked) response to sexual violence. These include: *Reporting; A Focus on Girls; Research; Security; Housing (and Safe Shelter); Legal Justice; Health Care (including Post-Rape Medical Care; Mental Health; Reproductive Health); Spotlight on Vulnerable Populations (the Disabled; Sex Workers; LGBT and HIV-affected) and Perpetrators; Prevention, Community Education and Advocacy; and Mobilizing Men and Boys*. Our findings are presented in the *Sector Progress* part of this report.

A Special Focus on Girls

Our report takes a special look at the plight of girls threatened with sexual violence in post-quake Haiti. In mid-2010, UNFPA reported a dramatic *tripling* of the pregnancy rate in Haiti. The majority were said to be “unwanted” pregnancies linked to increased prostitution and sexual violence. Other 2010 studies by researchers at Partners in Health, Human Rights Watch, Interact Worldwide and the Small Arms Study, among others, (*see boxes about these groups in this report*) confirmed a post-quake spike of pregnancies, including “early pregnancies” affecting very young and older teenage girls.^{vi vii} These reports also found a link between increased transactional sex (often called “survival sex” -- informal exchanges of sex for money, shelter, food and other services) – and rape.

In mid-2011, PotoFanm+Fi launched the pilot PotoFi Haiti Girls Initiative (“PotoFi”), a participatory field research survey of 2000 pregnant adolescents and their families. It was conducted at different sites in

both urban and rural zones to examine any links between early pregnancy, rape, and selling sex. The survey found very high number of surveyed teenagers who said rape was the source of their pregnancies. Some admitted they were selling sex to survive, often for shelter. A summary of these findings is presented in Annex III.

These collective reports and camp-based surveys show that girls have been being disproportionately impacted by the fallout of the earthquake, due to their increased economic and social vulnerability. For this report, we re-examined the documented cases and data to learn more about this emerging picture of post-rape pregnancies and early motherhood. A discussion of the reality facing adolescents and younger girls is presented in the section *Spotlight on Girls*.

Acknowledgements

This Progress Report was developed by a small team of individual journalists and Haiti-based advocates from the new PotoFanm+Fi coalition, working in collaboration with local NGOs in Haiti. Key Haitian partners in the parallel PotoFi girls survey include APROSIFA, KOFIVIV, ANAPFEH, and the Lig Pouvwva Fanm in Port-au-Prince; and Fanm Deside, CEFOJ and SOFA Sud-Est in the Jacmel zone. Members of other local groups also provided input and participated on the study Steering Committee.

About the Editorial Team

Anne-christine d’Adesky, writer of this report, is Project Coordinator for PotoFi. She is a journalist, author, documentary filmmaker, and a co-founder of the PotoFanm+Fi coalition. She conducted the bulk of field interviews in Haiti and founded the PotoFi Haiti Girls Initiative. She divides her time between Oakland, CA, and Haiti, where she has family roots. She began reporting on Haitian affairs and human rights in the mid-90s. She is author of two books: a post-Duvalier novel about Haiti, *Under the Bone* (FSG, 1994); and the non-fiction *Moving Mountains: The Race to Treat Global AIDS* (Verso, 2004). She is co-producer of the film documentary *Pills, Profits, Protest: Chronicle of the Global AIDS Movement*, (Outcast Films), shown on US Showtime, and co-producer of an in-progress film documentary on Haiti and food security, *Hands That Feed*.

- **Soeurette Policar**, a Haitian women’s rights advocate and early member of PotoFanm+Fi, served as president of the Lig Pouvwva Fanm group in Haiti in 2010 until recently. She was Field Coordinator for the PotoFi Haiti Girls Initiative field survey and coordinated supplemental interviews and the “Portraits In Leadership.” She is Chief Operating Officer of Cecosida, an AIDS information and media training organization in Port-au-Prince.
- **Edwidge Danticat**, a Haitian author and womens’ rights advocate, wrote the foreword to this report. She was an early participant in PotoFanm+Fi’s outreach activities, including joint presentation of the Gender Shadow Report to the PDNA in New York in spring 2010.
- **Harriet Hirshorn**, a New York city-based journalist and documentary videographer, conducted several field interviews with Haiti NGO providers and assisted with data collection. She produced a film on the famed Raboteau trial in Haiti and recently produced short videos on child protection and trafficking for Heartland Alliance and its partners in Haiti.

- **Julie Sutherland**, a San-Francisco-based visual artist and graphic designer, is the web manager for the PotoFi Haiti Girls Initiative and an early member of PotoFanm+Fi.
- **Sally Engelfried** is an Oakland--based professional editor, librarian, and writer of children's books. She helped edit this report.
- **Nadia Todres** is a photographer who has been documenting adolescent girls for the past two years in post-earthquake Haiti. She has worked alongside the Haiti Adolescent Girls Network (HAGN) which is working to create 'safe spaces' for girls in Haiti, as well as with NGO's and various creative art projects including *Girls United: Haiti* with JP/HRO and *LIDE*. She recently founded the Center for the Arts, Port-au-Prince that is working to empower adolescent girls through the arts. Her work can be seen at <http://www.nadiatodres.com> and the work of the Center for the Arts, Port-au-Prince can be seen at <http://www.facebook.com/centerfortheartspap>. A visual essay from *Girls United: Haiti* is presented in this report.
- Haitian reporters from the **Radyo Fanm** (Women's Radio) citizen's journalism project conducted Haiti interviews with grassroots leaders for our Portraits in Action profiles. They are **Sophia Apollon, Nahomie Alcius, Esther Alcius, Mania Milien, Claudine Saintil**, and **Fredline Jean-Brice**. Independent journalist **Guerline Petit** provided supplemental reporting.
- Other members of the initial 2010 PotoFanm+Fi coalition, including **Alice Backer**, web manager for PotoFanm+Fi's parent website; **Martha Wallner**, a media activist; lawyer **Taina Bien-Aime**; and scholar **Nancy Dorsinville** provided additional help.
- Volunteers for the PotoFi survey data tabulation including **Kate Shaheed, Nicole Whear**, and **Susie Frankel, RN** (also a nurse volunteer in Haiti after the earthquake).

Expert Review: Colleagues and scholars with expertise in thematic areas generously provided input, contacts, data sharing, and advance review of sections of this report. Thank you to **Athena Kolbe**, PhD, of the Small Arms Survey research project (security); **Lisa Davis**, Esq. at MADRE; **Meena Jagannath**, Esq., BAI-IJDH; **Blaine Bookey**, Esq., of Hastings Law School; and **Jayne Fleming**, Esq. of Reed Smith (law); **Herns Marcelin**, PhD of INURED and **Avid Reza** of the VACS and US CDC (research); **Rosaline Benjamin**, PshD, of IDEO-Uramel (mental health); **Amanda Klasing**, Human Rights Watch women's division (reproductive health); anthropologist and author **Tim Schwartz**, PhD (GBV reporting, child protection); **Alexis Erkert** of Other Worlds Are Possible (housing); **Kettly Alysee** of ANAPFEH (sex workers); **Kirsty Bourret**, Midwives for Haiti (midwifery) **Ramiz Alakbarov** of UNFPA and **Marissa Billowitz** of International Planned Parenthood Foundation (IPPF) (reproductive health); **Rachel Belt** at Hospital Bernard Mevs Project Medishare and **Gérald Oriol Jr.** at SIEPH (the disabled). Thanks also to Professors **Claudine Michel** and **Mark Schuller** of the **Haitian Studies Association** for their interest in this report.

Special Thank You

We offer a special thanks to survivors who agreed to share their personal journeys of recovery with us, and the grassroots leaders who spoke about rebuilding the movement, as well as organizations and individuals who provided program information and data for this report.

We warmly thank PotoFanm+Fi volunteers, partners, report reviewers, and colleagues in the field for their active interest and collaboration on the scope of the report and our complementary PotoFi Girls participatory research field survey.

Looking ahead, we invite stakeholders in the field to share future program updates and data with our reporting team and comments on this report. PotoFanm+Fi also invites individuals and groups sharing our mission to join our partnership initiative to fight sexual violence and support women and girls to play a leading role in Haiti's recovery.

Partners and Steering Committee

Partners: PotoFanm+Fi works in partnership on projects with local and international partners. Staffmember Soeurette Policar served as President of the Lig Pouvwva Fanm, a key partner, in 2010-11; Fisline Rateau, an administrator, is also President of ODELPA, a rural women's association now allied with PotoFanm+Fi; Kettly Alysee is head of ANAPFEH. We also worked with several other local partners in Port-au-Prince and Jacmel on the PotoFi adolescent survey project (see Annex III).

Steering Committee: An advisory body of representatives from several local and international NGOs working with women and on sexual violence issues provided advance input for PotoFanm+Fi's work on this report and parallel field research. They include representatives of key partners in Port-au-Prince and the Haiti Adolescent Girls Network (HAGN).

Additional Input: Additional input on the goals of the report and specific sector challenges was provided by professionals in Haiti from: Partners In Health, Midwives for Haiti, GHESKIO, UNFPA, UN Women, SOFA, Kay Fanm, HAGN, ANAPFEH, the IRC, the National Dialogue on Sexual Violence, SEROVie; social workers and teen residents at the J/P HRO camp; Haitian National Police (PNd'H), Brigade de Protection des Mineurs (BPM) and MINUSTAH officials. In Jacmel, Limye Lavi, an agency helping *restavek* children, provided input on rural outreach and introductions to youths of CEFOJ, a local NGO partner in Jacmel.

Dissemination of Report: PotoFanm+Fi is plans to share this report with Haitian and international agency officials, including the Ministry of Women's Affairs and Women's Rights (MCFDF) and other key ministries; advisors to President Martelly on legal and health reforms; UN stakeholder agencies; UN GBV subcluster and RH Working Group members; the Clinton Global Initiative Haiti team; the UN Special Rapporteur on Sexual Violence, the US Embassy in Haiti, and US Secretary of State Hillary Clinton's office. The report will also be shared with groups who were contacted for this report and the Haitian and international media. A PDF copy of this report will be available for download in English and French at our project websites: www.potofanm.org and www.potofi.org. We plan a Kreyol radio program summarizing the contents of the report, produced with Radyo Fanm for free distribution to Haitian community radio stations. Additional information will also be posted on our websites.



PotoFi Steering Committee Meeting, Haiti. Photo credit: Soeurette Policar, 2011.

Sponsors

The author and the PotoFanm+Fi initiative are grateful to the **Trocaire Foundation** in Haiti for providing seed support for this progress report and parallel pilot PotoFi Haiti Girls Initiative field survey, and for lodging and logistical support for this work. A special thanks to Trocaire's Country Director **Regine Dupuy** and former Program Officer **Mala Roche** for early support of PotoFanm+Fi's mission and PotoFi's participatory research. Thanks also to **Soeurette Policar**, formerly at the Lig Pouvwa Fanm, for providing meeting space for steering committee and report-back events in 2011 and **Fisline Rateau** of **ODELPA** for her participation in project activities.

We also thank the **Tides Foundation** for 2012 funds to do additional reporting and complete production and distribution of this report and complimentary PotoFi Haiti Girls Initiative Field Survey of adolescents, pregnancy and sexual violence (Annex III). At the administrative level, we thank **Jensine Larsen** and **Vega Tom at World Pulse Voices**, a Portland, OR- based nonprofit media advocacy organization that champions women's voices globally, for providing fiscal sponsorship of our work.

Methods

The assessment methodology for this Progress Report included conversations with over 60 frontline providers, including taped, structured interviews with 45 representatives; additional telephone conversations; a dozen visits to programs and facilities (including 4 camps, 2 slum clinics, 5 hospitals); discussions with social workers and medical staff at JP/HRO, PIH and MSF camp and field clinics; and one-on-one discussions of the research and goals with members of local survivor groups; and the PotoFi research Steering Committee.

Sexual Violence and GBV case data and reports were provided by the following groups and individuals: the state agencies BPM, UCL-FVV of the national police and SIEPH, the agency assisting the disabled; the Haitian women's ministry (MCFDF) and advisory National Dialogue; medical providers GHESKIO, MSF-H, MSF-B, MDM, ZL/PIH, Medishare; We-Advance; the hospitals HUEH, Bernard Mevs, Hopital de la Paix; MSF-H CRUO, PACS centers, J/P HRO's camp clinic; the local NGOs SOFA, Kay Fanm, KOFAVIV, Fanm Deside, Limye Lavi, AFASDA, SEROvie, FACDISC, INURED; the legal rights groups BAI-IJDH and RAPP

program, and PROJUSTICE; the rights groups RNDDH, HRW, Amnesty International;; the international UN agencies UN Women, UNFPA, UNIFEM, UNHCR; the UN GBV Sub-Cluster, and UN RH Working Group; the international NGOs MADRE, HAGN, the IRC, the IOM, Heartland Alliance’s We-Lead program, US CDC, Small Arms Study (SAS), IGLHRC, NYU CHRGJ, Architecture for Humanity; Gender Action (IFI funding); and the scholars and researchers Athena Kolbe, Robert Muggah, Meg Satterwaithe, Tim Schwartz and Mark Schuller; and lawyers at Hastings Law CGRS program and at Reed, Smith law firm.

Supplemental online research and follow up email communication was done with authors of several camp-based surveys. This report builds upon additional interviews and journalism work, including visits to local women’s and survivor groups by the author immediately after the earthquake and throughout 2010 - 2012. For this report and our companion PotoFi field survey, our teams obtained advance informed consent from the parents or guardians and legal representatives of minors and sexual violence victims interviewed, and consent for any photographs taken that appear in this report.

Limitations

This report is not exhaustive; our reporting team was unable to meet with some important players in the cross-cutting fields of the GBV response due to limits of scheduling and availability. Much of the reporting comes from groups with headquarters in the capital. We sought additional information from groups in other areas of western Haiti, primarily Jacmel. We conducted email and telephone queries to get information about selected programs, but not all groups responded or had summarized data available for our review. We also had respect confidentiality with regard to disclosure of private information about cases by doctors, counselors, lawyers, and law enforcement sources.

With these caveats, we believe our report represents a strong pool of voices, collective observations, experiences, analyses, and data about the post-earthquake response to sexual violence, and captures major currents and emerging issues in this shifting landscape.

Spotlighting the Positive

Much of the reporting about sexual violence focuses on tragedy and the abuses suffered by victims. In Haiti, before and after the earthquake, these stories are too numerous to capture in order to do justice to the scale of tragedy and crime. But less attention has been paid to journeys of recovery and healing by survivors-turned-advocates and the efforts of advocates, agencies and Haitian authorities to respond. We shine a spotlight on these community leaders in our Portraits of Leadership and Portraits of Recovery, who speak in their own words about the journey and the lessons of the recent period.

Our reporting was also designed to document *what others reported to us about their program progress* and their informed observations, as well as data – a big picture report. While we report on delays, gaps, and failures in the response to sexual violence, we deliberately sought to document what services *were* provided, as well as forward action and new initiatives. We also sought greater clarity and collective reflection about what occurred immediately after the earthquake versus later, as outside humanitarian agencies declared the emergency period over, ended food aid and other services, and began withdrawing, paving the way for local and state programs and groups to take over.

While multiple viewpoints, analyses, studies, data and voices are presented here, the contents of this report remain the sole property of the author and the reporting team of PotoFanm+Fi.

INTRODUCTION AND DISCUSSION

Resetting the Clock

The historic 7.0-magnitude earthquake that struck Haiti at 4:53 p.m. on January 12, 2010 remains the defining event of a lifetime for many Haitians who survived it. It caused massive destruction to the capital and southwestern cities and human losses on a scale still being calculated. Statistics vary, but the death toll has been estimated at 150,000 to 316,000^{viii} Haitians, including many women and children.^{ix} Another 300,000 were injured, including 5000 with crush injuries so severe they required amputations.^x

Downtown Port-au-Prince, 2011.

Photocredit ©Harriet Hirshorn



An estimated 1.9 million families lost their homes,^{xi} and 1.3 million became displaced overnight. Much of the capital, Port-au-Prince, was leveled, while smaller cities like Léogâne saw 90% of public buildings destroyed.^{xii} Some 600,000 fled the capital and destroyed provincial cities for less-affected zones, including the Artibonite, central Haiti, and north.

The from-above televised satellite images of the earthquake from CNN and other news outlets provided many viewers with a dramatic view of the altered Haitian landscape – the mountains of rubble and twisted rebar – approximately 10 million cubic meters of debris. Two years later, nearly half of it had been removed.

At first, even homeowners camped in their driveways, too afraid of daily aftershocks to risk sleeping indoors. Others sought refuge in some 1300 hastily erected, overcrowded camps for Internally Displaced Persons (IDPs) that soon turned Port-au-Prince into a massive tent city, marked by row upon row of blue, tan, white, or other aid tents and loose tarpaulins occupying any available space.

For weeks afterward, a patina of dust made people look like ghosts as they walked around and over the giant mounds of broken rebar and concrete and wood that once housed their lives, stopping periodically to peer inside the dimness, to place their ears against a crack, still listening against logic for signs of life. The loss was not only human and physical, but the loss of the nation's history and identity. Nearly every major institution fell: the National Palace, National Assembly, Port-au-Prince Cathedral, National Museum – all were gone. So were essential public and private ones: hospitals, universities, schools, churches, police stations, courthouses, prisons, hotels, national highways, airports, sea ports, even cemeteries...the list goes on.^{xiii}



Social and economic aftershocks

The half-minute tremor was also followed by daily natural aftershocks for months that added to the fear and trauma of residents. Other aftershocks – physical, psychological, social, and economic – continue to be felt. Many, who had jobs in a country where unemployment was already very high, lost them and are still jobless. The collapse of the government and so many institutions, including small businesses, especially affected Haiti's middle class as well as the poor majority. On that day, the broad base and economic center of Haiti's life collapsed. While the wealthiest of Haitians – an estimated 10 percent of the population – also suffered and were among the dead and badly injured, they owned stronger, insured homes that withstood the shaking. They had the means to raze, fix and rebuild.

Not so Haiti's growing middle class. Some fell into poverty and are also homeless. This economic class has deeply struggled alongside with an already very destitute majority of the population. Meanwhile, Haiti's poorer citizens have fallen into deeper desperation.

Rising Hunger

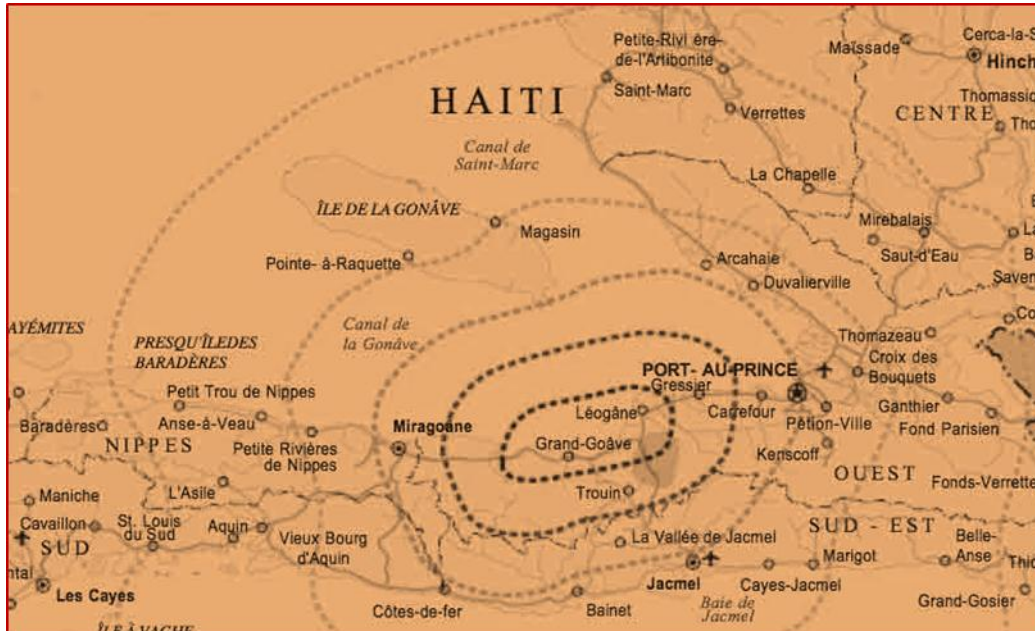
While the economic impact of the quake is still being calculated, gross damages were estimated at over \$7.8 billion – higher than Haiti's GDP. The destruction of the ports, open-air markets, and roads for transporting goods including agricultural products heavily impacted women who make up the majority of rural farmers, and also women market vendors.^{xiv} The massive 6-month influx of free food aid to camp dwellers, while providing lifesaving food to millions, also hurt the informal economy that so many women rely on. In time, some aid groups began purchasing local food from local vendors, and hired local women to cook it – creating some jobs. When food aid began to taper off, after the initial six month emergency period, a new food crisis followed for a majority of displaced Haitians who remained jobless.

While major hunger in Haiti existed before the quake, it has worsened. Haiti's National Food Security Coordination recently estimated that nearly one in two people (4.5 million) is now food insecure – up from 2.5 - 3.3 million people in 2010.^{xv} This pattern also lurks behind rape statistics. As of June 2012, WFP was providing food to 1.7 million people a month, including school meals for a million schoolchildren.^{xvi}

A body of reports since 2010 have noted the rise of transactional sex that followed the earthquake – a mirror of the increase of reported rapes -- particularly among women and girls in IDP camps. Desperate to survive, they have sold sex for food and shelter, for some money, and to assure male protection in the dangerous camps. Some reports have documented the sexual demands made by male camp managers and men overseeing food aid distribution in camps who demanded sex in exchange for giving out food, water, or tents. Many of those interviewed claimed they had never sold sex before, but the earthquake had left them no option. Others noted thefts and attacks of women and girls for food, seeds, food vouchers, and food aid packets. Many reported on the rapes and thefts of teenage girls left alone to sit in camps to secure food aid or safeguard family belongings. The link of post-quake hunger and food insecurity to rape merits more attention by GBV program advocates, as does housing. They are related to the disastrous economic picture for women that frames sexual violence.

Administrative Chaos

The earthquake also created an overnight administrative nightmare following the collapse of both residential homes and government buildings, including Haiti's national archives building. Gone forever or buried in rubble were people's personal documents, as well as the historic records of the nation and its citizens: birth and death certificates, identity documents, land titles, property deeds, voting cards, prison records, etc. For months, Haitians lined up to get their identity cards reissued; without one, they couldn't apply for jobs or vote, get food aid or a job. Home owners couldn't repair homes without deeds proving their ownership, or later, fight off squatters claiming their property. The paper trail is vast, and some of it wasn't recovered. Many of the nation's records have since been restored. But this official headache made it harder and more costly for Haitians to recover.



Gender Faultlines

Looking back, there is a critical gender dimension to the 2010 earthquake and its aftermath – gender faultlines – that frames the problem of increased sexual violence in Haiti reported after the earthquake. Many lying within the rubble were women and girls who made up some two-thirds of the dead,

according to one early UN agency estimate. Women and children also made up many of the newly disabled^{xvii} and the newly homeless living in IDP camps.

It's also critical to examine and understand the roots of sexual violence and gender within Haitian society, culture, and law, and its relationship to economic issues – how and where the issue of gender and women's empowerment intersect to make women and girls more vulnerable to violence and socioeconomic crisis. It's equally important to consider how such factors affect the response to rape.

Historic Gender Inequity

A quick glance at a few statistics reveals a stark gender picture that got much worse after January 2010: Pre-quake, almost half of Haitian households were headed by women (44 percent), and of these, 60 percent lived in extreme poverty, even by developing world standards. An estimated 83 percent of women worked in Haiti's informal economy as market vendors or, in rural areas, as subsistence farmers. Nationally, 60 percent of women were illiterate, compared to 55 percent of men, but after elementary school, the gap widened.^{xviii}

As gender advocates everywhere are quick to point out, sexual violence doesn't occur in a vacuum. It reflects gender, social, and family dynamics, as well as community and even national dynamics, and is often linked to economic issues and to insecurity – crime and lack of rule of law. There are cultural norms, spiritual traditions, and social attitudes that shape views toward sexual violence and that are reflected in Haiti's laws, which themselves derive from the French penal code and culture. All of these factors were thrown into stark relief with the earthquake, an event that not only physically leveled Haiti's administrative capital and major cities, but badly damaged its essential social and economic fabric. The patterns of family and social protection were lost, especially for children, particularly girls. In the aftermath, families, communities, and neighborhoods were torn apart. Individuals were left to fend for themselves in a new landscape rife with threats, both natural and man-made.

Overnight Insecurity

The immediate period following the earthquake was marked by a vacuum of basic services, including health care and security. The police were absent, their administrative headquarters and many police stations fallen, their units without equipment, including weapons, vehicles, and even gas needed to patrol and protect citizens. "You have to understand that we experienced a period where no one was there to enforce the rules," explained Pierre Esperance, Executive Director of the Haitian National Human Rights Defense Network (RNDDH), reflecting back to early 2010.^{xix} "At that moment, whoever had a gun did what he wanted."

"There was no protection and even now, in the camps, there is nothing to protect people," said Carole Pierre-Paul, director of the Haitian Women's Solidarity group SOFA (Solidarite Fanm Ayisyen), a leading women's rights non-governmental organization (NGO) in fall 2011 (see *SOFA box in Prevention, Community Education, and Advocacy section*). "Men enter the tents as they wish and there is nothing to stop them," she added, exasperated. And as SOFA's director pointed out, "The population that's been affected by all of this is vast."

The collapse of a portion of Haiti's National Penitentiary made things worse. Some 4000 inmates, including 500 hard-core gang leaders and convicted rapists, escaped. They turned up in former neighborhood and tent communities to settle scores, regain turf, and resume criminal activities (see *Security section*). While all types of crimes increased in this lawless climate, women and girls were

especially vulnerable to theft and violent crime. Many early media reports attributed the spike of rapes, including gang rapes in camps, to escaped prisoners.

A close review of 2010 police and court data, however, suggests this assumption was not correct. Looking back, only a few cases of sexual assault are linked to the names of penitentiary escapees and other convicted criminals. Instead, the majority of post-quake rapes are crimes that were committed by individuals known to the victim – acquaintances or someone familiar from one’s circle -- even in some cases of gang rape, though attacks by strangers continue to be documented. Rape remains primarily a familial crime, as it was before the earthquake, rather than a problem of ‘stranger rape.’

Overall, far more cases of domestic violence involving physical aggression have been reported than rape cases – typically a 3:1 ration at some agencies – although media reports have focused on rape. This pattern was also true before the earthquake (*see Reporting section for details*). The impact of the earthquake on Haiti’s economy has also been catastrophic, and is seen by some advocates as a trigger for men’s violence against women in the aftermath of disaster.^{xx} Post-quake mental health data from psychologists at IDEO shows some male clients report stress, frustration, and acute depression exacerbated by joblessness. The additional trauma and personal losses endured by individuals and families are additional factors that, together, have made it harder for some individuals to recover from sexual assaults. Instead, women and girls report depression, trauma, fear, a desire for revenge, and suicidal thoughts and actions. (*see Mental Health section*).

Poor Planning and Dangerous Camps

Looking back, the gender dimension is especially visible in the lack of planning and attention to housing issues for women and girls and their daily activities by humanitarian and Haitian groups. Much ink has been spilled by women’s advocates and the media in many reports detailing the appalling and dangerous conditions facing residents of camps and informal settlements and how they have impacted women and girls. Many Haitians and outside groups rushed to set up tent communities without considering the negative consequences for female residents or, for example, the newly disabled. They dug pit latrines far from sleeping areas and failed to provide toilets with doors that locked or security and lighting for washing, cooking, and bathing – traditional domestic activities for women and girls.

Here are two examples that reflect the unfolding narrative of gender violence linked to the deepening crisis of homelessness and lack of safe refuge for rape survivors.^{xxi} (*see Safe Shelter section*):

*“Overcrowding, lack of privacy, and weakened family and community structures, among other things, render women and girls particularly vulnerable to rape and other sexual violence,” stated a coalition of legal and rights advocates who released *Our Bodies Are Still Trembling*, a July 2010 expose of sexual violence in 22 of Haiti’s IDP camps jointly published by a coalition of Haitian and US NGOs, including the Institute for Justice and Democracy (IJDH) and MADRE.^{xxii}*

Six months later, Amnesty International noted:

“Prolonged displacement has seen a breakdown in the networks and structures – based on family and community – that had afforded women at least some degree of protection from violence, and support in dealing with its consequences.”^{xxiii}

While some agencies established protective zones in IDP camps – women- and girls-only resting areas, safe play areas for children, nursing and baby tents – most didn't. As theft increased, so did the pressure on families to safeguard their few belongings, particularly food aid. Parents instructed their elder children – often girls – to stay in tents and watch younger children as they sought work outside camps.^{xxiv} This too, increased girls' vulnerability and left many teenage boys idle and unsupervised. Some advocates point to the fact that girls and women were forced to take shelter with male relatives and family friends as an additional factor that may help explain a collective observation of a rise of reports of incest – one of a number of post-quake trends that have emerged.

As the reports increased, advocates increased pressure on Haitian and UN authorities, particularly MINUSTAH and the Haitian police, to protect camp residents and patrol inside the camps at night. Agencies responded by providing more police units and solar lamps to camps, along with whistles and flashlights to women and girls. Darkness and lack of lighting was deemed a major contributor to rapes occurring in camps. Yet later data from an ongoing study of post-quake crime by researchers Athena Kolbe and Robert Muggah of the Small Arms Survey call to question the role of darkness in sexual violence cases. In their multi-camp survey, they found slightly more rapes occurred during the day than at night. That's when younger women and girls in particular were left alone inside tents while parents or guardians left to seek work. The SAS findings call for a closer look at the assumptions that have been made about sexual violence and the implications for prevention and protection (*see Security section*).



Photo Credit: © Harriet Hirshorn, 2011.

Much of the reporting to date has also focused on the IDP camps, but sexual violence has increased outside camps, too, particularly in the slum areas to which camp residents have returned following forced evictions and the closure of camps (*see Housing section*). Less is known about the current picture for residents of newer informal settlements, including Camp Corail-Cesselesse, a dusty, denuded stretch of land dubbed "Canaan" after the biblical Promised Land. Some 100,000 people were living there at the one-year anniversary mark in conditions dubbed worse than the shanties, without schools or markets, and with the closest hospital some miles away. As one Oxfam aid worker stated to a reporter, "It's Haiti post-earthquake in a nutshell."^{xxv}

In the weeks after the earthquake, a large number of urban residents sought refuge in the countryside and in provincial cities, staying with relatives or friends. While many later returned to Port-au-Prince,

the population has increased in rural areas such as the Artibonite, where poverty is high and where cholera arrived as a fresh disaster in 2011 (see *Health section*). There, hospitals are also documenting an increase of sexual violence cases.

As advocates point out, it's important to remember that the statistics on sexual violence mean that more individuals are reporting incidents of sexual violence and this could reflect the increased advocacy and public awareness that have taken place since the earthquake – the 'silver lining' to an otherwise catastrophic picture. But about a lack of pre-quake data makes it difficult to know just how much sexual violence has increased. We take a close look at these statistics and the puzzle of data in the *Reporting and Monitoring and Research* sections.

The Rural Picture

Much of the focus on rape in Haiti has centered on camps and the situation in Port-au-Prince. Yet the smaller coastal cities and towns, including Léogâne and Jacmel, closer to the epicenter of the quake, suffered major damage and took in many refugees from the capital. The quake affected Les Cayes, damaging agricultural production which in turn, impacted women's livelihood.^{xxvi}

In general, conditions of life remain far more acute and difficult for rural residents in Haiti, who make up the majority of the population. Some of Haiti's ten departments (a geographic zone) have only one or two district hospitals for a large area with bad or nonexistent roads blocking access to more distant areas. Community clinics often lack resources or trained staff, including a regular doctor. They may also be located a distance from where people live. In much of rural Haiti, the gap is filled by nontraditional healers, including herbalists (*dokte fey*), voodoo priests (*hougans*), trained midwives and self-taught traditional birth attendants. These are the providers that rural rape victims typically seek out for help after an assault. They provide spiritual counseling and traditional herbal remedies but may lack Western medicine, including aspirin for pain, or pills to block the risk of post-rape pregnancy or exposure to HIV – post-rape preventive services that are part of the emergency protocol available from hospitals and approved providers. (see *Reproductive Health section*).^{xxvii}

In its pilot 2011 adolescent girl survey, the PotoFi team found that *100 percent* of the girls interviewed from Cap Rouge, a rural area above Jacmel with 18,000 residents, reported seeking help after rape or for their early pregnancies from midwives, traditional healers, or voodoo priests. There were no doctors available for them and only one nurse. "All the problems you find in the capital are even worse here in the countryside," stressed Roseline Patalon, a leader at SOFA Sud-Est, the southeast chapter of the women's agency SOFA. Speaking for rural women, she said matter-of-factly, "We have been left to fend for ourselves."

The Hidden Majority: Adolescent Girls

Looking at cumulative 2011 data collected by various groups, a sobering pattern emerges: not only are adolescent girls in the heavy crossfire of sexual violence, they represent a majority of reported rape cases (see next section, *Reporting and Monitoring*). This is compared to adult women, who are the majority of domestic violence survivors. Far more women suffer physical aggression from intimate partners – beatings and verbal abuses – than sexual aggression, the category that includes rape. Statistically, many groups show three times more overall gender-based violence occurs than rape-only cases. But over 60% of rape cases affect teens and younger girls, based on post-2010 data. To date, less

media attention has been paid to the factors of age and economic vulnerability of girls, or to the much larger problem of domestic violence that affects adult women



Photo Credit: ©Harriet Hirshorn, 2011.

In one of many surveys done in Port-au-Prince after the earthquake, a University of Michigan group estimated that 3 percent of their respondents – all female except for one male – in Port-au-Prince had been sexually assaulted since the earthquake. There, half were girls under the age of 18.^{xxviii} It's unclear, say advocates, how many parents are reporting the rapes of their daughters, but many post-quake reports have included testimonies by parents, such as this testimony by a mother named Guerline documented by Amnesty International in its one-year anniversary report:

My daughter was raped and so I sent her to the provinces [outside Port-au-Prince]. Four men raped her... She is 13 years old. That happened around 2 AM, a Tuesday in March... I don't remember the date... They told me that if I talked about it, they would kill me... They said that if I went to the police, they would shoot me dead... That's why I didn't go to the police. I'm scared. They threatened me... There is nowhere safe where I can live so I had to keep quiet... I didn't take my daughter to the hospital. She was too scared. I sent her to another town where some relatives live... Ever since, I've been unable to get this out of my head... At Place Mausolée, there is no security at all. I am already a victim but I don't know where to go... There is no place for me to go.

The impact of rape on younger women and adolescents includes serious psychological damage and physical injury to still-developing bodies. This can lead to internal injuries that impact their reproductive system (see *Health sector*). There is also a perceived loss of virginity, which has major social consequences in a country and society that prize virginity and regard it as a requirement for marriage. In interviews, advocates say it's common to hear of girls being rejected by boyfriends and male suitors, or by their families as their prospects for marriages are considered ruined.^{xxix} They also say girls who have been raped take up prostitution, feeling similarly "ruined." Both represent social aftershocks of rape that call for counseling for victims and families, and a change of social attitudes toward rape victims.

These myriad post-quake trends reveal that the aftershocks of violence not only continue to run along gender lines, but along subcurrents of age and vulnerability. Left behind, often alone, to fend in dangerous camps, no longer attending school, raising infants born of rape, subjected to unwanted

sexual aggression and violence, the lives of Haiti's girls in the wake of disaster represent a *cri de coeur* to the world – a cry of the heart for help.

Other Trends

Several other notable trends began to emerge in the immediate period after the earthquake, including the finding on incest. Many reports have noted an increase of sexual activity as well as informal prostitution among adolescents and young children. In short, teenage girls are selling sex to survive, as are their mothers. This activity has also led to sexual abuses and assaults, and to a wave of post-quake pregnancy. In this report, we look at the evidence to date that argues for sexual violence as a direct cause of unwanted pregnancies, and the fallout that has followed, including illegal abortions, obstetric emergencies, and a struggle to survive for young mothers of children born of rape.

The attackers have included both older and young men – some quite young boys who have assaulted even younger girls. They've also included some rapes by female on other females – a sub-current of violence also to prostitution, according to an early analysis by Haitian lawyers (see legal section).

Like girls, more teenage boys became orphaned or heads of household after January 2010. They, too, remain in urgent need of money and means to support siblings, and out of work or sick parents. Several reports have found that boys are buying sex from girls. Some of this activity is connected to youths' membership in street gangs.^{xxx} Many are too young for formal jobs and some have dropped out of school to find work. Youths in the poorest slums are easy prey for urban gangs who offer them social protection, friendship, food, and money, in exchange for their entry into thug life, Haitian-style. All of these factors are found within the observed trends of post-quake teen prostitution.^{xxxii}

The increase of sexual violence among adolescents has increased the demand for adolescent services including safe housing for teenage victims. But to date, there is a major gap of these services (*see Safe Housing section*)

Among children, the plight of *restaveks* or live-in domestic workers (from the French word "reste avec" – to stay with) deserves particular attention. Over the years, much has been written about the abusive treatment of restaveks, who advocates consider child slaves who are made to do menial chores for their room and board, and often terribly mistreated, and denied access to education. According to Limye Lavi, a local agency in the Jacmel area that helps restavec children, these youth remain vulnerable to sexual violence.^{xxxiii} Many were displaced and newly abandoned by caretaker families after the earthquake. They are now among the rising number of street children who have also taken up prostitution and joined youth gangs to survive.

The Extra Vulnerable

Among those most affected by the earthquake are disabled Haitians. It's well known that physical disabilities render individuals more vulnerable to crimes, including physical assault and theft, and for females, sexual violence. To date, the early data from the post-quake period supports this assumption, showing increased sexual violence among disabled versus non-disabled women in one study (*see data and discussion in Vulnerable Populations section*). Here, too, more advocates are doing outreach and focusing on the needs of the disabled, which could be a reason more cases have been documented. But

overall, there's a dearth of data or monitoring of sexual violence among the disabled, particularly outside of Port-au-Prince that makes it difficult to draw comparisons to the pre-quake period.

There are other groups who also appear to remain vulnerable to sexual violence, including sex workers. Advocates for the rights of sex workers say rape is commonplace and that there is little protection for sex workers. They have also documented a real increase in the ranks of women – as well as teenagers and pre-teens – who have become street prostitutes. These girls have been subjected to gang rapes and repeated abuses. Advocates at the organization SEROVie reported in 2010 that LGBT individuals living in the camps were being raped because of their sexual identity and transgendered individuals in particular continue to be targets of rape. The invisibility and additional stigma facing sexual minorities in Haiti are factors that also impact on protection and prevention programs for sexual violence. (see *Vulnerable Populations, Mobilizing Men and Boys sections*).

School Drop Outs

Along with other buildings, the Education Ministry and many schools and universities collapsed or suffered damage on January 12th. Immediately, Haitian education officials teamed up with the UN agencies, and later created an Education Cluster network to implement temporary steps to provide classes for children in tents. But many elementary students remained out of school, adding to their vulnerability to sexual violence, and to their inactivity, noted agency officials. Myriad agencies and volunteers, often Haitian women in camps, set up schools for children in the camps, and began to rebuild schools and institutions of higher learning. The earthquake also had a severe impact on high school and university students, particularly those in private institutions. Parents no longer had money to pay for their schooling. Others waited months to a year to resume classes. So did teachers, who remained without pay for a period of time (as did many Haitians working for agencies or businesses that shut down).

Rape and other violence added to the interruption of education for sexual violence victims and their families, according to various field surveys taken in selected communities and with victims. As advocates often stress, domestic violence and rape are crimes that impact all members of a family, including dependent children in a household. When the mother or head of household is injured or too frightened to go out to find work or food, or a child has been injured, the entire family suffers and bears the cost of recovery too. Here too, statistics are lacking to document how many girls are no longer in school, or for how long they dropped out. But the pattern has been noted. (see *Prevention, Community Education and Advocacy section*)

Given their traditional caretaking role, many families kept girls at home where they have cared for injured and ill family members or watched younger siblings. This too, spelled drop outs from school. Rapes and rising insecurity has also led some families to keep girls at home and out of school. Finally, the subsequent impacts of rape – injuries, post-post trauma, early pregnancies, and teenage motherhood have forced an unknown number of girl victims to remain at home. Some are breastfeeding and need to find work now to feed their newborns; others have no child care and cannot resume schooling. The educational needs of these younger victims, particularly pregnant adolescent and new mothers, have fallen by the wayside.

Rape of mothers and heads of household also impacts on access to schooling for their children, particularly for women forced to flee abusive men after rape or battery that they depended upon to help cover education costs for their children. Even when school is free, there are small fees – the cost of

uniforms, books, a meal at lunchtime – that are too much for a family with nothing or very little. How many children have suffered indirect impact on their schooling due to sexual violence in the recent period is unknown. Traumatized mothers are also afraid to let their children leave their side after rapes occur. (see *Mental Health section*).

Economic Consequences of Rape

The economic impacts of rape – the costs of loss of ability to work and function, the cost of treatment and hospitalization in some cases – may also negatively impact on needed money to support schooling for children. Today, many of the agencies helping rape victims address clients’ needs related to training for adults, education for girls, and school fees for their children, but as with other services, the need far outstrips demand.

Tallying the Cost of Rape

There are direct economic costs of sexual violence that are hard to calculate but an important issue for advocates and policymakers to examine. Veteran Haiti researchers recently took a stab at this within a study of the costs to households of violent crime that has sharply risen in Haiti (see *Security section*). In an August 2012 article in *The Guardian*,^{xxxiii} Athena Kolbe and Robert Muggah of the Small Arms Survey (SAS) reported that, “Since mid-2011, the average costs of a physical or sexual assault on a typical household member amounts to a fifth of their annual income.” They derived their figures from a study of some 3000 households, including 113 households who had reported sexual violence from July August 2011 to July 2012.^{xxxiv}

They also noted that, “...residents of the capital city's slums are more than 40 times more likely to be a victim of homicide than other urban dwellers. The incidence of sexual violence is also especially pronounced among young women and girls regardless of what strata of society they come from.” Additional costs also included funeral costs and bribes – typically \$16 –paid to police to assure their cases progress. While the study is rough, and doesn’t provide comparative breakdowns of types of violence crime -- rape vs. murder, for example -- their snapshot presents compelling evidence of the heavy financial toll of sexual violence on families and victims, beyond the well-known and devastating emotional, health, and social impacts.∞

The Newly Homeless

As of May 2012, some 400,000 Haitians displaced by the quake remained in the IDP camps, a 14 percent drop since February and the sharpest decline in recent times, according to the IOM. That left 73 percent of the original displaced population still living in 602 camps, most in the crowded metropolitan Port-au-Prince area. A good number of individuals were convinced to leave the camps with \$500 stipends to find housing elsewhere. But others suffered a second catastrophe, with a wave of forced evictions, some backed and directed by government officials. What’s become of many is anyone’s guess, say housing activists. They have loudly protested the failure to resettle displaced survivors, placing equal blame on humanitarian agencies and Haitian officials.

While Haiti’s recovery plan calls for building up smaller cities and investing in rural areas, the cash hasn’t followed, leaving the newly homeless with few options. The housing crisis has also pitted private home and landowners against poor, displaced Haitians who can’t afford to rent because there are now fewer affordable rentals. The arrival of so many foreign aid groups willing to pay skyrocketing rental prices has exacerbated the picture.

The housing crisis is viewed by many as a main culprit fueling the crisis of sexual violence and insecurity. Much of the initial increase of sexual violence in 2010 was reported among camp residents. Now that they are returning to former neighborhoods, will they face less – or more – sexual violence? Given the latest SAS crime data showing a skyrocketing trend of violent crime, advocates assume that sexual violence will continue to pose a serious threat to residents of the worst slum areas where gang activity and organize crime are on the rise (*see Security section for more on gangs*).

The demand for housing includes a national need for safe shelters for sexual violence survivors and their families, including group homes for adolescents and children -- a major gap (*see Safe Housing section*). Efforts are now underway to build more safe houses, but there is still an urgent need for housing for younger victims and their families, linked to programs that are tailored for adolescents.

Reversing the Tide

On the positive side, Haitian feminists and established agencies have moved quickly to recover and respond to the demand for more services for sexual violence survivors. In the section that follows, we look at the steps women leaders, survivors groups, and official actors have taken to respond. While the earthquake has shone a stark light on sexual violence and revealed its deep economic and social roots, it has also spawned a fast-growing, already stronger grassroots movement to address gender crimes and pursue justice for victims and their families. This national movement is led by seasoned and newly-minted activists who have emerged from the IDP camps to speak out on behalf of victims and their right and needs. A flotilla of local groups is at the helm, including Kay Fanm, SOFA, KOFAVIV, FAVILEK, KONAMAVID, AFASDA V-Day, Fanm Deside, OFAVA, CAFVAS and ANAPFEH – groups contacted for this report.

Many more groups, including rural women leaders and committees of popular peasant coalitions and social movements are also taking the fight forward. A nascent men's movement is also afoot, led by fathers and brothers and male community leaders who organized security in the camps and are poised to become strong allies to women-lead agencies (*see Mobilizing Men and Boys section*).

At all levels, then, there is much activity, including new efforts to prevent sexual violence and the domino effect of problems it may engender, extend rural services and reform national protocols and policies to meet the demand for a comprehensive, integrated response.

Look Ahead

For now, nearly two years after one historic tragedy set in motion the present aftershocks of disaster, grassroots advocates continue to advocate for urgent action and greater funding for local groups by government leaders, UN and larger international agencies and donors, and community leaders. While services steadily improve and are further extended to rural areas, there is still reigning impunity for crimes of rape and the demand for myriad services and justice is unmet. Advocates point to the worsening economic and social conditions that are spurring the current spike of violent crime and predict that more sexual violence will follow. They look at the post-quake generation of street children and abandoned babies and teenagers turning to prostitution and young mothers being asked to raise children of rape and ask: What will happen to these children – our children? What is their future? What are we going to do to help them? Their views and concerns are highlighted in the following Sector Progress discussions.

SECTOR PROGRESS

Community Mobilization, Prevention, Education

Rebuilding A Movement

Reporting & Monitoring

Research

Vulnerable Populations:

Spotlight on Girls

Sex Workers

Boys and Men

Restaveks

LGBT

The Disabled

Perpetrators

Security

Legal Justice

Housing and Safe Housing

Health: Post-Rape Medical Care

Reproductive Health Services

Mental Health Services

Concluding Remarks

Annex

Special Feature:

Photo Essay 'Girls In Haiti's Camps'

Community Mobilization, Prevention and Education

Rebuilding A Movement

The gender dimensions of the Haiti quake are reflected in the immediate heavy losses sustained by Haiti's women's movement and key state ministries and agencies that lost dynamic leaders. The impact was severe and personal for local groups, as well as institutional. They lost their directors, their mentors, their closest friends, their sisters in the struggle, their members and staff, their institutional offices and records (*see box below*). These losses compounded the personal shock, injuries and losses they also individually sustained, including homelessness.

At KOFIVIV, for example, leaders, staff and members alike took refuge in the dangerous IDP camps. There, some of them have suffered new rapes and even the rapes of their daughters, compounding their losses and shock even as they worked to recover and rebuild their organizations and extend emergency services to other victims. The efforts of these women and advocates can aptly be described as very courageous and even heroic, given the direct threats some faced for denouncing criminals and pursuing justice.

'Inestimable Losses'

A full accounting of the impact of the earthquake on Haiti's women's and sexual violence movement continues to this day. But the list includes the death of many beloved leaders. The collapse of the women's ministry building robbed Haiti of its Director-General Myrna Narcisse Theodore, feminist leader Myriam Merlet, as well as ministry collaborators Mitnel Azor and Jean Yxon Andre. Also killed that day was Magalie Marcelin, the founder of Kay Fanm, one of the only local groups then operating a safe shelter for GBV survivors. The dead include Anne-Marie Coriolan, founder of Solidarite Fanm Ayisyen (Solidarity with Haitian Women, or SOFA; as well as Mireille Neptune Anglade, the founder of the Lig Pouvwwa Fanm (League of Women's Power); and Gina Porcena, a prominent academic. A number of women who served as advisors to the government on women's rights also perished.^{xxxv xxxvi}

^{xxxvii} Non-Haitian women also died, including, for example, Andrea Loi Valenzuela, a human rights attorney with MINUSTAH who focused on gender crimes.

There were also young women leaders who died when the School of Nursing fell, and others who perished in other schools, hospitals and government agencies. Many women and girls were injured and are among those who suffered severe crush injuries and limb amputations. Today, these survivors have also emerged to helm a nascent disability movement (*see box, The Disabled*).

In an interview shortly after the quake, Haitian Radyo Kiskeya journalist Liliane Pierre-Paul, a feminist, summed up the feelings of many in Haiti when she stated, "We've lost so many leaders, so many women leaders, and so many women at all levels that it's just... just... inestimable."^{xxxviii} ∞

New Leaders Step Up

Today, a new generation of leaders has stepped up to take the helm of the many organizations that lost their directors in 2010. At SOFA, Carole Pierre-Paul has continued to provide steady leadership and assist other women leaders to recover while her sister, Liliane, remains among the most prominent women journalists at Radio Kiskeya, a community station located directly across the street from SOFA's offices in Port-au-Prince. At Kay Fanm, Yolette Gentil has taken charge, with support from other members of the KONAP coalition, including Danielle Magloire, who remains as head of Rights and

Democracy – Haiti and a force in the National Dialogue, the official advisory group to the women’s ministry (MCFDF) on sexual violence.

For those stepping up to fill the shoes of dynamic mentors, the learning curve has been steep and the expectations and demands very high. They have had to take charge amid the overwhelming demands of an extraordinary historic moment and the rushed entry of many newcomers and outside groups to the women’s rights and sexual violence arenas. These include donors and humanitarian groups who arrived daily seeking to make an impact, offer help as well as funds, but often with prior agendas or without any prior history of work in Haiti or relationships to guide a new partnership. Not surprisingly, tensions later arose among older and newer groups in the rush to act and the competition for funds to rebuild.

Government & UN Coordination

Haiti’s Ministry of Women’s Affairs and Rights & the UN GBV Sub-Cluster

Haiti’s Ministry of Women’s Affairs and Rights (MCFDF in French) remains the key government agency responsible for guiding Gender and GBV-related policies and reforms of law (*see Legal section for more*).^{xxxix} The fall of the ministry building and death of its Director-General Theodore and others dealt a heavy blow to Haiti’s women’s movement and left a void of government leadership on gender issues in the immediate aftermath of the disaster. Among those killed were staff working on discussions of the Law Against Gender Violence.^{xl} The ministry was also later robbed. These successive losses left surviving staff reeling at a small, understaffed government agency already coping with too few resources before the earthquake. The ministry set up a provisional office, but it took many weeks to recover its activities.

Given these conditions, a provisional UN “Sub-Cluster” on GBV, led by UNICEF, UNFPA, and other key UN groups, stepped in to provide post-quake coordination and communication among many of the field actors launching programs on gender-based violence, following the UN’s One Response “cluster” model for humanitarian action. A Child Protection Sub-Cluster was also formed, as were Clusters for agencies focusing on provision of essential services such as clean water, sanitation, education and health. A Reproductive Health Working Group, chaired by UNFPA, also helped to host initial weekly meetings of key groups focused on delivering emergency assistance to pregnant and nursing women. Many of these actors joined multiple clusters – a dizzying and constantly changing array of NGOs and key contact persons.

A decision to host the GBV Sub-Cluster (GBVSC) meetings at the well-guarded UN base, where many UN agencies were housed, also drew sharp criticism from some Haitian feminist groups including established groups doing GBV work. Some declined to participate because they opposed the UN’s role in the relief effort, one they viewed as a tacit Occupation. Local groups found it difficult to access the meetings at the UN “Log Base” compound that were conducted in English and French, not Kreyol. The meetings were eventually moved to a more accessible site outside the compound, but only after months of criticism. Groups outside the capital and outside Haiti felt left out. Many did participate in an electronic GBVSC “listserve” for members to share information. But reliance on the Internet to communicate was difficult for groups in areas of Haiti who often lack consistent web access.^{xli}

The women’s ministry also faced challenges in 2011 when a proposal was made to absorb it into the larger Ministry for Social Affairs – a move strongly rejected by women leaders. The MCFDF retained its institutional role, but continues to work with modest funds, personnel, and equipment, contend Haitian feminists who urge greater state support for this critical agency. Today, Minister Yanick Mezile guides a recovering agency that has helped to define an ambitious national agenda to address gender-based violence, within an overall mandate to support women’s rights and needs, particularly in this critical period of post-quake recovery. It has played an active role in supporting women’s participation in many areas of the reconstruction, including elections. The ministry has also advocated for greater protection and services for women in the IDP camps.

Last year, the Ministry helped guide a process of legal reform including the introduction in early 2012 of a comprehensive law on gender-based violence that would address domestic violence, and proposed reforms of laws on paternity and abortion. The Ministry has also represented Haitian women within international bodies and frameworks, and pushed for greater national and international attention and resources to address gender-based violence. Recently, it helped implement a new Canadian-backed “START” GBV program in three large camps and continues to provide much-needed Haitian government leadership on women’s issues, working closely with the National Dialogue and local women’s community groups. ∞

Today, a cadre of established women’s organizations – SOFA, Kay Fanm, Fanm Deside, and AFASDA among them – are considered the old guard or “establishment” of the women’s movement and its step-sister, the sexual violence movement. These grassroots groups work closely with the women’s ministry and approved medical providers like GHESKIO, PIH and MSF to provide services for referred clients. Many newer activists and voices have emerged from within other grassroots organizations and camp-based committees too, particularly younger women. CAFVAS and OFAVA represent two groups who have expanded their work on gender based violence in the Port-au-Prince zone, while Asosyasyon Le Boy is a local women’s group in Le Borgne that has led the response there (see boxes, this section and Prevention, Community Education and Advocacy section).

Among survivor-led groups, KOFVIV, the Commission of Women Victims for Victims, two dynamic leaders, co-founder Malya Apollon-Villard and Eramithe Delva, have become better known vocal advocates on the international scene as well as in Haiti, leading street protests to demand justice for rape survivors. So have members of FAVILEK, a network with longtime roots in Haiti, and KONAMAVID; both groups joined international allies in an advocacy campaign demanding action from both world and Haitian leaders (see Legal section).^{xiii} KOFVIV greatly stepped up its direct outreach in IDP camps, where many of its 1000 members lived in 2010. The organization has since expanded its outreach to rural areas, too.

The survivor-led groups got help early on from legal and rights groups who began monitoring cases and helped groups like KOFVIV rebuild their lost data archive and begin a fresh case registry. Among them, MADRE, Digital Democracy and legal volunteers from the international Lawyers Earthquake Response Network, a group that includes U.S. law schools, offered legal aid and trainings to support the demand for justice (see boxes, *Reporting and Monitoring and Legal sections*). KOFVIV produced one of the first reports capturing the spike of post-quake sexual violence with a spring 2010 report that catalogued 230 incidents of rape in 15 camps in Port-au-Prince, covering the period January 13 to March 21, 2010.

Early Steps

Within several weeks of the earthquake, most of the established women’s organizations had managed to secure or buy tents to set up interim offices and take up their former activities. Some relocated or merged with other institutions. By then, women and girls began trickling out of camps to seek help for rape from Kay Fanm, SOFA, AFASDA and KOFVIV, all with established programs. But with their own offices and safe houses damaged, these groups had nowhere to shelter victims or refer them to safe refuge (see *Safe House section*). Some allowed members and victims to sleep on the ground within tented areas of parking lots where they set up their interim field offices. Leaders at these agencies increased pressure on government officials, UN and humanitarian groups to provide more security and nightly patrols in camps, locked latrines, and lighting, as well as food aid, and materials to wash, cook and clean to women and girls. Staff and members of these groups personally took in victims including younger girls until they could find homes for them.



May Day “Rezo Fanm” (Women’s Network) protest, 2012.

Photo Credit: ©Meena Jagannath RAPP-IJDH-BAI

With help from UN Women, KONAP leaders provided workshops on addressing sexual violence to police and MINUSTAH units, and worked with medical teams to distribute GBV reference cards with information on where victims could seek help. They also worked with the women’s ministry to bring coordination to a fragmented multi-agency response and improve the response time of ambulances and hospital providers at the few institutions operating in the first weeks after January 12th.^{xliii} Most of the women’s and survivor groups also began distributing “dignity hygiene kits” – soap, sanitary pads, and essential items for washing – to women’s groups in camps, with support from groups like MADRE and the UN agencies. They also set up outreach programs to selected camps, and members provided *accompagnement* – a catch-all phrase that blends support and rape counseling, mediation and conflict resolution, and physical accompanying of the victim to medical or legal services. Among groups, KOFIV helped coordinate a large outreach network of volunteers, many rape survivors themselves, to find and refer victims of sexual violence to emergency services. (see boxes on KOFIV and other groups).

The psychosocial teams at URAMEL and IDEO joined to provide trauma and specialized psychosocial counseling to victims, while psychologists and counselors at GHESKIO and several public hospitals provided ambulance and emergency medical services, including examinations and medical certificates and help with pregnancy complications after rape in some cases.^{xliiv} But in the early days, with so many badly injured, most public and private hospitals damaged and inoperable, and the streets filled with mountains of rubble, gaining access to emergency services for rape was beyond difficult for many survivors of rape, certainly within the mandatory 72-hour legal reporting window (see *Legal Justice section*). The women’s organizations worked early on to help train Haiti’s overwhelmed police on protocols to respond to rape survivors. Other partners, including BAI, stepped up legal trainings for court officials, while outside groups like MADRE and volunteer international lawyers from the LERN network helped rape survivors at KOFIV and FAVILEK and those seeking temporary asylum on grounds of rape (see *Legal Justice section*).

Mobilizing Civil Society

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Primary Zone: National
Primary Target Group: Haitian Civil Society, Advisory role to government

The National Dialogue on Violence against Women was established in 2004 to serve as an official advisory body to the Haitian government and particularly the Ministry of Women's Condition and Women's Rights (MCFDF), as part of Haiti's preparation for the Beijing +10 Conference in spring 2005. Referred to simply as "La Concertation Nationale" by locals, this critical women's advisory body grew out of an earlier task force on GBV set up by leading feminists, some of whom continue to play a pioneering role in the fight against sexual violence. Others tragically perished in the earthquake.

The National Dialogue was given an official role to help coordinate, communicate, and advocate for initiatives and normative standards on GBV among three sectors: the Haitian government (Ministries of Women, Health and Justice), civil society, and international agencies. It has been particularly designed to help the MCFDF in its assigned role as the key government agency to develop and implement national policies, legal reforms, and myriad other initiatives aimed at promoting gender equality and reducing violence against women. At the time of establishment reports of overall violence and sexual violence had greatly increased as a result of political conflict that continued after the departure of populist leader Jean-Bertrand Aristide. The women's ministry itself was struggling with severe cuts in funding, reduced staff, and inadequate resources needed to achieve an already ambitious agenda of national action, as well as fulfilling Haiti international obligations as a UN member.

Danielle Magloire, a key figure in the National Dialogue, is also a founder of the CONAP (referred to in this report by its Kreyol acronym KONAP), a leftist coalition of Haitian women's advocacy NGOs. KONAP members were key promoters of the need for a body of experts on women's issues outside government who could help network between the various sectors and agencies and introduce forward-looking innovations and lessons from other countries. These activities include research and data collection, promotion of legal reforms, GBV prevention, and education and programs to help vulnerable groups such as domestic workers, or *restaveks* (see *Vulnerable Populations section*)

As a tripartite body, the National Dialogue initially included the MCFDF women's ministry, the Public Health and Population ministry, and Justice and Public Security ministry. NGOs were represented by KONAP as well the mental health group URAMEL (see box), the medical groups GHESKIO (see box), Doctors of World France, Caritas, POZ, and Haiti Solidarity International, among others. KONAP groups are also closely allied to Francophone Canadian and Caribbean groups.

The period 2004-2009 – before the earthquake – were years marked by great strides by both Haiti's MCFDF and its ally advisory National Dialogue. The ministry had a laundry list of To Do's in 2004 that was nearly completed two years later. It included developing, field-testing, and distributing some of the medico-legal tools now used to document GBV and establish an evidence base for legal cases. These include a now-approved GBV medical protocol, manual training for nursing staff, flyers on the need to report rape before 72 hours, a GBV registration form, a medical certificate, and a directory of services "Kat Referans" (see Annex). The National Dialogue has also helped the government with data collection and analysis – a very important, ongoing task – to better understand the changing picture of violence against women and girls, and to assess the impact of initiatives being taken. It also helped develop gender trainings given to members of the police, judiciary, and government agencies at the national and local levels. "We did a lot to help advance the rights of women," said Magloire in August, looking at pre-quake activities of the advisory body.

Two major victories achieved in 2005 bore the National Dialogue's imprint: the historic passage of a 2005 law on rape that makes it a severe crime punishable by 10 years to life imprisonment;^{xiv} and the development of a five-year National Plan of Action (2006-2011), a normative framework to guide the country's response to GBV. In the years that followed, the group helped broker conversations among civil society actors and international groups across Haiti.

Then came the earthquake, a shattering event in which women leaders who had helped build the advisory body perished, and leaders like Magloire at KONAP, among others, coped with deep personal losses of colleagues and the damage caused to women-led institutions. "We continue to suffer from that shock," said Magloire. "We continue every day to confront things that are linked to what we lost."

In the early days after the earthquake, feminist leaders like Magloire wore multiple hats as they worked to reestablish their own institutions and helped government leaders at the women's ministry recover. (Magloire is also Executive Director of the Haitian branch of the Canadian NGO Rights and Democracy [Droits et Démocratie]). As reports of sexual violence cases began rising, the National Dialogue resumed its activities, working in emergency conditions as the world's aid agencies began flooding into Haiti.

Magloire is a very outspoken leader, and she is blunt when it comes to politics and policy. "One of the difficulties has been that so many groups have come here and started activities without informing anyone," said Magloire, referring to the myriad NGOs and volunteers who set up ad hoc efforts to help quake survivors. "It was chaotic. There was no respect for the norms and protocols. People weren't even aware that Haiti had had a women's movement and groups here who have been working on this issue of violence against women for many years," added Magloire. "They just arrive and start doing anything any which way." She readily acknowledged the help and funds provided by some international and feminist groups, including longtime Canadian allies, but remained critical of others who, she felt, "want to speak for Haiti, and speak for us."

In a mid-2010 interview, Magloire said she had observed a trend of increased "promiscuity" among young girls and was aware of rising pregnancies reported by UNFPA and human rights groups. "It's clear that there is a link between the violence and the conditions women face now," she said. She also confirmed increased reports of sexual violence affecting adolescents. "The girls are the most vulnerable," said Magloire. "But at the same time, we have to carefully document all of this."

Today the National Dialogue is helping officials at the women's ministry to push forward the evolving national plan of action on GBV and facilitating civil society debates of planned reforms of legislation related to gender and GBV. It continues to collect data and monitor trends in the official GBV picture, issuing regular reports. ∞

Expanding Rural Outreach

While groups in the capital benefited from a rapid influx of humanitarian groups, relief groups took longer to respond to the needs in areas where rubble blocked roads. The road from Port-au-Prince to Jacmel was blocked for a short period with fallen rocks in sections. Without waiting for outside help, local groups including Fanm Deside and Limye Lavi, a group dedicated to fighting trafficking and helping orphans and *restavek* children, quickly established outreach to camps. So did SOFA members in Jacmel and the outlying Cap Rouge zone.

"We have a lot of women who lost their houses here. They have nothing and they are suffering. So we are trying to help them," stated Rosaline Patalon, a SOFA Sud-Est leader in Cap Rouge, in a late 2010 interview. As in Jacmel, SOFA members there confirmed seeing reports of rape January 12th, but lacked hard statistics. "We are seeing women here who say they were raped,"^{xlvi} she and other SOFA representatives confirmed. "We can't be sure of what's increased or not [with rape], because we don't have the means to know all that," said Patalon. "But we do encounter these cases here -- we always have." Services were also limited. "We don't have a lot we can do for them, but we offer counseling and whatever help we can,"^{xlvii} said Patalon. The local clinic in Cap Rouge had a visiting nurse, but limited medicine. Most residents relied on traditional healers, and midwives.



Rural women have little access to GBV services.

Photo Credit: © 2011 Alexis Erkert, Other Voices Are Possible.

Patalon said the earthquake had damaged already weak rural health services in the region, although some areas and communities were benefiting from government and arriving NGO efforts to rebuild public and private health services and centers. New resources and medicine were also arriving via cholera prevention programs. Other groups had funded or helped rebuild homes for women, but housing was still lacking, as was safe housing for rape victims. Rural women leaders like her were also coping with limited resources to reach clients in villages outside the immediate catchment area, and they lacked means to document the impact of the earthquake on women's lives.

Distance and lack of roads remained major hurdles for clients to seek help from groups in Jacmel. In 2010, it took 20 minutes by motorcycle or 4-wheel drive Jeep to ride up from Jacmel to Cap Rouge because a once-paved road was so eroded. Many still rely on donkeys to get around mountainous areas. Today, SOFA Sud Est outreach workers travel hours by foot to find clients or escort them to clinics below—usually too late to register an “official” report of rape. Moreover, as in urban Haiti, many women fear reporting the cases to the police, since the police are accused of abusing women and demanding bribes to help them.^{xlviii}

In northern Haiti, AFASDA is among the groups with an established program for sexual violence victims., and a long-running safe house in Cap Haitien (see *AFASDA-V-Day box, Safe House section*) The zone was less affected by the earthquake, but groups and hospitals there still saw an increase of reports of rape after January 2010.^{xlix}

Illuminating Snapshots

Despite an overall dearth of hard data about the rural post-quake rape picture, there are many reports of rapes documented by agencies, the police, legal groups helping victims and via media reports. A recent illuminating snapshot comes via a March 24, 2012, Haitian news report of the rapes of 21 teenage girls in the Artibonite area. The assaults had taken place in a prior three-week period.¹ The news was picked up by *AlterPresse* because the cases had reached the attention of local authorities, including the court in the coastal city of Gonaives. All 21 girls had quickly sought help, managed to secure medical certificates within 72 hours (the mandatory legal limit for reporting rape in Haiti in order to obtain the certificate) and retained the clothing worn during the assaults, and filed legal complaints – a series of

successful actions that remain an exception, even in the capital. Seven of the teenagers had never had prior sexual relations, three were younger than 15, and one was a girl of 8 reportedly assaulted by a 14-year-old boy, according to advocates. Other 16-year-old girls were living with far older men – aged 49 to 54 – another kind of forced sexual exchange, often for lodging. One girl had been raped by her pastor after her parents sent her to live with him for protection; when she got pregnant from rape, he sought to have her abort the pregnancy.

Such stories are all too common across Haiti, say advocates. What’s encouraging about this otherwise tragic news, and which does represent an advance, is the fact that the teenagers knew to report the case and were given support by families and advocates to do so, and that police and service providers were on hand with resources to quickly respond. At press time, 14 presumed rapists had been picked up; 7 were actively being sought by police. This points to the improving community awareness and police response to sexual violence since the quake, despite an overall very poor service picture.

Left Out: The Provinces

After the earthquake, SOFA Sud-Est and Fanm Deside, among others, extended their outreach services to communities beyond their prior zones of operation. Limye Lavi, an agency focused on child protection that fights trafficking (*see box, Limye Lavi*), also increased its outreach to assist vulnerable children. In 2011 interviews, directors at these agencies said they’d encountered or heard of sexual violence cases but often lacked the staff or resources to respond to more distant cases. “The zone is really large,” said SOFA’s Patalon. “Our women walk all day sometimes to respond to calls (for help).

While the Jacmel zone is relatively well-resourced to help survivors with established groups like Fanm Deside, SOFA and Limye Lavi to help survivors, smaller cities and rural areas lack such resources. As of mid-2012, there were no formal help centers or safe houses for sexual violence survivors in the cities Les Cayes, Jeremie, and Gonaives, though local women’s groups were help victims on an individual case basis find refuge in private homes or providing money to rent rooms on an emergency basis. Local officials in those cities also struggled in 2010 to assist a steady influx of displaced refugees from Port-au-Prince.

There, too local women’s and community organizations have extended their outreach to IDP camps and individuals since evicted who are resettling in other areas. In these smaller and coastal cities, rape victims are typically referred to the police, who themselves have limited officers and resources, including a lack of vehicles to help transport victims to hospitals or personnel to arrest suspects. Advocates also stress that women fear the police who have been accused of rapes and asking women for bribes to intervene. (*see Security and Child Protection section*).

In Léogâne, MUDHA (the Movement for Dominican Women of Haitian Descent) established model IDP camps run by women that provided greater security via mixed patrols – effective steps to reduce sexual violence, according to reporters who visited the camps.^{li} Its members also expanded outreach in the zone, as have several other women’s rights groups. But the demand outstrips the supply, including a local demand for mental health training to address post-trauma.

“In general, there is a lack of resources to address this problem in the provinces,” stated Guerda Constant, director of Limye Lavi. Her organization has worked closely with the IOM and groups focused on child protection to help minors reporting abuse, including *restaveks*. Based on her observations, many girls working before the earthquake as *restaveks* – unpaid domestic workers – became homeless

when families they lived with lost homes or died on January 12. These vulnerable children remain at high risk of sexual abuse, including trafficking. “We see these children who have nowhere to go now,” stated Constant. “They are the ones I worry especially about.” (see *Spotlight on Girls* section)

Caribbean Solidarity

A growing number of international feminists and groups, including Dominican activists, have helped to shed light on sexual violence in smaller cities and the Haiti-Dominican border area. Right after the earthquake, the late Sonia Pierre, already a globally famous human rights activist and founder of MUDHA, organized emergency convoys of food and other aid to families seeking refuge along Haiti’s border, areas often far from arriving aid groups.^{lii} MUDHA’s model IDP camp management in Léogâne has highlighted the positive impact of recruiting local women to serve in mixed security patrols, and the importance of establishing protected areas in camps for children to play, mothers to nurse, and girls to learn – and sleep. (Note: Local women’s groups and UN agencies including UNICEF also share credit for setting up “baby tents” in camps to provide young nursing mothers with privacy and a safe space to care for their newborn children and to receive education.^{liii} (see *Reproductive Health* section)

Post-quake, several Haitian feminist groups joined forces with allied Caribbean and Latin America colleagues to launch a collective feminist international solidarity camp “Myriam Merlet” on the Haitian-Dominican border. This project drew global attention to women’s needs and voices in Haiti’s reconstruction. Maria Suarez, a journalist with FIRE (Feminist International Radio Endeavour), helped lead a radio advocacy project to broadcast women’s voices out of Haiti. Another activist-reporter, Beverly Bell of the U.S.-based group Other Worlds Are Possible, has given voice to women and youth who are emerging leaders in Haiti’s social movements and within new camp communities. This also underscored the need to amplify women’s voices from Haiti within media coverage of the recovery.

Follow the Money

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Shortly after the earthquake, women leaders began demanding that Haitian and global leaders address the impact of the disaster on women and girls, and provide funding to support relief aid to women in the IDP camps. Topping the list of demands was urgent funding to improve security, emergency health and GBV services. Since 2010, the demand for funding has remained high on the list of priorities put forward by feminist leaders in and outside Haiti.

Women's concerns were presented in a preliminary Gender Shadow Report (GSR) on the Post-Disaster Needs Assessment (PDNA) reconstruction blueprint that was produced by a loose coalition of Haitian, diaspora and international groups and feminist leaders, The Haiti Equality Collective. Their March 31, 2010 preliminary shadow report noted the lack of women's input on the PDNA and on Haiti's decision-making advisory bodies including the nascent Interim Commission for the Reconstruction of Haiti (IHRC). The PDNA blueprint did not mention gender-based violence or address underlying social, economic and structural inequities that created more hurdles for women to recover from the disaster compared to men. The gender shadow report called for adoption of a gender rights framework to guide Haiti's rebuilding effort, including benchmarks in key technical sectors such as housing, urban and rural development, education, agriculture and the economy. The report listed top recommendations for priority action put forward by Haitian feminists and social movements to address cross-sector gender gaps.

In a parallel step, the Washington, DC-based advocacy group Gender Action began closely tracking funding of the recovery effort by International Financial Institutions, or IFIs, and added its voice to a growing global chorus of women's and community groups demanding IFI monies be urgently directed to Haitian women's needs. Gender Action also edited and released a final version of the joint Haiti Gender Shadow Report in December 2010.^{iv}

In a follow up May 2011 report on funding to date for GBV in Haiti, Gender Action reported that the two IFIs – the World Bank and Inter-American Development Bank (IDB) – had granted almost \$500 million for relief and rebuilding projects in Haiti from January 2010 to May 2011 alone. But only one grant had been provided to address gender-based violence out of 78 post-earthquake grants totaling \$223 million, and only due to persistent Gender Action advocacy^{iv, lvi}. Gender Action stated: "The other 77 World Bank and IDB grants approved for Haiti, comprising 99.9 percent of their post-earthquake expenditures, ignore GBV. Remarkably, all of the IFI's solar lighting projects' stated objectives – to provide generators for emergency centers, medical units, refugee camps, and refrigeration for vaccines – neglect to include the reduction of GBV."

The GBV grant came from the World Bank-backed Rapid Social Trust Fund, a multi-donor endeavor to help the world's poorest countries and build social protection systems to safeguard poor and vulnerable groups against severe shocks like food, fuel and financial crises.^{lvii} Representatives of the World Bank's Latin America and Caribbean Poverty and Gender Group (LCSPP), aware of the demand for action by Haitian and international feminists, agreed that Haiti's historic earthquake and the emerging GBV crisis in IDP camps fit the Trust's severe shock category. The GBV grant represented a first of its kind for the LCSPP – an IFI funding breakthrough of sorts related to gender and disaster.^{lviii}

The Trust money was given to KOFVIV,^{lix} via its US partner MADRE, to launch their GBV survivor-led "Women Say Enough is Enough" community outreach and training campaign in five IDP camps. That campaign began in November 2010 and quickly mobilized KOFVIV members in and outside of camps, joined by advocates from other survivors and grassroots groups, to distribute security supplies (including whistles, cell phones, lanterns, tarps, etc.) and provide trainings for local women^{lx} (see KOFVIV and MADRE boxes).

The grant was the result of a direct lobbying effort in spring 2011 of World Bank and IDB officials by Haitian and diaspora leaders that was organized by the DC-based Haiti Advocacy Working Group (HAWG), an ad-hoc coalition that included Gender Action as a founding member.^{lxi} Gender Action co-chairs HAWG's sub-group on IFI's and Debt and played an active role in pushing the bank to fund anti-GBV efforts. This included organizing meetings between Haitian grassroots women leaders and key US officials, including the State Department's Global Ambassador for Women at Large Melanne Vermeer and Special Assistant for Violence Against Women Sandrine Rukundo. Gender Action also joined a nascent GBV-focused Haitian Women

and Girls Allies (HWGA) coalition with US-based NGOs doing Haiti GBV advocacy work, including MADRE, Other Worlds Are Possible, and TransAfrica. Gender Action also played an active role as a member of the Jubilee Debt Network Council in a successful global campaign to cancel Haiti's \$279.1 million dollar debt to International Monetary Fund, a debt built up over the years by prior and corrupt regimes.^{lxiii}

According to Gender Action's President Elaine Zuckerman, "The World Bank's \$500,000 GBV Haiti grant specifically responds to heavy Gender Action advocacy demonstrating that no initial World Bank post-earthquake investments addressed appalling GBV rates among Haitian women living on streets and in camps." While that's progress, it's still barely a dot on the overall map of Haiti funding. "The World Bank's GBV grant amounts to a mere 0.09 percent of total World Bank post-earthquake spending in Haiti," confirms Zuckerman. And what that's perhaps shocking, given the heavy impact of sexual on women,, it's better than the IDB's record. "Gender Action's monitoring of Inter-American Development Bank (IDB) post-earthquake commitments to Haiti totaling \$1 billion for over a hundred projects reveals that none of them specifically address GBV," reports Zuckerman.

It's no small irony, then, that the lone GBV grant to Haiti represents a milestone of sorts for IFIs. Gender Action's analysis finds that the World Bank has historically only financed projects with a specific focus on gender-based violence in three countries – the Ivory Coast, Democratic Republic of the Congo, and recently, Haiti.

Officials at both bank can argue that funding for other reconstruction projects – road building, debris clearance, judicial and security improvements, rural development, for example – provide a broad benefit to women as a class and thus to GBV survivors as a subcategory. This is true. But no funds have been provided to address a major problem -- rape -- that a wealth of studies have now linked to specific post-economic conditions and factors, including displacement, lack of housing, insecurity, and rising violent crime in IDPs and areas where camp dwellers are being resettled.

Gender advocates also point out that a lack of transparency has left out Haitian NGOs and smaller groups from applying for reconstruction funds since many have involved "no bid" contracts without public RFPs – Requests for Proposals. Studies by aid watchdog groups have found that billions of dollars of Haiti reconstruction funds were given to US and outside contract agencies, some of them the 'no bid' contracts. As of September 2011, only 2.4 percent of the \$205 million in aid contracts by the US government in Haiti had gone to to Haitian companies, according to an analysis by the Center on Economic and Policy Research of the Federal Procurement Database System. A May 2012 report by independent journalist Jacob Kushner also found that \$10.2 billion in aid pledged to post-earthquake reconstruction in Haiti was largely bypassing the nation's local producers and importers.^{lxiii}

In September 2012, Gender Action's Claire Lauterbach authored another investigative report, a case study assessing the financial and gender dimensions of Haiti's draft National Housing and Urban Development policy, a World Bank-backed plan (*see Housing section for more discussion*).^{lxiv} The case study asked: will Haiti's vulnerable and poor women benefit from the plan? Gender Action found that the housing policy, which heavily relies on private investment to build new housing, would burden the poor, especially women "with expensive and unobtainable housing by relying on private solutions, ignoring Haitians' Constitutional right to decent housing." Gender Action uses its "Essential Gender Analysis Checklist"^{lxv} to assess the quality of gender integration, finding that "... in almost all respects, the Policy does not address women's vulnerability" and does not address women's housing needs.

The case study also found the World Bank was not adhering to its own agency gender policy and suggested five key recommendations to improve the draft policy, including one that tops the list for GBV survivors and advocates: that housing projects include subsidy schemes for displaced women and their families and women-headed households as well as other vulnerable groups. In an monitoring update, Lauterbach reported that, as of Oct 20, 2012, total World Bank commitments for Haiti totaled \$547,740,000, while disbursements were less than half that amount, at \$205,829,500 . The IDB's commitments stood at \$960,827,230, with \$357,110,737 of disbursements.^{lxvi}

Gender Action, with partner organizations such as HAWG members, is pressuring these taxpayer-funded banks to live up to their anti-GBV rhetoric by investing more in preventing and treating GBV.

Looking ahead, Gender Action hopes to partner with groups fighting GBV in Haiti to improve local capacity to do financial and gender monitoring of IFI, US and Haitian government-funded projects. Their goal is the mantra on many lips in Haiti: "Follow the Money."[∞]

Adopting a Human Rights Frame

Human rights groups in and outside of Haiti were also quick to provide documentation of the increased sexual violence in camps, including the Haitian Platform of Human Rights Organizations (POHDH), the National Network of Human Rights Defenders (RNDDH), Amnesty International,^{lxvii} Human Rights Watch,^{lxviii} the International Rescue Committee and other watchdog groups in Europe, the Caribbean, and Canada. The right to be free of sexual violence is a “fundamental component of the right to health” that is often threatened in post-disaster settings, a point made repeatedly by rights advocates in their advocacy on behalf of sexual assault survivors.^{lxix} The human rights groups began publishing a regular stream of scathing reports on the poor conditions within IDP camps and the emerging sexual violence reports that were picked up by media outlets. These were used by media outlets to raise global awareness of the problem.

Haitian advocates also took their complaints directly to UN decision makers. In June 2010, KOFATIV’s Malya Villard-Apollon, herself a survivor, testified on rapes taking place in camps before the UN Human Rights Commission on behalf of KOFATIV, FAVILEK, IJDH-BAI, MADRE and other allies (see *Legal Justice* section). She later presented a joint petition to the Inter-American Commission on Human Rights, demanding that it push Haiti’s government take urgent action to protect women. In October 2010, the UN Security Council adopted Resolution 1944 (2010) on Haiti, which did just that, calling on Haiti’s leaders to work closely with the UN country team and MINUSTAH to protect women’s and children’s rights.^{lxx} In April 2012, Villard-Apollon was named a CNN Hero for her leadership, a reflection of KOFATIV’s important role, too.

Certifying Rape

Haiti’s legal protocol for officially reporting a case of rape requires an individual to report an incident of sexual assault and obtain a physical examination and a medical certificate from a provider at a hospital approved by the Ministry of Health within 72 hours. Only rape cases backed by a medical certificate are considered “verified” for official reporting purposes. *Although it is not a de jure legal requirement to have a medical certificate in order to pursue a legal claim*, Haiti’s courts and judges have often refused to accept copies of certificates issued by providers who aren’t the HUEH general hospital or GHESKIO, or to hear cases without a medical certificate. This issue has been increasingly challenged by legal advocates who have pushed for alternative evidence to be submitted in cases without certificates.^{lxxi} (see *Legal Justice* section for more).∞

“Sensationalizing Rape”

As more groups and eyes focused on the crisis of rape in Haiti in 2010, not everyone agreed that an overnight “epidemic of rape” was taking place in Haiti,^{lxxii} including some of Haiti’s most seasoned activists on the issue. They have since publicly denounced what they viewed as the “over sensationalizing” of rape by foreign reporters and even U.S. feminist groups – a portrayal some Haitians considered tacitly racist. (see *Media* section).^{lxxiii}

“We have a big problem with the way some people have represented this subject and also the media,” stated Danielle Magloire of the advisory National Dialogue on Sexual Violence in a fall 2010 interview. “It’s not only Haitian men who rape; it’s a problem found in all countries.” She noted: “We also saw violence against women before the earthquake. So it’s not a new phenomenon to Haiti. It’s that there were already very bad conditions that were made worse.”

Magloire and others feminists in the KONAP coalition, among others, remain concerned about over-hyping the numbers on rape. “I feel we have to be very careful here,” she said in a follow-up July 2011 interview. “We have *not* been seeing the huge increase of cases that some other groups are reporting.” She was referring to the national registry of officially reported cases, which has recorded far fewer cases than those cited by some advocacy groups or in media reports. “These other cases are not all verified – they have not been confirmed,” Magloire explained. “We can only be certain about cases that are documented.” (see *Media box*).

Compared to the media picture for rape in Haiti, and the testimonies provided by survivors to human rights groups, the number of officially “verified” cases is far smaller. This was true before the earthquake too. The advisory National Dialogue publicly acknowledges that cases in the official national registry likely represent the tip of the iceberg. The question remains: how big is that iceberg?

Fighting Media Hype

The issue of sensationalizing rape newly exploded in June 2011 when a US reporter for Mother Jones magazine, Mac McClelland, published a controversial (and widely-disparaged) article about how covering rape in Haiti helped her overcome her personal trauma about rape.^{lxxiv} Her highly personal essay unleashed a tirade of criticism against both McClelland and the international media’s coverage of sexual violence in Haiti.^{lxxv} In response, a group of Haitian, diaspora, and international women journalists covering Haiti wrote an open letter denouncing what they called McClelland’s failure to adhere to ethical standards of professional journalism. (Some reporters had learned, via a lawyer for a rape victim, that McClelland and the magazine had been warned more than once in advance not to publish details of the victim’s story and did anyway, causing renewed trauma to the victim.)^{lxxvi} For her part, McClelland defended her reporting but suffered a major blow to her professional reputation as a result.

The incident spurred creation of a Working Group on Media Protocols on Sexual Gender-Based Violence in Haiti, organized by veteran Haiti reporters and led by Michelle Karshan, a longtime Haiti advocate. The group has developed guidelines on how to sensitively report about sexual violence and avoid further harm to victims.^{lxxvii} The issue sparked new headlines in 2011 following the media’s disclosure of a young man’s name in global coverage one of several recent Haiti MINUSTAH rape scandals, and the leaking to YouTube of a cell phone video capture of the alleged assault (see *MINUSTAH box in Security section*).^{lxxviii}

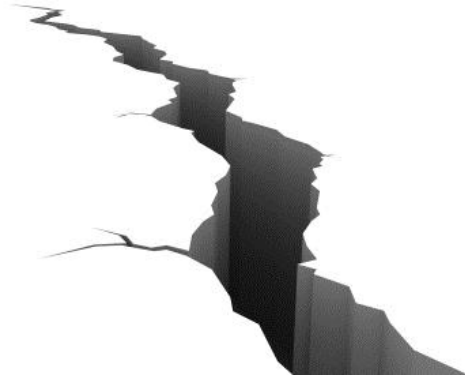
The Missing Picture

The disparity between “official” cases vs. non-official reports raises the million-dollar question many have asked but no one can easily answer: How bad is the rape picture in Haiti now? How does it compare with before 2010? Why is there such a disparity between the official statistics and the suspected real picture – the “nightmare of rape” so many have reported? Most importantly, how has this picture changed with so many eyes and actors now focused on the problem? Are things improving? Has the recent, ongoing effort to close the most dangerous, overpopulated camps helped? Are sex crimes declining? Or is it more of the same in the still-dangerous slums and new shanties?

In the following sections we examine many of these questions and offer selected examples of field progress in each service area. Our reporting has sought to provide broad overviews of progress and probed the big gray area between what has been reported and what has been rumored -- and what has fallen between the cracks.

We’ve included selected capsule boxes about frontline groups, both established and newcomers, who have made an important contribution or represent innovative approaches in the field. We’ve also included portraits of leaders in the sexual violence and asked them to reflect upon challenges and

leadership lessons learned since 2010. Overall, we've tried to capture what frontline actors have done, learned and observed, and what they think about the shifting picture of sexual violence in Haiti.



Portraits in Leadership

Carole Pierre-Paul Jacob, Director, SOFA

Carole Pierre-Paul Jacob has been a member of the Haitian Women's Solidarity Organization, SOFA, for almost twenty years. She continues to serve as its director, a role that she has occupied for 14 years, following re-election to the post in March 2010. SOFA is a grassroots nonprofit women's rights organization working at the national and international level. It has offered services for gender-based violence victims via a program that began in 2002. Its 21 Sant Douvanjou (Dawn Centers) serve women across the country (see boxes on SOFA in Reporting and Monitoring). In her own words, Pierre-Paul Jacob reflects on SOFA's recovery and role since the quake, and the challenges she faces as a leader.

"SOFA is a grassroots feminist organization and a decentralized Haitian women's network," she begins, introducing the organization she has helped to shape. "At SOFA we fight against the feminization of poverty. Over the past 14 years, I have been the coordinator of the SOFA's office. I've played leadership role with the organization for several years and I try to play an important role in the feminist sector.

The earthquake that Haiti experienced on January 12th, 2010 is recognized as the biggest in the world and struck a country that is the poorest in the American continent (Western Hemisphere). It was an incredible disaster, enormous and immeasurable as everyone knows. Women were very touched by this earthquake. We lost at least three major leaders -- Magalie Marcelin, Anne-Marie Coriolan and Myriam Merlet -- all well-known activists of the feminist movement in Haiti. So the earthquake was a moment that we experienced as very painful and we needed several months before trying to recover from this terrible shock. We later carried out a big ceremony in March 2010 to honor the dead women.

We were not paralyzed, though. From the first moments we were obliged to help the survivors. SOFA was practically the only organizational with a building left standing, so from day one we put our building to the service of others for meetings. It was really the great mobilization. At the same time we had to come to the aid of many working class and market women. We had to use all our resources to help women victims. In that sense, we helped over 500 women, providing them basic relief and aid.

So it was really a time of great urgency and even today we're living the consequences. We're still talking about the reconstruction of the country, and the damages caused by the earthquake. We continue to live very difficult moments because the strategies that were planned to put the country back on track haven't sufficed. The international community hasn't released the funds they promised, and other authorities haven't had the intelligence or the will required to really move Haiti forward.

As an activist, with a cause to defend, I have a responsibility to defend the social needs of the masses. SOFA is an organization that works close to the masses. We put a lot of emphasis on violence against women because it's one of our priorities. We've been working on this since SOFA was founded in 1986, and since 1997, we've been one of the few organizations to really address this problem. At the time (1990s), there wasn't much mobilization on this issue and even women's organizations weren't interested. They didn't see this problem as rooted in patriarchy. Even some progressive activists saw this as a problem secondary to women's struggles. I'm proud to say that SOFA is an organization that is courageous and we've achieved very significant results. Today, there's a great national awareness that's occurred and many other sectors have now taken up this struggle.

There are many lessons to share. We are engaged in a very complex struggle. SOFA links the struggle for women's rights to the struggle of the masses, which is to say that we believe that the liberation of women and their freedom from domination by the patriarchy can't happen without a global and political context. You need a democratic context to really deliver a solution to problems facing women.

At SOFA we believe that we're headed in a very good direction, given the advances that have made so far, whether it's the context of sexual violence or in another sector such as the economy. For example, there's a lot of talk today about female entrepreneurship, so we recognize that there's been a large national recognition of women's role in the society. I think that's already great progress. Still, there's a long way to go to achieve a real transformation of the society and to give women their

true place and role in Haitian history, which they've always played since 1804 (Haiti's independence). We know how important women's participation is in the construction of Haitian society.

So the lessons are many. We need more activism and conviction in this struggle. We know we can't solve the problem (of sexual violence) overnight. There's a long road ahead and generations who will have to cope with the challenges of this struggle.

I think that since 2010 there's actually a serious problem. The earthquake laid bare the social problems -- let's say the social schisms -- that have existed in this country since 1804. It's the problem of the excluded -- those who took over the public spaces (those made homeless by the quake). The economic situation is of great importance to the people. We got to see these problems, both in public arena and within families, and in the social relations between the genders that were laid bare. At the same time we witnessed a considerable disdain by leaders and decision makers responsible for addressing this issue (of sexual violence).

If you consider the issue of women and rape, I'd say this problem wasn't invented by the earthquake but has always existed in our society. This disaster and the problems that have followed were very poorly addressed by the leaders. That left the NGOs and other institutions of the society to do what was necessary. But I don't believe it's the earthquake that caused rapes to increase. In fact, I'll take this opportunity to even denounce certain maneuvers that have taken place since the earthquake, that's to say, the intrusion of certain NGOs who have taken advantage of the problem to make the question of rape their entry card into Haiti. I'm talking about international programs (NGOs), where the cases of rape have been exaggerated by them. Certain NGOs have made it seem, at the international level, that Haiti would be a nightmare with rape everywhere. This information doesn't serve the cause of the country. It's led to a trivialization of rape. The problem of rape is a structure problem, not a cyclical problem. It's a problem linked to a system that is fundamentally patriarchal and must be attacked as such. I believe that, on the contrary, the earthquake worsened the problem of sexual violence in that it led to completely catastrophic interventions with regard to the dossier on rape.

For us at SOFA, our priorities remain the same. We continue to accompany women in raising their consciousness and helping them, and increasing their capacity so that they can break their bad relationships with men and we can also work with men to address the problem. The question of violence is a matter of education, and training. Our (social) education deserves to be critiqued and diagnosed and that way we'll finally arrive at solutions.

Our priority is to continue reinforcing our welcome centers; we have 21 centers that operate in four geographic departments to cover the national territory. We need to create more services. Without them, women will continue to suffer from violence. Both the state and each of us has to assume our responsibilities to address the problem."∞

--Interview conducted by Mania Milien of Radyo Fanm for PotoFanm+Fi.

Global Allies: WE-LEAD

Organization: WE-LEAD, a program of Heartland Alliance
Contact: Sophie Orthela – Haiti Program Director;
 Claudine Sainital, Director of Advocacy (GBV)
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Primary Zone: Port-au-Prince – metropolitan zone.
Primary Target Group: Girls in metropolitan IDP camps.

WE-LEAD is a women’s empowerment and digital literacy program launched in Haiti in 2010 by Heartland Alliance, an international NGO based in Chicago, IL. Heartland Alliance is well known globally for its mental health programs and training courses, particularly in Africa. The WE-LEAD program is staffed by a small group of seven Haitians and a US co-director, and includes social workers and community agents (“animateurs”) that provide trainings in women’s leadership and rights training as well as legal support to women’s groups on cases that include sexual violence.

Heartland Alliance secured an initial two year-USAID grant to launch WE-LEAD and support the GBV activities of its main Haitian partner, KOFIVIV, working with other KOFIVIV NGO supporters, including MADRE, Digital Democracy and BAI-IJDH. Led by lawyer Guerly Leriche, WE-LEAD has also provided legal and rights trainings for women’s groups in Petit Goave and Grand Goave, among other cities. “Our mission is to do outreach to women leaders – especially younger women – and see how we can support these groups to have a greater impact in their community,” said Claudine Sainital, who heads their women’s empowerment trainings. “There are a lot of women and groups who are looking to have an impact. We can offer empowerment and teach them about their rights. There’s a great interest in that.”

WE-LEAD also collaborates with FAVILEK, a smaller GBV survivor’s network. (In August 2011, lawyers from Reed Smith, a US law firm, held a weeklong legal aid clinic there for FAVILEK members). A feminist center, WE-LEAD has reached out to help underserved and vulnerable populations gain visibility and support, including: lesbians (FACSDIS), HIV positive and transgendered Haitians (SEROvie), and sex workers. “There are still women and groups who feel they have to hide and they face additional stigma and discrimination,” said Marie de Cenival, who helped set up WE-LEAD in 2010 and training its dynamic youthful feminist staff – including Leriche, an ally of Haiti’s only men’s GBV group, ADHESE, in *Jacmel (see box, Vulnerable Populations section)*. “We want to support the leaders who are mobilizing to defend their rights.” WE-LEAD also aspires to provide fresh energy for Haiti’s feminist movement, which was hard-hit with the death of several dynamic leaders in the earthquake

In June 2011, WE-LEAD opened a 12-computer cyber center and small feminist library –free to the public and open daily. “We started this to support and give more visibility to women’s groups who want to give their members basic Internet skills and to have a presence on the web,” explained de Cenival. “We deliberately didn’t target the best-known women’s groups because they were not those with the biggest needs related to computer training.” As of August 2012, their IT center in Pacot was providing free computer and social media training to 30 women a day – many younger women. Participants are taught how to write and design projects, use Excel to create databases, and overall digital literacy. The group recently changed location to a smaller site, but maintained its activities.

“We found that many of these young women - this new generation – know almost nothing about the history of the women’s movement here and what other women have done before them,” said de Cenival. “We want to change that. We hope to bring together the young women coming out of the camps to have a dialogue with the established women leaders. Hopefully this will help to revitalize the feminist movement here.” Toward that end, WE-LEAD began hosting a now-popular bimonthly “Club du Jeudi” (Thursday Club) discussion forum on women’s issues, inviting movement pioneers to meet a young generation. Their library is also collecting and sharing feminist books and materials, including those by and about Haitian women and the history of Haiti’s women’s movement.

WE-LEAD is newly focusing on sexual harassment in Haiti, having identified it as a big problem for women that needs greater advocacy by and for women and girls. The group hopes to facilitate 2013 forums on the pending reforms of laws on paternity, GBV, and domestic violence, to assure women and girls are updated on their evolving legal rights. "We have to make sure the changes aren't just going to stay on paper," said de Cenival, who now manages the US side of WE-LEAD, working with Haitian Executive Director Sophia Orthela. "I'm really inspired by what we've been able to do so far," said de Cenival. "There's such a demand among Haitian women to be educated and trained so that they can change the situation for women in this country. We are trying to help them realize that dream. Already, we can see the trainings work. They're empowered and ready to lead." ∞

Reporting and Monitoring

DEFINING THE PICTURE

How many women and girls were raped in Haiti in the aftermath of the January 2010 earthquake? How many cases were officially reported and how many off the books? Who were the rapists? What about rural areas – what happened there? Two years later, what’s changed for the better?

These questions – and many more — have been at the heart of a growing collective effort by Haitian local advocacy and international human rights groups to better document the shifting picture of sexual violence since the earthquake, and compare it to what was known before. To date, the statistics offered by different groups vary greatly, based on factors that include the site and period of inquiry, the demographics of camps and populations surveyed, different approaches to identifying and interviewing alleged victims, and different research questions being asked. Many reports have loosely blended published figures by the media and other groups without distinguishing between officially certified cases – those verified by a medical examination and reflected in the national registry – with unconfirmed reports.

For the most part, the various reports since 2010 have provided dramatic, tragic, first-person, and eye-witness accounts of sexual violence directed primarily at women and girls in Port-au-Prince camps. These reveal a spike in rape occurred after the January earthquake amid an overall environment of increased insecurity, crime, violence, homelessness, and economic crisis – all factors behind sexual violence. But a close look at the data to date also suggests a different pattern for official versus unofficial cases.

Framing Sexual Violence

As Haitian feminists repeatedly stress, it’s important to remember that rape is hardly new to Haiti (or any other country). The further one goes back, even before Haiti’s independence, back to the earliest days of Haiti’s roots as the slave colony of then-St. Domingue, the more one finds cases of sexual violence there. It’s important, say feminists, to situate the problem of rape – and the responses to gender violence — as a reflection of Haitian society’s evolving views toward women and their rights (or lack thereof). Until 2006, rape was still considered a crime against honor under Haitian law, a squandering of virginity that could be settled with payment to a victim’s family. Gender inequity is an engine of sexual violence, and gender disparities are the fault lines intersecting the issue of sexual violence at many levels.

Given the focus on women’s sexuality, sexual crimes directed at boys and men have also remained largely hidden. It’s not accidental that male rape victims are often assumed and accused of being homosexuals and then feared for having AIDS – two stigmas that make it even harder for victims to disclose the crimes. That goes double for men who happen to be gay, and triple for individuals who identify as transgendered. (See *Vulnerable Populations* section.)

Engines of Conflict and Insecurity

Sexual violence has also been consistently linked with political and social upheaval in Haiti. Human rights groups have routinely documented the use of rape and sexual torture by Haiti's leaders, from the notorious dictator "Papa Doc" Duvalier and his son Jean-Claude, to the cabal of short-lived military strongmen who followed them, through the democratic election (and later overthrow and second term) of former populist president Jean-Bertrand Aristide. In the 1990s, Human Rights Watch documented the use of rape as a form of oppression under the regime of ex-General Raoul Cédras.

From 2002 to 2004, with Aristide struggling to stay in power, political violence and cases of rape exploded anew. Hundreds of women and girls – many very young – were raped, some by police, others by pro- and anti-Aristide supporters, say human rights groups. One study found that 35,000 women and girls were subjected to rape and sexual assault from 2004 to 2006, a figure cited by the UN Security Council. Another study, published in the *Lancet*, reported that 19,000 girls out of 100,000 were raped in the greater Port-au-Prince area between February 2004 and December 2005.^{lxxxix}

Here again, it's important to stress that these past studies are generally based on self-reporting – *what people say happened to them*. This information may not be "verified" or confirmed via a medical exam and requisite certificate, or a police or legal investigation. But in most cases, even absent medical exams, the majority of claims prove credible, say investigating lawyers working with rape survivors today (see *Legal Justice* and *Health Services* sections). During political crises, when individuals are being targeted, it may be even more dangerous and difficult to disclose politically motivated sex crimes too, so past studies may not fully capture what occurred then, either. But they provide critical snapshots.

The statistics generated in the politically hot period of 2002-04 by Haitian women's groups – primarily by SOFA and Kay Fanm, and the human rights watchdog group RNDDH – are much smaller and reflect "verified" cases. These also reveal a past pattern of child rape and gang rapes linked to generalized political and civil violence. From January to April 2004, for example, Kay Fanm documented 46 rapes, involving mostly young girls – roughly 13 a month. That compared with less than two rapes a month in the preceding four years. In January 2004 alone, SOFA documented 46 "political rapes" – sexual assaults by different armed political factions including *chimeres* – or ghosts, a name given to masked youth gang members.

Earlier Victories

Ironically, 2004 also marked a turning point for advocates, when the nascent movement against sexual violence gained some political muscle. As rape cases exploded, Haitian feminists including Danielle Magloire established the advisory National Dialogue on Sexual Violence, helped push through an ambitious 5-year national action plan, and, in 2005, won historic passage of a rape law that makes it a crime punishable by 10 years to life. They also succeeded in pushing the government to document the recent wave of sexual crimes. In 2006, the government reported, via its national EMMUS IV household census, that 26 percent of Haitian women and girls over age 15 had been victims of sexual or gender-based violence.^{lxxx} That statistic has remained a comparative official reference for national studies. In an oft-cited statistic, a joint 2006 Inter-American Development Bank and UNIFEM study found that a third of Haitian women and girls had been affected by sexual violence. Over half were under 18.^{lxxxi}

Yet the official numbers presented an overall picture of sexual violence before 2010 far smaller than what advocates daily encountered -- a fact still true. That's why Kay Fanm's website states: "We must stress that documented cases represent 10 percent to 15 percent of the real cases of aggression." The real number is anyone's guess.

Emerging from the Rubble: First Cases

Reports of rape began surfacing within days after Haiti's earthquake, according to SOFA and Kay Fanm leaders.^{lxxxii} In an early report, KOFIV cited 230 cases of rape in 15 IDP camps in two months. Many were identified by KOFIV members living in the camps themselves. At the 150-day mark, more than 250 cases of rape were reported in several camps, according to Amnesty International, and other monitoring groups including RNDDH and HRW were also issuing alarms. In May, MSF had catalogued 212 reported rapes. A month later, SOFA reported it had received 114 victims of rape in its 21 Sant Douvanjou centers from January to June 2010, including 56 girls.^{lxxxiii} (see related boxes on SOFA's director and the agency).

Newcomer groups were also jumping in, and their early efforts also capture a spike of 2010 cases. The global anti-trafficking group Survivors Connect teamed up with Fondation Espoir to launch an SMS mobile hotline linked to women leaders in some 16 camps (see subsection, *A New Tracking Tool: SMS*). Their registry of over 800 calls from March to November 2010 includes many claims of rape, child sex abuse, and domestic violence. How many are "officially" documented isn't evident.

Loose Coordination

Given the mass displacement and the fact that virtually all of Haiti's government was in shambles, including the women's ministry, it's understandable that the official reporting picture for the early 2010 period is incomplete. Shortly after the earthquake, a UN GBV subcluster took over coordination of a loose network of humanitarian agencies and some Haitian NGO's concerned about sexual violence. By October 2010, the KOFIV survivor's network had launched their emergency SMS response system to track sexual violence; it soon recorded 400 cases of rape.

Like KOFIV, Kay Fanm also suffered serious damage to its building and operations and lost weeks of activity in the first weeks after the earthquake. But it quickly moved to help women emerging from camps to get help. In August, Kay Fanm's preliminary 2010 data totaled 1376 overall GBV cases, including 134 rape cases – half the total from before the earthquake. (Note: a report in April 2011 by UN Women of Kay Fanm's 2010 partial data showed a slight increase of these figures to 1450 total cases, with 157 sexual violence cases). That figure was less than 60 percent of Kay Fanm's total caseload for 2009.^{lxxxiv} Pre-quake, the group registered 2485 GBV cases, including 304 cases of rape, according to its director Yolette Jeanty.^{lxxxv}

Kay Fanm's logs, like those of fellow KONAP coalition members SOFA and Fanm Deside, suggest a different pattern for rape cases after the initial spike in early 2010. A year later, Kay Fanm had registered 358 total GBV cases in the first three months of 2011, including 36 rapes: four in January, 13 in February, 6 in March, and 13 in April. The rape data made up 10 percent of overall incidents, a similar trend to that reported by SOFA. Rape cases were also overshadowed by physical violence cases, most of them domestic violence cases.

SOFA issued an update stating it had registered 718 women and girls in its 21 Douvanjou centers in 2010, but there, too, rape cases made up fewer than 10% of overall cases (see box and table below). The majority of cases were reported to its two sites in Port-au-Prince, and linked to women displaced in the IDP camps.

Officially, the post-quake jump in *verified* cases is also backed by Haitian national police (HNP logs showing 794 reported cases of sexual violence in 2010 – almost four times the 218 cases the police registered from January to October 2009. By the year’s end, the Pulitzer Center issued a report declaring rape cases in Haiti had tripled in 2010, a reflection of the official view. Still, these figures number paled in comparison to the thousands of complaints reported by other groups.

The official numbers also seem to have evolved in another direction, judging from the data reported by individual agencies that also report their statistics to the national registry. In July 2011, representatives at several established agencies -- SOFA, Kay Fanm, RNDDH, GHESKIO and Kay Fanm -- shared a collective observation that rape cases had plateaued since mid-2010 and some even saw declines, back to pre-quake levels.^{lxxxvi} This is an opposite trend from the continued increases reported by survivor’s groups, including KOFIVIV.

A close look at the trends in data supports that view. It also appears that some media reports – and even analyses by agencies of their own data – occasionally conflate cases of gender-based violence -- which include domestic violence, beatings, verbal assaults, and child abandonment – with rape. Certainly rapes occur within domestic violence, but the reported “rape-only” data is a fraction of the overall GBV caseload for groups reporting “official” cases.

“It’s true that we had an increase of violence and rapes during the earthquake,” confirmed Carole Pierre-Paul Jacob, SOFA’s director in fall 2010, reflecting on cases registered by her organization (see related boxes). “Now, we are seeing a plateau of the cases. It looks more like what we saw before.” In early 2010, rapes made up 8.15% of the overall GBV cases registered at SOFA’s 21 Dawn Centers (Sant Douvanjou), including two Port-au-Prince sites. Overall, sexual assaults remained under 10% -- the same as the pre-quake picture.

An Official Plateau?

SOFA has been tracking sexual violence cases for over a decade via an electronic case registry and publishes biannual and year-end bulletins summarizing of trends and cases at their Sant Douvanjou centers. This includes the overall number of clients reporting violence, the number of specific incidents reported, and a breakdown of the different types of gender-based violence including physical, economic, psychological, and sexual (rape). It also analyses the data by age and geographic location. It divides perpetrators into four categories: conjugal (husbands, intimate partners), civil (friends, acquaintances, stranger, non-relatives), family (relations), and public (authority figures, including those in uniform).

A comparative look at SOFA’s overall GBV cases since 2003 *does* show a steady overall increase of violence against women and girls, from 113 GBV clients in 2004 to triple that a year later, to a later doubling up to 726 by 2006. That’s the year SOFA’s Coriolan and other feminist leaders helped win critical victories in the GBV arena (*see main discussion*). By 2008, GBV cases had again doubled to 1400 annual cases.^{lxxxvii} Although its activities were disrupted in early 2010, overall it registered 718 GBV cases, including 405 at its Sant Douvanjou 21 and Martissant centers in the capital.

This figure includes an increased number of referrals – 107 cases --from temporary shelters (*abris provisoires*). By the end of 2010, their client caseload had climbed to 857 clients nationally. That includes 552 from the Sant Douvanjou 21 and 60 from the Martissant centers, for a total of 612 Port-au-Prince

cases^{lxxxviii} moving into 2011, the half-year figure shows a small rise, up to 945 overall clients, with 593 from Port-au Prince. That's a steady increase, but again, below the figure in early 2009.

In their October 2011 bulletin ("Rapport – Bilan XI") SOFA reported a total of 1513 clients reporting violence through October 2011, with a cumulative 2010-11 caseload of 2370 cases. When one compares the data by either a half year or a similar 12-month period, the picture shows a decrease of clients reporting violence than before 2010.

SOFA GBV Cases 2008-2011*

Period:	Overall No. GBV Clients	only Port-au-Prince centers (2)
July- Dec 2008 ^{lxxxix}	752	517
Jan-June 2009 ^{xc}	1020	732
Jan-June 2010	718	405
July-Dec 2010	857	612
Jan-June 2011	945	593

Sources: SOFA bulletins VIII-XII.

GBV vs. Rape cases

What about rapes? Looking back, SOFA reports a modest increase of sexual aggression (rape) cases before the earthquake, from 76 cases in the first part of 2008, to 107 in the latter half of 2009. In the earthquake period, there were 114 sexual aggression cases, including 65 rapes, 4 gang rapes, 6 repeated rapes, 10 attempted rapes, and 5 pregnancies from rape. That's just 8% of the total 1398 "acts of aggression" documented by June, among the 718 clients who reported violence. By mid-2011, SOFA had documented 201 reported rapes out of 246 cases of sexual aggression -- roughly 6% of a total 4,063 acts of aggressions during a 12-month period, from July 2010 to June 2011. That's a *drop* of two percentage points compared to late 2008.

SOFA also presented a monthly breakdown of referrals from the shelters. The data show a modest increase of clients, from 23 in July 2010 to 33 in December. The six-month total was 166 client referrals, the majority from IDP camps.^{xcii} Six months later, another 101 cases were referred, but now the pattern was changing. It charted a monthly *decline*, from 15 shelter referrals in January to only 6 in October 2011. The cumulative comparison was 166 cases by December 2010 versus 101 in July 2011 – again, a slight decline.^{xcii}

A Comparative View: SOFA Rape Cases 2008-11*

Year	Rapes	GBV incidents	% Rapes Minors
2 nd Half 2008 (6 mos)	76	1051.	68%
First half 2009 (6 mos)	107	1961	64%
March-June 2010 (2 mos)	8	107	
1 st half 2010 (6 mos)	114	1398	62%
2 nd half 2010 thru October 2011 (16 mos)	246 (16 mos)	4063	62%

*Source: SOFA Bulletins VIII, IX, X, and XI (July 2008-June 2011)

Some advocates noted that clients were turning up in 2010 and 2011 that are past victims of rape. SOFA's numbers do not reflect an increase of clients reporting repeat or serial rapes. Instead, they have

stayed much as they were before 2010. Repeat rapes made up 2% of sexual aggression cases in the second half of 2008, and went up one percentage point in the next six month period.^{xciii} For the post-quake period of July 2010-October 2011, repeat rapes made up 3.35% -- virtually the same as in 2009.

The Overlooked Crises

Before 2010, adolescent cases made up many of the rape cases in Haiti. This trend has also continued. AT SOFA centers, minors make up over 60% of the reported post-quake rape cases (*see table*). While this remains a sobering statistic, it also represents a statistical *decline* from fall 2008, when minors made up 68% of rape cases. The high percentage of rapes against minors also includes family violence or incest cases. In SOFA's logs, these cases rose from zero percent in late 2008 to 15% of rape cases reported by mid-2011 (*see table*). This data supports the observation by providers of increased reports of incest since the earthquake (*see later discussion of incest*).

SOFA: Source of Rape Cases 2008-11					
Year	Total	Conjugal	Civil	Family	Public
July-Dec 2008		90%	8%	0%	
Jan.-June 2009		13%	85%	2%	0%
Jan-June 2010		0%	94%	5%	1%
July 2010-Oct 2011		13%	72%	15%	0%

Data from SOFA's bulletins VIII, IX, X and XI (7.08-12.31.11).

The SOFA data shows that rapes classified as *public* – perpetrated by authorities, including soldiers and police – made up 1% of rapes in the January-June 2010 period. That figure then fell back to zero percent in mid-2011, matching the pre-quake picture. While a great deal of international and national media attention and outrage has been directed at MINUSTAH soldiers involved recent rape scandals, these cases still represent a tiny percentage of reported cases compared to civilian assailants. But here, too, cases may be under-reported. Advocates say rape victims may not report violence or abuses at the hands of police or other authorities, fearing arrest and retribution. Police corruption is another factor (*see MINUSTAH box and Legal Justice section*).

Regional Patterns

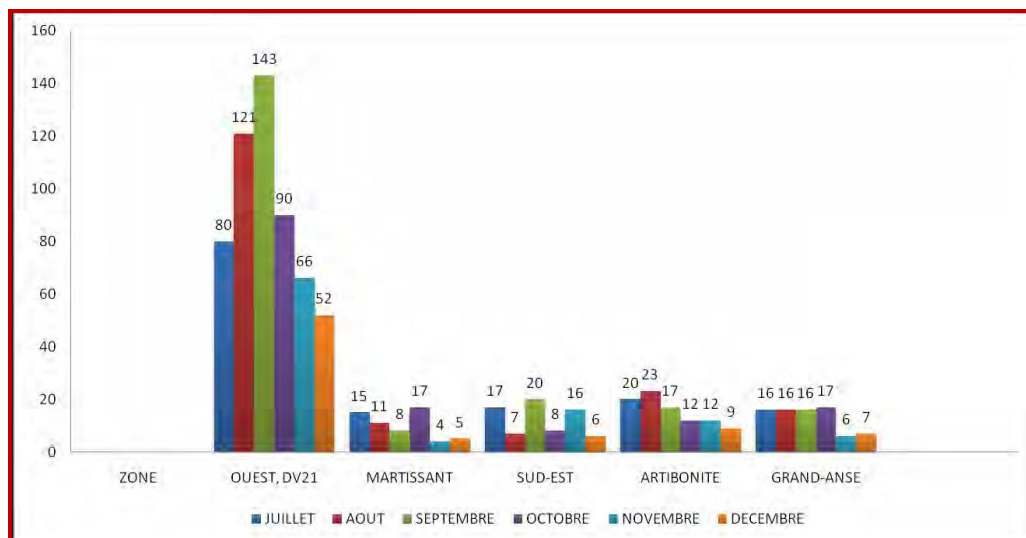
Given that the earthquake affected the capital and small urban cities in western Haiti, what can we learn from cases reported outside these areas since 2010? In the Artibonite, GBV cases registered at SOFA's centers rose from 93 cases in the second half of 2010 to 120 by June 2011, up by 27 cases. This was after the emergency period. Compare that with a pre-quake picture of 56 cases in the second half of 2008 and 137 cases by mid-2009, when cases had already doubled *before* the earthquake.^{xciv} The 2011 figure falls below the total for same period in 2009.

In the Southeast, SOFA registered 74 clients in the second half of 2010 and 127 in the first half of 2011— an increase of 53 clients. That compares to 79 clients for the second part of 2008^{xcv} and 60 in first half of 2009. In the Grand-Anse, SOFA clients increased from 78 in the second half of 2010 to 105 by mid-2011, an increase of 23 clients. While more women and girls reported violence there, there were fewer seen in October 2011 than in early 2009.^{xcvi}

Graph of number of declared cases at the 21 Sant Douvanjou SOFA Centers.

July-Dec. 2010

(Graphiques démontrant l'échelle du nombre de cas déclarés dans les 21 Centres d'Accueil de la SOFA)



Zanmi Lasante (Partners in Health) has also been an active health provider to victims of sexual violence in the Port-au-Prince camps, as well as in the Artibonite and Central Plateau regions of Haiti. It began expanding rural services for sexual violence victims within public hospitals and clinics in 2011 working with the Haitian Ministry of Health. An initial overview of quarterly GBV data for the period April to June 2012 collected from PIH's 11 sites suggests a far higher percentage of sexual violence in the urban sites – 78% -- than rural sites --22%.

Among cities in the provinces, Hinche and St. Marc saw a higher share of spring 2012 GBV cases. Regionally, more GBV cases were recorded in the lower Artibonite – 83% --versus the Central Plateau -- 17%.^{xcvii} Without pre-quake data, it's hard to compare PIH and SOFA cases. But it's safe to say that as groups expand services, more cases are registered. "There's a growing awareness in the community and a result of the campaigns that we are doing to educate people," stated Dr. Christophe Milien, a physician to expand GBV services in the Artibonite, alongside Dr. Raymonville Maxi, ZL/PIH's GBV program director.^{xcviii}

In the rural areas, the hurdles of distance and lack of health services are that much greater than in urban centers. As discussed earlier, the rate of illiteracy and poverty is higher among rural residents. Health services are lacking, and rape victims often help from midwives, traditional healers and voodoo priests. These cases remain unreported. For now, Port-au-Prince cases represent the majority, official and unofficial. While rural reporting has grown, it appears to be only a glimpse of the real picture.

The Unofficial Picture

While the official picture for rape appears to have plateaued at some organizations, the unofficial picture is reportedly still rising, based on reports by researchers, human rights groups, and the media.

Unofficially, by far the most alarming 2010 data – and a real departure from other studies – comes from the Small Arms Survey (SAS), led by veteran crime researchers Athena Kolbe and Robert Muggah. Based on their prior 2009 work and a comparative survey of 1800 households in greater Port-au-Prince, they estimated that 10,813 individuals had been sexually assaulted at the six-week mark after the earthquake, the great majority female.^{xcix}

The SAS researchers also found that 4,645 individuals were physically assaulted in the same period – a reflection of domestic violence that spiraled. Finally, their study captured the link of rising violence to homelessness and hunger: a quarter of their 2010 respondents (24.4 percent) saw their homes completely destroyed, while 18.6 percent were experiencing severe food insecurity six weeks after the disaster. The Small Arms Survey team has focused its ongoing research of violence in slum areas of the capital where overall violence is high. It can be argued that their estimates of sexual violence and crime skew higher for that reason. It's still a far cry from the 114 official cases reported by SOFA in early 2010.

Survivor Led Outreach

In 2010, KOFIV helped organize a grassroots GBV survivor's outreach and referral network, with funding from MINUSTAH. Many 2010 cases were identified by local field *ajans* (lay outreach workers) who lived in the IDP camps where they did their outreach. Other agencies including AFASDA, a longtime leader in the GBV field, opened up welcome tents and reception sites near camps. Local *ajans* for a new GBV organization, CAFVAS – the Center for Sexual Abuse Victims (*see box*) registered 45 rape cases right after the earthquake in the Martissant IDP camps and local zone. Two years later, that figure was up to 780 registered rape cases. Many of the crimes remain unsolved.

Since that time, both GBV and rape cases have steadily risen at some centers, but not others. Fam Deside's case registry, which also reflects official "verified" cases, resembles the pattern of increase and later plateau reported by its sister KONAP organizations in Port-au-Prince. Partners in Health issued alarming reports in mid-2010 of the cases of early pregnancy, some linked to sexual violence and transactional sex in Port-au-Prince camps where PIH set up clinics (*see PIH box, Health section*). They continue to register new cases.

Moving into 2011, KOFIV documented 269 cases of rape in the Port-au-Prince metropolitan area last year. They reported a still-high number of new cases: 49 in January 2011 alone – more than half of them minors.^c Some KOFIV clients in 2010 and 2011 arrived too late to seek a medical certificate or weren't emotionally ready to pursue a legal case (*see BAI box, legal sector for a review of KOFIV's cases*). Also, their post-quake case registry wasn't initially included in the official database, but that has changed.

While the debate over hard data and official vs. unofficial reports continues, there *is* a real consensus among many providers of a direct link between increased reports and increased outreach, and the role that peer outreach has played. "It's certain that more people are reporting rape and are aware of the

services that are available. So that can be seen as a good thing,” said SOFA’s Pierre-Paul Jacob in 2010. “That means women feel more confident to report.”

Hurdles to Reporting

Compared to newcomer CAFVAS, AFASDA is a long-established actor in the GBV field. The group is allied with V-Day (see box).^{ci} Pre-quake, it managed V-Day sponsored safe houses in the north and in Port-au-Prince; the latter was damaged in the earthquake (see *Safe House* section). In mid-2010, AFASDA-V-Day set up four initial GBV “listening posts” next to IDP camps to provide counseling and referrals to residents from nearby camps. According to AFASDA’s director, Elverie Eugene, the listening posts received many clients. *Most arrived an average of three to four days after an incident of domestic or sexual violence* (italics emphasized)— outside the 72-hour legal reporting window – too late to officially report the case or access preventive health services).

Many were domestic violence victims or knew their attackers – a neighbor or acquaintance in the camp. They had nowhere to go and would have to return to live there. Few opted to report the incidents to the police or pursue a legal claim, said Eugene, who explained that many women came to AFSADA primarily to seek emotional support and counseling, or mediation with an abusive partner or relative. “They don’t want to seek legal help,” said Elverie. “They speak out but they go no further.” That’s one reason such cases don’t show up in the official record books.



Photo Credit: ©Harriet Hirshorn 2011.

There are also other well-known hurdles to accessing timely medical care. “You’ll still find a lot of women who, for different reasons, aren’t able to report the rape and get the medical certificate,” stated Jocie Philistin, Director of Advocacy at KOFAVIV. “There are a lot of obstacles, including the distance of camps from hospitals and the lack of money for transport.” And, she admits, “There are a lot of women who never report it at all. There’s still so much stigma, and they’re afraid. Why? Because after they come here they still have to go back to the same situation.” Post-quake, the few safe houses in the capital were destroyed, and even now, few exist (see *Safe Shelter* section). Unreported cases, she suggests, “could even be the real majority.” Added Philistin, “We have no way of knowing. It’s very difficult.”

Advocates also pointed out that, with the collapse of health centers and services in the earthquake, residents of the capital and other hard-hit zones did not know where to go for emergency services. Lack of knowledge about services continues to limit timely reporting and access to care.

Serial and Gang Rapes

It's not surprising to find that cases of repeat (multiple or serial) rapes and gang rapes occurred in 2010. Moving from camp to camp in search of safety, some victims have been repeatedly assaulted, say advocates.^{cii} Some have been raped more than once in gang rapes, adding further layers of trauma to each horrific attack (see *Security and Child Protection* section).^{ciii} Such cases are harder to track, too, since gang rapes have often involved masked perpetrators, say lawyers at BAI.^{civ} This has added to the pain of victims who have little recourse to justice. Officially, SOFA recorded 3.25 % repeat rapes in its 21 centers, and a figure of 14.23% for gang rapes in the July 2010-October 2011 period.^{cv}

To date, little has been published or discussed about the distinct aspects of repeat rapes and gang rapes in Haiti. Looking ahead, more research into cases of repeat and gang rape would help inform providers of their additional needs for protection and other services.

Known Attackers

In interviews from July to September 2011, representatives of women's, police, and legal organizations PotoFanm+FI spoke to — including the Haitian and UN police and MINUSTAH — confirmed that in many cases, the victim knew or could identify the attacker(s). Even in cases of multiple and gang rapes, individuals could often identify at least one of the rapists, as these were often acquaintances or from their local camp. While gang rapes have often involved armed and masked attackers (covering their faces with handkerchiefs is common), in the assailants in non-gang-related reports of rape are not masked. They use of physical force and sometimes knives rather than guns in these rapes.^{cvi} (see *Medical section for details of injuries reported*).

It's also true that while rape has continued to capture the lion's share of advocacy and media attention, physical sexual attacks and domestic violence represent the far greater crime pool. That's been the pattern for a long time. In 2003, Kay Fanm reported that over half its reported GBV cases involved domestic partners, while SOFA had a figure of almost 70 percent. Just before the earthquake, that figure had increased to 79 percent for Kay Fanm and 80 percent for SOFA — a steady rise. Post-quake, the figures jumped up to 91 percent in 2010 and 94 percent in 2011, respectively. As SOFA's Pierre-Paul Jacob put it, "It's in the family. It's a problem that exists in the heart of Haitian society."

In November 2011, the National Dialogue noted that, since 2002, its main partners had documented 19,658 cases of violence against women in four Haitian geographic departments. Like pre-quake reports, almost 70 percent of rapes occurred in a home (or tent); only 25 percent took place in a public setting. The home belonged to either the perpetrator (44 percent) or the victim (42 percent), or it was another person's home (14 percent). The majority were victims of gender-based violence (60 percent) and had suffered from physical aggression. That figure represents two times the percentage of women who had suffered sexual violence (30 percent), and ten times more than those reporting "economic" and "psychological" aggressions. Meanwhile, among cases of "sexual aggression," rape made up 90 percent of cases, while touching and attempted rape made up the remaining 10 percent.



These figures mirror the 2011 data reported by some of the individual organizations whose statistics are included in the national registry. Data from the police support this trend. In 2009, the Haitian National Police created a special unit within its Women’s Affairs division, the Combat Unit for Women Victims of Violence (UCL FVV in French; see box, *Security and Child Protection* section) and set up a tent to receive cases in the Fort Dimanche area. As of August 2011, most of their cases involved domestic violence marked by physical battery (aggression) – far more than rapes.^{cvi}

“We live in a society where men believe that, no matter what, they can still beat up on women,” stated the UCL FVV’s Inspector Alain Clauvel Desforges, who directs their program, adding that Haiti “lacks a culture of fighting against violence against women.”

Late Disclosures: Missed Cases

According to maternal care providers, an undocumented, but important, number of women disclose their rapes late: when they are experiencing complications from street abortions or delivering babies (see *Reproductive Health* section).^{cvi} Such cases are often disclosed to *matwon* (traditional birth attendants) or *fansaj yo* (local midwives) and nurses assisting with emergency and home deliveries. Interviews with doctors at MSF-France’s CRUO center confirmed that women arriving for emergency obstetric care (EmOC) services may disclose rape as the source of a pregnancy, but this information remains confidential.

“You have to understand that the woman coming here doesn’t even know to say this is a case of rape. It’s only in talking to her they will discover it was forced (sex),” stated an MSF CRUO workers. “This is the mentality in the society.”^{cix} While Haitian feminists have worked hard to raise women’s and public awareness of marital rape and push for laws to outlaw it, Haiti remains a traditionally patriarchal society, one that has historically viewed it as a wife’s “duty” to sexually satisfy her husband and turned a blind eye to husbands who beat their wives.

Judging from the observations of staff at the CRUO and institutions offering PACS services, women who disclose rapes during prenatal or delivery visits are likely to be counseled and referred to services for victims. But the CRUO centers don’t follow up case management of their clients to that degree.

Making Sense of an Evolving Picture

On paper, then, it appears that the official and unofficial pictures for sexual violence have evolved in opposite directions. But perhaps the pictures are linked, like two sides of a Janus coin, reflecting an underlying dynamic? That’s one way to interpret the numbers.

The data since 2010 shows that GBV referral networks have improved their services to clients. That helps explain why medical providers like GHESKIO and Partners in Health show a steady improvement in the percentage of referred clients who reach their medical centers within the 72 hour window. Increased outreach also explains why PIH is documenting more cases in the rural Plateau Central as it extends services there. But enormous hurdles to health access were created by the earthquake, which destroyed health centers, displaced people and left them homeless. Rape victims in IDP camps tell

advocates they won't report the rape to authorities because they have children to care for and no where else to go. This reality may explain why the unofficial numbers are rising, while the official numbers have declined or plateaued at agencies that tend to document cases referred from the police or authorities – cases in which women chose to report the crime.

The Pioneer – SOFA

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SOFA, the Haitian Women's Solidarity organization, was launched in 1987 by leading feminists with a broad women's rights and empowerment mission. The organization has been at the forefront of gender policy and programmatic advances since that time. It began providing services via a decentralized program to sexual violence victims in 2002. Pre-quake it operated 21 welcome centers -- "Sant Douvanjou" – in four departments and Grand-Anse, Southeast, West, and Artibonite covering eight communes, 15 sections and four towns) and reached a broad population. Last year, 75% of SOFA's clients sought services from their two Sant Douvanjou centers in Port-au-Prince, including many women and girls living in the IDP camps. ^{cx}

The Sant Douvanjou centers offer a Welcome and Support (*Accompagnement*) GBV program that includes counseling, medico-legal, and social services, sometimes via referral to outside providers. SOFA is also a member of the KONAP leftist coalition of women's and rights groups and closely allied with Kay Fanm, Fanm Deside, and members of the National Dialogue advisory body.

Like other groups, SOFA suffered major losses in the earthquake including the death of founder Anne Marie Coriolan and other members. Coriolan also served as a top advisor to the women's rights ministry, MCFDF and was a force behind gender advocacy in Haiti. Other SOFA members were injured and made homeless. SOFA women's clinic was also affected.

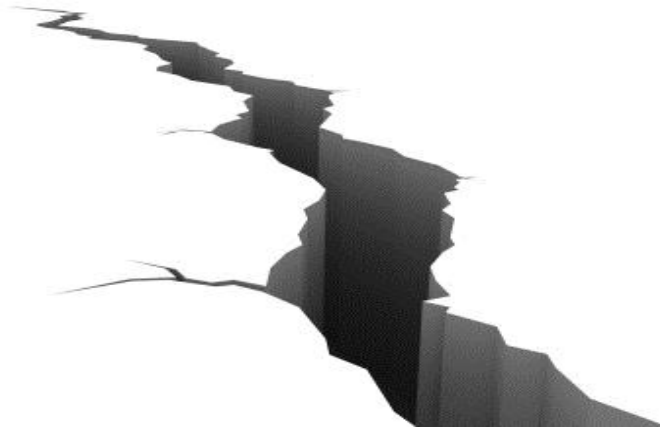
The organization moved quickly to recover, under the leadership of longtime member and current director Carol Pierre-Paul. Her immediate priorities included locating and helping SOFA members find emergency lodging, restoring the organization's activities and program, and doing outreach and emergency relief to women and displaced communities in camps. In an interview a few days after the earthquake, Pierre-Paul said, "It's completely overwhelming. We have lost our leader (Coriolan) so we are in mourning. There's so much to do in any direction I turn. Where do we even begin?" Months later, the picture had improved, but the emotional demands were still exhausting. "I spend all my time going to funerals," stated Pierre-Paul. "We all do. You can't imagine it." (See *Portraits in Leadership: Carole Pierre-Paul Jacob for more*).

Like other KONAP partners, SOFA chapters began targeted outreach to displaced women and girls in camps in different cities, distributing hygiene kits, water, and information, with funds and supplies from UN Women and other donors, including Canadian and Caribbean women's groups. This included an updated GBV reference card ('Kat Referans') with emergency contacts of providers for sexual violence victims (see *Annex II, 'Kat Referans'*). SOFA also collaborated with staff at the women's ministry and KONAP members to organize women to participate and monitor the elections, and later, to address the cholera crisis. In the Cap Rouge rural region, SOFA Sud-Est leaders helped women refugees from Port-au-Prince resettle and find housing and services, and access help to rebuild fallen homes.

Early on, Pierre-Paul and other SOFA members also began advocating for women's rights within the national recovery effort, demanding a greater presence for women on the national advisory committee and more support for community-based leaders and organizations in the planning and reconstruction of a new Haiti. They have remained very active in the recent debates and effort to reform Haiti's paternity laws and other legal reforms. SOFA's 21 Dawn Centers remain hubs of service, education, and empowerment for women and girls. Across Haiti, SOFA leaders remain at the forefront of the battle.∞

Rape by 'Unknowns'

In the days and weeks after the earthquake, media stories blamed the rising reports of rapes on some of the 5000 escaped criminals, particularly gang leaders and several convicted rapists, from the collapsed National Penitentiary. This suggested a narrative of rape by strangers in a lawless environment. While it's true that gang rapes and assaults by ex-criminals were documented then — and continue to be — they do *not* represent the majority of reported rapes, according to Haitian advocates and police sources.^{cxii} That said, rape as a category of crime represented a significant crime among all violence reported shortly after the earthquake. For the period February through April 2010, the Haitian human rights group RNDDH tracked 2250 arrests, of which 534 (23.7 percent) were for sexual violence.^{cxiii}



Research

A number of academic groups, including the Haitian Interuniversity Institute for Research (INURED), led by director HERN Marcelin, a social scientist, began collaborative research shortly after the earthquake. INURED began collecting data on the humanitarian response to the needs of residents in camps, among other topics. In March 2010, they initiated one of the first field studies of the impact of displacement on residents in Cite Soleil, a popular shantytown area where some 300,000-350,000 people lived before the earthquake. They compared it to prior February 2010 data from nearly 1000 Cite Soleil residents. Their team employed a similar method of research, using a research team, and students trained to do field research and relying on interviews with residents, household, and tent-to-tent visits.^{cxiii} Not surprisingly, sexual violence was among the top concerns voiced by Cite Soleil residents. INURED found that:

“Approximately 14% of residents witnessed or experienced threats of violence or actual attacks where they are currently living. The leading forms of violence experienced included beating (27%), fighting (24%), rape (20%), and theft (18%). “Sex-for-food” trade is not uncommon in the relief camps where young women often have to negotiate sexually for shelter from rain and food aid. The current loosely coordinated security efforts by the Haitian National Police (PNH) and United Nations Stabilization Mission in Haiti (MINUSTAH) have therefore proven ineffectual against organized local criminal elements that act with impunity.”

Today, INURED is collaborating with the US Centers for Disease Control and the Haitian government on a new Violence Against Children Study (VACS) that has started a national field survey of 1000 boys and girls. I will look at cases of violence, including sexual violence, and try to learn more about the familial and environmental factors that foster sexual violence (*see box below*). The study reflects a growing awareness in and outside Haiti of the importance of Haitian-led research and the need to collect solid data and evidence to help establish what researchers consider *baseline data* – a solid reference point for comparing future studies or data. Many researchers belong to the Haitian Studies Association (HSA), an academic group with members in Haiti and the diaspora.

Community-based Research

Participatory research engages members of a given community to help design and implement research about its own members and community. Who better than a survivor of incest or trafficking to interview and help another survivor? Such research also strengthens the capacity of local organizations to document and monitor the impact of their programs and to hold others accountable, too. (*see CHRJG box and Annex III for PotoFi’s participatory research model*). On the downside, some worry that sexual violence survivors may not be able to separate their experience from another person’s, creating a bias in the research. Pairing researchers with survivors and locals recruited and trained in basic research methods can improve the design and implementation of research studies. This approach helps assure the research is relevant, ethical, and addresses community needs, while also building the capacity of local groups to undertake research that informs their monitoring and advocacy of local issues.[∞]

While INURED (and its partners) design and conduct studies following “best-practice” standards of ethical research, it remains a research group, not a service provider like Kay Fanm or KOFIV. There are different advantages to using academic or professional researchers versus members of local community groups. For example, INURED can offer expertise in implementing well-designed research that generates solid data and partnerships with the US CDC that can bring funds and resources needed to carry out large or national studies. At the same time, local groups such as KOFIV or FAVILEK who represent survivors bring a first-hand knowledge and understanding of sexual violence to the task of interviewing others. They gain the trust of other survivors to speak out, and provide counseling and referrals, too.

Studying Abuse in Children

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Primary Zone: National

Primary Target Group: Children

The Violence Against Children Study (VACS) is a joint national research survey that's just been launched to better document and systematically measure the prevalence of violence in children: physical, sexual and emotional. A joint project of the US CDC and Haitian research partner INURED (see discussion, section Research), it is fully backed by the Haitian government and has engaged a range of multisector partners to help with the field work and referral of children victims to services.

"One of our main goals is to develop a real baseline that will serve as a national reference, because we know a lot of studies have been done but we can't rely on these reports or compare them easily," explained INURED founder and director Herns Marcelin, who is leading the field research, working with the CDC's Avid Reza. In separate interviews, the co-principal researchers explained that VACS grew out of the many reports showing the children are increasingly targets of violence, including sexual violence – rapes, incest, child kidnappings and trafficking, and the long-known abuse of children working as *restaveks*, or domestics.

"One of the things we plan to do is go deeper and look at the various environmental factors in the child's life that may be contributing to the violence," stated Marcelin. "We need to have a better picture of what they are facing, and also the risk factors. That can help guide efforts in prevention, too." As Reza explained, the VACS represents a serious effort to gain a national picture of violence affecting children, and understand this in the context of their families and communities, as well as the post-quake conditions of insecurity, poverty, and displacement. "We know girls are being very impacted... [But] we know less about violence in boys. This study should help us fill in some important gaps.

The VACS came about partly in response to increased advocacy by advocates and agencies who work with children, including members of the new Haiti Adolescent Girls Network. The network includes Save the Children, UNICEF, the IRC, and the IPPF – all groups actively helping children in Haiti now, and expanding their programs around sexual violence. "One of the things that have been difficult for all of us is that we really don't know what the national picture is like," explained HAGN member Catherine Maternowska in a spring 2011 interview. Maternowska is a veteran gender advocate who helped develop HAGN's signature "girl's safe space" model and served as a GBV consultant for UNICEF in Haiti after the earthquake. "Members of HAGN have been pushing for a national study of this kind in children and we're delighted the VACS is going to start and that the CDC has committed itself to this research. It's really a great step."

The VACS is targeting 1000 children – 500 girls, 500 boys – in departments across Haiti. Last fall, a VACS Steering Committee moved quickly through the preparatory steps for the field research including developing and getting institutional and ethical approval of the survey instrument; completing review of proposed protocols and consent forms; recruiting field interviewers and student volunteers, including young INURED graduate school students, to help; and networking with a range of potential referral service providers.

The VACS has also reached out to community organizations, including women's groups helping GBV survivors and others doing research. Discussions are underway, for example, for VACS to collaborate in the future with the PotoFi Haiti Girls Initiative, with a goal of looking more deeply at the early data on rape, pregnancy and prostitution (see Annex III). While PotoFi's field study is primarily quantitative – capturing rough numbers and looking at a few aspects of sexual violence, the VACS represents a deeper inquiry designed to generate qualitative and quantitative data – to document and describe the "narrative" of sexual violence in children and the stories behind the numbers. "We're excited," said Marcelin in January, on the eve of the VACS field launch. "We hope it's the start of a lot more research that can ultimately result in helping the victims of violence. The more we know about the roots of this violence, the better we can design programs."

"The CDC has done a lot of research on sexual violence, and we have lessons from other countries that will also allow us to compare what we find in Haiti," added Reza. "At the end of the day what matters is helping the children access services and care." While the VACS is starting its focus on the western part of Haiti, there are plans to extend the research to the rest of the country later.

"We see a great potential in working with community groups to do this type of research," said Marcelin, who says INURED is reaching out to community groups for collaboration on research. "We are hoping to share what we know with others, and also to learn from the communities. To me it's a win-win situation." ∞

Addressing Research Gaps

After two years and many reports, it's well-documented that sexual violence reports have increased. But a lot more needs to be learned about, and from, the current picture and the emerging trends. More documentation is needed about the impact of rape on the lives of survivors to date, including factors that contribute to their recovery. There are many "hidden" issues that call for an urgent inquiry, including incest, post-rape pregnancies and subsequent abortions, sexual violence affecting girls, the situation now with restavek children, etc. Little research has been done about sexual violence directed at boys and men, or about the perpetrators of sexual violence. More research is needed to look at sexual violence affecting more vulnerable populations, including sex workers, disabled women and girls, the elderly, and the socially ostracized groups: transgendered women, lesbians, and men who have sex with men (MSM) (*see Serovie box*).^{cxiv}

The relationship of poverty to sexual violence is an especially important issue to document, including the link of poverty to prostitution, to sexual abuse, and rape. So is the pressing issue of shelter – including housing for survivors. There are also issues that loom as the consequences of increased rape, including the reported wave of early pregnancies post-quake, and how this impacts the future of affected girls and families. There's also the possible impact of rapes on acquisition of HIV and other STDs, including HPV that is linked to cervical cancer.

Finally, the big disparity between "official" and "unconfirmed" reports of rape warrants more research and analysis. Here, the efforts of groups like Digital Democracy, working with KOFVIV to develop a better system for reporting and monitoring sexual violence is a positive step. (*see KOFVIV and Digital Democracy boxes*).

Camp-Based Research

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Primary zone: Haiti

Primary client: academics, Haitian and general public.

In the wake of the earthquake, academic researchers from outside Haiti also began field studies to take stock of the impact on survivors. They included a team from the Center for Human Rights and Global Justice (CHRGI) at New York University School of Law, who began camp-based research in October 2010 to investigate any links between access to water and food, sanitation services, and reports of rising sexual violence. In February 2012, they issued a final joint CHRGI-GJC report, entitled "Yon Je Louvri: Reducing Vulnerability to Sexual Violence in Haiti's IDP Camps,"^{cxv} co-authored by CHRGI faculty director Professor Margaret (Meg) Satterthwaite, Justin Simeone, a scholar-in-residence there; and two law students: Farrell Brody; and Nikki Reich .

The 2012 report confirms preliminary findings released by the group in a March 2011 Briefing Paper.^{cxvi} It shows that 14 percent of survey respondents reported at least one member of their household had been a victim of rape or 'unwanted touching' during the one-year period following the earthquake. Nearly 70 percent of respondents said were more worried about sexual violence since the earthquake. The study also found that camp residents who were most vulnerable to sexual violence were:

young and female; living in households with three or fewer members; had limited access to food, water, and sanitation; and lived in a camp without participatory and responsive governance structures. These findings confirm general observations made by advocates and camp outreach workers. Their Briefing Paper also provided limited evidence on the then-emergent problem of prostitution—showing that camp residents perceived increases in transactional sex following in the earthquake. “Collectively, these findings may suggest a relationship between resource deprivation, transactional sex, and sexual violence,” explain the authors.^{cxvii}

The group also adopted a rights-based approach in the design and implementation of their study, which collected both quantitative and qualitative data. The study included a detailed, multi-question household survey conducted with some 365 residents in January 2011 in four camps: Terrain de Golf, Champ de Mars, Place St. Pierre, and Parc Jean Marie Vincent. They also held eighteen focus group discussions in the same camps during April 2011, and met with key stakeholders in the Haitian government, United Nations bodies, international and local NGOs. After issuing their Briefing Paper, lead co-author Satterthwaite and her team also traveled to Haiti in July 2011 and November 2011 to review the results and methodology, and to conduct final research before releasing the final report.

As discussed in the earlier section on Reporting, the results reported by CHRGI/GJC are based on self-reporting – what individuals say or claim. While Satterthwaite is a US researcher, her group hired a team of Haitian social science students and graduates with a background in field research who were supervised by a Haitian trainer with experience doing field research in camps to implement the survey in Kreyol. The study was carried out following ‘best practices’ of research, including informed consent and a variety of questions asked in a way to pick up discrepancies or conflicting statements – a standard research methodology. But the researchers did not require individuals who claimed rape to provide further evidence for their claim such as a police report or medical certificates or a consistent oral testimony – evidence used to legally certify cases. To some, the lack of follow up or investigation into these claims suggest these results should be interpreted with a degree of caution – even though many rape claims do prove credible without police reports or medical exams, and on the basis of consistent, repeated oral statements by victims to legal advocates.

A close look at the study questions shows that the CHRGI/GJC team developed their field questionnaire with a clear awareness of the then-current conditions in Haiti’s dangerous camps, and the growing reports of rape others had published, including colleagues at MADRE, the LERN legal network, and Haitian women’s organizations. They sought to look at the links between water and sanitation services and rape because they suspected many victims were being raped en route to the bathroom or latrines or in poorly lit areas. In that regard, their study appears pre-designated to examine the scope of what some groups were then observing, and to put some hard figures on these observations related to risk and vulnerability to rape and unwanted touching. The study does not provide a comparative picture with pre-quake results or findings related to access to water or food. In other words, it doesn’t really tell us how camp residents lived before the earthquake, and how much better or worse off they are now. After all, a great majority of Haitians lived below the poverty level in 2009 and many didn’t have much access to regular food or clean water.

But the study results do provide a base of statistics to compare and contrast with other camp-based studies, including the pre- and post-quake surveys by the INURED team led by HERN Marcelin, PhD. Both of those studies relied on trained students to conduct interviews and similar methodologies. The NYU team also benefited from consultation with a wide variety of Haitian and American researchers.

The CHRGI/GJC academic team returned to Haiti in late January 2012 to meet again with camp residents and share their final results. This follow up work made it clear that conditions had not sufficiently improved in the surviving camps, and suggested that residents remained vulnerable to sexual assault and to sexual abuses linked to selling sex – informal prostitution. As their final report notes, access to adequate and safe food, water, and sanitation “remain physically and economically inaccessible for too many households.” The withdrawal of essential aid – in many cases after only six months – leaves a vacuum of basic services and a daily struggle to eat and drink for many residents. It also drives women and girls to sell themselves.

“Our report proves what Haitian women’s groups have been saying since shortly after the earthquake: that women who have difficulty accessing the basic necessities of life, such as clean water, functioning latrines, and adequate food, are especially vulnerable to sexual violence,” said Satterthwaite upon releasing the February report.

The NYU group offered these five broad priority recommendations for action by the Haitian government and international community: (1) provide IDPs who have been sexually assaulted in camps with free and immediate access to alternative shelter, medical services, and legal assistance; (2) expand security patrols in and around camps and install lighting and locks in sanitation facilities; (3) prioritize creation of income-generating activities for women; (4) ensure all IDPs have access to free or affordable clean water; and (5) stop forced evictions of IDPs.

“Humanitarian best practices for preventing and responding to sexual violence need to be implemented immediately in Haiti’s remaining IDP camps,” stressed Satterthwaite. “Simple measures like installing lighting in camps and locks in latrines must be coupled with long-term strategies for women’s economic empowerment.”

The NYU group plans to continue research related to sexual violence in Haiti, and continues to partner with MADRE and other LERN allies in their joint advocacy on behalf of Haitian survivors of rape. It is also sharing its findings with Haitian researchers. Director Satterthwaite hopes her group’s field research will help shape programs to address the economic plight of Haitian women and girls.∞

New Reporting Tools

Haiti's earthquake served as a call to arms for volunteers of all stripes, including technology innovators who were quick to team up with Haitian tech groups to help rebuild Haiti's broken communications grid and build mobile networks among humanitarian NGOs. They include Ushahidi, a "crisis mapping" project that introduced the successful SOS "4626" Text Campaign (see box); Inveneo,^{cxviii} whose engineers coordinated NetHope, a collaboration of 28 humanitarian groups providing relief aid to Haiti; Digital Democracy (see box), and SOS Connect. The latter two launched SMS-mobile phone-based systems for reporting and tracking sexual violence.

Mobile Tracking of Rape

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Digital Democracy is a woman-led technology-based training and partnership program that aims to empower individuals in less-resourced settings to use technology for social change, including the fight against sexual violence.^{cxix} DD was working on a digital literacy project in Haiti before the earthquake hit called "Women of Haiti" that focused on gender-based violence. It quickly noted how many Haitians were using their cell phones, texting to report emergencies, link providers, and map the damage, using an emergency "4636" (INFO) SOS hotline number set up by the global Ushahidi project.

Digital Democracy's focus on women's rights and empowerment also extends beyond gender-based violence. With support from the US Institute for Peace (USIP), the group came to Haiti to help some 50 women representing grassroots women's groups in Port-au-Prince prepare for then-national elections on November 28, 2010, a follow-up to two prior trainings.

As reports of rape cases grew, Digital Democracy quickly worked to help leading survivors' networks — including KOFATIV, FAVILEK and KONAMAVID — recover their activities and improve their capacity to document their stories, as well as conditions facing displaced women and girls in IDP camps. Digital Democracy has steadily adapted its award-winning system, Handheld Human Rights, to better document, respond to, and prevent incidents of violence; to train and empower women to use technology; and to help local partners track sexual violence. Today, their linked Haiti tech initiatives (a GBV database and KOFATIV SOF Call Center; new media projects with video, photography, and computer) are giving assault survivors new tools to report rape and fight gender-based violence.

The group's initial goals focused on three areas where it has made real advances to date in Haiti. Two staffers, Emily Jacobi and Emilie Reiser, led a pilot training for KOFATIV members to use photography, video, and computers; their testimonies and reports helped push US Congressional and UN leaders to take actions around rape in Haiti. The visual testimony also helps legal advocates working to prosecute cases. Their stories and reports of this work are uploaded to a blog overseen by Digital Democracy. The group has also provided daily, free training workshops to other groups of women and girls via a partnership with Heartland Alliance's We Lead budding feminist center in Pacot, who are equipped with a bank of new computers and a small feminist library (see box, *Heartland Alliance*).

Early on, DD trained a pilot group of 60 women from KOFATIV to use SMS texts for reporting rape cases and by September 2011, 150 women had been trained. Others were provided three-day trainings as operators and supervisors for the emergency (Tel 572) call center in collaboration with a local call center. Topics included confidentiality, tele-counseling and referrals, and documentation. The project has introduced the use of high-tech "Live Scribe" smart pens — touted as a computer in a pen — that capture everything a user hears and writes down. The pen generates an audio and

written record, allowing a phone operator to avoid asking a caller to repeat a detail of their often-painful story or a counselor to maintain eye contact with a client while taking notes].^{CXX}

As of June 2012, some 1700 calls had been logged by the Call Center, a number expected to increase with a June expansion to 24-hour service. The database has also generated a skeleton map of the hardest-hit areas that helps GBV advocates focus on advocacy and needed services to these areas. It also provides much-needed evidence of the crimes for legal cases. Digital Democracy now plans an analysis of its expanded database for trends and a clearer map of the shifting picture. It's also sharing its progress with the Haitian women's ministry and multisector actors, with an eye toward training other groups and extending the project's mobile reach.[∞]

The Live Scribe smart pen, invented by an Oakland, CA-based company in 2007, provides an accurate, interactive digital PDF transcript that syncs the audio and written interview. The user simply has to put the pen to any spot of ink on the paper – a letter, a diagram – and the pen will replay an audio of what was recorded that instant. The system allows users to store, share, organize, and send the information to others via a “Pen Cast” – a USB cord that links the smart pen to a computer for digital transfer of audio and written/visual files. The information from the intake form is also added into a cloud-based database system based on Drupal, a web-building technology that allows users to easily generate and compare data, reports, and maps – all the while maintaining confidentiality. Globally, use of the Live Scribe pen is taking off.^{CXXI}

VULNERABLE POPULATIONS

Spotlight on Girls

Throughout the post-quake period, many media reports failed to capture the percentage of adolescent and younger girls who make up the majority of rape cases. As the SOFA data showed, more girls are being raped than adult women, and since the earthquake, their age has gotten younger, based on the observations of advocates. While adult women continue to make up over 80% off domestic violence, and also make up some rape cases, the trend is consistent in urban and rural areas. As Kay Fanm's Yvette Jeanty put it bluntly: "The women get beaten up; the younger ones get raped."

In a fall 2011 interview, KOFIV's Outreach Coordinator Jocie Philistin said that about 65 percent of reported cases to her group were girls. "Since the earthquake, we are seeing more children, minors and babies aged 1 to 17 months who have been raped," Philistin reported to UNHCR in October 2011. Other groups have figures that are a bit higher or lower. Amnesty International published a report showing the 50 percent of rape victims they surveyed were young girls, some toddlers. GHESKIO's youngest rape victim in 2010 was a one-year-old.

The rise in child and teen rape and sexual violence has also contributed to the wave of early pregnancies and subsequent "street abortions" in very young girls reported by medical providers (*see Reproductive Health section*).^{cxxii}



Lack of locked latrines contributes to girls' vulnerability to sexual violence. Photo Credit: © Harriet Hirshorn 2010.

At the legal group BAI, which is helping KOFIV and other survivor clients, 53 out of a total of 66 referrals in mid-2011 involved minors – almost 90 percent (*see BAI box*). Meena Jagannath, who ran BAI's Rape Accountability and Prevention Project (RAPP) until recently, confirmed that minors made up the majority of their rape cases. In an October 2011 update she reported, "The number of children's cases outnumber the adult cases by a significant portion. Many victims are under the age of 12."

At that time, adolescent girls represented a minority of clients at the AFASDA V-Day listening houses – a finding in contrast to other groups. That’s partly because Haiti’s protocol dictates that minors who are victims of violence be immediately referred to the Bureau for the Protection of Minors (*BPM – see box, Security section*) or the state Institute for Social Well Being and Research, IBESR (Institut du Bien-Etre Social et de Recherches) which has overall responsibility for children in Haiti. But AFASDA still sees cases, and always has. In July 2011, director Elverie Eugene said their Cap Haitian center had had a number of adolescent clients, from 11 to 18 years old. “Lately we had a girl of 16 who died; she’d been raped and mutilated,” said Eugenie at the time, referring to a case of adolescent rape in the north. It resulted in a conviction – a rare case of justice, she added.

The trend in “verified” (officially reported) at SOFA indicates that minors make up a steady over 60% of sexual aggression cases, and these include the 15% incest cases that were documented in the first ten months of 2011 (*see discussion of Incest*). For its part, the National Dialogue released a November 2011 summary of officially reported GBV cases reported by four groups -- MSF-France, SOFA, Kay Fanm and GHESKIO– over a 24 month period, from June 2009 to 2 June 2011 period. Out of 2,440 GBV cases, 29.80% involved sexual violence. A further breakdown showed 43 percent of victims of sexual aggression were young women under age 20, and young women aged 15-25 were “the most affected.” Moreover, 86% of sexual violence cases targeted single women and girls versus those formally married or in common-law unions. Rape made up 90% of the sexual aggression cases, including 21.4 percent gang rapes. The age of sexual violence victims ranged from 1 to 84.

The high prevalence of young girls among rape victims prompted GHESKIO to open its adolescent center partly several years ago. At the time of the earthquake, it was among the only health providers with specialized services for adolescents, including assault survivors. There’s still a major lack of adolescent-friendly and pediatric health and other services tailored to sexual violence victims, including the lack of teen group homes and holistic programs for those recovering from rape who drop of school. (*see Safe Houses section*). Partners in Health is also focusing on adolescents within its push to expand maternal health services in rural areas.



Girls in the *Espas Pa Mwen* (My Space) Haiti Adolescent Girls Network. Photo Credit: © Nadia Todres/HAGN 2011.

'Espas Pa Mwen': A Safe Space for Girls

Organization: Haiti Adolescent Girls Network (HAGN)

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Primary Zone: Port-au-Prince; Jacmel, Leogane

Primary Target Group: Adolescent Girls

Primary Service Focus: Girls-only Space, Training, Mentoring for Girls

Photo Credit: Nadia Todres 2011

The Haiti Adolescent Girl Network is a working collaborative of individuals and organizations that began meeting in mid-2010 in response to the rising reports of sexual violence and the limited programming available for adolescent girls in Haiti's post-earthquake environment. HAGN members share a commitment to develop, implement, and document programs to build "protective assets" – social, economic, and health-related – through regular gatherings of girls aged 10-18 in dedicated safe spaces. There, girls are provided with adult and peer mentoring, education, skills-building, and creative activities – within a focus on girl's empowerment and women's rights.

Pre-earthquake, an estimated 42 percent of Haitian girls in urban areas lived without parents, many in conditions of unpaid domestic servitude as *restaveks*. Post-quake, more girls are now living alone or with strangers in dangerous camps; they are subject to sexual violence, hungry, out of school, and they have limited economic livelihood. Shortly after the quake, reports began emerging about the rise of informal sex work among younger girls – a survival means to access food, shelter, or other essential needs.

Several US women advocates –Judith Bruce, Senior Associate and Policy Analyst at the Population Council, and Ella Gudwin, Vice-President of the Emergency Response division of AmeriCares (HAGN's co-founders), and Catherine Maternowska, a longtime Haiti veteran and UNICEF consultant, teamed up to spearhead HAGN and bring other major players onboard. Maternowska doubled as a trainer to introduce HAGN's signature *Espas Pa Mwen* (My Space in Kreyol) program, modeled after an innovative pilot program for girls in East Africa. "We are empowering adolescent girls to secure their rights and health, receive psychological support, continue their education, and find safe and productive livelihoods," Bruce stated about HAGN's launch. "As their future is reconfigured, so are the families they support and the communities in which they live."

HAGN's pilot goals were to recruit and train 80 local "mentors" and work with local associations to establish girls-only *espas* for 1000 girls by year one. The program would offer girls emotional support and mentoring and girl-centered education in a protective space. The peer-led program modules center on financial literacy, sexual and reproductive health, psycho-social support, and hygiene and cholera prevention and are segmented to be age appropriate. HAGN members are free to share and contribute to the evolving curriculum. Creative therapeutic programming – photography, theatre, song, art – is also on the menu.

Aside from the Population Council and AmeriCares, HAGN's initial members included eight "Generation I" Haiti groups: APROSIFA, BRAC, GCFV, IPPF/PROFAMIL, IRC, St. Boniface, Save the Children, and YWCA, plus Making Cents and PotoFanm+Fi. Photographer Nadia Todres, an individual member, started a documentary project on girls in Haiti's camps to promote their needs and HAGN's efforts (see *photo above*). At the international level, co-founders Bruce and Gudwin used the Clinton Global Initiative meeting in New York in fall 2010 to help launch HAGN and push world leaders to focus on girls' needs.

HAGN initially set up a small office within the AmeriCares headquarters near the Port-au-Prince airport and hired Haitian coordinator Sandra Jean Gilles to do outreach to local groups and identify training materials in Kreyol. With sexual violence cases and transactional sex rising among girls, HAGN made safe space, reproductive health education, and economic skills building high priorities. Over the last several months, Making Cents and Save the Children created a robust financial literacy module used to train girls that has been shared with all HAGN members. PROFAMIL also provide girls in its *Espas* program with reproductive and sexual health trainings.

Gilles held one-on-one sessions with Gen I groups in January and February of 2011. That July, she and Maternowska offered *Espas Pa Mwen* workshops for the Gen I groups. Gen II groups include CARE; three groups directly helping GBV survivors: Kay Fanm, SOFA, and KOFIVIV; the Haitian research institute INURED; ANAPFEH, which helps sex workers; and the International Medical Corps (IMC). HAGN also distributed hygiene "dignity" kits to 450 adolescents in Gen I groups. While all the groups focused on girls' empowerment and mentoring, each has offered different activities.

Many of these girls are not in school – a noted post-quake trend that reflects poverty and the ongoing lack of security and schools for many displaced families. “I used to go to school but my mother no longer has the money,” said Kathiana, 14, who attends a PROFAMIL *Espas* group. “Instead I stay home and do housework. I cook, I crochet. Sometimes I just lie down.” Added Lesly, 15, “If I were not in the program I would teach girls in my neighborhood how to sing and dance – things that I’ve learned in the program.”

HAGN members are encouraged by the interest of older girls and adults women to become mentors for adolescent girls – a key component of the initiative. “When they come here they feel they belong somewhere, with people who understand them and don’t criticize them for the things they want to know,” said Melissa Coupaud, Executive Director of YWCA and coordinator of their *Espas* program, last fall. “They feel they are worth something now.” The YWCA’s Coupaud is currently the key Haiti contact person for HAGN; Lodz Joseph is the NY-based coordinator.^{xxiii}

For now, demand for girls-only safe spaces and programming far outstrips supply. “Many girls who come to the program ask if they can bring more girls with them to the program,” stated Anne Marie Dieudonne, Program Manager at PROFAMIL, in late 2011. “Parents call me four or five times a day and ask if their daughters can come to the program.” On a positive note, local groups are keen to integrate girls programming, though many lack physical spaces for a program – and funds.

Looking ahead, HAGN members remain sobered by the difficulties facing girls and the challenges for advocates, but they are excited by the potential of the *Espas* program. “I am so amazed by these girls,” said photographer Todres, whose portraits capture the creative spirit, courage, and daily life of girls in Haiti’s camps (*see photo essay, this report*). “They are incredibly strong and brave, they’re creative, and there is so much they want to do. Everybody – all of us -- need to do everything we can to help them.”[∞]

Healing Through Arts: Lidè

Organization: Lidè (formerly associated with Girls United: Haiti)

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Primary Zone: Siloe and JP HRO Camp in Port-au-Prince

Primary Target Group: Girls in underserved areas of Haiti (rural populations, Port-au-Prince)

Web: facebook.com/lide.org (former sites www.girlup.org/blog and <http://girlsunited.info/about>)

The recently launched Lidè program is an educational enrichment program using creative arts to empower and teach adolescent girls in Haiti. The project began under the organizational umbrella of Girls United, an international NGO, and is led by a group of US volunteers who piloted arts-based healing workshops in the J/P HRO camp in the capital in 2010. Co-founders include Kathryn Adams, a US clinical psychologist; Holiday Reinhorn, a writer; Rainn Wilson, a drama teacher; and Nadia Todres, a photographer (see box, *HAGN*, and photo essay, this report). They teamed up with Haitian social workers at J/P HRO and colleagues who launching girls programming.

The newly minted Lidè (“leader” in Kreyol) program teaches writing, photography, and drama “so girls can find positive ways to express themselves, recognize their inner strength and their human dignity, gain tangible skills, and discover a path toward leadership, healing, and self-esteem,” states Adams. With a goal of sustainability, the co-founders are now establishing a Haitian staff to lead the program. They will use Haitian teachers and mentors for adolescent girls and champion the work of female Haitian artists to serve as role models for young women. Lidè hopes to have its revamped program running year-round by summer 2013.

Adams, who holds a doctorate in education and is also a university professor, made four trips to Haiti in 2010 through 2011 to work with teams that provided peer-to-peer counseling training, psychological first aid, and training for teachers on the effects of trauma on children and their learning processes. These trips shaped her views on what girls needed to cope with during the recent traumas of the earthquake period and their new challenges as they transition to lives outside camps and continue to face difficult conditions. Adams also piloted trauma-related trainings for a select group of individuals at the J/P HRO camp to become facilitators for girls.

In its pilot phase, the prior Girls United project was co-sponsored by both J/P HRO and the Haiti Adolescent Girls Network. Girls United was established by Full Circle Learning and the Meridian Health Foundation and co-funded by the United Nations Foundation. In 2010, the group conducted the first of two 10-day pilot creative arts therapy workshops for girls involving “participatory photography,” poetry and theater arts/improvisation with 60 young women aged 12 to 24. Thirty were participants of a YWCA HAGN program in Petionville; the remainder lived in the Cite Maxo area of the J/P HRO camp community. Few were attending school at the time. In the fall of 2011, Adams offered the expressive arts program at J/P HRO one day a week as the group re-tooled a longer-term vision for their work.

In December 2011, the program shifted its base to J/P HRO’s new Community Center in Delmas 32 and refocused on the transition of girls lives outside the camp. Lidè plans a special focus on girls living with HIV, those working as *restaveks*, sexual violence survivors, and those who have had to drop out of school. It hopes to recruit local Haitians and international volunteers, artists, and filmmakers to expand programming and has an eye on a parallel program for young men in the future. In May 2012 Adams was also helping Todres with the launch of her new Center for the Arts in Siloe, a place they hope will provide a more permanent home for this work.∞

Emerging from the Shadows: Incest Victims

Advocates at Kay Fanm, SOFA, KOFVIV, ANAPFEH, and GHESKIO, which has a special health unit for adolescents, offered their general observations that more cases of incest were being reported since the earthquake. Overall, the organizations do not have a lot of data on incest, though all have seen cases.



Children remain very vulnerable in post-quake Haiti.

Photo credit ©Harriet Hirshorn 2011.

In Haiti, incest remains a socially hidden crime, making it harder to do outreach. Cases are often reported late – via early pregnancies in adolescents, or a child’s sudden emotional withdrawal and other known signs of abuse. On the positive side, increased reports since 2010 suggest more families and Haitians are denouncing familial crime – a possible silver lining (*see box in security section, BPM*). The newly reported cases don’t necessarily mean more incest is occurring now than in the past, but that it’s more out in the open. On the other hand, some advocates do feel more incest has occurred as a result of the breakdown of family and social nets, with many children sent to live with distant relatives and friends. Child rights advocates remain very concerned about *restavek* children who have been quite affected by the earthquake. (*see related subsection on Restavek children and box, Limye Lavi*).

As noted earlier, SOFA saw a rise of post-quake rise of “familial” or incest cases to 15% as of fall 2011. At that time, Kay Fanm’s director Jeanty had observed an increase of reporting of incest cases, but lacked hard data to compare with prior periods. “We don’t have many statistics on these cases, but we do see it,” she stated in October 2011. “It’s not a new issue – we’ve always seen this in Haiti. But it’s hard for us to know about these cases. People hide it. Even the mothers – they are ashamed.”

Haiti’s child protection bureau, the BPM, does track incest cases, but officials there faced the same challenge. “Usually a friend of the family will come and report this to us, or accompany the child, or sometimes the mother,” said agency head Inspector Jean Gardy Muscadin in mid-2011. “We know there are more of these cases than are being reported to us. We try to investigate but I have to admit, it’s not easy, not at all.” The situation, confirmed Kay Fanm’s Jeanty, is definitely “one that merits our serious attention.”

At AFASDA-V-Day staff also said they have seen a fair share of incest cases, though more in Cap Haitien. “In the north there are a lot of incest cases,” said their General Director Elverie. She cited a past AFASDA study that estimated 15 percent to 20 percent of rapes in Haiti were due to incest (see box, *AFASDA in the Safe Shelter* section). At their Canape Vert site, staffer Sabrina Joseph could only recall a single case: a 10-year-old girl raped by her father-in-law. “She was brought in by the mother and couldn’t say who the perpetrator was. But we know who the perpetrator was,” said Joseph.

Lost Childhoods

Guerda Constant is the director of the Limye Lavi (Light of Life) organization, based in Jacmel, that focuses on helping children, and has programs that address gender-based violence. (see box, *this section*) A well-respected leader, Constant agreed with other Haitian leaders that rising poverty and the breakdown of social structures in the wake of the earthquake are the real culprits behind the sexual violence that impacts girls “who are the most vulnerable,” she said. “We have children who are alone, and have been abandoned. They have no family to help them. There are many of these children.”

Regarding incest, she said, though common to hear rumors of cases but harder to identify them. Advocates often discover these cases late –after a girl has become pregnant or the child has suffered for years. “In Haiti it’s not discussed,” she said of incest, though she’s encountered cases over the years.

How many abandoned children have turned to prostitution – or survival sex – is anyone’s guess, but Constant believes the situation is grave. In the capital zone of Bel-Air, she said. “You’ll find a lot of very, very young girls – aged 11, 12, and 13 -- who are being sexually active to respond to their economic needs.” She doesn’t have pre-quake data to back up this observation, but added, “Now a lot of them are engaging in prostitution. I can guarantee you that at night you’ll find them on the sidewalks. They are children who’ve lost their childhood.” The other topic that’s quite taboo is abortion, because it’s illegal. “It’s complex,” admitted Constant. “Women seek abortions even if the law forbids this practice.” Based on her experience, she said frankly. “I would say that a woman who is pregnant (from rape) is probably going to seek an abortion.” So will parents and families in cases of pregnancy linked to incest, she felt. But in terms of documenting cases of abortions linked to rape, or learning more about what may be happening in her area, she said, shaking her head, “It’s the complete blackout.”

Looking beyond the cities, Constant also suggested that the trends being observed in the urban areas of Jacmel and Port-au-Prince are likely to be as bad – or worse – in the countryside. “These kinds of problems are often worse in the rural areas where there are fewer groups who are doing outreach and few health services. It would be good to find out.”

What about boys? They are also impacted – being both perpetrators and victims of sexual violence, agreed Constant. (see *subsection below*) The plight of young boys who are abused remains a delicate topic in Haiti, even for advocacy groups. She feels. “There is no one taking charge of helping them,” stated Constant. “It’s as if we leave the little boys and only deal with the girls,” she said, speaking broadly of the GBV and women’s movement. At Project SASA, a male-female team co-facilitates discussions among youth, as well as sessions just for boys and men. “There will be a different discussion then,” said Constant.

Female-female rape

There is so little documentation about female-on-female rape that some advocates interviewed for this report questioned if it takes place. It does, and like incest, some cases have emerged since early 2010, suggesting that GBV advocacy may also be lifting the invisibility of what appears to represent rarer cases that merit particular attention. Several cases of female rape reported after 2010 have involved adult female child care workers who have abused minors, according to legal sources investigating the cases.

Other cases appear to have involved cases of sexual transactions gone wrong – when women or girls selling sex agreed to have sex with another female, possibly with a male involved as well, leading to later charges of rape against the females. Advocates also urge caution about such cases, since same-sex among females is socially stigmatized, sometimes leading parents or partners to declare a case of female rape that involved consensual relations.^{cxxiv} More significant is the active or passive role played by women in cases of rape by male attackers of other women or girls.

Regarding lesbians, there are more reports of male “corrective” rape of perceived lesbians who remain targets of homophobic sexual violence, contend LGBT advocates at FACSDIS, a lesbian advocacy group, and SEROVie, which helps gay and transgendered clients. (*See and FACSDIS box*)

Inside Women’s Prisons

Cases of female rape by male guards and tough women inside women’s prisons are a stereotype in the global literature on prison life. In Haiti the topic of female rape is still a foreign concept. Some Haitians associate female rape with lesbianism and view the latter as a predatory sexual activity. What’s ignored is that rape of females in prison more often involves male guards and that women in prison will exchange sex or companionship with another female for physical protection against violence by other inmates— a form of survival sex. There are also women who form consensual same-sex relationships in prison, as they may on the outside. In Haiti, there is little public documentation of this topic. Anecdotal cases may emerge in conversations with prison advocates or lawyers, but there’s not much hard documentation. Such data may exist, but would require reviews of reports of prison violence and interviews with inmates to bring to light.

At the RAPP project of BAI, Meena Jagaanath and lawyer colleagues are currently investigating several reports of female-female rape after the earthquake, among them complaints of adult female child care workers who violated female children. Given social intolerance of homosexuality, victims of same-sex rapes face that dual stigma and may be less likely to report the crime than women raped by male attackers. But this is only an assumption, since hard data is lacking.

It’s also important to note that a social fear of lesbianism may lead parents of a daughter in a lesbian relationship to accuse her sexual partner of rape – an example of anecdotal reports shared by legal advocates. Such cases reveal the need for public LGBT education as well as GBV education and prevention programs for women in prison and girls in juvenile centers.

Since 2010, GBV, women’s rights, and legal advocates have pushed to improve conditions at the Pétionville women’s prison, where many women languished in overcrowded conditions, often in long pretrial detention. USAID-funded PROJUSTICE , an NGO working in poor urban areas, has helped process a number of cases in the prison and other facilities (*see box, , legal section*). Advocates are hoping to improve conditions in a women’s prison in Carrefour and other areas too, citing poor to terrible conditions, including lack of enough food, limited access to health care and rehabilitative services for inmates, along with low and often delayed salaries, inadequate resources and training for prison guards. Advocates worry about undocumented, but anecdotal reports of male guards who demand sexual favors from female inmates in exchange for privileges or services.

LGBT advocates are particularly concerned about transgendered women who may be locked up in male facilities and are at a high risk of sexual abuse and rape, as are men perceived to be gay.

Historically, Haiti has often detained infants and young children with mothers in prisons and jails, and locked up adolescents with adults when youth detention centers were lacking or too overcrowded. There is little public documentation of the current situation with female prisons and juvenile detention centers in terms of risk or cases of sexual abuse or assault, or conversely, attacks by females on other females. Looking ahead, there is a need for research about the current picture of sexual violence in adult and juvenile facilities and the provision of GBV-related services for inmates and for prison staff.

Sex Work: The new (old) currency

Many groups began to report an observed increase of cases of transactional sex – vs. commercial prostitution -- in the months after the earthquake, including UNFPA, HRW, Amnesty International, UNHCR, NYU-CHRGJ, and MADRE- KOFVIV-IJDH. In their October 2010 survey of 2,391 women and girls, UNFPA found that 1 percent reported having been subjected to sexual violence. They also reported a threefold increase of pregnancy cases in the camps over the prior 10 months. Two-thirds of the respondents indicated these were “undesired pregnancies” (see *Reproductive Health* section). How many were caused by sexual violence linked to prostitution is unknown. But in 2011, UNICEF reported that rape, sexual assault, and the exploitation of children in the sex industry had reached its highest level in Haiti since 2006.^{cxxv}

The post-quake picture has raised concerns of girls’ exposure to STDs as well as HIV, as well as unwanted and dangerous early pregnancies in younger adolescents. Pre-quake an estimated 10% of female sex workers (FSWs) were estimated to be HIV-positive.^{cxxvi} It’s unclear if and how this estimate has changed since 2010, but a January 2011 survey of 150 female sex workers in the capital by the sex worker agency group ANAPFEH should worry officials. It found that women and girls who engage in transactional sex have a low rate of condom use vs. commercial sex workers – formal prostitutes – with a high rate.^{cxxvii}

The cumulative data on post-quake prostitution suggests that many who have taken up selling sex fall into the first category. They don’t consider themselves prostitutes and aren’t protected. Their multivariate analysis also suggests a link between use of soft drugs like marijuana and non-condom use among clients who began sex work after the earthquake.

“Non-Prostitutes”

Like rape itself, prostitution was commonplace in Haiti before the earthquake, which reflects the country’s crushing poverty. It’s also illegal, and police randomly crack down on sex workers, often extorting a sex act in exchange for releasing a woman they have detained.^{cxxviii} What advocates fear is that a generation of girls is becoming not-so-hidden casualties of the earthquake. “We are seeing more of them all the time and they are so young, all the time getting younger,” said ANAPFEH’s Alysee.^{cxxix} (see *box, ANAPFEH*)

She lives near the Petionville area and regularly checks in on clients working the streets of the zone. At dusk, as people drive home from downtown, the clusters of young and older girls who rush to flag down cars thickens in the grid of streets close to the public square of Place Boyer. “It’s purely survival,” said Alysee. “They have nothing to eat and no money. They are alone. They are out selling themselves to much older men and getting abused. Often it’s the little girls who are the most abused. It’s tragic – honestly, it’s heartbreaking.” Citing recent examples of gang rape and kidnapping, she added, “The girls can’t defend themselves as easily. Some of them aren’t even old enough to get pregnant. But those who can, well, we are seeing this too, and there we have to think about the risk of HIV and other STDs.”

In a poster presentation at the recent International AIDS Conference 2012 in Washington, D.C., Alysee and colleague Carole Fleurantin presented a summary of their surveys of 150 sex worker clients. The profile of these women and girls shows that 6 percent are under age 15, and those below 20 are 37 percent of the total. Over 80 percent lived alone and 71 percent had elementary school education.

Ninety percent had a child at home, with an average of 1.6 dependent children per household. In other words, ANAPFEH's clients fit the profile of young, unmarried, mothers with dependent children. A third had sexual partners who were not their clients. In terms of risk of STDs and HIV, women who are established commercial sex workers were using protection: 94% used condoms with clients, and half used the Female Condom when clients refused to use male condoms.

By comparison, women and girls who traded sex for something other than money – termed “non-Commercial Sex Workers” by ANAPFEH, were not using condoms, raising concerns about their potential exposure to STIs and HIV.^{cxxx}

Pre-quake, 42 percent of Haitian girls in urban areas lived without parents, many in conditions of unpaid domestic service as *restaveks*. How many have turned to prostitution after being abandoned in the wake of the quake is an open question.^{cxxxi}

So is the less-visible participation of boys and young men who also need to survive. AT SEROVie, advocates say men identified as gay or bisexual, as well as transgendered youth and women, are especially marginalized and remain at risk for entry into prostitution because they find little social acceptance, particularly in the workplace. (*see subsections on Men and Boys, and LGBT, below*)

Official Reactions

The Haitian government's response to prostitution has traditionally blended official legal punishment and moralism, tempered by a historic social tolerance of the oldest profession by Haitian society. But the spike in prostitution has spurred bursts of police muscle. In September 2010, the Haitian police raided an area next to sprawling IDP camp of Champs de Mars very close to the collapsed presidential Palace.^{cxxxii} That camp had become notorious for open prostitution occurring in full day light, upsetting camp residents, particularly parents.^{cxxxiii} Forty women were arrested for engaging in sex work, generating radio and newspaper headlines. It also prompted local women's organizations to complain about the police camping down on mothers and other women with little other means to feed their families. But the issue is complicated, because other parents also felt jeopardized by the open sale of sex in areas visible to their children.

Defending Sex Workers : ANAPFEH

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ANAPFEH is a small NGO with eight paid and two volunteer staff members that operate an outreach program and small clinic for sex workers in Port-au-Prince. Most clients are adults and include transgendered women who remain especially vulnerable to abuse, said Alysee. Since 2010, she has encountered more and ever-younger girls selling themselves in the street. In 2009, ANAPFEH had 300 regular women clients in 2009, and many are self-identified as commercial' sex workers who sell sex daily or nightly in the streets, or in homes and hotel rooms that double as brothels. As of October 2010, ANAPFEH had recorded 100 additional clients and the number was steadily rising.

Many selling sex in camps and the street are women and teenagers who don't identify as sex workers or prostitutes, as well as pre-teens. They compete with women who are commercial sex workers.

ANAPFEH provides counseling and health services for clients, including education and prevention materials. This includes making condoms and contraceptives available and pushing STD and HIV counseling, prevention and testing. But the economic

situation is crushing. Clients will refuse to use condoms, though and competition is now stiff with so many desperate girls and women needing to eat and find shelter. “The price of sex was already ridiculously low in Haiti,” says ANAPFEH. “The value placed on the woman has fallen even more if that can be possible.”

In early 2010, ANAPFEH struggled to compete with larger and international NGOs for funding, but secured some support from UNFPA and European agencies to keep its clinic going. For now, funding remains a struggle given the increasing demand. “The situation for these girls is really bad,” she said in a July 2010 update. “There are not a lot of programs for prostitutes. We still encounter a lot of moralism, even us who are trying to help them.”

For now, despite increased GBV and gender trainings for police, Alysee says clients continue to complain that the police randomly arrest and harass them, demand sex services or bribes to release those they detain, or arrest them and lock them up. The illegality of prostitution makes it harder for victims of sexual violence to report the crime and get help, she contends. ““The police blame them for what they are doing,” stated Alysee. “Some people have this mentality: ‘She is selling herself. How can it be rape?’ But they are just trying to get something to eat. So we have a lot of education to do.”

ANAPFEH, she said, has many clients who have been repeatedly raped. “Of all the women I think these are the women who remain very vulnerable to rape and all sorts of abuses, and we need programs for them,” said Alysee. “Apart from when they come to see us or go maybe to another NGO, they get no help from anyone. The police are not protecting them – they hide from the police.”

Aside from job training, education and food for girls, Alysee cites shelter and housing as key services and programs missing for those who are entering sex work, including adolescents. “They are alone. People don’t understand that. They need housing and a means to live.” Alysee is hoping to secure funding and help to refurbish an existing house into a possible group home/shelter for girls who are being helped by ANAPFEH. With funds, she’s ready to extend ANAPFEH’s mission. “We are looking for partners. Can you tell people that. We’re here, ready to work with them.”[∞]

Sex for Food

Several groups have conducted camp-based research to look at the links between the reported rise of prostitution and difficult economic conditions. While these studies primarily looked at adults, they included older teenagers. In February 2011, a UNCHR team used local *ajans* (called “community mobilizers” in their study) to survey 124 men and 50 women aged 15 year to 60 to determine the role of transactional sex (or “survival sex”) in their lives post- earthquake. A May 2011 UNHCR report found:

“100% of the 15 focus groups consulted reported survival sex in their camps, portraying it as an invisible but common (and mainly as a new, post-earthquake) practice.” Moreover, “...the more food insecure the women and girls are, the more they are inclined to engage in extreme coping mechanisms, including survival sex.”^{cxixiv}:

The UNHRC report also found that prostitution was a new activity for the women and girls who did not consider themselves “occasional commercial sex workers.” They expressed resignation but not judgment about their coping strategies, “although all expressed distaste for what they were doing,” wrote researchers.

The report also documented another trend linked to rape and reported early on by IDP camp managers and the IOM agency: the establishment of tents and areas for prostitution in some camps, often overseen by criminal gangs. Their presence has threatened other residents, deterring reporting of abuses and rape by witnesses.^{cxixv} “Sexual crimes are largely under reported because perpetrators threaten the survivors and their relatives. The few women that do have the courage to report their crime are frequently met with indifference by the authorities,” reported UNHCR. The October 2011 PotoFi Haiti Girls Initiative study of pregnant adolescents found a high correlation of early pregnancy with survival sex (as well as rape). Out of 1251 adolescents who responded to questions about transactional sex, 37% (463 girls) acknowledged selling sex, often for shelter. (see Annex III for details).

Men and Boys

While girls have shown up on the radar, less is documented about sexual violence directed at men, adolescent and younger boys. There remains a real gap in documentation and institutional attention to male rape, which is regarded to date as a rare event compared to female rape. The recent media attention to several MINUSTAH rape scandals has shed fresh light on this hidden picture. (see *MINUSTAH box, security section*). But there are no targeted programs to date aimed at finding and helping male victims of sexual violence. Nor are GBV programs focused on targeting perpetrators – either men or younger boys. (see *box this section*).

According to officials at the Bureau of Protection of Minors, the stigma surrounding male rape prevents families from reporting the crime. Boys are afraid of being labeled as homosexuals or AIDS carriers – two common stigmas. Male rape victims hide the crime from their families. According to BPM officials, some parents report rape when the boy child is very young, but older boys and adolescent cases tend to remain hidden. “Here, we tend to see the girls,” said BPM head Jean-Gardy Muscadin in August 2011, referring to cases referred to his agency. “We have not seen so many boys.”^{cxv} As with incest, families hide such crimes to avoid subjecting their sons to further pain and humiliation.^{cxvii}

To date, there is one group in Jacmel, AHDESE (see box below) that is targeting GBV education, prevention and training to men and boys, and discussion groups exist in Cap Haitien, the Plateau Central and newly, Port-au-Prince. They represent the seeds of a Haitian men’s movement, though their focus is primarily on addressing men’s role as actors in violence against women, not victims.

Hidden Victims

When male rape cases are made public, they tend to be treated as scandals – shocking vs. common. But advocates at SEROVie and ANAPFEH question if that picture is correct. Given the intense poverty, high crime, and impunity for sex crimes in Haiti, boys like girls are subjected to daily abuses, and also engage in survival sex. Reports of boys and young men engaged in sex tourism pop up in the literature on Haiti.



Survival in Haiti's IDP camps.

Photo Credit: © Harriet Hirshorn. 2010.

“We don’t know what’s going on because we don’t see them,” said ANAPFEH’s Alysee. But she noted, boys are among Haiti’s large population of street children and remain very vulnerable to violence.

To date, the local agencies that help victims of sexual violence like SOFA and Kay Fanm and KOFIV have only documented a few cases of male-on-male rape compared to the high number of male-on-female cases. “We know, we hear, but we don’t see them,” explained SOFA’s director Pierre-Paul. “The families are even more unwilling to talk about this.” She confirmed that the dual stigmas of homosexuality and HIV/AIDS impede disclosure of male sexual violence victims. Also, there is often a delay in discovering cases of sexual abuse of children, contend advocates. They may be identified by a teacher or parent or social workers after a boy or young man has shown signs of a behavioral or emotional problem. For now, reported cases are few.

Younger Victims – and Attackers

In interviews, GBV advocates at SOFA, Kay Fanm and APROSIFA shared their observations that even very young boys were engaging in sex with young girls.^{cxxxviii} “All these young boys are left with nothing to do in the camps,” stated SOFA’s Pierre-Paul in mid-2010. “No one supervises them and their adults are out trying to find work. So abuses are getting committed.” She added, “There are children who rape each other. Little boys raping little girls. More and more we have seen it.”

Groups like ProDev (*see box below*) do address violence and the lack of education and male role models for boys who have been educated on the streets, absent of modeling and parenting. The existing literature on the gang activity in Haiti shows that “street boys” – neighborhood children in urban slums - - are recruited and given protection and a “family” in exchange for joining in gang criminal activities. Often, they are abused first, too, to assure their loyalty to an older gang member. To date, there is limited research on degree of rape and sexual abuses that occur by and among gang members, but in the very violent milieu of urban gang life, it’s part of the daily picture, alongside murder and shootings during turf wars with rival gangs leaders and efforts to extort money from residents.

To cite one example, a week after the 2010 earthquake, veteran Haiti reporter Jonathan Katz of the Associated Press filed a story about returning gang members who attacked UN security forces in Cite Soleil even as they tried to dig out bodies – part of a turf war between two gangs that also led to the murdered of three locals and the rapes of several women.^{cxxxix}

A variety of small NGOs and local associations as well as churches have programs to engage youth in the urban slums, and to offer alternative to gang life. Sports – including soccer – are offered by several programs to engage boys and offer education, too. They include a Haitian-led Athletics for Haiti program, and Mercy Corps’ new Moving Forward program in Cite Soleil^{cxl} Hip hop superstar Wyclef Jean’s Yele Foundation has focused on helping to build schools in poorer neighborhoods and to target programs for urban youth. The rapper serves as a role model for boys. So does “Tet Kale” (Bald One) -- the public nickname for President Martelly, a musician-turned-president who captured the youth vote.

Boys in Prisonss and Detention Centers

There is a similar dearth of solid documentation of rapes and sexual abuses by and against boys and younger men in juvenile detention centers and adult prisons. But advocates say all kinds of violence occur there. The prison system is severely under-resourced and overcrowded. Boys are still sometimes

locked up with adult men, particularly in rural jails or areas without enough detention centers. Rights groups including IJDH-BAI and RNDDH have issued post-quake reports showing little improvement in the inhumane conditions within Haiti's prisons. (*see legal section for details*)

Teachers and Priests: Helping – and also Harming

Officials at Haiti's child protection agency, BPM, say mothers or female caretakers are typically the ones who notify them about cases of child sex abuse including incest. But victims, both girls and boys, may also turn to teachers and priests for help. That is why targeting GBV training to teachers is so important, stressed advocates at Kay Fanm and SOFA. In the PotoFi survey, a number of pregnant girls indicated they had disclosed cases of rape and pregnancy to a priest or teacher.

At the same time, these same advocates warn that these figures often abuse their authority and take advantage of children. Over the years, cases of male priests and teachers pop up quite regularly. But families find it hard to denounce priests in particular, stated SOFA's Carole Pierre-Paul, who noted that priests have social authority and defacto legitimacy as the spiritual leaders of their communities. Case reports from a number of agencies, as well as the PotoFi teen survey, provide evidence of sexual assault cases involving priests and male teachers. AFASDA staff recounted an incident in which a pastor who had been raping a girl sought an illegal abortion for the girl after she got pregnant. "We have cases like that in which even a priest will seek an abortion in order to keep having sex with the girl," stated director Elvire Eugene.

At KOFIVIV, Director of Advocacy Jocie Philistin feels the problem is serious and too hidden. An evangelical lay minister herself, Philistin plans to extend outreach to evangelical churches and other faith-based groups to discuss the problem and push for more pastoral leadership and action by the church against rape involving clergy. Many Haitians attend church services on Sunday mornings, which offers an excellent opportunity to direct GBV educational messages with a captive public. So do religious radio programs. Philistin is especially excited about educating and training youth ministers who, she feels, are very open to discussing such topics and can reach young men with prevention messages, too.

Transforming Men: ADHESE

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Target Group: Men and Boys
Target Zone: South East

Eight years ago, a group of male friends formed the first men's group against sexual violence, based in Jacmel. The group has long been affiliated with Fanm Deside, who helped train the men in topics related to women's empowerment and GBV. "We realized that this problem of violence against women was caused by men, by male behavior, and that we had to educate other men," said Jean Oplan, current Coordinator of AHDESE. A dynamic male feminist, Oplan says the group remains quite active, doing outreach and trainings sessions for other men in the southeast region around Jacmel, Belance, and Les Cayes and slowly extending their reach to other areas.

Today, the Association of Devoted Men (ADHESE) represents the growing kernel of a men's movement against GBV, with 40 active members in Jacmel and many more men who have been educated by the group over the past eight years. Two groups of 25 men in Cap Haitian and the Plateau Central are among the many beneficiaries of trainings that take place via forums and group discussions.

"We sensitize and train the men and engage them to talk about many subjects that relate to violence done to women," stated Jean Oplan, Coordinator of ADHESE. "We talk to men about the need to respect women, that they should not regard women only as a sexual object, and, for example, if there is a conflict with the wife, that she is not to be beaten... things like that." Haitian men need to be re-educated, stresses Oplan, to redress a social education that teaches them "bad attitudes about women and to dominate and respond with violence with women," said Oplan. "They are not taught how to deal with women and how to talk to them, how to help them. These are all the things we talk about in our trainings."

The age of ADHESE members ranges from 18 and up and includes men with very different backgrounds, as well as men who have been violent to women. Some are early members who were trained by women in Fanm Deside and transformed, said Oplan. "The men have changed; they are no longer being violent with women." These men in particular serve as role models for other men, and help other men to open up about their views about women and their behavior with women in intimate and casual relationships, the workplace, etc.

The group holds meetings every month in different areas. Discussion topics and trainings range according to the group being targeted – whether rural men in a peasant association or young men or boys in school. So do the outreach strategies. "We use music, especially with the young men," explained Oplan. "The basic message is teaching them to respect women and to become aware of their own behavior as men. That's what has to change."

The messages are being well received, he said. Citing an example, he recalling a meeting days earlier when a young girl of 16 – a daughter -- testified before a men's group about her father's lack of visible affection for his wife. "Since her childhood, not once had she heard her father say the word *dear* to her mother or bring her flowers -- things like that," said Oplan. "But after [the training], the first thing her father did – he went to bring his wife a flower when he went home." Such trainings trickle down to benefit daughters – and sons, too. The need to reeducate younger boys is part of ADHESE's expanding work, he added.

When asked what response women have had to ADHESE's work, Oplan said, "Oh – you can't even know... the women receive this with open hearts."

Looking ahead, and pending new funding, the group has also outlined plans to expand outreach to perpetrators – a group Oplan agrees has been left out of the prevention equation to date. "We have learned from the men in our own group so we are hoping to do something there," stated Oplan.

While ADHESE has yet to target male prisoners convicted of sexual violence or activities to address the lack of rehabilitation or community re-entry programs for sex offenders, Oplan said his group was open to all possibilities. That included a proposed collaboration with PotoFanm+Fi to work together on a 2013 program to focus on adolescents and to target perpetrators and their families and released offenders. There's also the possibility of sharing experiences with men and boys who have participated in IDP camp GBV patrols since 2010. The latter include some 25 men in the Champ de Mars camp who have formed a new men's GBV group with support from KOFIVIV and represent another critical link in Haiti's nascent men's movement. "∞

Child Protection and Anti-Trafficking Efforts

Orphans, Street Children and Restaveks

The high vulnerability of children to sexual violence has long been documented in Haiti, and again, is a reflection of acute poverty that forces destitute families to leave children home alone while they seek food or work elsewhere, and to put very young children to work in settings where they are vulnerable to abuse. Many reports have documented the problem of child prostitution, homeless street children, and child trafficking that were a crisis before the earthquake further displaced so many children.

Pre-quake, estimates of the number of orphaned and street children – those living alone who may have living parents – varied greatly. One oft-cited figure was 380,000 – a statistic put forth in 2007 by UNICEF, which acknowledge that figure was a very rough number, according to UNICEF spokesman Christopher de Bono.^{cxli} Some 50,000 children lived in institutions – often orphanages – some of them having parent, both parents or no parents – but left alone regardless.^{cxlii} The agency also estimated some 2000 Haitian children a year were being trafficked to the Dominican Republic, many of them girls assumed to have been trafficked into brothels and some form of sexual slavery, as well as forced servitude as unpaid domestics or *restaveks* (see *Restavek section*). A high level of corruption exists in both countries, along with criminal drug gang activity, that contributes to child trafficking.^{cxliii}

The earthquake greatly compounded this picture. Initial media reports put the number of “orphaned” children at up to a million – a figure later challenged by reports suggesting far fewer children were actually orphaned.^{cxliv} Shortly after the disaster, UNICEF estimated 500,000 children were “extremely vulnerable and in need of child protection with an unknown number having lost one or both parents.”^{cxlv} Since mid-2011, child protection agencies have reported an increase in children being left in hospitals and at the doors of institutions by families unable to provide food for their children – a heartbreaking gesture by parents who hope to save the child’s life.



'Let's Protect Children Against All Forms of Abuse'
MINUSTAH-sponsored child protection campaign, Haiti

An International Adoption Crisis

The plight of many injured and homeless children spurred an international response by adoption agencies – as well as private and religious groups with little experience in the adoption arena. In the midst of chaos, many groups took actions to assist and move children from unsafe settings into orphanages, while raising public awareness of the great risk of trafficking facing vulnerable children. Haitian and Dominican officials moved to set up safe centers for children along Haiti’s porous border, and

called for beefing up the staff at key agencies including the BPM, IBESR, and Ministry of Social Affairs and Work (MAST in French). In Fond Parisien, close to a border crossing, the Love-A-Child compound was set up as a field hospital and recovery center for child quake survivors, staffed by volunteers from the Harvard Humanitarian Initiative. In Port-au-Prince, many groups set up spaces within hospitals to assist injured children and keep them safe until appropriate referrals could be made to other agencies.^{cxlvi}

The orphan crisis gained global public attention when, shortly after the earthquake, officials at Catholic Charities and other South Florida immigrant rights organizations moved to revive Operation “Pedro Pan” (Peter Pan) in order to airlift Haiti quake orphans to the US and into adoption by US families. Some US Congressional officials led by Mary Landrieu (D-LA) moved to introduce a US “Families for Orphans Act” in support of the plan. Supporters claimed the plan was a life-saving gesture by charitable Americans, while critics hotly argued it was a thinly-veiled effort by evangelical groups with ties to US legislators to illegally gain custody of Haitian children.^{cxlvii} One main criticism was that the Haitian children might have living parents and that insufficient time had been given to look for possible parents in the chaos. An incensed Haitian public charged US evangelical groups of “kidnapping” Haitian children and demanded the Haitian government act to protect its most vulnerable citizens.

The issue exploded the week of January 25th, when a Baptist group led by Laura Silsby was arrested after twice attempting to cross the Dominican border with children the group had picked up from Port-au-Prince orphanages – after having been warned their actions were illegal.^{cxlviii} The Silsby affair, as it was dubbed by the media, gave new muscle to the state agency IBESR, which has historically opened global eyes to the plight of Haiti’s children and the threat of trafficking that increased in the aftermath of the disaster. The plethora of media stories and calls for action pushed stakeholders to increase anti-trafficking efforts, and linked child’s rights advocates with groups fighting rape with common purpose. Among agencies, the IOM, UNICEF and Save the Children, were vocal advocates for increased funding and support for child protection and family reunification programs, particularly along Haiti’s border.

The Silsby crisis created major problems for established orphanages, including some run by church groups, who have long supported stricter oversight and a more streamlined process for legal adoption of Haitian orphans. Pre-quake, Haiti was among the countries where it could take years to process a legal adoption given red tape and the weakness of the overall system in Haiti. When the quake hit, anguished adoptive parents and caretakers literally stalked and camped out at the American Embassy, pleading for help to expedite cases where all the paperwork was in order, but approval was blocked. They also felt the negative media attention resulting from Baptist debacle had seriously harmed decades of work by child advocates to help truly needy Haitian children. “It’s the last thing we need,” said one orphan director at the time who had personally rejected a sudden request by Silsby to turn children in his orphanage over to her group. “I’m glad they stopped all that because it smelled fishy to me. But what she did has given the rest of us who have dedicated our lives to Haiti a bad name. It’s not just us who suffering, it’s the kids who need our help. ”

Tracking and Supporting Children

In response, Haitian and international agencies formed a Child Protection Sub-Cluster^{cxlix} with groups focused on adoption, trafficking and Family Tracing and Reunification (FTR) efforts working together, to increase monitoring and services for vulnerable children, particularly in border areas. UNICEF, IRC and Save the Children collaborated to maintain an Inter-Agency Child Protection Database that was launched

with the government's collaboration. The global repository represents an important step—and tool -- to monitor vulnerable children and fight trafficking.

At a national level, government leaders have also strengthened the lead agency responsible for helping children, IBESR. The agency has long been a target of criticism by child advocates and families of child victims who, truth be told, remain vocal today in their criticism of the agency's field agents. But several recent steps were taken to shake things up at IBESR and improve supervision of field agents, including the appointment of a dynamic child rights advocate, Arielle Jeanty Villedrouin. "She seems to be really motivated to change things," said one advocate, requesting anonymity. "I hope she gets support and the resources because we need this agency to be responsive."

One of Villedrouin's stated goals has been to de-institutionalize children, and support government efforts to improve family reunification and return of children into homes and out of orphanages. To its credit, IBESR, working alongside the IOM and ally NGOs, has made progress in a long-sought assessment of residential centers and orphanages. IBESR officials closed several centers after inspection. The agency launched the first Directory of Residential Care Facilities and had assessed 336 centers and over 134,000 children in residential care by the second anniversary of the earthquake – a very positive step.

The Martelly government also supported a renewed call made by child advocates in 2010 for the Haitian Senate to pass a viable adoption law and a year later, signed the Hague Convention on International Adoption. That move is a direct response to the Baptist Silsby adoption scandal.^{ci}

As of 2012, a statistical assessment of progress made to help children showed that out of 317,000 affected children, 283,635 registered children had benefited from inter-agency interventions, including 143,635 girls and 140,000 girls. 100% of 53,000 children separated or without parents (orphans) had also been helped.

The UN inter-agency Haiti CAP 2012 – a review of progress and monies needed by sector for Haiti's recovery – also found that it had become harder and harder to place children with families, including host families, including for restaveks, due to the falling economy. As of fall 2011, 8,780 children had been registered, including 54% girls. A third were children under age 10. Over half the children had become separate from their families after the earthquake. Despite myriad efforts at family reunification, 70% of unaccompanied children remained without parents or family caretakers in early 2012– many in the 700 residential centers for children that exist in the country.^{cli} Meanwhile, restavek children in the cities had returned to poorer neighborhoods and rural villages. As the CAP study found, "While the exploitation of restaveks is decreasing among richer families, it is steadily increasing among the poorest."^{clii}

As noted earlier, more restavek and other girls are engaging in survival sex. The CAP document found an increase of 55% (or 1,251 children) in the population of street children compared to a prior survey in 2006. A rough estimate put the increase after the earthquake at 731 children – roughly 60 a month. Of this number, two of ten were girls. Dramatically, 65% of the new street children were younger than 14.

As was detailed earlier, more girls are engaging in survival sex, while youth gang activity is on the rise, and agencies say youngsters of both sexes are joining gangs to secure protection and a sense of family. At the start of 2012, some 250,000 illegal arms were circulating. In Martissant, some 30 children belonged to one armed group – a snapshot of the evolving picture. While the children do gain social

bonds, it is a high price. The CAP report also cited NGO reports showing that 60% of registered cases of rape involved girls.

RESTAVEK domestics

In Haiti, poorer and rural children have long been sent to work and live as unpaid *restavek* domestic servants in homes of other families. They do daily chores in exchange for room and board and schooling. In reality, many are badly abused – a litany of horror that includes rape and forced pregnancies. Former *restavecs* now lead a grassroots child’s rights movement to help free *restavek* children who are considered child slaves. Robert Cadet, a former *restavek* and author, is among the well-known leaders who have detailed the horror and daily abuses heaped upon often very young children in his 2004 book, *Restavek*.^{cliii}

Heartland Alliance and UNICEF, for example, have worked to beef up security along Haiti’s border in Ouanaminthe, a major crossing point to the Dominican Republic and a long-known route for traffickers.^{cliv}

Helping Restavek Children

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Primary Zone: Jacmel, Port-au-Prince, La Gonave and rural outreach.

Target Group: Restavek children, ‘modern slaves’

Main Sponsors: Free the Slaves; Beyond Borders; International Rescue Committee (IRC); Unitarian Universalist Service Committee (UUSC); Save The Children.

Primary Zone: Jacmel, Port-au-Prince, La Gonave and rural outreach.

Target Group: Restavek children, ‘modern slaves’

Fondation Limye Lavi, launched in Haiti in 1992, is a long-established community –based organization working on child protection and trafficking issues that opened its Jacmel program in 2006. The foundation has a specific mission of helping children working in domestic servitude as *restaveks* – live-in household servants -- that some consider modern slaves. The foundation is backed by the international Free The Slaves network, headed by renowned US anti-child slavery activist, Kevin Bales. Limye Lavi’s primary catchment area is the Jacmel urban and semi-urban zone, but it provides services to rural groups, and prepares radio programs to reach remote communities high above Jacmel.

Prior to the earthquake, Limye Lavi, which maintains an active office in Port-au-Prince, too, provided a variety of community education and advocacy programs aimed at reaching children in servitude, and women. It works with women’s groups in the island of La Gonave, and collaborates with Kofaviv and Jacmel allies like Fanm Deside, as well as child protection groups.

Limye Lavi’s unique approach is to foster a dialogue in communities to develop locally-driven solutions to the problems facing youth and women in communities. Its primary focus is prevention and protection of children, but it focuses on education on children’s and women’s rights, including sexual violence and HIV/AIDS. This approach seeks to first break the taboo and social silence surrounding issues like the *restavek* system and examine the economic and cultural aspects of the problem. One of its programs, Project SASA is modeled after an innovative program in Uganda and works to train youth and rural leaders. The foundation also has a community radio discussion program that reaches distant communities. Local authorities are invited to participate in radio and other activities.

Limye Lavi’s small staff responded quickly to the earthquake. Its sister organization, Beyond Borders, sent several doctors to Jacmel to respond to the needs of quake survivors there. Staff from the foundation’s Child Protection program also worked in Port-au-Prince camps with women and children, focusing particularly on helping children orphaned from the earthquake and *restavek* children. The foundation also teamed with Beyond Borders to provide Family Tracing and Reunification training to various organizations.

Director Guerda Constant has overseen the organization’s recovery from the earthquake. A dynamic leader, she confirmed trends and field observations reported by groups and women’s organizations in Port-au-Prince and Jacmel regarding 2011

trends in sexual violence. Like them, Limye Lavi staff has noted increase of reports in overall violence and sexual violence shortly, primarily affecting displaced survivors and camp residents. Over time, the sexual violence has leveled, said Constant in mid-2011.

Like other leaders, she is uncertain if there are true increases compared to the past, given that the issue has received a lot of media attention. "Are people feeling more confident to report? Maybe.... I don't know... but it could be," she speculated then. "This is my personal opinion. I think women are becoming more conscious of how to defend their rights."

Constant says lack of education and empowerment for women and girls is the basic problem. "Women that we work with talk about how their husbands act with them. We know it's a case of rape, but these women don't see this situation as a case of rape. They say, 'It's because I'm a woman (his wife, or a partner) so I have to give this (sex) to him.' It's due to a lack of education." That factor, coupled with the economic situation in Haiti, "continues to slow the fight against sexual violence," she feels.

Still, she notes some progress, particularly local women's awareness of rape. "I see in the meetings that now the women ask questions, and there is more interest in knowing their capacities, and their power, for example, to defend their rights. It's really interesting. Women are better able to communicate with their partners and confront them about issues of sexuality and violence they face," she said Constant attributes this advance to the work of many women's groups in Haiti before and now.

Despite this progress, she feels, most women still remain too afraid to report rape because they fear retaliation. Her group has also observed trends seen by groups in Port-au-Prince. Post-quake, the majority of rape cases registered by Limye Lavi have involved individual, vs. collective attacks by more than one person. Many of the rapes have occurred after dark. Sexual violence cases of adult women typically involve domestic violence. Constant has also observed an overall increase of sexual violence affecting adolescent girls and young girls.

The other topic that's quite taboo is abortion, because it's illegal. "It's complex," admits Constant. "Women seek abortions even if the law forbids this practice." Based on her experience, she said frankly. "I would say that a woman who is pregnant (from rape) is probably going to seek an abortion. So will parents and families in cases of pregnancy linked to incest. But in terms of documenting cases of abortions linked to rape, or learning more about what may be happening in her area, she said, shaking her head, "It's the complete blackout."

"We have a lot to do," Constant summed up. On the positive side, she is also encouraged by the energy of Haiti's youth. "They're very active, very engaged," she said. "They are going to help us advance."∞

Extra Vulnerable: LGBT Individuals

The threat of domestic and sexual violence to individuals who identify as gay, lesbian, bisexual or transgendered has begun to gain more public visibility in Haiti, largely as a result of the creation of new LGBT rights groups in recent years. To date, the documentation of sexual violence cases is still weak, and only date back to recent years among the few agencies tracking such cases. Established agencies monitoring sexual violence have not yet created a category for LGBT cases, despite strong evidence that homophobia – violence against individuals perceived to be gay or transgendered – often leads to same-sex domestic violence and rape.

The social stigma surrounding homosexuality in Haiti, coupled with the strong influence of Catholic religion on Haitian society and traditions, including its laws and policies, has kept the subject of sexual violence directed at LGBT individuals quite hidden. The fact remains that many self-identified LGBT Haitians remain publicly “in the closet” – not openly revealing their sexual orientation, but doing so selectively and living more private LGBT lives. The reason for this choice is their fear of rejection and discrimination by families and their community – a common experience for those who have “come out”. Today, there are a few bravely open LGBT leaders who steadily pushing open Haiti’s closet door.

Lesbians: Facing Corrective Rape

As in many parts of the world, lesbians in Haiti are often socially ostracized by their families and some have experienced violence, including rape, linked to exposure of their sexual identity. While Haiti is steadily becoming a more modern, egalitarian society, there are no specific laws protect LGBT individuals from discrimination.

Among “female rape” cases, some may involve cases of consensual sex among lesbian or bisexual women who are socially stigmatized as sexual predators, another “hidden” facet of the layered sexual violence picture. It’s a dark irony, since in truth, lesbians and bisexual women report being targeted for rape for failing to conform to gender stereotypes in Haiti, according to activists at FACSDIS, a lesbian rights group, and SEROVie, an HIV advocacy organization that has a strong LGBT rights platform.^{clv} SEROVie and IGLHRC, a global LGBT rights watchdog group, issued a joint report last April quoting lesbian and bisexually-identified women in Haiti who stated that sexual violence and corrective rape were “definitely a problem” in the IDP camps^{clvi} (*see Vulnerable Populations section*).

Portraits in Leadership: Shelly Moreau, FACSDIS

Organization: Femmes en Action Contre la Stigmatisation et Discrimination Sexuelle (FACSDIS), a project of SEROVie.
Contact: Shelly Moreau, Executive Secretary
Primary Zone: National
Primary Target: Lesbians, Transgender Women, Sex Workers
Web: www.facsdis.blogspot.com



Shelley Moreau is the Executive Secretary of FACSDIS, which stands for Women in Action against Stigma and Sexual Discrimination in French (Femmes en Action Contre la Stigmatisation et Discrimination Sexuelle). The organization was formed by a small group of women prior to the earthquake to give visibility and equal rights to lesbians and bisexual women and to push for the rights of transgendered women and those engaged in sex work.

As a class, lesbian and bisexual women remain socially hidden and ostracized in a Haitian society where Catholicism promotes a dim view of homosexuality as a sin. A significant number of women leaders and high-ranking officials in Haiti are lesbians or gay men but few are professionally open about their identity.

As several FACDISC members put it in 2011, those who can afford to travel enjoy more open lives when they visit the United States or Europe, where being gay is socially accepted and where laws protect against discrimination, including violence and sexual violence. They joined FACSDIS because they could no longer tolerate living in fear of exposure or violence related to their sexual orientation. In interviews, FACSDIS members acknowledged they too, are Catholics, but disagree with church's traditional views on women and social topics such as premarital sex and sexuality.

"I was born this way, God made me this way and I know I am loved as any other of God's creatures," said a young FACSDIS member, declining to be identified for this report. "I am a Haitian lesbian and there are more of us than even we know. We see how lesbians are treated in other parts of the world, where they have the same rights as others. It's time for Haiti to accept us and even love us as we love Haiti and are devoted to Haiti. With our group, we hope to educate the public. But we know we are going to have to fight hard." She added, "In Haiti, we have had to fight as women to be respected. This is part of that fight – for equality."

FACSDIS remains an organization that is operating slightly below the media radar in an effort to create a safer public space for lesbians and LGBT individuals to meet and find support, while publicly advocating for the rights of lesbian and bisexual in a society. "We are the only organization in Haiti working with this group (lesbians)," reported Moreau in 2011 (before KOURAJ emerged as a LGBT-rights advocacy group in early 2012^{clvii}). "We work with all women in general but specifically prostitutes and lesbians and transgendered people." The AIDS NGO SEROVie provides an institutional umbrella for FACSDIS.^{clviii}

After the earthquake, FACSDIS and SEROVie jointly spoke out against incidents of discrimination and violence in camps directed at LGBT individuals and were supported in this advocacy by US and international groups, including the AIDS advocacy group, Housing Works, and IGLHRC. These outside agencies have helped SEROVie re-establish HIV prevention and care services for affected LGBT individuals and lent support to FACSDIS to address cases of alleged "corrective" rape of lesbians in the IDP camps.

"The work of the organization was really hard after the earthquake," says Moreau. "In fact, our target group was very struck by the violence committed after January 12, because of the stigma and vulnerability in relation to sexual orientation."

Individuals in the organization like Moreau suffered personal challenges. A mother, she endured the agony of having a son buried under the rubble for two days." Two years later, she said simply, "The disaster was terrible. We were all taken by surprise. It was very hard for mothers."

The impact on FACSDIS was similar to other small organizations with limited means and a small membership. The displacement of lesbian mothers and other members into IDP camps increased their vulnerability, say FACSDIS members who say some

Haitians sought to blame them for the cataclysm. “It is not at all easy to work with this group which has no support, which is accused of having caused the earthquake because of our sins -- it was not easy at all. Nobody wanted to assist in such a group, but we stood with the means at hand,” said Moreau.

As she explained, members of the group used personal means to help FACSDIS resume its activities. The group’s public denouncement of post-quake discrimination helped open the doors to donor support, which has helped lay the foundation for the long road ahead. “We are the only organization in Haiti working with the LGBT community in Haiti and we are proud to work for the rights of this group,” says Moreau. “It is a job that we love.”

FACSDIS is among three Haitian organizations helping LGBT individuals that has called public and global attention to the issue of corrective rape of lesbians after 2010. They include the gang rape of a young woman by ten men who targeted her as a lesbian. In July 2012, FACSDIS, SEROvie and the newcomer LGBT rights group KOURAJ, filed a joint submission to the UN Human Rights Commission along with the legal aid agency, BAI, and US partner agencies in the LERN network that has helped Haitian rape victims pursue legal cases since the earthquake.^{clix}

that called global attention to the situation and discriminatory conditions facing LGBT individuals in Haiti, with a particular focus on the vulnerability of those still in IDP camps.^{clx} In the brief, one FACSDIS member stated: “If we told them it would be like we were being raped all over again, they just tell us it’s our fault.”^{clxi}

Moreau takes special pride in having accompanied lesbian rape victims in their legal pursuit of the rape cases. One led to one man being condemned for rape – a victory that encouraged FACSDIS members. But the problem of rape had lately gotten worse, she said, noting, “There are more victims, and they are getting younger.”

The victories also balance the daily difficulties of confronting widespread homophobia. “The hardest part was to get this organization set up, because of the disapproval of the whole society,” she said, reflecting on the progress to date. “Because of our target audience, we were told that Haiti was not ready for it.” Looking ahead, she added, “Our greatest challenge today is how to make the rights of the LGBT community respected in Haiti.

Moreau takes personal inspiration from other women in history who dared to challenge their societies. “Sappho was a poet and was the first lesbian in the world that dared to expose and write about it; she helped clarify the origin of lesbians,” said Moreau. “It was she who inspired me and made me proud of my work.” Her hope is that other Haitian feminists will take up the cause of LGBT rights, seeing common cause. “In a community like Haiti, the work of fighting for women’s rights isn’t easy. So to the other groups who are taking on this same battle, I say, ‘When you come across a lesbian, or a transgendered person, don’t stigmatize them. Get to know them, support them, and train them. Because above all, they are women just like you.’”

Transgendered Women

In Haiti, as around the world, transgendered Haitian women find limited social acceptance and are still seen as acceptable targets for unwanted sex with men – often leading to rape. Groups like SEROvie, that serve HIV-positive and LGBT individuals, say rape of transgendered women and “effeminate” gay men is common and rarely reported to authorities. LGBT individuals fear social exposure, violence, and rejection by police and doctors.

Facing high stigma in the workplace, transgendered women resort to sex work as one of their few options to make money. This has led to rapes that are commonly reported, according to ANAPFEH. While solid documentation of the increased vulnerability and impact of rape on transgendered women is lacking, the sex worker organization has been surveying transgendered women among those working on the streets of Port-au-Prince. “The transgenders are very vulnerable to violence,” confirmed Kettly Alysee of ANAPFEH. “It’s not only by the clients (johns) but by their own partners. It’s because the society rejects them and the law doesn’t protect them. That’s what needs to change. Alysee has been hosting a weekly space at ANAPFEH for transgendered clients – “a space for them to feel secure, to be able to discuss among themselves, to get support,” she explained. She’s used that space to offer them help and interventions, but admits, “It’s not easy. They face a lot of violence in their lives -- every day.”

Missing: A Focus on Perpetrators

A major gap in the current response to sexual violence in Haiti is the absence of programs for perpetrators of sexual violence and their families. This includes a lack of programs that counsel and rehabilitate sex offenders and address the impact of incarceration and the stigma of rape on them and their families; lack of prisoner re-entry services and programs to prepare released prisoners, communities, families, and former victims for the return of sex offenders into local communities; and lack of a sex offender registry to monitor sex offenders and assure follow up services to help reduce the risk of recidivism and future crimes. This gap represents a serious failure in both prevention and treatment services.

While there are a few programs to help prisoners in Haiti, including the Haiti Prison Ministry (*see box below*) which offer rehabilitative programs, the needs of sex offenders for targeted counseling, education, and economic support are largely unmet. As prison advocates note, sex offenders face a different kind of stigma, social isolation, and fear from others when they return into society after being imprisoned. They also pose a direct threat to victims who often experience renewed trauma and threats of violence, according to victim advocates.

The present lack of information includes knowledge about the lives of those who commit sexual violence and the conditions that contribute to sexual violence acts, as well as what happens if and after they are accused, detained, released, arrested, and imprisoned – the variety of steps that may follow an incident of assault. Often those accused are detained and quickly released, with little communication provided to the alleged victim who may then experience renewed trauma or threats of violence from the alleged attacker. Very little information has been publicly made available about the views and experiences of different perpetrators, their perspective on the crime, the factors contributing to violence, the types of services they seek, and the efficacy of different interventions to reduce their risk of committing violence.

Some information exists via individual cases and studies of violence, including scholarly reports about Haitian youth in urban gangs.^{clxii} But as a body of knowledge, there is very little documented or analyzed. While prison officials and prison pastors, social workers, lawyers and parole officers may be familiar with individuals' cases, this information remains confidential in many cases, and the lessons offered by such cases have yet to be shared with key actors in the field.

The same applies to gang rape: there is little documented about the experiences of men and boys engaged in gang rape, outside of generalizations related to the bonding nature of violence. Similarly, while incest has long existed in Haiti, it remains shrouded in taboo. More has been written about wife beating, particularly the tolerance of violence against women, and particularly by scholars of Haiti. But by and large, these studies have also focused on the experiences and views of the victims. Nor is there much in the way of information about witnesses, bystanders, and accomplices to sexual violence, despite the reality of domestic abuse and rape impacting on families and social circles. In the PotoFi field survey, very few adolescents indicated they were witnesses to an incident of sexual violence done to another.

“The lack of programs for perpetrators is something we all know is very important, but it doesn't exist to my knowledge,” acknowledged Brian Concannon, head of the Boston-based IJDH, a sister agency to the BAI.^{clxiii} IJDH has published many reports over the years that document the weakness of Haiti's judicial system. The failure to help convicted sex offenders is a part of the overall failure to provide rehabilitation and adequate re-entry services for prisoners in general. “The country could definitely use a program to monitor sex offenders,” he stated as an example.

Local programs such as those at KOFVIV, Kay Fanm and other GBV organizations do offer mediation and couple's counseling in cases of domestic violence, and support for family members in cases of incest. Male partners and

boys within families may be counseled and invited to attend male support groups. Parents, including fathers, may be offered counseling related to the rape of daughters. But these are not well-developed, funded programs on the par with the efforts to help victims of sexual violence.

Learning from Rapists

At ADHESE, a number of men in their discussion groups over the years have acknowledged having raped women and abused their wives. Today, as director Jean Oplan stated (*box, above*), “they are transformed men who no longer choose violence to resolve their conflicts.” But only now is ADHESE thinking about the unmet need to target and learn from perpetrators. “You are right; they represent an important part of the solution,” said Oplan. “They have been ignored.” ADHESE’s prevention and education messages address male attitudes and behavior related to women (*see Mobilizing Men and Boys*) and how boys are educated and socialized to use violence to negotiate for what they need. Looking ahead, such groups need help developing tailored GBV programs for perpetrators, drawing on the lessons of groups outside Haiti as well.

The same holds for programs targeting youths in gangs. In a recent conversation among GBV advocates, one ajan noted that, in one camp she knew about, youths had allegedly formed a “rape brigade” and serially gang raped individuals there.^{clxiv} Such reports call for investigation and documentation of what advocates called “a new phenomenon” for Haiti. While there are groups working with youths in gangs, GBV work to date is generally addressed within a larger effort to prevent youth and urban gang violence.

In interviews, local agencies that serve survivors, as well as human rights groups, acknowledged the gap of information or programs focused on perpetrators. Yet some feel the challenges are for others to take on. “We have a mission to help the victims,” stated Yolette Jeanty at Kay Fanm, adding, “I believe that we might run a risk that the women who come here to ask for our help would lose confidence in us if they saw that we were helping the men who attacked them. There are also issues of confidentiality. I don’t see how we can do that.”^{clxv} Yet, she stressed, “It’s a big problem. We have a lot of difficulty in knowing about these people [the assailants]. Sometimes we don’t know who they are; at other times, we know. But it’s not easy to get them to talk. It’s dangerous.” On top of that, she added, “There’s a real risk that they [perpetrators] will go and rape again. Our clients are afraid of that. So it’s a real problem.”

At the Haitian human rights group RNDDH, director Pierre Esperance also stated that his organization lacks specific information about perpetrators. His group tracks rights violations, and documents cases including the logs of police arrests and convictions of crime, including sexual violence. But they do not have a larger program to study perpetrators. “It’s not easy,” stated Esperance. “The person does not want to talk. It stays hidden.”^{clxvi} That’s the same view held by Inspector Gardy Muscadin, head of the child protection agency BPM. “Don’t forget these people are often armed. The situation can be dangerous.”

At the same time, advocates for rape victims complain that they lack information about when a sex offender is to be released. “Right now we aren’t given any information, unless we know about the case or a lawyer happens to inform us. It’s the same for the victim – they aren’t informed,” said Yolette Jeanty at Kay Fanm. Over at KOFAVIV, Jocie Philistin said, “Often, the police let them go, and we hear from the client that they are being threatened again or they have left because they have run into their attackers.”

Among the missing pieces of the puzzle is information about repeat offenders – and repeat victims. Advocates at KOFAVIV say they have women who have been subjected to multiple rapes. But the information about these cases is not collected or studied. Nor do the police have breakdowns of such information or tracking of these cases that is shared with the local agencies. “There has been discussion of a sex offender registry, but as far as I know, it’s still at that stage,” said Meena Jaganaath at the BAI’s RAPP program in summer 2012 (*see box*), who agreed that a means to monitor offenders was needed, as were re-entry services.^{clxvii} “It would be an important step.”

Helping Former Inmates: Haiti Prison Ministry

Organization:Haiti Prison Ministry,
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Primary Target Group: Prisoners, Juvenile Offenders
Primary Target Zone: National

Among groups helping prisoners, the Christian-based Haiti Prison Ministry (HPM),^{clxviii} has been working for over five years to help prisoners with a variety of legal aid and other free services, including counseling and re-entry programs.^{clxix} It has main offices in Port-au-Prince and New York and operates programs Cap Haitien, Gonaives, Jacmel and Les Cayes as well. It works with approximately 350 law students, recent graduates and pro-bono lawyers, including 28 missionaries with expertise in criminal and civil law, and 300 grassroots organizations. HPM staff and volunteer argue at detention centers, local police stations, criminal courts and during street arrests, while paralegal workers assist detainees charged with new violations or newly admitted prisoners.

The earthquake has greatly increased the demand for services on the organization. In 2010-22, over 19,000 inmates in and out of Haitian prisons were helped by the program. This year, in January and February alone, their caseload jumped with 8,401 documented new cases, and 4609 clients who had been provided with services.

According to a recent review of the program, Haiti Prison Ministry aims to provide “a range of self-motivation and self-reliance techniques that helped reduce prisoner recidivism while simultaneously developing better psychological functioning.” As a Christian-oriented program, the organization stresses the spiritual aspects and Christian teachings to clients. But it directly seeks to “break the cycle of poverty” that underlies many crimes.

“Our research techniques over the years have reviewed evidence that most crimes committed in Haiti are linked to stress-induced malfunctioning due to poverty, malnutrition, and economic depression,” states a HPM report detailing its post-quake work. In addition to legal aid work and counseling, the program has focused on the economic needs of ex-prisoners with a craft program and business literacy training for entrepreneurs.

Within prison, HPM group provides a range of social programs including access to basic literacy, vocational training, business entrepreneurship preparation, life skills and substance-abuse treatment. Their clients also receive food, clothing, reading materials, hygiene kits, and periodic health care check-ups, stress and anger management classes.

Given the dearth of prison re-entry programs, their “Societal Re-entry Support” has been welcomed by prison officials and overwhelmed communities. The program works with local churches, community leaders, local law enforcement agencies, and grassroots’ movements to address the needs and cases of newly released inmates.

The organization has also stepped up its’ focus on juvenile offenders since January 2010. . Post-quake, an average of one out of nine adolescents was living in orphanages, in overcrowded camps, or displaced on the streets without guardians or any relatives to care for them, according to HPM (see Child Protection section). Many are in and out of jail for minor and more serious crimes including murder, and rape. The HPM created a Juvenile National Task Force composed of 600 law enforcement authorities, 400 clergy and 47 religious organizations, (along with their in-house and volunteer legal staff), and introduced a Juvenile Prison Protection Program. It had benefited nearly 30,000 youth and families at the mid-2012 mark.

While this is notable – and laudable – progress, there is still a marked need for a focus on programs for sex offenders, and input from advocacy groups like HPM on the rights of sex offenders. Looking to prevention, there’s also a need to bring together groups working to defend the rights of sexual violence victims and those like HPM who are helping prisoners. Both sides have knowledge, experiences, and strategies to reduce crime and improve the lives of victims and perpetrators that can help shape effective community, prevention and education efforts related to sexual violence.∞

The Disabled

The impact of the earthquake on a large group of survivors of the catastrophe was immediately and painfully visible to everyone. The global media captures the agony and ongoing challenges facing those physically disabled as a result of crush injuries and subsequent amputations in a nation that had minimal facilities or services established for the disabled before 2010. Less visible were those who lost their eyesight or hearing, or suffered brain injuries that have made it difficult for them to recover.

Prior to 2010, an estimated 8 percent of Haitians were physically disabled, and suffered discrimination in an impoverished country that did not provide basic services needed by the disabled, including ramps and basic access to public facilities. The Haitian government estimated that 6000-8000 people became newly disabled in or after the earthquake, as buildings kept falling for days and weeks due to daily aftershocks. But that figure is rough, since few field hospitals and emergency teams working in the rubble were able to keep good records of surgeries in the heat of such heavy surgical triage.^{clxx} Handicapped International estimates that some 2000 to 4000 individuals underwent amputations in the period right after the earthquake, but many thousands more suffered complicated fractures that risked leading to amputations without proper medical management.^{clxxi}

Looking back, some critics of the medical relief response have argued that some individuals lost limbs in the zeal to ward off gangrene that could have been saved – a painful thought to the victims of amputation. What's not debated is that many who lost legs and arms are alive today, but coping with myriad disasters facing the newly physically disabled. This includes women and girls who, data suggest, have become double victims of sexual assault as a result of their physical vulnerability.

On the government side, Michel Péan, Haiti's Secretary of State for the Integration of the Disabled (SIEPH agency in French),^{clxxii} led the government's effort to reorganize services for the disabled in 2010. Mr. Péan, who is legally blind, worked closely with a bevy of agencies to help coordinate the restoration of services for the disabled. As he told reporters, the post-earthquake reconstruction represented a fresh opportunity to make Haiti's capital and other major cities more accessible to the disabled.^{clxxiii} He hoped it would lead to a national institute for rehabilitation, and greater services across the country, as well as support for the still-nascent national movement of disabled persons to address longstanding inequities and discrimination they face in sectors of Haitian society including employment. As a result of this advocacy, Haiti's government had taken a number of prior legal steps to address the discrimination facing the disabled, and had opened small offices to serve those living in countryside.

Rehabilitation and Reconstruction

Many groups rushed to set up surgical centers and rehabilitation clinics for the disabled, who remained inside field hospitals and lying on the ground recovering from operations, waiting for their bodies to heal. They also called for those planning to rebuild Haiti to consider the needs of the disabled for access ramps and railings, elevators and paved sidewalks – items that remain in short supply today.

Several agencies took a lead to help Haitian officials coordinate post-disaster rehabilitation efforts, including Handicap International, based in France; the Germany-based Christian group CBM; Project Medishare, based in Miami, and others. These groups immediately began delivering wheelchairs, walkers, crutches and other basic materials to amputees, and established centers and workshop to

produce prosthetics in the capital, Cap Haitian and other sites. There, Haitians worked alongside volunteer physical therapists from around the world to help the newly disabled learn to walk with supportive equipment. But the supply far outstripped demand, creating an overnight industry for makers of wooden walkers, crutches, and canes.

With an eye on the economic needs of the disabled, agencies also worked to train the disabled to help guide peer support groups for those recovering from the dual emotional and medical shocks of the earthquake and the painful journey of rehabilitation.

For the disabled, life in post-quake Haiti's environment has been many circles of hell. For blind Haitians, the earthquake radically altered familiar landscapes of home, neighborhood and familiar sounds that supported their independence. Those displaced or homeless and discharged to overcrowded, dangerous IDP camps have faced additional challenging factors: lack of well-defined and even walkways between tents, faraway latrines, cooking and bathing areas. Add to this the list of natural impediments to mobility: ankle deep mud, flooding, and hurricane-link winds and lightning. The physical environment of the camps has presented considerable hurdles to their mobility for the disabled – and for their loved ones and caretakers. Many have had to rely on other for access to services.

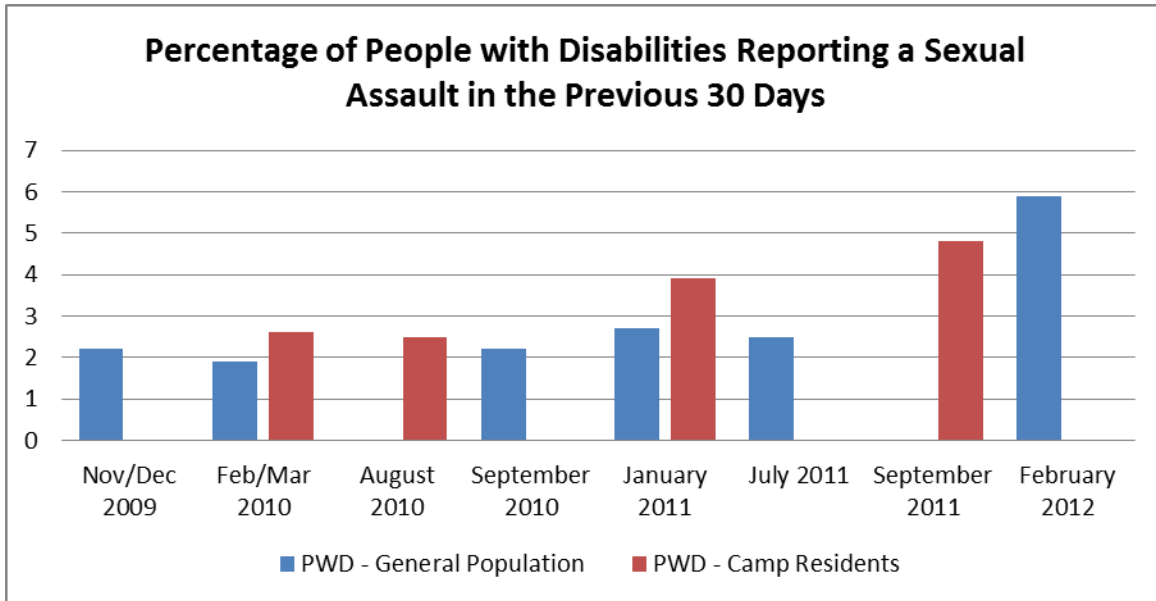
Not surprisingly, advocates report that the disabled have reported feeling isolated and vulnerable to theft and other attacks. The factors that contributed to vulnerability for residents are that much worse for those with physical disabilities.

Targets of Sexual Violence

For women and girls, that hell has included violent attacks, including sexual assault. Looking back, there is a gap in the GBV reporting picture to date that captures what occurred to disabled individuals, and research is needed to document what they have endured since 2010. But some data has been collected and it is sobering. A comparative review of monthly reporting by the research team of the Small Arms Study (see table below) charts a significant increase of rape of disabled women and girls both in and outside the camps. Their data also found more sexual assaults among the disabled than non-disabled, supporting a widely held assumption that physical disability – having limited or slower mobility – was a risk factor for vulnerability to rape.

The SAS data includes some data collected before the earthquake, providing an important comparative snapshot. The trend is clear: reporting of rapes has increased, both in and outside camps. What's also significant is the jump of cases among non-camp residents from July 2011 to February 2012. The data suggests that the overall conditions outside camps, where violent crime has surged in popular shanty areas, are contributing to sexual assault of disabled women and girls.

Comparative Monthly Reports of Disabled Victims Reporting Rape 2009 to 2012
(Source: Small Arms Survey, 2012)



Needed Research

Other groups are busy reviewing patient data at health centers to see what it reveals about post-quake sexual assault and disability and the provision of GBV services to disabled assault victims. Looking ahead, a similar collection and review of data by NGOs serving GBV victims would further clarify this picture.

Immediate research is needed to assess the additional psychological and physical trauma and injury caused sexual assault on already individuals coping with physical disabilities and recovery from major surgeries. Rape victims may need additional or specialized psychosocial counseling as well as rehabilitative services related to their physical injuries or healing. Given the larger findings that adolescent girls are majority victims of rape, it's important to look at the factors of youth, as well as economic vulnerability. Are disabled women and girls engaging in trading sex to survive? Or has disability reduced this as an economic option for them? What about disabled boys and men? Have they suffered more violence and any sexual assaults linked to disability?

Integrating GBV and Handicapped Services

Specialized medical and rehabilitative services for the disabled are currently offered by a variety of groups who have set up ongoing counseling and support groups for patients, and seek to provide a range of non-health services, too, including skills training and links to employment. Gender-based violence is a topic that is discussed by health providers to the disabled, who are well aware of the additional risks of assault, particularly for disabled women and girls. But the medical providers are not formally linked to grassroots groups providing GBV services for survivors. Looking ahead, advocates for the disabled and those helping GBV victims would benefit from partnership and shared learning in order to integrate and expand services needed for disabled GBV victims. Given the early data that suggest disabled women are the most vulnerable, greater advocacy is needed by the broad GBV movement to

demand services, protection and services for the disabled. The issue of disability should be a priority aspect of GBV prevention, particularly for programs targeting displaced individuals.

Housing and economic assistance are also paramount needs that can reduce the vulnerability of the disabled to living conditions that contribute to their risk of sexual assault. While the GBV movement and housing advocates press for greater attention the gender dimensions of the homeless crisis, there is also a need to stress the need for public and residential housing that is accessible to the disabled.

A growing movement

On the positive side, the catastrophe of the earthquake has yielded what Secretary of State Péan had hoped for in 2010: more official and civil society attention to the rights and needs of the disabled, and much more investment in health services. As with the GBV movement, a new generation of the disabled has become vocal in their demand for a seat at the decision-making table, and for priority action to help those who remain homeless. The flood of outside help has fostered important partnerships among disabled leaders and agencies abroad and newly-minted activists in Haiti, raising the profile of the disabled in Haiti and within a larger international movement.

Within the government too, disabled activists have stepped into important positions where they are pushing forward reforms and programs. In October 2011, Gerald Oriol, Jr. was named by President Martelly to succeed Péan as head of SIEPH.^{clxxiv} Highly regarded as a dynamic, creative advocate by his peers in the disability movement and by other Haitian officials, Oriol lives with muscular dystrophy. He is credited with a number of programs designed to raise the visibility, voice and needs of the disabled, including his hosting of a weekly educational radio program, Moun Andikape Pa Ka Pe (Disabled People Don't Be Afraid in Kreyol).^{clxxv} A jobs program, Toupatou, Toupatou (Everywhere, Everywhere in Kreyol) has provided jobs and job training for entrepreneurial disabled Haitians to sell mobile phone minutes and phone calls in the cities of Jeremie and Les Cayes, with funding from the Voila Foundation linked to mobile phone provider Voila. Other programs to provide the disabled with sports (basketball) programs and access to clean water have also proven a success.

“It’s imperative for the public and private sectors to work together in Haiti to create trickle up economic development conditions for the betterment of the country in general and its disabled population in particular,” Oriol told reporters about his focus on jobs. “It is not just a question of human rights and equal opportunity. A person with disability can be as effective as a non-disabled person in the workplace, and in many instances even more effective. Undoubtedly, efforts to integrate disabled people will help tap underused resources and skills for national development.”

The SIEPH programs are designed to address both a need for social reintegration of the disabled into new neighborhoods and to give a strong, healthy, productive face and profile to the handicapped. For too long in Haiti, the handicapped were resigned to relying on the charity of others or begging in the streets. There are still many physically disabled Haitians among the ranks of the most destitute who beg for their daily survival. On the legal and policy front, Oriol and other officials have also worked to enact needed reforms that safeguard the rights of the disabled in all areas of public life.

With the new data showing sexual violence to be a special threat to the physically disabled, more efforts are now needed to integrate GBV programming into the expanding work and agenda of the state’s agency for the disabled. At SIEPH, Oriol and colleagues are aware of the need and have begun to mobilize. This effort also calls for a greater focus on gender and women’s rights within programs by and

for the disabled, to assure that women and girls benefit equally and that more attention is given to their vulnerability in the workplace and other areas. Here, new partnerships and exchanges of training between the SIEPH and agencies serving the disabled, and groups focused on GBV, women's rights and child protection – as well as housing -- could advance this agenda.

Within the GBV movement, the voices of the disabled are needed to guide research, advocacy and program development in order to assure delivery of holistic services tailored to disabled GBV victims.

Security

A multitude of reports since early 2010 have documented the problem of increased insecurity that followed the earthquake and the ongoing need for greater protection for Haitians, including those in the initial 1300 displaced camps and communities. Many reports have documented how attackers have used knives to slip into tents and commit crimes, including rape. Several factors have compounded the problem of insecurity within IDP camps, including overcrowding, lack of secure shelter, poor lighting, lack of locked doors on latrines, gang activity, and the failure of police and security groups to patrol inside camps and some of the worst Port-au-Prince slums after nightfall.

The Initial Security Vacuum

As noted earlier, the earthquake itself had a major, devastating impact on Haiti's National Police (HNP) and created an instant vacuum in security across the country. Some 79 police officers died, and others were injured. The surviving force had to cope with helping their own families in the immediate aftermath, and most lost their jobs and income for months.^{clxxxvi} With mountains of debris blocking roads, it was all but impossible for the police to respond to the overwhelming cries for help in all corners.

Pre-quake, MINUSTAH had approved sending up to 7,000 military personnel and over 2000 police to Haiti. It increased that to 9000 military personnel and 4,300 police by mid-2010, many of them assigned to patrol IDP camps and urban shanty areas of the capital.^{clxxxvii} An April 2010 report on MINUSTAH's role by the Secretary-General – three months after the security collapse – stated that its officers had cumulatively helped some 1,800 female victims of sexual violence since 2009.^{clxxxviii} Media reports noted that a special MINUSTAH contingent of Bangladeshi female peacekeepers trained in gender-based violence had been dispatched to Haiti.^{clxxxix} Unfortunately, this model force was not assigned to combat sexual violence or do much training; instead it patrolled camps much like other forces – a lost opportunity.^{clxxx}

Overlapping Catastrophes

The arrival of Haiti's annual rainy season, with hurricanes, flooding, lightning, and mudslides has repeatedly displaced citizens and compounded security challenges since 2010. While reeling from the earthquake, Haitian officials and humanitarian actors have had to implement disaster preparedness and emergency security measures to reduce the multiple threats to Haiti's population. With each fresh crisis come new vulnerabilities and threats to the populace.

Finally, there is the newest large-scale catastrophe to befall Haiti: cholera, a national crisis that is also blamed on the very outside agency responsible for improving security, MINUSTAH (*see MINUSTAH box, Legal Justice section and Cholera, Health section*). Last year, after mounting criticism of MINUSTAH's role in Haiti, the UN called for decreasing its force by 1000 military personnel and 1000 police. As of early 2012, there were some 7700 military personnel and over 3500 police, with a plan for phasing out the force.

Challenging Assumptions

Early on, Haitian and MINUSTAH officials pointed a finger of blame for the increasing violence at some 500 prisoners who escaped from the National Penitentiary. They included some hardcore criminals and convicted rapists. They were accused of running loose in the camps, assaulting women. Yet data from the SAS team, who track crime patterns in Haiti, refutes that narrative. The SAS team found that only a few hardcore criminals were among the penitentiary escapees; most were individuals who had not been convicted. “In the initial weeks after the earthquake, Haitians that we surveyed most often said that the escapees were not a source of insecurity as few were actually criminals,” stated Kolbe, who is a scholar at the University of Michigan.^{clxxxix} While she acknowledged that “60 to 70 percent of sexual assaults are committed by criminals, they are rarely arrested and even more rarely imprisoned for rape,” she stressed. “We could find no statistical evidence that the handful of escaped rapists influenced the sexual assault rate post-earthquake.” While armed groups and gang members were engaging in crimes in and outside IDP camps, “they were mostly related to property crime, murder and (against each other) physical assault,” contends Kolbe.

Data collected by the Haitian human rights organization RNDDH did produce some matches between names of penitentiary escapees and 2010 arrests, including for rapes, but not many. Their data also argues against escaped prisoners as the main source of violent rapes in the period right after the earthquake.

Instead, Kolbe points to the disruption of existing gang networks as the greater culprit; after all, gang members were among the citizens made homeless, too. “Armed groups have always been, paradoxically, a stabilizing factor in popular zones. They generally were able to prevent violence against their own communities,” explains Kolbe. “But with the creation of new groups, this protective factor was less present and those who wanted to victimize others felt free to do so.” In other words, the violence was caused by criminals, but not necessarily penitentiary escapees.

As of mid-July 2011, 627 escapees had been recaptured, including roughly 100 gang members, according to the HNP. Those who remained at large include some hard-core criminals. A recent report by International Crisis Group found that returning gang leaders in slum areas of Cite Soleil, Martissant, and Bel Air have rebuilt armed gangs. Much of the violence, often theft and muggings, has been confined to these urban shantytowns. There are camps in those poorer neighborhoods too, and there, one finds higher rates of reported violence, including sexual violence.

According to a 2012 US Institute of Peace report by scholar Louis Berg,^{clxxxii} some escapees joined a new armed group known as the Armée Fédérale that is based in the Martissant section of the capital and is engaged in organized criminal activities.^{clxxxiii} The urban gangs have gained considerable ground in 2012. There’s also been a steady, unregulated influx of small arms into the hands of gangs and criminals in Haiti, according to the SAS team that tracks this issue.

Another early ‘narrative’ concerning sexual violence has been called to question based on the findings of the SAS team. Early on, many reports cited darkness and lack of lighting in the IDP camps as major factors contributing to the risk of rape there. As a result, Haitian feminist groups and agencies including UNFPA and UN Women provided solar lights to illuminate pathways and flashlights and whistles. It’s certain that these steps increased security after dark for residents, and women testified that they felt more secure as a result.^{clxxxiv} But SAS data from interviews with camp residents in the capital, Léogâne and Jacmel found that physical assaults “almost exclusively” took place during the day or in the early evening hours, while rapes occurred at all hours. “Sexual assaults were very slightly more likely (50.7 percent) to happen during the daytime than at night,” clarified Kolbe. “But this difference is not statistically

significant.” Still, it’s an important thing to examine, since it implies that other factors are behind daytime assaults.

Another early assumption that has not held up is that most rapes were committed by strangers, including the escapees from the National Penitentiary. As noted in the Reporting section, there have certainly been documented cases of rapes by assailants unknown to victims, particularly gang rapes. But these cases of ‘stranger rape’ are in the minority compared to violence against women by intimate partners and rapes by friends, neighbors, and acquaintances known to the victim.

Another assumption related to security that did not materialize was wide-scale looting –a concern voiced by UN and US military officials in response to early criticism that soldiers were protecting property, not people. “There was very little looting post-earthquake,” stated Kolbe, who based her statement on the SAS’s ongoing analysis of the crime picture. “Thefts were for relatively modest amounts of food or water and generally occurred in the first 6 weeks post-earthquake. The property crime rate was at an all-time low post-quake and didn’t increase again until last October (2011),” she added.

Improving Police Responses to Rape

According to the Haitian watchdog rights group RNDDH, Haitian authorities, often helped by UN and foreign support, reported 2250 arrests between February and April 2010. Of them, 535 – or 23 percent – were for sexual violence.^{clxxxv} The Haitian police report a slightly different official picture. In 2010, 622 rapes were reported, resulting in 385 arrests and jailing of accused perpetrators and 45 convictions. A more recent review of 2010 cases by the UN’s human rights section in Haiti, done in cooperation with the Haitian police and judicial officials, found that only one of 62 rape complaints filed in a three-month period had been referred to trial (still pending).^{clxxxvi} During that same period, local groups had recorded about 500 rapes, the report noted (*see Legal Justice section*).

On the positive side, the police response to such cases somewhat improved in 2010-11, according to interviews with legal and women’s rights advocates interviewed at several agencies. The increased percentage of clients arriving for medical exams at GHESKIO within 72 hours may be a reflection of an improved police response, since GHESKIO receives a number of clients brought over from the police. But some advocates feel community groups deserve the real credit. At the SAS, researcher Athena Kolbe said improved police response times in 2011 could also be attributed to funds to KOVAVIV (by MINUSTAH and MADRE) for a GBV outreach project led by GBV survivors in camps who helped identify and accompany assault other victims to service providers, including hospital and the police.

Other advocates interviewed about police response to rapes since 2010 are quick to point out the many known problems that still exist – including police abuse of women reporting assault and corruption – that continue to deter victims from seeking help from the police. KOFAVIV *ajans* (layworkers) say it’s still common for the police to demand “a favor” – a small bribe, (typically about US \$15) to pursue an arrest or case. In a new report, the SAS team found that bribes demanded to pursue a sexual assault case were slightly higher than those demanded for other cases.^{clxxxvii} But advocates and lawyers also acknowledged that police awareness and responses had improved somewhat, due in part to a more mobilized civil society and international actors demanding action by the government and state agencies, including the police (*see Gender Progress discussion below*).

In another positive step, the HNP also quickly relocated its special unit for sexual violence cases, the ULV-FVV, after its office was damaged in the earthquake (*see ULV-FVV box*). The unit has only handled a

small number of reported rape cases compared to more established actors like Kay Fanm or KOFAVIV, but it's a positive sign of the Haitian police's growing commitment to tackling sexual crimes.

Fearing the Police

Before the earthquake, the HNP also remained vulnerable to corruption, and rogue officers were regularly blamed for preying on citizens instead of protecting them. Among pre-quake reports of rape, there are consistent cases and accusations over the years against police officers. These statistics help explain why violence and rape victims often fail to report crimes to the police. "A lot of women are really afraid of the police," admitted Jocie Philistin of KOFAVIV. "Instead of helping them or arresting the man who did it, the police abuse them and rape them." Her views were echoed by advocates at other frontline agencies and survivor's groups. "We see this all the time," said ANAPFEH's Kettly Alysee, who says commercial sex workers are especially vulnerable to abuse by the police since prostitution is illegal. "The policemen can do whatever they want to these women. Sometimes they rape them and then they warn them to shut up or they will arrest and jail them."[∞]

Overlooked: The Civic Response

Faced with the immediate security vacuum, Haitian citizens quickly self-organized to set up volunteer security brigades throughout the city and within the IDP camps. While a lot of media attention has focused on insecurity and justice problems, it has largely overlooked the remarkable civil society and community-level responses that helped to counter crime and provide security in 2010. Haitians at all levels joined daytime and after-dark citizen watchdog groups and camp patrols, created guarded play and school areas for children, staffed emergency clinics, and worked closely with the slowly returning HNP and UN troops to chase down perpetrators of crimes.

Within this local civic response, women and youth volunteers deserve special credit for helping to make mixed and youth-focused GBV patrols more responsive to the threat and incidents of rape. They include MUDHA, which put women in charge of overall camp management and quickly saw the results: decreased rates of violence, including sexual violence.^{clxxxviii}



Marisol Baez of MUDHA speaking out.

Photo credit: ©Beverly Bell | Other Worlds Are Possible.

The spontaneous civic response was so effective in some places that, looking back today, researchers wonder if the later UN takeover of camp management from locally established groups and looser “community-run” structures was a good move security-wise. The International Organization for Migration (IOM) stepped in to play a major coordinating role in the security arena several weeks after local residents in some camps had already created their own structures and, in some cases, had completed a census of their camp population. In a review of longitudinal data of various camps, the SAS research team found that “IOM-managed camps had a greater increase of insecurity overall, and IOM-managed camp residents had an increased relative risk of being a victim of a crime when compared to other non-IOM camps,” reported SAS researcher Kolbe. She speculated that the reason has less to do with IOM’s performance and more with the removal of social protections provided by community leaders known to camp residents. “We think this is related to how social structures within the camps were rebuilt by the healthy/functional camp committees which became a protective factor against insecurity,” she explained.

For its part the IOM has made considerable efforts to improve child protection services to vulnerable children, including *restaveks*, and to place vulnerable children in safer settings. The UN agency has increased its presence along Haiti’s porous border with the Dominican Republic, working closely with local partners to fight trafficking of children and sexual violence. (see box, *IOM*).

Rural Injustice

As noted earlier, some advocates in rural areas see progress in the response of police to rural rape cases, including the March 2012 arrests of 14 men out of 21 sought for rapes of adolescents in the Artibonite area. Two months later, the police were actively searching for the remaining seven, and the cases were before the Gonaives court.^{clxxxix} But not everyone feels the situation has changed that much since 2010. Partners In Health doctors treating sexual violence cases in the Artibonite say local awareness of rape has risen, but the police and courts still move slowly, and too often, are susceptible to corruption. “Instead of arresting someone, we see that there is an arrangement that has been made. A lot of times the man is forced to marry the victim,” said Dr. Christophe Milien of PIH. “We have a lot of work left to change the attitudes in the community and also of police and judges about this [rape] as a crime. That’s a big part of the problem.”

Gender Progress

Others see progress in the growing presence of women police officers who are being actively recruited, though the overall gender picture is still poor. As of last summer, women made up less than 8 percent of the overall HNP, and there were 769 women officers. But many were junior officers, and there were few women in supervisory positions. One exception is a dynamic officer, Commissaire Divisionnaire Marie-Louise Gauthier, head of the women’s affairs division of HNP that oversees the UFL FVV gender crimes unit. She oversees gender trainings in each of Haiti’s ten departments, with MINUSTAH support. Each department now has one officer responsible for overseeing complaints of sexual and gender violence.

Outside the capital, the picture is less rosy. As of fall 2011, there were only two women officers in the North East – one in Fort Liberte, the other in the rough border area of Ouanaminthe (even though half the monthly crimes in that area of Haiti involved sexual and gender-based violence), according to International Crisis Group researchers^{cx}. At the time, Gauthier said the Haitian police and its UN partners were working to improve the picture, particularly in the border area of Ouanaminthe close to the

Dominican Republic, where they have increased efforts to combat child trafficking and assist *restavek* children. (see *Child Protection section*). On a positive note, a good number of women have applied to be police recruits, though many do not qualify because of their lack of education.

Looking ahead, the ICG team identified steps to improve the present picture: providing the women's affairs unit and its UCL-FVV unit with more authority; specialized training; and resources to investigate sexual assault complaints. Last fall, Gauthier and ten other female officers were scheduled to attend a police training conference with sponsorship by the UN and US embassy, a sign there is international support for this goal. HNP officers have also participated in meetings set up by the advisory National Dialogue to hear about model GBV initiatives in Brazil and Canada that provide lessons for Haiti, and to share Haiti's lessons with groups outside the island. Human rights groups working on judicial reform have also helped the HNP access training and resources to improve security and child protection.

Haiti's Gender Police

Organization: HNP Unité de Lutte de Femme Victime de Violences (UCL FVV)

Contact: Inspector Alain Chauvel Desforges (UCL FVV) |

Adjoint Commissaire Marie Louise Gauthier (PNH).

Email: marielouisegauthier77@yahoo.fr (PNH)

Primary Zone: Ft. Dimanche area, Port-au-Prince

Primary Target Group: Women survivors of violence

Primary service focus (for GBV): Protection



Inspector Alain Chauvel Desforges, UCL FVV

Photo Credit: Harriet Hirshorn, 2011.

In late 2009, the Haitian National Police created a special unit and pilot project with its Women's Affairs division, the Unité de Lutte de Femme Victime des Violences (UCL FVV) (Combat Unit for Women Victims of Violence). Its goal is to fight violence against women, help victims pursue medical and legal recourse, and closely follow these cases. The project also provides gender training for other divisions of the Haitian National Police (PNH). The pilot project began working in the Fort Dimanche neighborhood of the capital – an area with a recorded high level of violence — under the supervision of Commissioner Nathalie Victoire and a staff of 17 officers who had participated in a police gender training class.

Pre-quake, the UCL FVV program had expanded its catchment area to include Christ-Roi, Carrefour, and Croix des Bouquets – popular neighborhoods with a lot of gang activity — and Petionville and Delmas. A good percentage of clients came from the Fort Dimanche neighborhood.

The UCL FVV program was hit hard by the earthquake, as was Haiti's overall police force. The building housing the pilot gender protection program was destroyed, along with their detailed archives relating to cases of sexual violence. One of their staff was killed. The project also lost all its equipment and supplies, which were donated by the UN, MINUSTAH, and UNFPA.

Post-quake, the program has set up a provisional office in a tent located within the UN compound at Ft. National. There, Inspector Alain Chauvel Desforges, a young, committed police officer, oversees a reduced staff of 14: 11 men and 3 women. He has been at the gender unit since its inception.

The gender unit's procedures follow the official norms set by the National Dialogue. Clients who are referred to the hospital for a medical certificate and legal follow up are thus integrated into the official national GBV database.

The police gender tent is staffed at all hours, and two to three officers are on duty all the time to receive women or reports of violence taking place. At the tent, the police take down a woman (or girl child's) information, including basic observations about their physical and emotional state, then, depending on the situation, accompany the client to the general hospital for an examination and treatment (and medical certificate). In more serious cases, police may also accompany the client to her/his home to look for and arrest the alleged perpetrator(s). Clients are then referred to legal services if they want to press charges. After that, the UCL FVV keeps track of the case.

The unit's database reveals a statistical trend that confirms many of the observations made by other groups helping GBV survivors. To date, the number of clients they see varies by month, with an average of 60 cases of violence a month (as of August 2011). These included rape, attempted rape, assault and attempted assault, attempted murder, death threats and destruction of property. Rapes occur a lot less frequently than physical battery cases. In July, only a single case of rape was reported. In August, 15 had been reported – the highest since the project began. The vast majority involve domestic violence and battery, a pattern noted by other groups.

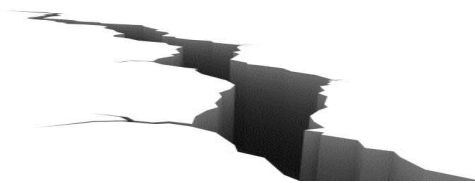
On a more positive note, "quite a few" of the rape cases have decided to file charges, and a good number of rape trials are pending, said Desforges. Also encouraging, most clients report the attacks *before* 72 hours -- an indication that public awareness of the legal requirement to promptly report rapes is growing, and possibly a sign that the gender unit's work is better known, too. Desforges said there is a general awareness that victims of violence can come to the Ft. National office, but there is still "work to do" because many still ignore its existence.

The latest police statistics echo the 2011 trends observed by GHESKIO, Kay Fanm, and SOFA, all partners in a linked referral network of established providers. Like these groups, Desforges felt that, based on data and observations, officially reported cases were *decreasing* compared with early 2010.

His unit has also documented more *reported teenage rape cases* than adults. The girls are 14-18 years old, compared to domestic violence cases that are roughly 16-45 years old. Here, too, rape is a *familiar crime*—by someone known. If adults, they are domestic violence cases that also involve rape. Most rape survivors seen by the gender police unit know the perpetrators, confirmed Desforges. Their team has also documented cases of gang rape – involving more than three people – but this is unusual, and when it does occur, the attackers are unmasked, said Desforges.

The UCL FVV cases to date reveal that the great majority of perpetrators are adult men, aged 18-50. A few are also boys under 18 (accused of rape) who are generally referred to the government’s child protection agency, the BPM (see box), per government policy. That’s also where the police refer the “rare” cases of incest reported to the UCL FVV in 2011. The unit had documented cases of pregnancy linked to rape, and here Desforges agreed with other groups who believe that cases of teenage pregnancy are higher since the earthquake. Before, the police referred pregnancy GBV cases to groups like SOFA and Kay Fanm for psychosocial support and other services.

Looking ahead, Desforges is encouraged by the work of his team in terms of protection. “When men know that an office like this exists, they behave differently,” he said. “It does have an effect on society, but the effect isn’t complete. There is a lot of work to do before women feel safe.” ∞



Political Factors

Researchers have long noted that Haiti’s political instability often fuels gang activity as political aspirants spread cash and weapons around to urban youth and gang members to boost their muscle. Election campaigns are often marked by flares of organized street violence involving street youth or gangs paid to foment conflicts that are often cloaked as populist protests in media reports. KOFIVIV was founded by women victims of politically-motivated sexual violence (*see KOFIVIV box*). Advocates call these cases “political rapes” – the deliberate targeting of female supporters of a political position, party or leader or assaults and threats directed female leaders or the female relatives of a male leader.

Here, too, the current picture is not encouraging. In mid-March 2012, Haitian newspapers were reporting increased political tensions in the wake of President Martelly’s firing of Gary Conille as Prime Minister. There were public concerns over armed former army soldiers who were occupying a former military training camp and other irregular camps and publicly parading with their weapons. (Martelly initially stated he would close the military camp and ordered the soldiers to disband, but later appeared to have switched gears when they refused). In June, government officials began registering and paying the ex-soldiers as part of the president’s stated plan to rebuild Haiti’s army – a long-tarnished institution disbanded in 1995 after decades of brutal military rule.

Adding to these political tensions are ongoing legal battles targeting Haiti's ex-dictator, Jean-Claude Duvalier, and ex-president Jean-Bertrand Aristide, who both took refuge in their homeland after the earthquake. Supporters of both ex-rulers have taken to the streets, sparking renewed worries of future political clashes.

Rising Violent Crime

In an excellent September 2011 overview of Haiti's police reform since the earthquake, the International Crisis Group offered a statistical picture of the current security crisis.^{cxci} The IGC report presented an analysis of UNPOL statistics that showed an increase from 2,225 acts (crimes) in mid-2010 up to 2,459 for the first half of 2011. This included an increase of 344 cases of homicides, assaults, and robbery in the first half of 2011 compared to the prior year. The latter include five kidnappings in early 2011 – a crime that has involved sexual assault, including gang rapes. The study found that certain routes of the capital, like Route 9 in Cite Soleil and areas along the coastal road, are known for repeated armed holdups. Meanwhile, 14 on-duty officers were killed in the first nine months of 2011, according to UNPOL sources.^{cxcii}

Newer crime statistics show a worsening picture for crime, according to a March 2012 report from the Instituto Igarape in Brazil authored by the SAS duo of Kolbe and Muggah. It revealed a dramatic increase in violent crimes in shanties in 2011, particularly in areas where gang leaders had recaptured turf. Haiti's murder rate, though below that of some other Caribbean cities, was now at its highest since 2006. "This murder rate is not just high, it's enormous," Kolbe told AP.^{cxciiii}

Interestingly, police officials and scholars finger the same problem: the breakdown of Haiti's social fabric and civil protection nets. "There is a kind of destabilization of society," Haiti's Police Chief Mario Andresol told AP in 2010, referring to political instability of post-quake Haiti. The SAS scholars reported that citizen confidence in Haiti's police had fallen after a period of faith just after the earthquake: almost one in five respondents said they worried police are unable or unwilling to protect them from crime. Researchers have also blamed foreign NGOs for further destabilizing fragile communities by injecting massive amounts of aid and money, but not to all groups equally, then withdrawing it as the emergency was deemed over. This created tensions among groups and "disrupted the community," Kolbe feels.

Worrisome Forecast

Looking ahead, it's not a stretch to assume that sexual violence cases may keep pace with overall violent crimes if Haiti's security forces don't gain control over urban gangs. Without more reinforcements, training, equipment and immediate cash, that isn't likely. Instead, the push to withdraw MINUSTAH sooner may leave a greater void, despite the negative actions and gender crimes committed by rogue officers. The current forecast is thus very worrisome, even as overall advances in security take place.

Safe Houses (B)

The demand for safe houses for survivors of sexual violence in Haiti remains very acute, as it was before the earthquake. With so many recent cases, and so few housing options for IDPs, many have had few options but to return to abusive environments. With more actors than ever focused on sexual violence, there is steady progress in this area but too few safe houses given the high demand. There is an urgent need to establish teen-and child-friendly safe “group homes” staffed by specialists in adolescent health and mental health services. Haitian officials and youth advocates cite this as a serious and known gap in the current response, both for the capital and nationally.^{cxiv} Apart from Kay Fanm’s REVIV safe house for adolescents, there are no facilities especially established to help younger sexual violence survivors. In interviews, BPM officials said they had nowhere to refer children survivors for emergency shelter/housing.

Over the past two years, a number of Haitian and UN organizations (including UNFPA, UNICEF, and the IRC) helped set up and fund women, teen, and child-friendly safe spaces in the IDP camps for daily educational and play activities and for sleeping. These were the bright spots in an otherwise dismal picture. Things are changing now, with new safe houses under construction, some pending funding.

The Pioneer: Kay Fanm

Organization: Kay Fanm (House of Women)

Contact: Yolette Jeanty

Email: kayfanm@yahoo.fr

Tel: Haiti (+509) 3725-7337

Primary Zone: Port-au-Prince urban; national scope

Primary Target Group: Women, girls, survivors of sexual violence

Web: www.kayfanm.info

Kay Fanm is a women’s rights association in the capital that has provided counseling, legal aid, and most importantly, safe refuge for adult and teenage violence survivors since 1995. In 2005, Kay Fanm opened its REVIV center (“Live Again” in Kreyol) as the only dedicated safe houses for teenage girls. The organization offers clients a comprehensive menu of GBV-related services, including counseling, support groups, legal aid, medical referral, trainings, education, outreach, advocacy, and emergency shelter for survivors. Kay Fanm remains a key organization working closely with government authorities, including the national police, and the BPM that responds to violence cases in youth.(see box, *BPM, Legal and Justice* section), as well as local NGOs and ally women’s groups. It also intervenes in Nippes and the Artibonite zone.

Kay Fanm suffered very heavy losses in the earthquake with the death of executive director Magalie Marcelin, a lawyer and dynamic pioneer of the movement against sexual violence in Haiti (see box, *Introduction* section). The earthquake damaged Kay’s Fanm’s office in the capital and adult safe house and caused damage to the REVIV shelter when another house fell on it.

Yolette Jeanty, a strong, experienced leader who had been with Kay Fanm since 1984, stepped up to take the reins as Executive Director and shepherded the organization through a grief and rebuilding period. Jeanty has served as Executive Director of the Platform of Haitian Organizations for Human Rights (POHDH) and CONAP, a platform of women’s rights organizations.^{cxv} In April 2011 she received a Global Women’s Rights Award from the Feminist Majority Foundation for her leadership at Kay Fanm.

As of last fall, the organization had 1400 members or clients. Kay Fanm works actively with many women's and community groups and within CONAP, a leftist political platform. The organization has benefited from close ties with other CONAP partners and individuals at the advisory National Dialogue who helped support Jeanty and Kay Fanm's recovery in the early post-quake days. (see boxes on CONAP partners).

Like many hard-hit organizations, Kay Fanm scrambled to find alternative shelter for the teenagers and fix the REVIV center. Jeanty personally took nine girls into her home, three of them young mothers. Jeanty moved quickly, with help from the International Rescue Committee (IRC) and other donors, to set up temporary shop under five large tents in the driveway of her home. These served as makeshift classrooms, counseling and activity space, and at night, sleeping quarters for staff and what soon became a fresh large daily stream of clients, many from new camps. "We still haven't recovered, not completely," acknowledged Jeanty in August 2011. "That moment was so very, very difficult, personally and for the organization. Even now, we're still trying to repair things and put them in place."

Kay Fanm remains a leading agency for referral of sexual violence cases from other agencies: the police, public and private hospitals including GHESKIO, Bernard MEVS, and HUEH, health posts, and other NGOs. For that reason, Kay Fanm's client database reflects *officially* verified cases (reported within 72 hours and backed by medical certificate). The mental health groups Uramel and IDEO also refer clients (see *Ideo box, Mental Health Services section*). "Usually it's right after the deposition of their complaint. If the person has no lawyer or can't manage alone, they refer the case to us," said Jeanty. Women and girls also find their way by themselves and via referral from local and camp-based groups.

Kay Fanm's activities were briefly interrupted for three weeks post-quake, but the organization quickly recovered, said Jeanty. The hiatus likely impacted cases for February and March 2010 – two critical months when other groups documented a sharp rise of rape cases. Like them, Jeanty confirmed that Kay Fanm witnessed a sharp jump in the demand for safer shelter and counseling services. "We had a lot of cases reported right after the earthquake, with all that insecurity and displacement," she confirmed. But since then, she also noted, cases have steadily leveled off – at least for adult GBV cases, a trend reflected in their monthly client registry. Adolescent cases of rape do continue to arrive at Kay Fanm's door, in part because REVIV provides a shelter for teens and is a key referral group for BPM and child protection groups.

Kay Fanm's registry, which reflects verified cases, provides a snapshot of the shifting sexual violence picture. In 2009, the organization registered 2485 cases of violence, which included 309 cases of rape. The year of the quake, there were 1346 total cases of violence, with 134 cases of rape – less than half the figure of the previous year. For the first quarter of 2011, Kay Fanm reported 78 overall cases of violence, with 13 cases of sexual violence. For all three years, "psychological violence" – verbal assaults and other non-physical aggression – surpassed all categories.

As at SOFA, Fanm Deside, V-Day, and Kofaviv, the majority of Kay Fanm clients are survivors of domestic violence, far more than rape alone. (awkward) (in addition to rape). Jeanty feels this fact is still overlooked by the media and newer groups arriving to Haiti who are singularly focused on rape. In 2009, Kay Fanm documented 988 cases involving "physical aggression" (battery) – three times the figures for sexual violence alone (304). In 2010, almost half of all their cases involved domestic violence: 675 out of 1376, a figure much bigger than the 134 rape-only cases. Of 78 cases for the first quarter of 2011, 26 involved physical aggression -- twice the figure for sexual violence alone (13). As of August 2011, the group was seeing 12 new clients a day

Jeanty also agreed with other advocates that adolescents make up a majority of rape cases. "The women get beaten up; the young ones get raped," she stated matter-of-factly. At REVIV's center, she said, "There is more demand that we can respond to," she said. . "We try to really help the girls who have been sexually violated. Right now the demand is maybe higher than two years ago for the children," she added.

Pre-quake, younger clients stayed at the REVIV center for up to four months. It currently has capacity for 25 young people but sometimes surpasses this number, said Jeanty.

She also confirmed two additional trends others have observed in relation to adolescents: increased reports of incest and increased early pregnancies among teenagers in camps. The latter, she concurred, is linked to what she called "promiscuity" – the selling of sex she and others observe in even very young girls. A glance at Kay Fanm's pre-quake registry shows only a

minority of cases of incest – by fathers, step-fathers, cousins. “We don’t have many statistics on these, but we do see it,” said Jeanty. Like other advocates, she stressed that incest is a known problem but not a new one, though definitely “one that merits our serious attention.”

As for the cases of *filles-meres*, or teenage mothers, she said, “It’s alarming. Six months after the earthquake, we saw a huge jump in *filles-meres*.” Partly in jest, she added, “It’s as if we are going to repopulate the country to replace those we lost in the earthquake.” She cited an example of a recent visit she’d taken to a shanty quarter of the capital where “house after house had a girl that was pregnant – 16 girls – aged 12 to 14.”

The acute poverty facing adolescents and their families is behind the observed wave of teen prostitution, felt Jeanty. That’s why the REVIV program, in partnership with a Salesian group, includes professional training and income generation activities, along with education. Their service includes day care for the *filles-meres* “so the girls can get educated.”

Another documented trend at Kay Fanm is the domestic nature of post-quake sexual violence – as seen before 2010. “The attacker is almost always someone known who lives close to the family,” said Jeanty. The majority of cases in their registry are conjugal (marital), involving a husband or boyfriend. There are also documented cases of “collective” rape by more than one attacker, but these mark the exception, not the rule, Jeanty said. “In general at Kay Fanm, we see that cases of collective rape are by bandits – armed men. For their pleasure they take girls if they want, and they do this with a face that isn’t hidden,” stated Jeanty in late 2011. Rape cases involving masked attackers are when “people break into the houses of people,” she added, an observation made by others.

Pre-quake, Kay Fanm estimated that officially registered (verified) cases represented less than 15 percent of the total real number. While more victims are reporting assault, Jeanty felt the official picture is still likely to be a fraction of the total picture. “We don’t know; we assume,” she said, noting the near-total gap of information regarding rural areas. “But we know that services are completely lacking in many places in Haiti. So on that basis, it’s fair to assume.”

Looking ahead, Kay Fanm has teamed up with the women’s ministry, UNFPA, and other actors to expand its safe shelter program for adults and teens. “Kay Fanm was the only one when we started. Then there was SOFA, but they had to change their space,” explained Jeanty. She added that V-Day’s safe house was already closed when the earthquake hit, and its city listening posts weren’t set up to house teens. “I know every time there is a problem for housing of an adolescent, people come to us,” she stated.[∞]

The Pre-quake Picture

Before 2010, the women’s ministry teamed up with Kay Fanm to operate a safe house for adult women and Kay’s Fanm’s REVIV center that catered to teens pregnant from rape (*see above box*). AFASDA got help from V-Day to open its Sorority safe house, which housed up to 40 women at a time, and the (now renamed) Yvonne Hakim Rimpel V-Day Safe House in Cap Haitien. AFASDA also established a telephone hotline for survivors and managed safe houses in Port-de-Paix and Fort Liberté. In Jacmel, Fanm Deside helped women to find emergency shelter in private rentals.^{cxvii} KOFVIV also operated a small safe house for its members and sought to assist them with support to find emergency housing.

Across Haiti, a changing number of church and faith-based charities have provided short-term shelter for children who are orphans and *restaveks*, the latter often survivors of sexual abuse, according to child advocates. Some programs continue and have expanded, but others closed due to the earthquake.

Pre-quake, Haiti's safe house programs offered transitional lodging to mostly adult women based on the small number of rooms they had, from a few nights to three months. Some women would continue to live there until alternative housing was found for them, or even after this period, stated Kay Fanm and AFASDA leaders. While services varied, survivors (sometimes housed with their dependent young children) received counseling and referral to follow up medical care, legal aid, and workshops in adult education, women's empowerment, and livelihood training. When they had sufficiently recovered, they were given help and modest financial assistance – initial rent money, school fees for children – to relocate and begin anew. Many continued to get help via support groups, including those in hospital-based programs such as GHESKIOs. Many rape survivors continue to exhibit symptoms of post-trauma, a general finding that has not changed in the post-quake period [see *Health Services* section].

Beyond Survival: KOFATIV

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Primary clients: survivors of sexual violence

Since the January 2010 earthquake, KOFATIV has emerged as a more powerful, far more visible advocacy group for sexual violence survivors both within and outside Haiti. KOFATIV was founded in late 2004 by women rape survivors from the poor, embattled neighborhood of Martissant in the capital, a popular zone where many reports of sexual violence have been recorded since 2010. The solidarity group began with a mission to meet the medical and psychological needs of rape victims. Compared to women's groups founded in the 1970s and '80s by Haitian feminists – many from the economic elite and middle class – KOFATIV was set up by survivors of sexual violence from Haiti's poor, popular shanty areas.

Pre-quake, the network has steadily evolved to become a multi-service organization offering counseling, medical care, and legal and economic support to its members, as well as a public advocacy group giving a voice to survivors. It also ran one of the two safe houses available at that time. The organization was hard-hit by the quake: it suffered the loss of members and lost its offices and registry of cases, medical clinic, and safe house. But like many frontline groups, its core staff lost no time in mobilizing KOFATIV's Community Human Rights Defenders (CHRWs) network – now 60 strong, and including men^{cxcvii} -- to begin outreach and emergency relief efforts. The group delivered food, aid, water, and hygiene kits to women in the streets and camps where many members also took refuge and did outreach to sexual violence victims. They handed out thousands of whistles and flashlights, with help from donations by MADRE, UN agencies, and other donors, and helped to advocate and deliver solar-powered lamps and better lighting to common areas of IDP camps where women's traditional activities occur – by cooking and bathing areas and latrines. As of May 2012, KOFATIV *ajans* – the Kreyol word for agents – were active in 22 IDP camps.

KOFATIV issued one of the first reports documenting a spike of rape in March 2010, registering 230 rapes in 15 camps surveyed by its members. It has since regularly published updates of its client registry and findings from camp-based research done by its members and expanded its educational and advocacy activities in and outside camps and via a blog. The group has benefited from funding and active partnership with a range of international allies including IJDH-BAI, MADRE, and legal groups in the LERN network, UNHCR, Digital Democracy, and the We-Lead program (see *Reporting and Legal and Justice* sections). As of April 2012, KOFATIV has registered 450 sexual violence cases, according to Philistin.^{cxcviii}

Much of the credit for KOFVIV's recent leadership goes to its co-founders, who are also survivors of sexual violence. They include the outspoken, very courageous Marie Eramithe Delva and Malya Villard-Appolon, the latter an April 2012 "CNN Hero." Outside Haiti, Appolon has repeatedly testified before UN, US, and other world leaders to put an informed, highly articulate, female human face on the grave rape picture and community advocacy. She provided a mother's heartbreaking personal testimony of the rape of her 14-year-old daughter in the camps (see *Reporting* section). A tragic number of mothers like her have coped with the rapes of their daughters – and their own mothers – an intergenerational gender crime wave.

Delva and Appolon are among core KOFVIV members who met almost 20 years ago in the Women's Committee to fight for justice on behalf of rape survivors. Both were community activists who were violently raped and saw their husbands beaten to death for their pro-democracy activism. They were residents of Martissant, a popular shanty zone where support for the fiery populist priest-turned-president Aristide was very high in 1991. Aristide was overthrown in a violent CIA-backed coup by Haitian military officers led by General Raoul Cedras, with support from his no. 2, Col. Michel-Joseph Francois of the National Intelligence Service.^{ccix} The CIA also stands accused of helping the notorious paramilitary group FRAPH (from the French word *frapper*, "to hit" or Front Révolutionnaire Armé pour le Progrès d'Haïti, the Revolutionary Front for the Progress of Haiti).^{cc} Many early KOFVIV clients were victims of FRAPH and Haitian military violence.

KOFVIV's medical clinic (damaged in the quake) opened in 2005 in partnership with the Organization of Caring for Social Advancement (ODPPS). Its small medical staff offered care to members and to local residents referred to the clinic for sexual violence services. It also ran support groups for its members, an activity that greatly increased at its new site in Christ-Roi and within camps. The organization has been fundraising to reopen its clinic this year.

The loss of its medical clinic and safe house were major blows that made it harder for KOFVIV to serve clients in early 2010. It has had to rely on referrals to medical providers and has had limited shelter to provide new clients. In June 2011 KOFVIV restarted a pilot safe house project with UNHRC support. As of October 2011, a first group of 15 clients had received three months of shelter, health training, and care, psychosocial support and business training – the latter a critical aspect. Although there is far greater demand than there are available beds at the new safe house, it's an important step forward. Over the years, KOFVIV has also increased its holistic focus on what survivors needed to break free of abusive situations and partners, including work, education, economic empowerment, and livelihood training. Toward that goal, UNHCR has also helped KOFVIV secure a community warehouse to stock goods and food that clients can access to launch small vendor businesses.

KOFVIV has also focused on the needs of younger victims who sell sex to survive. In 2010, it began a small pilot project of support, counseling, and education for 50 young girl victims and has expanded it.

Phased Recovery

The organization takes a phased approach to recovery for its members. In the first phase, the assault victim and her or his family are placed in a secure setting.^{cci} There, they are counseled and educated about issues of reproductive health, gender-based violence, family planning, and community support. After a period of emotional recovery, KOFVIV works to reintegrate the survivor and relocate the family into a safe lodging. They are not returned to the camps or areas where they were attacked. In the last stage, KOFVIV works to cover a year's rent for the woman and her family and school and health fees for her children. Their program focuses on helping women identify economic means of livelihood and access training to support self-sufficiency.

Last year, KOFVIV co-launched an SOS mobile hotline (local tel. no "572") and call center with help from Digital Democracy (DD) (see box, *Reporting* section and support from the Clinton Global Initiative. KOFVIV's outreach *ajans* helped field-test the pilot system, the first of its kind for rape in Haiti.^{ccii} As of July 2012, calls had more than tripled to its call center since its debut, prompting expansion to a 24 hour hotline – real advances.

Engaging Male Activists

KOFVIV is among the women-run groups that have expanded outreach and training to and for men to become GBV advocates and camp *ajans* on their mixed outreach and local security teams. Last year, there were 25 male GBV activists, aged 18 to 35, providing security at the severely overcrowded downtown Champ de Mars camp, near the collapsed presidential palace, then

housing 20,000 residents. The addition of local mixed patrols was deemed a real help by locals.^{cciii} The mobilization of men is part of a larger Community Watch program that KOFAVIV initiated with IOM officials, camp management, and ally women's groups. As of April 2012, KOFAVIV *ajans* were working with some 16 volunteer associations active in 22 remaining camps, where forced evictions were creating fresh instability and challenges.

Not surprisingly, KOFAVIV's membership has grown quickly. The organization has also rebuilt its legal program and refers new clients to the IIDH-BAI joint RAPP GBV legal aid program (see *Legal and Justice* section). Volunteer US lawyers like Jayne Fleming at Reed, Smith and others are supporting humanitarian asylum applicants, while MADRE has supported training workshops about legal prosecution of rape and provided needed advocacy to assure women's and survivor's voices inform the debates. Internationally, Appolon's public testimonials and passionate advocacy, coupled with street protests in Haiti, have kept pressure on government and global leaders. In late April, CNN named Appolon a 2012 Hero for having helped some 4,000 rape survivors since 2004, an award shared with KOFAVIV. While she remains in the global media spotlight, her colleagues at KOFAVIV have also gained recognition as leaders of the fast-growing anti-sexual violence movement (see *Spotlight on Leadership* boxes).

"We have a lot to do, but every day, there are more women who arrive here," stated KOFAVIV's outreach director, Jocie Philistin. "We are mobilizing them and there is a lot of energy here now. Even though the situation is still dramatic," she acknowledged, "that encourages us."[∞]

Safety to Heal

The earthquake damaged the adult safe houses in Port-au-Prince run by AFASDA V-Day and Kay Fanm, with help from the women's ministry. Several churches and community centers that sometimes provided short term shelter for women needing emergency shelter were also destroyed or damaged. This led to a critical absence of safe housing immediately after the earthquake that established and new actors have worked to address. Jayne Fleming, a US lawyer with Reed Smith, tapped personal funds to fund six homes in 2010-11 and another six this year for use as safe houses for members of FAVILEK and KOFAVIV, who are legal clients in a budding humanitarian relief initiative (see box, "*One Advocate's Journey: Lawyer Jayne Fleming,*" this section).

The Canada-Haiti Action Network is an active group raising awareness of GBV in Haiti. As members of CONAP, Kay Fanm and Fanm Deside also benefit from longstanding support from Francophone Canadian and Caribbean groups.

V-Day was also quick to help in Haiti and has increased its longstanding support for AFASDA's safe house projects. Their joint safe house in the capital was damaged in the quake. Pending its repair, V-Day supported AFASDA to set up its "listening posts" near larger IDP camps (see box this section). Discussion is underway about reopening the damaged safe house in Port-au-Prince and further expanding AFASDA's safe house programs.

Within UN agencies, UNFPA also open 300 "safe tents" in informal settlements staffed by counselors to help residents.^{cciv} UN Women also began supporting activities within "safe tents" (see boxes on *UNFPA Reproductive Health* section; *UN Women, Rebuilding A Movement* section). Local groups provided counselors to assist camp residents, and provided volunteer staffing to tents dedicated to children, girls education groups, nursing mothers, and pregnant women. It's important to acknowledge the efforts by

camp residents and camp management teams, often local volunteers, to provide safe areas in camps for women and girls to engage in activities, including education and play.

For its part, KOFAVIV has secured help and funds from UNHCR for a safe house for 15 women, via a three-month program that combines health and psychological support with livelihood and skills training.^{ccv} It also drew support from MADRE, BAI-IJDH, Digital Democracy, and the Heartland Alliance We-Lead program for its activities. A growing caseload of members of KOFAVIV and FAVILEK are now living in the safe houses set up by Jayne Fleming. Fleming has worked closely with legal allies from the LERN network, including pioneer Karen Musalo of Hastings Law school in California, to raise funds for Fleming's rental of homes to house clients.

Another women's rights group, OFAVA, led by its General Coordinator Lamerchie Charles-Pierre, received funding from the French agency SIDA and technical assistance from the IOM's Shelter Program to launch the IOM-OFAVA Safe House initiative. Construction of a 24-bedroom facility, which will house a community center, is underway.^{ccvi}

In 2011, Haiti's women's ministry, backed by UN Women, UNICEF, and other international actors, stepped up its coordinating efforts to provide standard operating guides and oversight to safe houses that are being built. The MCFDF's Technical Director, Denise Amedee, helped contribute to a new manual on managing safe houses that is setting standards for their operation. At UN Women, Kathy Mangones, a longtime Haitian women's rights advocate, has continued to channel funds and technical assistance from the UN system and outside actors to help Haitian women's groups expand their activities and access training and materials. She remains a vocal advocate for Haitian women within the UN system and at the international level.

In a January 2012 follow up step UN Women and the women's ministry staff brought together women from various groups running or planning safe houses for an intensive training seminar in Croix des Bouquets, as part of the increased government focus on ensuring quality services at new safe house facilities and programs.^{ccvii} MCFDF officials, aided by the advisory National Dialogue, plan to extend training to more agencies.

UN Women currently provides funding and technical support to six safe houses^{ccviii}: three to AFASDA-run programs in the North (in Cap Haitien), North West (Port de Paix), and North East (Fort Liberté). In the western region, UN Women is supporting Kay Fanm (as is Zonta International) to reopen a safe house in Port-au-Prince (*see Kay Fanm box*) and a safe house in Jacmel that Fanm Deside's will run. In 2012, the agency expanded its support for safe tents and has worked to support women and local camp leaders who are monitoring resettlement of camp residents into surrounding neighborhoods.

Spirited Partners: AFASDA & V-Day

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V-Day, the global organization to end all forms of violence against women founded by US activist Eve Ensler, was providing safe refuge and legal support for sexual violence survivors in Haiti before the January 2010 earthquake. In Haiti, V-Day's main local partner is the Asosyasyon Fanm Soley d'Ayiti (AFASDA), or Women of the Sun, a pioneering women's rights group that remains active in northern Haiti. AFASDA opened a safe house in Cap Haitien in 1997 with V-Day's support, and later, in Fort Liberte. AFASDA's coordinator, Elvire Eugène, is the General Director of V-Day Haiti as well as an educator who studied law and has worked with women's groups for many years.

In 2001, Ensler teamed up with the late Myrian Merlet, a feminist leader and ex-Minister of Women's Condition who died in the earthquake, as well as Marie Laurence Lassegue, then-Minister of Women's Affairs and Rights, and other movement leaders (see Introduction), to bring Ensler's *The Vagina Monologues* to Haiti. The show was performed four times in the capital and Cap Haitien in 2007 to sold-out audiences. A year later, several Haitian GHV leaders joined in V-Day's 10th anniversary celebration in New Orleans. Three months later, V-Day's Haiti Sorority Safe House opened its doors in Port-au-Prince, offering comprehensive GBV services to 40 women at a time. V-Day also supports AfASDA-V-day centers in the northwest and northeast. The Sorority house was damaged in the quake, as was Kay Fanm's safe house (see box, this section).

Amid rising reports of rape post-quake, V-Day supported AFASDA to open four "listening houses" [*maison d'ecoutes* in French] or intake centers, located in Delmas 65, Canapé Vert, Gressier, and Croix des Bouquets in the capital. Each saw clients from camps and the surrounding neighborhoods. Services included counseling, referral to medical care, legal aid, vocational and life skills training, basic literacy workshops, and access to micro-loans for small businesses.

"We have more than 500 women who come from different camps who benefit from our programs," said Eugène in an August 2011 interview. "We receive women and girls. They come and tell us about their problems." The majority of rape survivors have suffered domestic violence and come to their centers 3-4 days after the attacks, according to Sabrina Joseph, who managed the Canapé Vert site. Many are brought by the police; others by groups providing services in the camps, or by relatives. (Note: as camps are cleared, this picture is steadily shifting.)

Each listening house is staffed by a secretary, two social workers, and at least two volunteers, who work Monday through Friday from 8 AM to 4 PM. All services are free. The AFASDA counselors offer *l'ecoute* – listening and counseling – and support groups for clients. They also do educational sessions, outreach, and training at the houses and in camps, and provide health education on cholera prevention and other diseases. Volunteers distribute hygiene kits and information packets to women in camps. The program also helps *restavek* and orphaned children who are referred to the BMP and child protection agencies.

Clients who have not yet had a medical examination are accompanied or referred to a public hospital for a medical certificate needed to pursue a legal case. Demand for other services is high, including safer housing and solutions to get out of dangerous camps. The listening houses can offer a limited number of clients 3-4 days of emergency housing; the more serious cases are then sent to V-Day's shelter in Cap Haitien for longer-term recovery. Women there may stay up to three months, but none are forced to leave, said Eugène.

V-day staff began documenting visitors in their registry in September 2010. Over a year later, the program had registered 73 cases of sexual violence. Joseph estimated that roughly the same numbers of clients had come to each of their four centers. At the Delmas site, there were 28 cases registered from January 2011 to August 1, 2011. The majority are classified as cases of domestic violence with "psychological or economic abuse" – about 70 percent to 80 percent of cases, said Eugène. As of fall 2011 the centers lacked computers and electricity was spotty, so staff could not maintain an electronic database of their clients. Instead, intake staff painstakingly handwrote details of a client's story, using a separate piece of paper for each survivor, noting

their name, age, and a code. At the time, this information was not formally included in the official government's database, unless the clients were referred to an authorized health centers and received a medical certificate. In the 2010-11 period, V-Day referred or accompanied clients mostly to the General Hospital (HUEH) or hospitals close to each center, such as Hôpital de la Paix or Hôpital L'Espoir near their Delmas house.

Each V-day house has had a reference lawyer, though few clients take advantage of this service, said Eugène. "They don't want to seek legal help," she stated. "They speak out, but not to go further." The main reason for this is fear and their economic dependence on partners, she explained. "When they stay in the camps, and for those who suffer domestic violence, we say, 'Why don't you leave?'" Eugène asked rhetorically, adding, "It's because they are dependent."

Listening – as in emotional support – remains the most critical service needed by all clients. "There are some women who are really *dépouillé* (stripped bare in French); they don't want to live -- they aren't living," stressed Eugène. "We explain the cycle of violence, we re-give them courage, and we do therapy so they can take up living again." Others, she said, return for the vocational and life skills support. "There are numerous demands and we can't respond to them all." The program extends extra help to "just the women who are really in the worst situations," explained Eugène.

The Port-au-Prince V-Day centers opened nine months after the earthquake, so they do not have a baseline of pre-quake statistics to compare with recent cases, though their northern centers do have earlier data (but the north was not affected as drastically as the western section of Haiti was). But Eugène, who has been working in the GBV field for years, confirmed several trends noted by other groups in Port-au-Prince. These include the post-quake spike of rape and a subsequent sharp rise in Cap Haitian cases, too. She also saw more rapes were being reported during vacation periods and Carnival (Mardi Gras) – a pre-quake trend, too.

"It has increased," confirmed Eugène about sexual violence in Haiti. (awkward) "We asked ourselves: 'Is it the earthquake or something else?'" In the north, she said, the V-Day center typically received 3-5 clients a day, "but for a while we didn't even have room to fit people coming in to report. So we felt there was something. This was two to three months after the earthquake." She offered a possible explanation: the mass exodus of residents from the quake-battered Port-au-Prince area to the north in the weeks after January 12. That tide shifted again 6-9 months later when displaced city residents began returning to the capital because humanitarian aid remained concentrated there.

To date, the majority of clients at V-Day's houses have been adult women of all ages, though a number of adolescents and young children have sought their services, too. As of early 2012, most involved cases of intimate partner or individual rape – domestic violence cases. A small number involved "collective" or gang rape. Eugène has seen a number of cases in which boys and men come to the center to give a "forewarning that their wives are going to come and say such and such a story. They are guilty," she added, referring to the men. In such cases, V-Day counsels both parties – initially separately – before bringing the couple together in cases where the women seek reconciliation with her partner. "After the shock wears off they aren't always ready to go to the court immediately," she explained. "We ask them to think about it. But if it's a domestic dispute, we talk about it, especially if it's a first visit."

Poverty is the other big driver. "They give in to the person raping them out of survival. In that case, there isn't much they [we] can do for her," explained Eugène frankly. "It's exploitation. The person does this because she doesn't have any money."

What about the spike of pregnancies reported by different groups? As of fall 2011, AFASDA houses had *not* documented a significant increase, but at the Delmas site, Eugène said then, "Out of four cases of rape [now], three are pregnant. The most recent was in July." The women were all adults over 21. In another then-recent case, she explained, "She didn't even want to name the baby. That's how we saw it was a result of rape." Eugène had learned to read such silences in survivors. In the north, she said, V-Day had two women who were raped and pregnant as a result. One had also contracted HIV. So the problem of pregnancy from rape, though not well documented, remains a reality, she confirmed.

To date the V-Day centers do not formally work with midwives, but do have midwives helping clients who are pregnant. Their center in the north works closely with midwives who are active in small hamlets (see *Reproductive Health Services section* for more). Based on her experience to date, Eugène also confirmed that it's common for women pregnant from rapes to seek abortions, though clients don't come to V-Day to ask about such services – because abortion is illegal. In her experience, pregnant women in Haiti seek abortions "when the child is not wanted" – a category that extends to rape.

To date, adolescent girls represent a minority of the clients coming to the V-Day listening houses in the capital – a finding in contrast to other groups like Kay Fanm that have a teen safe house. The Cap Haitian center has had a number of adolescent

clients, from 18 years olds to 11. “Lately we had a girl of 16 who died; she’d been raped and mutilated,” stated Eugène, citing a case in the north. It resulted in a conviction – a rare instance of justice.

V-Day staff have also documented child rape cases, some affecting *restaveks*. As of last fall, V-Day offered a program for children every Friday at 3 PM, with a partner NGO, SUCATW (Supporting Children Around The World),^{ccix} an organization dedicated to helping underprivileged children in Haiti access education and other help. SUCATW was founded in 2005 by Lynn-Indora Edmond, who happens to be Eugène’s daughter, in an example of very positive mentoring. Eugène serves as the treasurer SUCATW, which has programs in Cap-Haitien as well as Petit Anse. Fort-Liberte. Delmas Cite Soleil and Croix-des-Bouquets.

Jeanty said V-Day has encountered a fair share of incest cases since 2010 but fewer in the capital. “In the north there are a lot of incest cases,” she said, citing a study done in the past by AFASDA that estimated 15 percent-20 percent of rapes in Haiti are due to incest. At the Canapé Vert house, Joseph could only recall a single case involving a 10-year-old girl raped by her father-in-law (the child had a “father in law” maybe step father ?). “She was brought in by her mother and couldn’t say who the perpetrator is. But we know who the perpetrator was,” said Joseph.

On a positive note, Eugène has seen that it’s possible to lift the silence on incest or thorny subjects like abortion with awareness campaigns and support groups. “Eventually the victim will confide in you,” she said. Looking ahead, AFASDA-V-day is participating in the national effort to standardize services for GBV survivors in safe houses, centers, and schools. Their partner in the southeast is Fanm Deside.[∞]

Youth and Child-Friendly Safe Spaces

The earthquake caused the collapse or damage to a good number of orphanages and youth recreational centers in affected zones, contributing to a fresh crisis of homelessness among children that also reduced available emergency housing for abused young children. Across Haiti, many local Haitian agencies, churches, and volunteer families stepped up to provide emergency housing to displaced and quake-orphaned children – a chaotic response that is hard to catalog but which demonstrates a strong civil society response that preceded and unfolded alongside the formal relief effort.

Post-quake, UNICEF and the IRC, among other actors, set up child-friendly safe spaces in IDP camps for toddlers and younger children (3 to 14) where a variety of activities occurred: learning, emotional counseling, and play. A month after the quake, UNICEF had created 33 child-friendly spaces that benefited 7,425 children. At the one-year mark, the figure had jumped ten-fold, with 369 safe spaces for children that had been used by 94,800 children.^{ccx} The IRC created 11 child-friendly safe spaces in the capital and other centers for non-formal education and recreational activities of displaced children. It remains a key NGO conducting child protection and reunification activities (see box, *Security and Child Protection section*)).

It took Haitian officials throughout 2010 to identify quake-displaced children and reunite them with parents and relatives; some cases are still open. According to UNICEF, an estimated 50,000 children were orphaned in the quake. However, that number has been challenged by critics in the wake of media attention to the problem of orphans and trafficking in 2010, which found many who were deemed orphans had living parents but were placed in orphanages to access education and food. (*Editor’s Note: A fuller discussion of progress in child protection is included the full report*).

One Advocate's Journey: Lawyer Jayne Fleming

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Primary Target: rape, sexual torture survivors seeking asylum

Primary Area: Haiti, national territory

"This was my experience of Haiti, love at first sight. I arrived there a stranger and surrendered my heart. I did not know what I was surrendering to, but perhaps this is the nature of unconditional love. Trust and instinct. It was six weeks after the earthquake." – Jayne Fleming

While the Haiti earthquake remains a tragedy, it has also provided some individuals with a renewed sense of purpose in their lives and work. The way lawyer Jayne Fleming recounts the story of her entry into the lives of Haitian rape survivors, the experience to date has been nothing short of transformational – a baptism by fire.

An Oakland, California-based pro bono counsel with the legal firm Reed Smith, Fleming was coming back from a community service trip to Guatemala when she heard about the 35-second Haiti earthquake. Like many Americans, she felt compelled to respond. Fleming began by reaching out to human rights and legal colleagues to organize a legal assistance mission to Haiti, including those at her firm. Then she heard that US Homeland Security Secretary Janet Napolitano had announced a humanitarian parole (HP) program for eligible Haitians who would be given temporary refuge in the US for a year, under the care of a fiscal sponsor. With years of experience in asylum law, she found an immediate sense of purpose.

Her motives were also very personal. Her mother, Patricia Fleming, a poet and nurse who remains a role model for Jayne, was battling breast cancer. She had instilled a passion for social justice and community service in her children. As women began emerging from camps to report rapes, Fleming began trying to help those eligible to apply for temporary asylum in the US. In March 2010, she headed to Haiti with 50 humanitarian parole applications in hand and quickly found clients who fit the criteria (an initial 20 became the first Reed Smith clients).^{ccxi} With her mother in the end stages of life, Jayne raised an initial \$7000 from friends and colleagues -- half her own funds -- to pay for emergency medical care, transport, water, food, safe housing, school fees for children, and other urgent services for the most dire cases of fast-growing clientele in Haiti. After her mother died a month later, she established a small foundation in her name, the Patricia Fleming Fund,^{ccxii} to further the Haiti work. By then, a number of lawyers and advocates in and outside Haiti were on board to pilot a humanitarian parole program for Haitian rape victims.

Fleming has since worked closely with Haitian lawyers at IJDH and BAI, and with UNHCR officials, to develop eligibility criteria for the sexual violence survivors applying for humanitarian parole. Candidates must be able to legally prove a "deep psychiatric need for care" that a year of intensive medical and mental health services in the US could provide. They must also have sponsors in the US.

In July 2010, she met with 120 women from KOFVIV and FAVILEK, most living in IDP camps in the capital. They were desperately hungry, without much access to food aid. Many had small children and had taken in new orphans. All recounted terrible stories of rape and abuses. There were young teenagers pregnant from post-quake rapes and infants with torn-up bodies from assaults. With Reed Smith's blessing, she and other lawyers began conducting multiple interviews with asylum applicants to build the "evidentiary case" – the paper trail of tangible legal proof – for humanitarian parole applicants. She soon had 58 cases to investigate.

"Our cases are so driven by multiple interviews so that they develop into a 12- to 15-page narrative," explained Fleming. "This is corroborated by evidence from medical doctors." But when that is lacking, she explained, "We want credible testimony so that the statement of the victim is enough. That is what we are then presenting to USIS^{ccxiii} along with the psychological evaluation. They don't require medical exams or the police report. But it still has to hold up."

With so many women in need, Fleming chose to help those she said represented "the most extreme types of sexual violence cases" – repeated and violent gang rapes, mutilations, kidnappings, and child rapes among them. "We can't help everyone," she acknowledged, "but we'll try to help as many as we can who qualify."

Moving into Safety

Fleming quickly found that the lack of shelter represented a critical stumbling block for her clients. Without it, they remained in grave danger. It would also take time to get them through the parole petition process and time for her to investigate their

stories. So she used her personal funds to rent several private homes that became safe houses for her clients. In 2010, half those being housed were KOFAVIV members, the others from FAVILEK, which also lost its office and operating capacity in the earthquake (see box on Favilek, *Prevention and Community Advocacy* section).

Today, Fleming continues to fundraise for not only rent and operating costs of the safe houses, but security, medicine, food, and transport for clients and myriad small personal loans for clients facing a host of personal emergencies. "There's really no end to what these people need," said Fleming. "The conditions and the suffering are intense. We're talking about the real basic things they need like shelter, clean water, some food.... Our emphasis is on getting them into some safety."

As of summer 2011, 18 women and their children were being housed in the safe houses. But Fleming's funds were running low and the leases on the homes were almost up. She'd also run into unforeseen challenges. Some women had brought in boyfriends, making the homes less "safe" to others. "It was all becoming untenable," Fleming admitted, acknowledging that her "act now, plan later" crisis response was not sustainable, though it had clearly been lifesaving to the women. In the end, some individuals were provided with \$500 to move, and all but four moved into alternative living spaces away from the dangerous camps. The four that remained, she explained, were all viable asylum candidates. "They were so broken, so shattered by the degree of violence they had suffered, that they were not able to manage."

Fleming also began looking at the other building blocks of recovery needed for her clients and she gathered 18 FAVILEK women to discuss "how they could move beyond tragedy towards empowerment, from a situation of dependence to one of self-support." Inspired by their dreams, put in place a strategic plan to find mentors for the women, more sponsors for parole candidates, and more money for the rent and operation of six more rented safe houses.

Her efforts have paid off. In a mid-2012 update, Fleming reported that her project was funding 15 safe houses and providing shelter to 77 vulnerable women and children. It was paying school fees for 82 children, including all the children in the safe houses and many children of clients still living in camps. Over the last two years, the program has served more than 100 rape victims, including obtaining permission for the most extreme cases to leave Haiti.

To date, the road to asylum for the neediest clients has been equal parts rocky and rewarding. At the mid-2011 mark, Reed Smith's team had won humanitarian parole in the US for four families; another firm helped three families. "So far we have a 100 percent success rate," said Fleming at the time, adding, "Four cases -- four successes." She was particularly gratified to have helped a woman whose tongue had been bitten off to silence her and a young child who had suffered a gang rape. In a recent update, she reported, "By the end of 2013, we expect to have evacuated 50 at-risk women and children (13 to the United States and 37 to Canada). We have 18 more evacuation cases in the pipeline for 2013."

While such victories are encouraging, Fleming remained very concerned about "the greater challenge of the people who can't leave Haiti" -- the majority of rape survivors she encounters in IDP camps or who remain stuck in homes with abusive partners. "How do we get them from Champ de Mars into some safer resettlement situation in Haiti?" she asked rhetorically in 2011. "It's been a living nightmare. We have clients who are at risk of rape every night." Her response has been to help clients find alternative housing within Haiti, too. She has started to provide land and housing grants to some families. She's also provided funding for literacy classes, small business grants to single mothers, and housing stipends to victims of violence living in tent camps as part of an expanding menu of assistance.

Given the near-daily litany of terrible stories and need she encounters, how does Fleming herself cope? After all, she has a life and family in California with needs, too. "While it's easy to become overwhelmed by the magnitude of their suffering, my philosophy has always been 'one woman, one child,'" she explained. "If we can give one woman the tools to reclaim her life, we will have taken one step forward on the path to social justice and we will have made a difference in the world." Looking back at her journey to date, she said recently, "We have a lot more to do, but our motto is family-by-family. I've been to Haiti fourteen times since the earthquake. I'll keep coming back."

Haiti, Fleming says, has profoundly changed her life. In a recent letter to supporters of her project she wrote, "...My commitment has evolved into something more complex than mere 'love of place'. Rather than standing in the middle of devastation, I now stand within a circle of Haitian women... They live in extreme poverty, and they have known utter darkness and despair. Yet in continually seeking, they always find light again. Victor Hugo said: 'It is by suffering that humans become angels'. These women are the angels of Haiti." Some might say the same of Jayne Fleming. ∞

Legal and Justice

The earthquake struck a heavy blow to Haiti's already weak judicial system and reversed gains made in recent years. It caused a loss of life and personnel and destroyed many buildings, including the Ministry of Justice and smaller courthouses, police stations, prisons, and jails. The National Penitentiary, which housed 4216 inmates, suffered structural damage to a section of the prison and fires that destroyed the administrative and records areas.^{ccxiv} Four inmates died inside the collapsing prison and another two died trying to flee, while the remainder escaped under circumstances deemed suspicious. This contributed heavily to the myriad difficulties prison and judicial officials faced in the ensuing weeks without places to detain, interrogate, and imprison suspects or hold legal hearings. In Port-au-Prince, temporary buildings and tents filled the gap.



Later media reports quoted Police Chief Mario Andresol, a well-regarded 49-year-old former Haitian army officer who trained at the School of the Americas in Georgia, who believes the inmates got help from some prison officials. Andresol told reporters that some exterior walls of the national penitentiary were damaged by the quake, but the interior walls held firm. Some of the guards panicked and fled when the quake hit, leaving their weapons behind. A small U.N. contingent stationed outside the prison also fled. But, he maintains, there is "no way" prisoners could have escaped without help from authorities. He noted that the prison's warden at the time, Olmaille Bien-Aimé, disappeared and hasn't been seen since. "This situation makes the escape very suspicious," said Andresol in an April 2010 *Washington Post* story on the investigation.^{ccxv}

Lost Progress

Pre-quake, the faults of Haiti's judicial and prison systems were well documented. Human rights reports from prior years are full of examples of arbitrary arrests, police abuses, illegal and prolonged pre-trial detention, inhumane conditions within horrifically overcrowded prisons, limited access to legal aid for the poor, and a dearth of professionals – lawyers, legal officers, trained judges – to serve Haiti's population. A 2007 summary by the International Crisis Group summed up the earlier picture:

The justice system is weak and dysfunctional, no match for the rising wave of kidnappings, drug and human trafficking, assaults and rapes. If the efforts of the last three years to establish the rule of law and a stable democracy are to bear fruit, urgent action is needed. Above all, the Haitian government must demonstrate genuine political will to master the problem.^{ccxvi}

In response, a coalition of Haitian and international stakeholders formed the Haitian Justice Group to promote judicial reform and improve the rule of Haiti.^{ccxvii} Inside Haiti, Rights and Democracy helped lead civil society advocacy for reforms related to sexual violence and women’s rights, joined by IJDH-BAI and other rights actors, with support from legal groups and law schools outside Haiti. In the area of gender reform, Haiti passed its historic rape law in 2005, as well as other critical reforms of family law. It made headway on property and inheritance laws that now provide women and girls with equal rights to men and boys. But it did not succeed on passing a law outlawing domestic violence and marital rape – that reflected the vast majority of sexual violence cases – and this is still a pending top priority. Post-quake, these groups — led by indefatigable lawyers like Brian Concannon of the IJDH in Boston and Mario Joseph and Esther Felix at the BAI — have provided legal aid and spirited public advocacy for Haitians without resources for legal defense, including rape survivors.

Current Challenges

Today myriad advances are taking place in the justice arena, but they are obscured by the massive collapse of justice that followed the earthquake. A month after, Michael Forst of the *Miami Herald*, a longtime reporter on Haiti, found little improvement in conditions in detention centers: inmates still “have less than 20 square inches to live and sleep, and lack food, water and health care. The conditions, he reported, “...are intolerable and constitute cruel, inhumane, and degrading treatment under international law.”^{ccxviii}

In an update six months post-quake, IJDH also found:

Over 80 percent of the people in Haiti’s prisons have not been convicted of a crime; almost all of these long-term pre-trial detainees are poor. Poor Haitians are unable to enforce the basic rights – labor, housing, contract, property and education rights, the right to child support – that are essential for people in any country to escape the cycle of poverty.^{ccxix}

For over a decade, the non-profit Health through Walls^{ccxx} has helped the Haitian Prison Authority improve conditions for staff and inmates in Haiti’s prisons, and it helped coordinate outside assistance from outside corrections agencies and volunteer corrections officers after January 2010. The International Red Cross provided funds to rebuild the national penitentiary and improve conditions, and progress has been steady. But because of the scale of damage, the overall task remains daunting.

Corruption

The problem of corruption has long plagued the justice system in Haiti and is fundamentally linked to poverty. Like other government officials, Haiti’s judges and court officers earn a modest salary, and it’s long been a common practice to pay bribes to judges to dismiss cases, ignore evidence, or reduce penalties. As Haitian judge and scholar Jean Fleury Senat noted in his 2010 book on the challenges of judicial reform:

On material wealth, magistrates are more inclined to lessen their burdens by entering the vicious circle of corruption. According to the Haitian mindset, it is customary to leave a gift as a sign of respect when in the presence of an authority figure. Some lawyers adopt the same strategy in the Haitian judicial system: “give an envelope to the judge to gain his favor in a judgment.”^{ccxxi}

As noted earlier, there are myriad procedural hurdles facing rape survivors hoping to pursue legal claims. A big one is their limited access to a medical certificate. Under pressure by advocates, the

Ministry of Health has worked to expand the number and geographic location of hospitals and private hospitals approved to provide a medical certificate certifying rape. *Although the certificate isn't legally required, judges still try to demand it as an evidentiary requirement.* In some past cases, assault survivors have been told to take medical certificates issued by providers who are not public hospitals – even when issued by established providers like MSF and get the certificate recopied at the HUEH state hospital for it to be accepted by a judge. Advocates and lawyers at BAI have worked hard to fight what they regard as the lack of awareness among local judicial and police officials, but it's been a slow process.

Corruption also remains a major impediment to justice in rape cases, say advocates. BAI has had a long experience assisting assault survivors and currently provides legal aid to members of KOFIVIV who are pursuing claims. Stated KOFIVIV's Jocie Philistin: "The problem of corruption is very common. We see the man (accused of assault) or his family come and give money to the judge and then he is let free. Even the police... they get bribed to let the one who was detained be let go. Or in other cases they intervene by giving money to the woman or her family to shut them up. This is changing, but it also continues."

Rare Prosecutions

To date, prosecution for rape cases remains the exception, despite the increased pressure from all sides to deliver justice for victims. In June, a report by the UN's human rights section in Haiti that was conducted with the cooperation of police and judicial officials painted a bleak picture. The report authors found that only one case out of a sample 62 complaints filed over a three-month period in 2010 had been referred to trial. Only 25 had been reviewed by the government prosecutor's office, who had ordered judicial authorities to investigate only 11 of them. Four had been dismissed and the others were still being investigated at the close of 2011. The sample cases were taken from five of the busiest police stations in the capital, and thus represent only a fraction of the 500 cases reported to police in 2010 by local women's organizations.^{ccxxii}

The report noted that a lack of accurate information about rape cases in Port-au-Prince hindered prosecution. Overall, the authors concluded that prosecution of rape cases is severely stalled, delaying justice for rape survivors. The long detention of men accused of rapes without a trial in sight also represent stagnated justice. There are many reasons for the slow pace of justice in these cases. All of Haiti's courts are terribly backlogged – another after-effect of the earthquake.

Rural Justice

The gaps and failures to prosecute rape remain magnified in provincial and rural areas. There, fewer trained judges, lawyers, police, or groups exist to help sexual violence victims. "It's very difficult for us to travel long distances to respond to these cases," acknowledged Guerly Leriche, director of legal services for the WE-LEAD program at Heartland Alliance. Last year, the organization group provided empowerment trainings and legal aid to women's groups in Grand and Petit Goâve, among others. There, few individuals are able to access timely services, including the medical certificate, he stated. "It's very, very difficult," admitted Leriche. "We never hear of most cases. There's no one helping those people."

The spotlight on the Port Salut MINUSTAH cases forced greater local attention to problems occurring there that may be contributing to abuses, such as poverty that drives prostitution. While MINUSTAH forces have been singled out, advocates say local officials and communities also bear responsibility to prevent and address abuses, particularly of children. The recent timely arrest by police of 14 suspects (out of 21 complaints) who raped girls in the Artibonite area, and the active engagement by the prosecutor's office in Gonaives in those cases, suggest local officials and police in smaller cities are becoming more responsive.

The MINUSTAH Rape Scandals



Protesting MINUSTAH's role in male rape and cholera scandals

Photo Credit ©Ansel Herz 2011

The UN Scandals: Military Vs. Civilian Justice

There are several high-profile sexual violence cases worth mentioning and examining for comparison that represent failure to adequately prosecute rapes in Haiti. These involve troops from the UN MINUSTAH forces stationed in Haiti who have been found guilty or are facing charge of gang rapes over the past two years. They have also drawn fresh attention to rape of men and boys, and illuminated public intolerance for male-male rape, to judge by popular protests and media coverage of these cases.

Advocates for rape survivors argue that any individual who commits a crime in Haiti, foreign or citizen, civilian or soldier, should be judged by Haitian law, in a Haitian court, and in a trial whose proceedings are open to the public. That applies to MINUSTAH soldiers who are subject to UN and military codes of behavior and generally tried in military trials and/ or military courts outside Haiti where proceedings are kept secret from the public. The result is that MINUSTAH soldiers in rape cases to date have faced minimal penalties, charge advocates.

In March 2012, after what advocates initially applauded as being a "rare" and "swift" trial held in Haiti, two Pakistani MINUSTAH officers were found guilty of having raped a 14-year-old boy. They were given a one-year sentence by a Pakistani military court that conducted the closed trial in the Haitian port city of Gonaives, and then were discharged. No UN personnel

or Haitian officials were present for the trial, according to UN spokeswoman Sylvie Van Den Wildenberg. Rights groups and Haitian advocates have since called the March 2012 sentencing “a travesty of justice.”

At the same time, this case does represent a narrow step forward since it’s the first time MINUSTAH troops have been tried and sentenced in Haiti. According to UN authorities, Pakistan also intends to compensate the victim but has not determined an amount. The promised compensation action SE]is also a first, but it is also viewed by Haitian critics as problematic — an effort to “buy a victim’s silence” rather than punish the child rapists.

The Pakistani trial comes several months after the explosive media case of Uruguayan MINUSTAH sailors stationed in Port Salut, Haiti who stand accused of gang raping a 19-year-old teenage boy . The story was first reported by freelance journalist Ansel Herz, who has also highlighted female cases of alleged abuse in Port Salut.^{ccxxiii} The male case caused global outrage after an alleged live cellphone video capture of the gang rape was leaked to the Internet and uploaded to YouTube, garnering 4000 comments – most outraged – before it was taken down four hours later. Even more tragically, the victim was allegedly raped in front of other teenagers, including one who shot the secret mobile videotape and later leaked it. The victim’s name was then made public in media reports, exposing him to further stigma and threats. The teenage witness who shot and leaked the video was then threatened, according to media reports.

“They ruined his life. They humiliated him and his life will never be the same,” Mike Pugliese, one of his North American lawyers told reporters during the start of the trial taking place in Montevideo. “They used force on him and they are laughing. It’s terrible; I am an ex-policeman, I’ve been a lawyer for 20 years, and I had never seen anything so brutal on a young man in my whole life. It turns my stomach.”^{ccxxiv}

In the Port Salut case, prosecutors are relying heavily on the low-resolution video and on the victim’s direct testimony in court as evidence, but the crime may still be difficult to prove. The teenager submitted to medical exams in Haiti that found evidence of anal penetration, but a similar examination later in Uruguay proved inconclusive, and lawyers for the sailors argue the charge is “unsustainable.” The victim’s case was somewhat helped by the fact that the same five soldiers were arrested and tried last year by Uruguayan military police for a charge of disobedience and truancy. It has also drawn strong public interest in Uruguay and further condemnation of the soldiers and MINUSTAH, increasing domestic pressure on Uruguay’s military and government to see that justice is served with a proper trial.

In an September 2012 update, the four Uruguayan soldiers were ordered detained and charged with “private violence” – a charge that falls short of sexual assault under Uruguay’s penal code. If convicted, they could face a jail sentence of three months to three years. In Haiti, outrage followed this news, and lawyers for the young man were debating an immediate appeal. The prosecutor in the case, Enrique Rodriguez, told reporters that “the evidence did not support a finding of rape.” An attorney for the accused troops also claimed the victim had lied and fabricated allegations to seek civil damages.

At press time, the final outcome of the case was pending. But Haitian and global eyes who watched the videotape are angrily convinced a major crime occurred, to judge from the angry comments posted. What’s clear is that more eyes are now such cases and that they have badly damaged the protective reputation of the UN and MINUSTAH. They have also prompted a major review with the peacekeeping agency and reportedly a greater commitment to addressing sexual crimes by its troops, report UN officials.^{ccxxv}

Gendered Bias?

The fact that the MINUSTAH cases under scrutiny involve male victims who are not adults and that they are being pursued in military vs. civilian courts distinguishes them from other legal rape cases currently being pursued by Haitian female victims of rape. But that only partly explains why prosecution of the military cases has been swift, while cases involving women and girls have stalled in the Haitian courts and drawn comparatively less individual outcry. Haitian feminists are not alone in pointing out this discrepancy – so do legal observers. Critics point out that women and girls have suffered alleged rapes and sexual abuses by MINUSTAH troops and other uniformed men, including Haitian police but the media and international community have largely ignored these cases.

They also point to a history of abuses by MINUSTAH soldiers that have escaped prosecution. On February 18, 2005, for example, less than a year after MINUSTAH’s arrival in Haiti, three Pakistani soldiers reportedly gang raped a young Haitian girl. The case drew major protests at the time in Haiti but remains unpunished and has been filed away. In interviews for this report, advocates at several grassroots organizations say other MINUSTAH troops stand accused of rapes, but victims have not always chosen to pursue legal claims. Comparing earlier cases to the newer MINUSTAH cases, Haitian blogger Ezili Danto acidly wrote

of the 2005 girl's rape: "Although this was a criminal act that certainly raised the ire of many, especially women's organizations, this was apparently more acceptable than the gang rape of a male."^{CCXXXVI}

The male Port Salut rape case brought attention to the alleged sexual abuses of a number of minor – teenage girls – by MINUSTAH soldiers, a situation that reporter Herz is tracking. Reviewing a case of stalled justice in December 2011 that involve a minor who also claimed sexual abuse by a Uruguayan MINUSTAH soldier who made her pregnant, Herz wrote: "Some of the women and their children had been all but abandoned by soldiers who had finished their deployments to Haiti. But the soldiers are absolutely forbidden from having sex with minors, much less impregnating them." As he points out, Haiti's legal age for sexual consent is 18.

The case he profiled is one of several involving minors in that zone, but advocates say the problem is more widespread. It's also alleged by local residents that such girls are seeking relations with the soldiers for money or favors -- transactional sex. The case Herz profiled involves a 17-year-old girl, and appears to have involved romance with a slightly older young soldier. These soldiers are nevertheless breaking a national law regarding relations with minors.

The response by MINUSTAH officials to such cases has been to acknowledge the cases as a "various serious breach of the Code of Conduct," -- following military policy -- but not treat them as a crime under Haitian law. No arrests or convictions have followed. Instead, the UN peacekeeping agency told the victim in this case to expect compensation, acknowledged the paternity of one of their soldiers and sent him back to Uruguay.

Summing up the follow up response, Herz wrote: *"As a disciplinary measure, the soldier was repatriated and banned from serving in other UN missions. He is required by his hierarchy in Uruguay to assist the young girl and her to be born baby. We are following up on whether he was sanctioned, what was the sanction, and whether he has executed it, as well as on the continuation of assistance to the girl and the baby."*

While this may represent a form of justice to some, the fact remains that the victim received an initial small amount of money when the case drew initial press attention, but none after. The young woman's family has continued to pressure MINUSTAH, who likely is pressuring the young man who is no longer an active duty soldier. It's unclear what steps MINUSTAH can take to force the soldier involved to make good on the requirement to support his child in Haiti. Under Haitian law, then, the families are right to decry a failure of justice. Under the MINUSTAH Code of Conduct, the UN agency has clearly taken steps to punish the young male soldier by removing him from active service. But what then? Such cases call for closer scrutiny of MINUSTAH's follow up and clarification of steps to take when soldiers do not "execute" the sanction. So do the cases of other girls in Port Salut and elsewhere who claim sexual abuse by MINUSTAH soldiers and have gotten little or no help from any authority -- Haitian, UN or third country.

Danto's comments thus raise a fair question: how much does gender come into play in terms of Haitian public outrage and media attention to rape? And to what degree has nationalism -- a Haitian response to foreign wrongdoing that symbolizes historic colonialism -- sparked public fury in these cases? Does people care as much about poor teenage girls allegedly abused and made pregnant by young MINUSTAH soldiers? Or do they tacitly blame the girls and view them as prostitutes who seek to trick male soldiers into sexual relations? That view is commonly voiced by Haitians themselves, who urge outsiders not to be fooled by the survival tactics of very poor individuals. Still, as Herz points out, the law is the law. The question remains, where is the justice?

Here's what the victim in the female case said to Herz when he checked in for an update: "The foreigners in MINUSTAH never sent any small amount of money for the baby. Try to call them for me so they can send it for me." For her, a small amount of child support would go a long way. After prodding MINUSTAH officials for weeks, Herz took it upon himself to try to intervene, setting up a small Pay Pal page to help the girl and pushing colleagues to report on the plight of the girls in Port Salut.∞

Other Advances

There are other noteworthy advances that Haiti is making. At the state level, President Martelly recently tasked Haiti's new Minister of Justice, Michel Brunache, to lead a five-member Presidential Commission called the "Working Group on the Reform of Justice" -- an update of the prior Justice Group. Core members include Joshua Pierre-Louis, René Magloire, Jean Vandal, and Sibylle Mevs Theard. Magloire has led the effort to pass a major new bill -- the Haiti Draft Law on the Prevention, Punishment, and Eradication of Violence Against Women -- that will establish tougher sanctions against all forms of sexual

violence, including domestic violence, and create a broader “rights-based” legal framework for providing medico-legal services for survivors. The draft bill will give more authority to police and prosecutors to investigate cases and put greater onus on the police to gather evidence for legal cases. It also mandates better training for officials handling sexual assault cases.

“At the moment, the judges tend to lead investigations, and they often work in secrecy,” Magloire recently told a *TrustLaw* reporter in a comment on the draft bill. “We want police and prosecutors to do more, which we hope will lead to less secrecy and corruption.” IJDH, BAI, and LERN members are actively helping in this process; in January, LERN lawyers provided suggestions for tweaks of the proposed bill based on comparisons with model legislation from other countries that would make Haiti’s draft law compatible with international laws.^{ccxxvii}



Demanding Justice for Rape Victims

Photo Credit: Meena Jagannath, RAPP-IJDH-BAI, 2012.

The new law will also provide a stronger tool for the women’s ministry in its coordinating and oversight role. “The new law aims to allow the state and other actors to find common ground on how to treat and help victims,” stated Hemanex Gonzague, director general of MCFDF, in comments to *TrustLaw*. “It’s an important step to improve women’s rights in general and it aims to provide greater protection to victims through the whole process.” As of April 2012 the bill was headed to the Parliament for a vote and is pending approval. In the interim, grassroots advocates are educating their members and staff about the new law and its implications as a tool for advocacy.

Long Sought Victories: BAI’s RAPP Project

Organizations: Rape Accountability and Prevention Project (RAPP),
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The Bureau des Avocats Internationaux (BAI) is Haiti's largest and most successful public interest law firm and the only organization that provides systematic representation to sexual violence survivors in Haiti. The firm was established in 1995 and works closely with the Boston-based Institute for Justice & Democracy (IJDH), a non-profit, legal organization that has provided the bulk of BAI's financial support since 2004. The two groups work together on a range of issues, including rights of women, displaced persons, prisoners and victims of political repression, and cholera, as well as US policy towards Haiti. Both Mario Joseph, managing attorney for BAI, and Brian Concannon, a lawyer who heads IJDH, have worked together for years on difficult political cases and serve as mentors for younger lawyers. As of July 2012, BAI had 13 Haitian lawyers on staff, one international legal fellow, and additional help from volunteers and interns from IJDH and other partners.

In June 2010, BAI-IJDH launched the Rape Accountability and Prevention Project (RAPP) to address the growing reports of reported rapes post-quake. BAI was also active in the joint petitions submitted on behalf of Haitian victims of sexual violence to the Human Rights Council in Geneva and later the Inter-American Commission on Human Rights. At the time, Meena Jagannath was a BAI Legal Fellow and served as the Haiti-based Coordinator of RAPP. There, she worked closely with Haitian attorneys who have been taking forward the rape cases before the Haitian *parquet* (Office of the Prosecutor), the *cabinet d'instruction* (investigating judge's office), and the *Tribunal de Première Instance* of Port-au-Prince (trial court).

As Jagannath explained, KOFAVIV documented 119 minor and 90 adult cases out of a cumulative total of 209 in the first half of 2011, of which 53 were sent on to BAI for legal representation as of May 2011. "This means that about a quarter of the cases [received by KOFAVIV] decided to do legal follow up," she explained in August 2011. As of November 2011, KOFAVIV had referred another 35 cases to the BAI. By then, lawyers had "about 50 [cases] that were actively pursued through the system, as some clients decided to close their cases, decided not to pursue their cases further, or the cases had been stalled for other reasons," reported Jagannath. The reasons for the dropouts could include lack of a medical certificate or an inability to identify the attackers – critical pieces of the evidence chain for prosecuting rape. The flow of referred legal cases this year has been steady. As of July 2012, 282 sexual violence cases had been referred to BAI (Aug. 2010 -July 2012).

BAI's statistics also support an observation by many GBV advocates of the big impact of rape on children post-quake: out of 103 total referrals to BAI by August 2011 (78 referred by KOFAVIV and 22 by FAVILEK), 76 were children – the majority. "It's not the same proportion between adults and children, when it comes to reporting for legal follow up," noted Jagannath referring to the steadily higher number of minor cases referred for legal follow up. "This is interesting, as it suggests that adult victims may be less likely to make a legal complaint for a number of different reasons," she said. BAI's latest figures still show that "the number of children's cases outnumber the adult cases by a significant portion," stated Jagannath, adding that "many victims are under the age of 12."

Breakthrough Convictions

In August 2011, the BAI had about 20 cases of sexual violence, including three from 2010 that had reached the *cabinet d'instruction*. By November, that number increased to 35, and by July 2012, to 60, in addition to nine cases that had been given *ordonnances de renvoi* – a referral by the *juge d'instruction* (investigating judge) to criminal court. Several more referrals to that court are expected, she added. Four of the nine cases with *ordonnances* were scheduled for criminal trial in the summer 2012 session.

In July 2012, BAI won its first two cases based on the presentation of arguments calling upon human rights principles and non-discrimination against women, as well as expert testimony by a gynecologist and psychologist. The fourth case was heard in early August 2012. All four cases involved minors under the age of 15. (Two involved 12-year olds raped by neighbors who were young men (ages 19 and 21). Another involved a 9 year-old raped by a 22-year-old. The fourth was a 13-year-old girl raped by her father.)

BAI's cases were among 22 cases of rape out of a total of 78 criminal trials heard by the Port-au-Prince trial court – the Tribunal de Première Instance – an unprecedented number. Of them, Jagannath reported with satisfaction, 13 resulted in convictions with only one acquittal, including all four of BAI's cases. At press time, the court's decision on the other cases was pending.

The sentences in the BAI cases included three cases where the maximum sentence was applied by the judge, and a reduced sentence in another, where, Jagannath stated, "We believe the judge misapplied the law in reducing the sentence." The two men who raped the 12 year old girls were each sentenced to 15 years in prison, with 1 million Haitian gourdes in civil damages in one case, and a pending amount in the other. The father who raped his 13-year-old daughter was sentenced to life in prison

without parole, and 500,000 gourdes in civil damages. For the victims and their legal defenders, the outcome is a victory, one that sends a clear message to the Haitian public, showing that social tolerance and longstanding impunity for rape is ending.

“These trials presented tremendous opportunities for public education and influencing a traditionally patriarchal institution that does not have a history of taking sexual aggression cases seriously,” said Jagannath, who added that women’s and victim’s groups turned out in numbers to support each prosecution and held press conferences during and after the court sessions. These activities were led by a new legal Advocacy Committee at KOFAVIV that BAI helped train. BAI also held post-court trainings for the women’s groups to discuss the trials.

BAI’s legal team also pushed the tribunal to hear expert testimony from a psychologist specializing in children’s trauma and a doctor from the General Hospital who examines victims of sexual violence – a new step. “The idea was to have a transformative effect on the trial and on the practice of rape prosecution by showing the usefulness of this expert testimony to interpreting the medical certificate and educating the public as to the physical and mental trauma experienced by a minor victim of sexual violence,” explained Jagannath. The strategy worked, she added, noting that in one cases both the prosecutor and judge made “ample reference” to the expert testimony.

BAI also had a panel of women lawyers for victims who not only discussed individual cases, but talked “about sexual violence as a problem that arises from a society with a history of gender discrimination and stigmatization,” explained Jagannath. “The lawyers folded in human rights arguments and made references to Haiti’s need to advance women’s rights so as to prevent future acts of sexual violence. This had an impact on not only the judicial officials in the courtroom, but also on the audience. “

She acknowledged that BAI’s legal team encountered many problems, including disorganization, misapplication of the law, and a reluctance to hear experts. But the cases represent a breakthrough that has encouraged legal advocayes. “We consider these first four trials a step forward in the right direction, and a learning opportunity for judicial officials and lawyers alike to improve the process for future trials,” said Jagannath. With an eye on a heavy caseload of cases scheduled to be heard in the next winter court session, she added, “We hope to be even better prepared when the time comes.”

Emergent Trends

Evaluating RAPP’s cases to date, Jagannath also confirmed that rapes reported to BAI often involve familial crimes – assault by a boyfriend, friend, or neighbor. Last November, the cases indicated that “out of 139 cases, 105 knew their assailants, and 24 didn’t,” she said at the time. Of the latter, BAI had documented cases of gang (or collective) rape where the perpetrators’ identities weren’t known. “If there is more than one attacker, they often hide their faces, or they are strangers,” she explained. But even in cases where the assailants are known, the family of the victim often feels threatened by the family or social circles of the aggressor, she added, and women feared reporting them.

The very high number of adolescents has caught BAI’s attention. “What I can say, based on what I’ve seen since my arrival in May 2010, is that we have many more clients who are minors,” Jaganaath confirmed. “We have seen cases of aggressors also being minors—there is an increase in minor [under 18 years old] attackers since the start of our project. We also have seen a few cases where the attackers were female, so we have started to look at that statistic – how many such cases there are and why it might occur.”

One of the positive aspects of these otherwise disturbing trends is “more cases of rape of minors are being brought to our attention,” added Jagannath. She thinks that Haitians may feel more confident that the crime will be taken seriously if it is a matter of rape of a minor. The cases of minors highlight another noted problem: rape by a family member. “We have also seen cases of incest and in those cases, it’s been the mother who takes the decision to denounce it,” said Jagannath. For families, she added, these cases “involve a lot of psychological problems and conflicts that are grave.”

As of August 2011, RAPP had not received any referrals of cases of male rape – rape against boys or men. Jagannath felt the issue was still very taboo. “If a man were to report a rape to the BAI, he would receive the same legal representation without discrimination,” she stressed. Looking ahead, BAI is continuing to work with KOFAVIV’s Advocacy Committee and other survivor’s groups to educate and share information related to the legal process with others, and to accompany survivors and attorneys to the Palais de Justice. BAI is building this community base, said Jagannath, “so that our advocacy is informed by our partners and their work, too.”∞

Advancing Justice

A growing number of outside groups have been active in helping to improve the knowledge and experience of Haiti's judicial officers. In May 2011, the Thomson Reuters Foundation hosted a legal forum in Port-au-Prince that drew Haitian government officials, police, lawyers, prosecutors, doctors, and some women's groups in Port-au-Prince to discuss ways to improve delivery of justice for sexual violence cases.^{ccxxviii}

Looking ahead, the forum called for a less centralized process and for judicial officers, including judges, to be trained to be fairer to victims. For example, they should be educated to understand that a woman can still be raped even if she is not a sexual virgin. Rape victims and their advocates should be also trained to make sure they understand and accord proper weight to medical certificates, even though they aren't an absolute requirement to open a legal case. They urged advocates to spread the word about the prosecutor's hotline number. Added to that list should be KOFAVIV's Call-In Center hotline number (572) and referral information about local agencies and providers with supportive services (such as counseling, support groups, legal aid, safe houses, and skills building programs for survivors) (see 'Kat Referans' GBV Referral Card in Annex section).

Haiti's prosecutor's office has a 24-hour rape reporting hotline (tel: 604 96 02) to advise individuals about what to do to file an "official" complaint. This includes informing callers to present an original (not a copy) of the post-rape medical certificate since copies are routinely discredited by defense lawyers.

Rights-based Ally: MADRE

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MADRE[a progressive, nonprofit women's rights organization based in New York, has been a leading international voice in raising public awareness of sexual violence in Haiti, both before and since the earthquake. The organization works in over 13 countries and had prior ties to community-based women's organizations in Haiti, including "sister organization," KOFAVIV. Over the years, MADRE has documented violations of women's rights in Haiti through various reports and calls to action, and its former founder-director, Vivian Stromberg, traveled to Haiti and developed ties to feminists there.

Immediately after the quake, MADRE issued a global call to help women's groups in Haiti and helped KOFAVIV via financial support and donations of a variety of essential goods distributed by KOFAVIV's 1000 members to women living in IDP camps. These included clean water, pots and pans for cooking, buckets for washing clothes, and soap and hygiene "dignity" kits for women, as well as tools to increase protection against violence such as cell phones, whistles, and flashlights. MADRE backed KOFAVIV to push the then-Preval administration in Haiti to increase security in camps and put an end to impunity surrounding rape.

The group has also helped KOFAVIV strengthen its medico-legal services to survivors and introduced volunteer lawyers and trainings related to legal follow up of GBV cases. MADRE also engaged in joint legal advocacy involving two other Haitian GBV survivor's groups, FAVILEK see " (see Portraits in Leadership

Lawyer Lisa Davis is Madre's *Human Rights Advocacy Director and a clinical professor of law at the City of New York's International Women's Human Rights Clinic (CUNY IWHR)*. She's also a member of the *Lawyer's Earthquake Response Network (LERN)*, a legal network of volunteer lawyers coordinated by the Boston-based IJDH and BAI who assist Haiti's lawyers on GBV legal cases.^{ccxxix}

As MADRE's point person in Haiti, Davis explained that her organization's philosophy "is based on partnership and on supporting community-based partners in the places where we work" to lead national and international advocacy. That's why MADRE has not set up a satellite office in Haiti. Instead, Davis travels to the island frequently, as well as to Washington, D.C.,

and has provided legal trainings and other skills-building to KOFATIV to strengthen their capacity to register and follow up on sexual violence cases. The trainings focus on “the realities of the crime, evidentiary rules around it, rules of procedure – things like that,” she said.

MADRE has also shared legal tools developed by groups outside Haiti. “There is a ‘Know Your Rights’ card that we gave to our partners and got shipped down. It kind of explains what you should do, like ‘save your underwear, go to medical services within 72 hours, get a medical certificate’ – these basic steps,” explained Davis, “because they all need to happen within 72 hours.” She has also worked closely with IJDH-BAI colleagues on the RAPP watchdog legal project, which is also allied with KOFATIV. Regarding LERN, she explained, “The network is just a hub for lawyers to get together and support each other’s work in Haiti. That is pretty much its function. It does not have a presence in Haiti per se.”

In May and June of 2010, Davis helped lead two LERN delegations to Haiti to interview over 54 survivors in 10 camps (referred to by KOFATIV and FAVILEK members) for a jointly released report on the rape crisis in Haiti’s camps, “Our Bodies Are Still Trembling,”^{ccxxx} edited by IJDH-BAI attorney Blaine Bookey. The report cited prior findings by KOFATIV of some 230 rapes in just 15 camps in the capital^{ccxxxi} and 68 rape cases documented Doctors Without Borders, to argue that rapes in Haiti were “dramatically underreported.” The joint report helped frame the issue as a growing problem linked to specific and dangerous conditions in Haiti’s camps, and has served as an important reference document for advocacy by many groups.

Also in May 2010, MADRE joined a coalition of US and Haitian women’s groups in developing and presenting a joint interim Haiti Gender Shadow Report (GSR) on Haiti’s post-disaster reconstruction – a gender framework to track the national rebuilding effort – to Haitian and global leaders meeting at the UN. (Note: A final version of this report was later released by Gender Action in December 2010).

On the international advocacy front, MADRE joined its partners in a collective effort to hold Haiti’s government accountable to its obligations around human rights. The rights groups set up critical hearings with US and UN leaders for Haitian women leaders including testimony in June 2010 by KOFATIV’s director, Malya Villard-Apollon, before the UN Human Rights Council.^{ccxxxii} and, in October, before the IACHR. Last year, Davis said that MADRE and its partners were keeping their sights on the IACHR and the Universal Periodic Review of Haiti’s human rights record as a tool to hold Haiti’s government accountable on rape cases. “The centerpiece of the international advocacy campaign is to really demand that the commission’s recommendations be implemented, and that donor states fund the [Haitian] government and UN agencies to implement them,” explained Davis. “That’s one component we are really focused on. The UPR is a great mechanism for that.” (See box, BAI-IJDH). On a related human rights issue – housing – Madre also joined partner groups in Haiti who petitioned the IACHR to push Haiti’s leaders to stop camp evictions (see *Safe Shelter* section).

In July 2011, Davis reflected on progress in the GBV field, citing some areas of improvement but an overall dismal response by Haiti’s various agencies and UN groups with resources to act. “There have been some increases in security and lighting,” she acknowledged. “But most of the camps are still really dangerous for women.” On the legal front, BAI-IJDH and the RAPP project were helping to fill a critical gap in legal aid for rape survivors and the ongoing effort to reform and strengthen Haiti’s laws around rape. But Haiti’s justice system remained “very weak,” Davis said. “There’s still impunity and corruption. You hear about how the rapist pays off the family or the judge – that still happens.”

Looking ahead, she sees steady changes taking place in the judicial area, but not overnight, and not fast enough to help Haiti’s women now. “A lot of donor aid that has been directed at the issue has been in terms of providing funding for international groups to do trainings with prosecutors, the judges, and the police,” said Davis in July 2011. “The money has been designated, groups have applied and received it, [but] the trainings haven’t started yet – it’s a very, very slow process.” In August 2012, MADRE again offered trainings with allies to local ajsans and staff at KOFATIV and partners about the implications of the new legal reforms and needed civil advocacy to assure the laws are applied.

Given the slow pace of justice in Haiti, where does Davis feel the international advocacy campaign has made a difference? “You need an increase in awareness for any issue to gain energy and be mobilized around,” she replied, choosing her words carefully. “So to the extent that there has been more energy, I could only guess that the advocacy has contributed to that.”

What does encourage her are the actions of KOFATIV and survivors groups who “have taken charge of fighting on this issue.” Added Davis, “We have great partners. Our job is to support them in doing the advocacy they think is needed.”∞

Global Models

The effort to put stronger laws in place that meet international standards isn't limited to sexual violence. Haiti is also looking at model criminal "codes for post-conflict criminal justice" that meet international norms.

Alternative Evidence: Advocates argue that the legal requirement of a medical certificate to certify a rape has posed a great hurdle to justice in Haiti and that many countries, including Canada, have dropped it. In a recent comparative review^{ccxxxiii} of Haiti's draft law with those of six other countries — the US, France, Brazil, Sweden, and Canada — co-authors and LERN lawyers Jennifer Brown and Robert Loeffler from the law firm Morrison Foerster recently wrote: "Most of the jurisdictions studied have done away with these requirements and provide that the victim's testimony can be sufficient to convict, without corroborating evidence."^{ccxxxiv} Instead of a physical exam, they found, the courts rely on a body of other evidence, including a *consistent* oral testimony by the victim, to secure a conviction.

As the duo note, "Historically, rape prosecutions were often hampered by extraordinary corroboration requirements, which reflected not only the unique nature of sexual crimes, but also a distrust of women's accounts of rape." They added, "Of the jurisdictions studied, only Brazil requires a forensic examination for conviction, and even there, if the rape is reported at a time when it is no longer possible to perform a forensic examination, testimony of the victim and witnesses can suffice for conviction."^{ccxxxv}

If Haiti adopted a similar standard to other countries that require a consistent oral testimony, it would address two known hurdles. One is the problem of limited access to medical examiners/medical certificates. The other is the problem of trauma and post-trauma that may result in "non-linear" testimony by rape survivors, say lawyers. In plain English, this means that rape survivors still in shock may not recount the stories of their assaults with all the details in order and may leave things out, or they may fill in the picture during a second or follow up interviews. The global literature on rape notes that "non-linear" storytelling is a hallmark of post-trauma, so it's not surprising that lawyers are encountering this in Haiti. What it demands is time for a victim to heal, to feel trust, and to be able to speak the horror of what has occurred — and time for the lawyers to carefully review and double-check details and facts for accuracy. Over time, confirm lawyers now working with rape victims in Haiti, the majority of such cases do prove credible.

It's also well-documented that children, too, tend to disclose incidents of abuse over time — *a process of disclosure*. The review co-authors recommend that Haiti follow the global lead and make it clear in the draft law that "...the victim's testimony can be sufficient to convict, without corroborating evidence."

The decision by President Martelly to support drafting of the new bill is also seen as a sign that Haiti's government is becoming more responsive and proactive in the fight against sexual violence. It also reflects the successful efforts by a growing grassroots movement to lobby international bodies, including the Inter-American Commission on Human Rights in Geneva, to exert global pressure on Haiti's leaders to act. This is a sign of the increased muscle and political savvy of Haitian and international GBV movements.^{ccxxxvi}

'Little Houses of Justice'

Name: PROJUSTICE

Contact: Marceau Edouard, Esq.

Primary Service : Free Legal Aid

Primary Zone: Cité Soleil and Martissant zones of Port-au-Prince

Among free community legal aid projects in Haiti, the PROJUSTICE project runs two Kay Jistis – Houses of Justice – one is Cité Soleil (KJCS), the other in Martissant (KJM). Both are led by a Haitian-American former prosecutor, Marceau Edouard.^{ccxxxvii} PROJUSTICE was formed in 2009 and offers free legal aid and counsel to low-income residents of these two zones and other areas. As of October, the Cité Soleil office was helping about 100 local residents a month from its office in the local Justice of the Peace Court, at a walking distance from the main police station. The Martissant office is located in Cité l'Éternel and was helping approximately 75 residents per quarter.

The Kay Jistis project is funded by USAID and has had past funding from MINUSTAH, among other donors.^{ccxxxviii} Post-quake, it received a fresh influx of funds from a five-year \$20 million grant^{ccxxxix} that USAID^{ccxli} awarded to the San Francisco private Tetra Tech DPK consulting firm to support a reform of Haiti's judicial system and rule of law. DPK is pushing a similar effort in Rwanda, among other countries, that supports large scale judicial reform including training of judges. It also funds groups like PROJUSTICE who offer local legal aid and community legal education to help the majority of poorer Haitians access the justice system. Experienced Haitian legal professionals are guiding the Haiti work, in collaboration with the Ministry of Justice.

Given the backlog of legal cases in Haiti's justice system, it can take months to years for complaints to get heard by a judge. So PROJUSTICE has focused on two big areas: pretrial detention and legal mediation at the community level.

As of October 2010, PROJUSTICE had achieved some notable progress. On a national level, it had helped restore 6000 of 8000 case files destroyed in the earthquake that contributed to the backlog of justice. Some 3500 residents in three poor areas also received free legal aid in partnership with local bar associations, while 464 priority cases languishing in prolonged and illegal pretrial detention (about 12% of the overall prison population then) in the National Penitentiary, Petionville Women's Prison and Carrefour Prison were processed by PROJUSTICE. The group also trained 470 community leaders and residents of the sprawling JVC camp and 162 elsewhere in Port-au-Prince, St. Marc and Petit Goave.

The Kay Jistis houses also began hosting regular civic legal education forums to educate locals about how the justice system functions and how to access it to resolve legal matters. Recent forum topics include the procedure for obtaining civil status documents, rental contracts, the legal requirements for entering and dissolving a marriage, laws covering parental responsibility, the role of the Haitian National Police, and the provisions of the Haitian Constitution. The project also runs public awareness campaigns and community education programs, including open house events and on-site visits that involve round table discussions of legal issues for local residents.

On the training front, PROJUSTICE recently set up an established mediation center and had trained 10 women in Martissant as of October 2012 to help mediate conflicts in families without resorting to the formal justice system. The zone houses IDP camps where residents are being resettled into surrounding neighborhoods and recent surveys by the Small Arms Study, among others, shows a marked recent increase in gang activity and rising violent crime there (see Security section). Much of it involves inter-rival gang fights, say police. There, PROJUSTICE recently facilitated a meeting between police inspectors and community leaders of troubled sections of Martissant to focus on improving the relationship of police and local residents.

Looking ahead, PROJUSTICE and the Kay Jistis centers offer a fresh resource and opportunity to bring legal mediation training to local community ajans in groups helping GBV survivors, particularly in cases of domestic violence and incest, and a possible partner for BAI's RAPP program which has organized a nascent GBV legal advocacy network drawn from the ranks of KOFIV, FAVILEK and other survivors groups.∞

Health Post-Rape Medical Care

The destruction of so many hospitals, clinics, and health centers in the earthquake and its aftermath heavily damaged access to, and provision of, all health services in weeks to months afterward. That general statement applies to Haitians seeking post-rape care. Emergency and follow-up medical and psychosocial services are critical to the emotional and physical recovery and health of sexual assault survivors. While much health sector rebuilding has occurred to date, it is a huge endeavor. At the same time, in one of many ironies, the earthquake has led to fresh attention, many new resources, and more groups helping to deliver health care to Haitians and to sexual assault survivors.

The 2010 earthquake caused what the Pan American Health Organization defines as a “complex emergency” in which there is a high impact in all areas that significantly complicates all relief and recovery efforts. As Partners In Health country director and physician Louise Ivers noted in a review of the destruction:^{ccxli}

The direct [impacts] are those of physical injuries and psychological trauma, while [there are] indirect impacts such as increased rates of disease, malnutrition, and complications of chronic disease conditions. With health resources and capacity in Haiti inadequate before the earthquake, and 30 out of 49 hospitals in the earthquake zone that have been damaged or destroyed, these indirect impacts will be long-lasting.

In all, 50 hospitals in Haiti were destroyed or made unusable, and countless smaller public and private health centers and training facilities were damaged, according to a Haitian government report.^{ccxlii} In Léogâne, where 80 percent of the buildings were destroyed, there wasn’t a single health center functioning.^{ccxliii} Many health care workers died, as did 300 female nursing students in one collapsed building.

Rebuilding Haiti’s Health System

Across Haiti, the rebuilding of the health sector has been steady, with funding from projects approved by the IHRC and private donors. At the one year mark, 32 hospitals projects and 57 clinics were under construction or in stages of planning, with a national goal of completing or launching 40 hospitals and 75 clinics. The government’s other goals include: to fully equip 20 emergency rooms (in 10 departmental hospitals and 10 reference hospitals), and to add 60 ambulances in National Ambulance Network (public and Haitian Red Cross), as well as national ambulance coordination centers in each of the 10 departments. All are priorities of the 2011 strategic plan presented by the Interim Haitian Reconstruction Commission (IHRC).

Last fall, President Martelly announced further steps: the opening of a new physiotherapy department at Haiti’s Office of Workers Compensation Insurance, Illness and Maternity (OFATMA), with help from the French Red Cross; and the new Pink Card initiative, a promising pilot national insurance scheme that provides a year of free health care for Haitians.

Rebuilding Women’s Health Services

Early on, several NGOs – GHESKIO, PIH, the MSFs among them – established women’s tent clinics in and outside IDP camps to assist pregnant women, new mothers, and sexual violence survivors. GHESKIO set up a mini-maternity clinic inside its field tent hospital that helped care for some assault survivors. While

the surgical emergencies of so many crush injury victims initially trumped other emergencies, help was offered to rape survivors from many quarters (albeit only when traumatized individuals were able to travel by foot to the few then-operational hospitals and tent clinics). Many agencies, including the UNFPA, distributed rape and hygiene kits to health centers in and outside camps. These are examples of the positive delivery of services in the early period.

For other victims, the chaos and rubble prevented access to reporting rape or seeking medical help, according to advocates interviewed shortly after the earthquake.^{ccxliiv} This was also true in hard-hit communities along the coastal road leading from the capital to Petit and Grand Goave, Léogâne and Jacmel, based on selected visits to a few tent clinics in the week after the earthquake.

A number of NGO and public-private initiatives have focused on rebuilding facilities and women's health services. They include a 150-bed community referral hospital MSF built up from a few tents in Léogâne that specializes in obstetrics, pediatrics, and emergency trauma cases, and the Chocas hospital in Cite Soley. Both have been turned over to the Ministry of Health to manage. MSF's referral Center for Obstetric Emergencies (CRUO) also opened in August 2011, and includes sexual violence services.^{ccxlv} Other specialty CRUO facilities are planned.

Haiti also now has St. Damien's pediatric hospital (which works closely with St. Jude's Medical Center in the US), and a state-of-the-art teaching hospital opened by PIH/ZL in Mirebalais. The ICRC Special Fund for the Disabled was used to rebuild a physical rehabilitation center, in conjunction with the Red Cross Societies of the United States, Australia, and Norway, which opened in May (see *Vulnerable Populations, The Disabled*). Others have psychiatric services at Beudet and Mars and Kline hospitals.



Photo Credit: ABC News

Some agencies, such as UNFPA, have also focused on equipping hospitals with rape kits and other materials to treat sexual assault victims. The agency is actively fundraising to open 10 prefabricated maternity clinics to treat pregnant women that will be staffed by midwives and OB-GYN professionals (see box: *UNFPA, in Reproductive Health*). These examples demonstrate the creation of restored, improved, and new services sure to benefit many Haitians, including sexual assault survivors, adolescents with early post-rape pregnancies, disabled women and girls, and children. UNFPA recently provided an updated referral list of centers with services to treat assault survivors (see *Annex II* section).

Post-Rape Injuries

The range of serious and minor injuries reported by Haitian victims of sexual assault since 2010 includes those common to the global literature on rape: abrasions, contusions, lacerations, bumps, bruises,

swellings, cuts, scrapes, ligature marks (from being tied up), bites, burns, multiple fractures, internal injuries, internal bleeding, vaginal and anal trauma, intracranial injury, and/or injuries requiring surgery or hospitalization, including mutilations.^{ccxlvii} It's not uncommon for women to report having been beaten in cases involving domestic violence accompanied by rape. There have also been cases of sexual kidnappings.

In the literature, rape has been known to cause internal scarring, sterility, and pregnancy complications including miscarriage in already pregnant women. In its pilot survey of pregnant girls, the PotoFi Haiti Girls Initiative found that a significant number of girls who became pregnant after rape sought to lose their pregnancies (see *Part II*.) Some failed and suffered post-abortion and post-pregnancy complications. The injuries caused by rape are particularly severe and damaging to younger women and adolescent girls who are sexual virgins and whose bodies and reproductive organs are still developing, especially those who may become pregnant and whose bodies cannot easily support a pregnancy (see *Reproductive Health section*.)

Compared to other countries such as the Democratic Republic of Congo, where the use of automatic guns and knives to rape and mutilate women has been widely reported, Haitian doctors treating rape victims and advocates interviewed for this report had *not* documented vaginal mutilation from weapons as a notable feature of Haiti rapes (although guns and knives have often used by rapists in their assaults to control or threaten the lives of rape victims). Nor did they note a problem with anal fistula linked to rape – damage to the lining of the rectum that may cause leaking of urine or feces – an injury suffered by many Congolese rape survivors that requires repeat surgeries.

But the documented injuries in Haiti have been horrific. There have included some mutilations and scarring caused by knives and human bites to the breasts, genitals, or face. In rare cases, eyes and tongues were attacked to prevent victims from identifying or denouncing their attackers. A significant number of cases involve gang rape, which can result in additional physical and emotional trauma, shock and injuries, and a potential greater risk of exposure to multiple strains of STIs, including HIV.

There is also the repeated trauma and injury caused by multiple and serial rapes, although our research found no published Haiti studies that focused on the case histories of victims of serial rape. At ANAPFEH, a group that treats sex workers in its small clinic, repeat rape is reported among some clients^{ccxlviii} (see *Sex Workers sub-section, Vulnerable Populations*). Nor is there much documented about the additional injuries, trauma, and impact on health of physically disabled rape victims, including deaf and blind individuals (see *Box: Helping the Disabled*).

It's also a tragic fact that not all rape victims are survivors. Some have died from the assaults, including an adolescent girl who reportedly sustained grave injuries following a gang rape, according to legal sources in Haiti.^{ccxlviii} Others have committed suicide, though reports of these cases are anecdotal.^{ccxlix}

Male Injuries

Outside Haiti, the general literature on male-male rape includes a list of uro- and ano-genital injuries and trauma caused by physical assault and anal rape, which also carries a risk of exposure to STIs, including HIV, assuming the serostatus of the attacker is not known. For this report, our team was unable to directly interview Haitian male rape victims or review any clinical data related to male rape cases. But media coverage of the two recent MINUSTAH male gang rape cases has reiterated claims

made by lawyers for the teenage male victims that they suffered injuries as well as psychological trauma (see Box: *Minustah, as well as Legal Justice and Men and Boys sections*).

Needed: Simpler GBV Field Guidelines?

Up to now, Haitian health officials have done an excellent job defining comprehensive medico-legal guidelines for responding to sexual violence, and they are busy revising the current guidelines to reflect international standards. The WHO and many agencies in other countries have developed evolving medico-legal guidelines that call for use of high-technology forensic tools such as DNA testing. But these are not easily available in the poorest countries or rural settings with few doctors or clinics, or even in Haiti's best hospitals. While DNA screening reflects an important, powerful tool and an advance for criminal prosecution of sex crimes, it's not yet a tool likely to benefit Haitians. Still, it's Haiti's goal to acquire this capacity in time.

The current guidelines define the full range of steps and services that should ideally be taken to help survivors. The guidelines also define the basic elements of the service package and referral pathways to medical providers. While the forms and information sought is very complete, it's a lot to ask providers in the field who often lack basic materials and tools needed to follow the protocol. That includes refrigerators and back-up generators needed to store blood samples and medicines, or DNA rape kits.^{cc1}

While the current medico-legal protocols are solid, perhaps Haiti might consider building an extension of the ladder -- a lower rung -- to help the majority of Haitians like those in Cap Rouge? That would call for adoption of a tiered or "stepladder" approach toward the WHO-type gold standard that defines the *lowest* rung on the ladder -- the *minimum* standard of care and criteria for services -- as a starting point. In other words, a easier stepladder.

In the HIV/AIDS field, the development of low resource treatment and prevention guidelines -- with input from many field actors and based on country field evidence -- provided countries with a national process for educating and debating best-practice field programs and tools. The WHO HIV guidelines have been essential for health professionals, policymakers, and program officers and for HIV-positive individuals and advocates. Looking to Haiti, a similar conversation, debate, and process among health officials, providers, and community advocates across sectors, might do the same for the GBV field, and support groups in low-resource areas to better respond to the unmet needs of sexual violence victims.[∞]

Looming threats? STIs, HIV and pregnancy

The possible negative and long-term health consequences of rape include exposure to sexually-transmitted infections, including HIV -- Human Immunodeficiency Virus -- that can lead to AIDS if untreated. STI screening and treatment, and HIV post-exposure prophylaxis or PEP are part of the package of preventive Post-Rape services provided to rape victims who seek medical attention within 72 hours after an assault. While victims may get and receive STI screening and treatment later, the window for accessing PEP is narrow -- as it is for Emergency Contraception (EC) (see *Reproductive Health section*).

After the earthquake, there was an immediate general concern about the impact of the disaster on the national HIV prevention and treatment programs, given the heavy hit the health sector took. Media reports from that period captured the difficulties facing HIV-positive individuals who experienced interruptions in their daily treatment with HIV antiretroviral medicines. HIV groups also reported losing clinics and staff, and worried aloud about the possible spread of HIV in a post-disaster climate where people were not accessing enough condoms and there was soon a reported rise of post-quake pregnancies.

On the positive side, experienced medical providers including GHESKIO and Partners in Health, as well as MSF, worked closely with the Ministry of Health, the Haitian and International Red Cross chapters, and the PEPFAR and Global Fund for AIDS, Tuberculosis and Malaria programs to address ARV distribution. There were complaints of ARV gaps reported by some groups for months,^{ccii} and HIV activist groups complained of a lack of ARVs available outside the capital and to individuals in the camps. But overall, GHESKIO officials reported success in avoiding a health disaster, and getting people back on treatment quickly -- at least those already on ARVs.

What's happened since is an open question, but AIDS activists and health officials remain concerned about the possible spread of HIV, a risk complicated by the displacement of individuals and their subsequent movement as

they transition out of camps. This has made follow up of patients complicated, particularly since many private groups and NGOs established camp-based clinics and later closed shop, referring patients to restored public health facilities or groups like GHESKIO.

What about rape victims? Here, there's a limited picture – statistically speaking – to indicate if HIV and STIs are also among the gender aftershocks of the earthquake. It's amply clear that post-rape pregnancy – and early pregnancy among teens – has been confirmed and remains a great concern (see reproductive health sector). But far less is known about HIV though the data shows that many victims after 2006 were unable to access HIV screening and preventive PEP within the 72 hour window. Advocates and doctors contacted for this report privately expressed their worry. "Certainly we know that rape carries a risk of exposure to sexually transmitted illnesses," said Dr. Christopher Milian, who heads Zanmi Lasante's (PIH) GBV program.

Regarding the population at large, Milian was more reassured. Reports since the earthquake suggest that HIV has not jumped as was feared on a national level. But he acknowledged that many Haitians had not been tested, so the picture is still premature. A forthcoming EMMUS national census would help fill in the picture, he predicted. That said, the possible exposure of rape victims to HIV remains a very serious concern, he agreed.

One cause for alarm is the 2011 PotoFi field survey in adolescents that not only suggests a high percentage of teenage girls are pregnant from rape or trading sex, but that very few of the 2000+ adolescents surveyed had been able to access post-rape medical care. Those that did were able to get HIV and STI screening, including EC and PEP when appropriate. But the great majority weren't – leaving the question of their health unknown. Moreover, in places like Cap Rouge, where few girls access any health services, there's an equally serious concern about possible transmission of HIV from exposed mothers to babies.

That risk is spurring PIH and other groups to focus on extending Prevention of Mother To Child Transmission (PMTCT) programs for HIV, as well as pushing access to prenatal care, to areas where such services were interrupted or remain absent. Looking ahead, PIH's Milian agrees that new research is needed to know if HIV is lurking as a negative aftershock, and to identify and help those who may now have HIV as a result of rape to access HIV care and treatment, as well as ongoing antenatal and maternal care, possible pediatric care for any children exposed to STIs or HIV, and to assure that such individuals receive family planning services too.

Holistic Case Management: The SART Model

In the US, a growing number of cities and rape crisis centers have created SART teams – **Sexual Assault Response Teams** – that reflect an interdisciplinary, case-management, coordinated approach to helping clients, uniting police, medical, legal, and psychosocial providers and victim advocates – typically social workers, peer advocates and a victim's 'buddy'-- into a single team to help and monitor a client's recovery. Some teams add other providers of supportive services, including teachers (for youth), midwives (for pregnant women/girls) and mentors (girls). The SART model reflects a more holistic approach to responding to sexual violence than is generally found in standard medico-legal protocols for sexual violence (*see health section*).

At present, few groups in Haiti have a true case management approach or teams who assist clients. They do have programs that offer a range of services with some in-house staff but rely on referrals to specialists (legal, health care, police). Typically, one or two individuals – a social worker or nurse – are the primary liaison for a client and family. She regularly meets with the client and refers the client to support groups for ongoing emotional support. She may talk to other providers to get results of services provided to her client, but may not. Typically, clients are referred to services from different outside providers who may not communicate via a formal mechanism, and know little about other services being provided to a referred client.

This fragmented or 'siloed' approach to delivering services is more difficult and costly for clients who have to travel to multiple places for services, and it's less effective for monitoring how a patient is doing than a case management-united team approach. In interviews for this report, many advocates and providers across agencies acknowledged having a problem with follow up services and monitoring to rape survivors and said it was a major gap.

For their part, lawyers aren't privy to the observations of counselors helping clients with post-trauma, nor are doctors who first examined victims in a hospital. The social workers at local agencies are often left uninformed about the outcome of a client's legal cases -- unless their lawyer or the client happens to report back to them. Nor are the police who first accompany clients to hospitals informed about the progress of these crime victims. Finally, based on our interviews, no women's groups assisting survivors had integrated housing services or a partnership with a NGO involved in construction or a housing lender to help clients needing safer and permanent housing. All are examples of the gaps and breaks in the chain of service delivery.

The SART case management team model reduces the hurdles to accessing care for clients. The best programs bring together key service actors under a single roof to respond to clients and their families, from the emergency stage through longer-term recovery. This can reduce the cost and demands of time for clients, too. The model allows a team with various specialist perspectives to define goals and roles, exchange progress notes, and assure follow up of clients with evolving needs. Creating mobile units and targeting training and outreach to nontraditional providers and healers, particularly midwives and voodoo priests in rural areas, could further extend the reach and impact of rural SART teams.

For providers, the emotional burden of helping victims of rape is also shared, providing them with emotional support and allowing them to learn from one another. This improves the knowledge base of each member.

The SART model applies to the needs of sexual offenders and their families --for treatment, counseling and community re-entry services. In model prison programs across the world, case management and team approaches go far in addressing the multiple and changing needs of prisoners and their families and the local communities related to sexual offenders. Here, SART teams could include probation officers and counselors for offenders.

Looking ahead, different SARTs could be linked into a SART provider's network, with SART trainers to bring needed expertise to groups. The use of common tools by a SART network could also help Haiti in its national goals of tracking the quality of service programs, including identification of best practices, innovative approaches to treatment and prevention, and research.∞

Reproductive Health

The January 2010 earthquake had a profound impact on reproductive health (RH) services in some areas of Haiti, particularly upon the communities of displaced persons living in urban and rural camps, including young and older adolescent girls.^{ccliii} Today, Haitian health officials are still tallying the national impact on women's and girls' – and infant's -- health, given the long-term consequences that can take years and even decades to measure. The economic crisis that followed disaster is a further contributor to negative health outcomes for women and children and poorer families.

As discussed earlier, the earthquake ushered in parallel waves of post-quake pregnancies affecting women and younger adolescents. What's less reported are the subsequent illegal abortions, obstetrical emergencies, unsafe deliveries, abandoned babies, entry into prostitution for female rape victims, some now young teenage mothers. Also poorly documented are cases of maternal and infant mortality, including any linked to sexual violence, since documentation in the emergency period after the quake was minimal in many sites.

Over two years later, much has changed from the early picture. Then, tens of thousands of women and older teens were in overnight need of obstetric services with local hospitals down, rubble-filled streets impossible for ambulances to navigate, and health providers coping with the triage of over a quarter-million dead and twice the number of injured citizens, some grievously, including some of these same pregnant women and babies. Later, cholera entered the picture, further taxing a health system that was just getting reorganized.

Looking back, there's been considerable progress made by the government, UN actors, and local grassroots advocates, to restore maternal and neonatal health (MNH) services, recruit and train a larger local health workforce, expand the package of reproductive health and contraceptive services at health facilities, and provide reproductive health education to camp-based and local communities, including to women, girls and boys via girls clubs, parents groups, and programs for out of school youth.

Over the past year, the steady often forced resettlement of displaced families has created a new service challenge as people move into the crowded, often dangerous urban slums that lack community health or free services that were provided in many camps. Other individuals are lost to follow up. As it stands now, many Haitians remain without reproductive health services from trained providers, particularly in rural areas. Pregnant women and girls, including those in the remaining camps, still require ambulance transport services, emergency obstetric care and antenatal services, having lacked prior prenatal care. The link to rape has highlighted a greater need to integrate GBV education and prevention services, including adolescent- and child-friendly services, into the existing RH and MNH service menus across the board. It raised awareness of the need to target these youth within the public education system, where it's easy to reach them, and via sport programs and afterschool activities, particularly for boys.

Tallying the Damage

A number of reports since early 2010, including UNFPA updates and a comprehensive 2011 Human Rights Watch review^{ccliiii} documented profound adverse consequences marked by the immediate

interruption and delayed access of critical services and trained providers of maternal and neonatal health (MNH) care after January 2010.

This damage can be tallied via human losses including the death and injury of surgeons, OB-GYN doctors, nurses, midwives, traditional birth attendants, women students and health administrators. These include the death of 150 nursing students in the fall of one of Haiti's three nursing schools, located in the center of the capital.^{ccliv} The next door school of midwifery also sustained major structural damage, and some were injured there. At the time, it had 78 students and turned out about 35 midwives each year—an important contribution to the ranks of local health providers for Haitian pregnant women in particular. Among ministries, the destruction of the Ministry of Health and Population Services's (MSPP) offices had a national impact on maternal health services given its policymaking, programmatic, and oversight role. The destruction of hospitals, clinics, and teaching colleges including damage to Haiti's School for Midwives, led to a major service gap. Among private groups, MSF's "Maternite Solidarité" maternity hospital, which offered emergency obstetric care services, was totally destroyed.

The early response

With health services in disarray or broken, Haitian Ministry of Health (MoH) and MSPP officials quickly sent up temporary operations and teamed up with UNFPA to lead the UN Health Cluster. Soon, a Reproductive Health Working Group emerged to address the mounting access problems related to maternal and women's health, coordinated by UNFPA. Their agency was very active as a voice within the Health Cluster urging greater attention to the needs of pregnant women for safe delivery services and access to birth control. UNICEF was also proactive, and helped establish "baby tents" in a number of camps where breastfeeding and young mothers were provided counseling and support, including infant nutrition support. ('points of baby counseling and nutrition,' or PCNB in French: *points de conseil et nutrition pour bébé*).

Among providers, GHESKIO quickly opened a maternity ward within its field hospital in the downtown section of the capital to handle emergency cases. Various MSF field teams established field maternal health services, including the Haitian and International Red Cross chapters, and well known health providers (PIH, MSF chapters, Médecins du Monde (MDM) teams, Save the Children, Merlin, etc.) and officials at public hospitals that teamed up to run field hospitals with beds for pregnant and other women.

But according to some reports, there were too few OB-GYN doctors within the teams of volunteers showing up to help. They were not deemed a "priority," and, given the demand for emergency surgeries and triage units to address many crush injuries, competed with trauma and surgical team members, according to one group that tried to set up a maternity center at the General Hospital and said they were pushed out.

A July 2010 review by an assessment team from Interact Worldwide looking at the link of sexual violence and reproductive care found that "most mobile clinics servicing the camps are not able to provide any kind of comprehensive EmOc (emergency obstetric care) and referral pathways (including cost of transportation and communication, etc.) remain problematic." Other reports noted the lack of prevention materials, although UNFPA and other UN agencies were racing to meet an overnight need for condoms, the Pill, and other contraceptive materials, including Depo-Provera shots.

New Services

Last fall, MSF officially reopened its rebuilt maternity hospital and now operates one of a dozen Emergency Obstetric Referral Centers (Centre de Reference en Urgences Obstétriques - CRUO) where free obstetric care and other services are available to pregnant women via the SOG project (*see MSF CRUO box*). As of March 2011, over 1700 women had delivered at the MSF CRUO, including 380 pregnant women/girls in the first two weeks of its opening – all emergency deliveries. Their center offers a full range of reproductive health services.^{cclv}

At the other end of the urban spectrum are mobile clinics who daily visit the remaining IDP camps, and remote communities across Haiti. On the outskirts of Port-au-Prince, the barren hilltop settlement of Canaan now houses 60,000 homeless families, many who were evicted or left closed camps in the capital. A mobile team from the NGO Merlin has visited Canaan daily, and includes a midwife who offers pregnant women and girls prenatal and antenatal consultations; hygiene information and kits; folic acid and iron supplements, and family planning. Other groups also serving Canaan, but the needs of such an acute population, facing so many challenges, far outstrips the resources of providers.

Rural Services

The push to “build back better” -- following the slogan of the recovery effort – has extended to rural areas of Haiti. In Mirebalais, a new PIH-run teaching hospital with its state-of-the-art resources represents a major bright spot. PIH has also beefed up its services at their Cange hospital in the Artibonite and began a fresh focus on reducing maternal mortality, alongside its extensive cholera prevention activities.^{cclvi} PIH staff have also helped staff at smaller and remote health facilities gain greater, including a hospital in Port Salut that will open its doors in late November. Cholera prevention and education activities offer an expanding infrastructure for advancing other health initiatives, including GBV programs, improved water and sanitation services, child and women’s health care, STD, HIV, tuberculosis and malaria control programs, among priorities.

Expanding Rural GBV Services: Zanmi Lasante (PIH)

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Primary Target Group: At risk women, youth
Primary Target Area: Central Plateau, Artibonite
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Partners in Health (PIH) is an international health and social justice organization with a long established community rural health program with its main headquarter in Cange, in the Central Plateau, and programs led by PIH teams across the country.^{cclvii} Zanmi Lasante’s team was among the first responders to begin doing triage of dying and injured quake survivors in the hours after it struck. Within two weeks, their group secured help from USAID’s Office of U.S. Foreign Disaster Assistance to set up health clinics in four of the thousands of spontaneous settlements that sprang up in Port-au-Prince, serving nearly 100,000 people.^{cclviii} They included the sprawling Parc Jean Marie Vincent (PJM) camp. (*see main discussion, this section*).

PIH began its Haiti program some 30 years ago, when co-founder Dr. Paul Farmer, a medical anthropologist and activist-physician, began working among poor communities in Cange. Globally, Farmer and PIH are known for championing the rights of the poorest citizens to the highest quality health care available by global standards. In 2009, Farmer was named UN Deputy Special Envoy to Haiti, assisting former US President Bill Clinton. Pre and post-quake, he has been a high-profile actor in the health sector, galvanizing donors and resources to help in the recovery. By now, many members of the senior staff at Zanmi Lasante (ZL) (Kreyol for Partners in Health) are also well known public figures and researchers in their own right.

PIH champions an integrative, grassroots approach to delivering rural health to fight what Farmer likes to call “the diseases of the poor”: tuberculosis, malaria, HIV and AIDS, diarrheal and water-borne infections. In 2011, cholera was added to list of urgent Haiti priorities. Globally, PIH is famous for an element of its program called *accompagnateurs* or “accompaniers,” wherein locals are recruited and trained to become community health workers (*ajans*) who “accompany” patients and provide home-based care and counseling.

PIH has also put heavy emphasis on training health professionals, and has relied on many international volunteers who offer expertise and resources that have benefited Haiti in many spheres. The latest addition is the recently opened PIH-run flagship Teaching Hospital in Mirebalais, about 35 miles from the capital. An estimated 140,000 residents were without hospital health care there since 2008. PIH is currently working in partnership with the MSPP to provide services at 11 public hospitals and health centers.

Promoting Women’s Health

From the start, PIH has put a big emphasis on expanding health care services for women and children, including pregnant women. In 1990, their *Proje Sante Fanm* (women’s health project) was launched, and offered a menu of health services, including education for women and girl patients about their bodies and their rights. It has also rolled out community education campaigns promoting women’s empowerment. To date, GBV services have been included within women health program. A growing network of local *ajan fanm* – women’s health agents – is employed to do outreach to a widely dispersed population, and to accompany sexual violence victims to quickly access emergency care and counseling. PIH’s mobile clinics also reach remote communities. The *Proje Fanm* network also includes nurse-midwives (*infermiere sage-femme* in French) who provide midwifery services in both hospitals and outpatient health centers.

Today, PIH’s program currently offers a full array of GBV care services at many sites, as well as STD and HIV screening and care and Prevention of Mother to Child Transmission (PMTCT) services. The program also provides access to full laboratory diagnostic services (blood chemistry, pregnancy, STD and HIV testing, and blood cell counts) in some sites. ZL teams led by GBV Program Director Raymonde Maxi, M.D. are also helping to train medical staff and lab technicians at regional hospitals in St. Marc and Hinche with a goal of improving regional capacity for forensic specimen collection of rape kits and laboratory services. In 2011, UNFPA provided PIH with funding to back their GBV program expansion in the Artibonite and Plateau Central.

Recent Advances

Like GHEKIO in Port-au-Prince, the PIH team has also steadily improved its GBV referral system. Their data show that 96% of their GBV clients seek help within the 72 hour reporting window to access emergency care and a medical certificate— an impressive statistic. “For us it’s an exciting result,” stated Dr. Christophe Milian, a physician in their GBV program, adding, “But we need to work higher to have 100 percent.” At the same time, he acknowledged that “many” victims didn’t choose to report the crime or seek help from providers. “We are only documenting the ones who arrive at our centers,” he clarified. “About the others, the ones who stay silent because of stigma, all I can say is that we think there are many,” he said. “The attitude of people in the community about this is changing and it’s more out in the open, but there are still families will want to hide it.”

Looking ahead, PIH/ZL hopes to formalize new GBV partnerships with two networks in their catchment area, the Federation of women from lower Artibonite, FEFBA (La Fédération des femmes du bas Artibonite (FEFBA) and the Fondation Esther Boucicault-Stanislas (FEBS), a foundation for HIV+positive individuals founded in 1996 in St. Marc by Esther Boucicault, an early pioneer of the HIV movement in Haiti. The ZL GBV program also works with a Haitian human rights group, GARR (*See housing section*) in the Lascahobas area near the border with the Dominican Republic, where GARR runs a small center that assists GBV victims, with support from MCFDF and the IBESR child protection agency. Although the GARR center is not a safe house, may be provided with a few days of emergency housing there as GARR works to find the adult or child victim with a housing solution.

Urban-Rural GBV patterns

Dr. Maxi and PIH colleagues openly acknowledge that data collection of GBV cases in the Central Plateau has been limited to date, and that there are many gaps in the picture related to, for example, incest, male GBV cases, or information related to rape and transmission of sexually transmitted diseases, including HIV. But they have been able to collect data since 2011 that is suggesting a pattern of increased sexual violence.

The greatest percentage of rural cases (39%) was recorded at l’Hôpital Saint Nicolas(HSN— with 39% -- followed by the Ministry of Health Outpatient Clinic in St Marc (SSPE – Soins de Santé de Premier Echelon) with 31%, and Verettes with 13%. These centers suffer from an urgent need for more physicians to support large local populations. As of July 2012, there were only 15 doctors at Hôpital Saint Nicolas, the primary hospital for St. Marc residents and the estimated 1.5 million people in the Artibonite region.^{cclix}

True comparisons between sites or against the pre-quake period are difficult, however, due to the limited resources of some centers and PIH's lack of a system for data collection of GBV cases before 2010. "We didn't have the habit of tracking these cases, but to be fair we can say the number was increasing after the earthquake," said Dr. Milien. "It was obvious [in the] bigger turnover of these cases in our sites." The large exodus of capital residents to the Artibonite and Plateau Central in the aftermath of the earthquake is also a likely contributor to the jump in rural cases. "In the countryside the population rate was increasing," agreed Dr. Maxi.

ZL/PIH's data show that teenage pregnancy remains a major pattern in the region. Among recorded cases, stated Dr. Milien, "We have several early pregnancies; the rate is high 36 percent. Not only can that be correlated to rape but also economic conditions, promiscuity, low level of education... we can say the main factor is poverty," he added.

The ZL/PIH team has also observed similar links of rape, transactional sex, illegal abortions, and obstetric emergencies to cases of post-quake pregnancy in the two rural areas, but both doctors stressed that, for now, their statistics are rough, and do not provide a nuanced picture of the pattern of sexual violence since 2010. In Port-au-Prince, PIH's Dr. Louise Ivers documented a post-quake pregnancy bubble. This followed by an observation of increased abortions in PIH sites. "We definitely documented this increase of abortion, but we lack details to know if these were due to miscarriage, or the reason for losing the baby," stated Dr. Milien, who works with Dr. Maxi on the GBV program.^{ccix} "But it's certain that we saw an increase of abortion in the PIH camps."

The same can't be said of the Artibonite or Plateau Central – yet. "We see these things but we don't have the means at this time to tell us if such and such a case is linked to rape," explained Dr. Milien. "We don't yet have the level of specific information. It would be good to know this."

The same is true of PIH's observations – but lack of hard data – regarding incest. "I would say that it's true that we are seeing more instances where parents are bringing these cases to us, and this is the result of increased awareness within the community and families that this is a crime and that services are available to help for the victim," stated Dr. Milien. "But I would not say that means we have more of the cases, only that the public is more away and discusses it more openly." His views echo those of providers who say that it's important not to assume more reporting equals more cases. "For now, we don't know. But we see that, as a result of our community education campaigns that tell people how to report and where to go, we see more public discussion of it (incest)."

That's not the case with rural cases of male rape or cases involving female attackers – two examples that have turned up in urban Port-au-Prince. "We have not been able to identify any cases of male (victims of) rape apart from what we know from the MINUSTAH cases in Port-Salut. So far our efforts have not allowed us to reach such victims," said Dr. Milien. Regarding female attackers, he admitted that such cases were complete news to him. "All of this proves that there is a real need for us to look more deeply at sexual violence cases, whether they are male-female, adult-child, man-man or woman-woman... we need to know more about these crimes." Similarly, he said that while ZL/PIH lacks information on the impact of rape on sexually transmitted diseases, including STDs or HIV/AIDS, such information deserves to be collected (*see HIV/AIDS section*). "It's a serious concern," he stated.

Looking ahead, Dr. Milien hopes to see adoption of a national system for GBV data collection that would allow capture of such details and patterns, and allow groups in different areas to collect the same kind of data which could then be compared to provide a sharper regional and national picture. He also supports engaging local community groups in doing participatory research of the situation in their local areas. "Now that more people in the community are becoming aware of sexual violence, we also see that there is a lot more to do. We need to have more knowledge about this problem and we want to continue all of this with our partners," he concluded.^{ccx}

Lack of Youth-Friendly services

The impact of the earthquake on children and adolescents quickly increased an already very high demand for pediatric and adolescent health care, and maternal and reproductive health services for girls, too. The high number of rapes reported in pre-teens and young adolescents has raised growing awareness of the need to expand existing programs to younger girls, including emergency contraception that is part of the preventive care package of emergency medical services to rape victims.

In their review, Interact Worldwide researchers noted an absence of adolescent- and child-friendly services amid the relief response, and found that services appeared to vary greatly across camps. It was difficult for their team to assess which – if any -- camps provided the “Minimal Initial Services Package (MISS) in Reproductive Health in Emergencies that is called for, or the “Adolescent Sexual and Reproductive Health in Humanitarian Settings Toolkit” (RASH). Both are part of the approved reproductive health protocol for use in disaster settings such as the Haiti earthquake.

Other reports documented discrepancies between international and national protocols. While Haiti has a policy of providing *free* obstetric care in public hospitals, there are costs including medicine, needles, food, gloves, and gowns that are not always free – cost hurdles that limited access for poorer individuals. This somewhat improved with the arrival of a major international relief effort, as more free care was made available via camp-based clinics run by outside groups. But in reality, services were non-existent in many camps, particularly after dark when clinic doctors left.

HRW’s 2011 RH report health, among others, documents the grim reality of pregnant women and girls who delivered babies on the ground inside tents without any drugs, or assistance from trained midwives or doctors. Not all babies survived, as documented by HRW in painful testimony by a still-grieving mother named Benita:

The hospitals are free, but you have to pay for transportation, and I didn't have that.... It was difficult. I suffered much.... At four in the afternoon I went into labor, I gave birth at 7 p.m. The baby died the day after at two in the afternoon. He did everything right ... no problems ... but then he was dead. We didn't call an ambulance or go to the hospital. We went for a funeral instead. [Neither his birth or his death was registered]. It was difficult for me.^{cclxi}

Again, such problems are not new to Haiti, from unwanted and early pregnancies, illegal ‘back alley’ abortions, pregnancy complications, to young mother and infant deaths, lack of prenatal, postnatal and neonatal care, limited access to contraception, post exposure HIV prevention and family planning services – all are documented in the long literature on Haiti. They are fundamentally linked to enduring and crushing poverty that have also limited women and girls access to reproductive health education. As one health provider put it in 2008, “Every day is a crisis.”^{cclxii}

There are also exceptions, including women who have accessed the PAHO SOG free obstetric care program offered in several institutions in the capital and larger cities. Although their program offices were damaged, the SOG program resumed quickly within host institutions and saw a large increase of demand for services in the months after January 12th (see SOG box).

It’s thus important to measure the current picture and progress in restoring reproductive health services against the earlier dismal picture. Then as now, many Haitian women and girls have had no or little access to any maternal or women’s health services from trained. That has also run true for many sexual violence survivors and particularly true in the countryside. While a range of new programs detailed below offer to improve the picture, too many women and girls continue to lack basic RH services and face health risks as a result.

Tracking Haiti’s Baby Boom

Reports from 2009 show that the prevalence of past home deliveries in Haiti increased during crises, due in part to fear of rape, because women are afraid of leaving homes during period of crisis marked by insecurity. Within a short period after the earthquake, signs of this pattern began to emerge.^{cclxiii}

In its February 2010 report, the UN's Office for the Coordination of Humanitarian Affairs (OCHA) calculated that, of the estimated 3 million Haitians affected by the earthquake, some 63,000 were pregnant women, including an estimated 15% who required emergency obstetric care (EmOC). Another 114,000 were lactating mothers (breastfeeding) with critical needs for adequate nutrition. Among agencies, UNFPA began targeting the 7000 women and girls needing EmOC who were slated to deliver in the following month. Also that February, UNFPA reported,

“Even before the catastrophic earthquake, pregnancy in Haiti was perilous. With 1 in 44 women dying in pregnancy or childbirth, Haiti is the most dangerous place to give birth in the Western Hemisphere.... The challenges in quality health care, transportation, education, nutrition that contributed to country's poor maternal health situation have only been exacerbated by the earthquake and must be addressed with even greater urgency.”

While a “pregnancy bubble” is a known risk after disaster – a known social aftershock -- Haitian advocates began observing a jump in pregnancies within three months after the earthquake – and a less-reported spike in illegal abortions. By then, the accounts of rape had garnered global attention.

A warning of the emerging pregnancy aftershock came via a UNFPA reproductive health survey released in October 2010 that documented a starting *tripling* of the birth rate in urban areas surveyed since the quake. The UNFPA survey, based on July interviews with 2391 women in 120 camps, found that almost 12 percent reported being pregnant.^{cclxiv} By comparison, rural rates held steady.^{cclxv} Given that pre-quake fertility rates (the number of children a woman will have during her reproductive years) were estimated at four percent in urban areas and six percent in rural areas, the agency concluded that pregnancy rates had tripled. UNFPA's overall conclusion was simple: the earthquake and ensuing chaos had produced a massive baby boom within six months.

Tragically, some two-thirds of women and girls interviewed had “unwanted” pregnancies, according to then-UNFPA Country Director Igor Bosc.^{cclxvi} A number of women also stated they had been raped, while others were selling sex. So were adolescents with ‘early’ pregnancies. Some women had gotten illegal abortions – another still hidden aftershock. While their study raised awareness of a possible link between the unwanted pregnancies and parallel rise of rapes, their data found that only 1% of the women in surveyed camps reported gender based violence.

Expanding Free Obstetric Care: SOG

Organization: Soins Obstétricaux Gratuits (SOG) – Free Obstetric Care
Contact: Laurent Stien, SOG Project Coordinator, PAHO
Email: PAHO Haiti at promess@hai.ops-oms.org

Primary Target: Poor pregnant women and girls
Primary Target Area: national.

In much of Haiti today, medical services at public hospitals and clinics remain too expensive for most women, particularly rural residents. This include reproductive health services for expectant mothers in Haiti, who, pre-quake, paid an average minimum of US \$ 7.50 for a normal delivery and \$62.50 for a caesarean^{cclxvii} -- more than 25 times the minimum daily wage.^{cclxviii} Families also had to pay for medicines and often bring their own sheets, gowns, even gloves in order to have hospital deliveries in care centers lacking basic materials. Many women and families across Haiti cannot afford a hospital birth.

To address this national problem, the Haitian agency MSPP, along with PAHO/WHO and the Canadian International Development Agency (CIDA), launched a pilot program in March 2008 called the Free Obstetric Care project (Soins Obstétricaux Gratuits, SOG) in 46 institutions throughout the country including five hospitals.^{cclxix} It had two years of funding at the start and

UNICEF joined the consortium. Still in operation now, the project expands access to free prenatal and obstetric care and had an immediate major positive impact.

According to an HRW report, births at SOG-participating institutions increased between 51 and 224 percent within a month of the project's launch, while maternal deaths fell sharply – almost five times below the national rate. In fact, demand for the program by pregnant women and adolescents was so high it overwhelmed providers including MSF.^{cclxxx} The SOG project was soon able to boast that over 70,000 women and newborns had accessed skill care during pregnancy, childbirth and the postnatal period. Despite this rapid start, problems soon emerged. In April and May 2009, MSF did a review of the SOG project based on interviews with various SOG providers and agencies, and also interviewed 328 women about their experiences. The report found major shortcomings.

The core goals of the SOG program were to address cost barriers, by reimbursing women for transport costs, removing user fees and establishing a compensation program for providers, and providing free medicine. Each hospital was offered US \$28 from WHO per woman who delivered to make up for the lost income from user fees, and to stock needed medicines. The SOG program also sought to create a provider bridge between *matwon* (traditional birth attendants) who were provided small financial incentives to refer pregnant patients to the hospitals. Women who participated also received mandatory counseling and access to family planning – an expansion added in 2009.^{cclxxxi}

As the MSF report found, the goals were laudable, but the program was not being fully implemented. Their report found that the removal of user fees had been a true success. "...100% of women interviewed who delivered at a SOG hospital did not pay a fee for delivery," the study found. But the program had failed to provide free medicine to women as promised. Instead, "...98% of the same women paid significant sums for medication or medical supplies during their deliveries at SOG hospitals." Among reasons cited for the gap was the complaint by hospital managers that the promised reimbursement - \$28 – was inadequate. There were also problems of corruption. Finally, the promised reimbursement to TBAs or to women for transport fees was not happening "in any meaningful way." The report also cited women's lack of knowledge of the program as a major limit to its potential to address their need.

At the time, the SOG program had enough funding to last through 2010. Then the earthquake hit. Hospitals with SOG projects were immediately and negatively impacted, as were other health centers. As noted elsewhere, MSF's maternity hospital fell. But the SOG program has continued through these challenges, according to Amanda Klasing, primary author of HRW's later 2011 review of reproductive health services.^{cclxxxii} By July, 2010, when UNFPA reported a tripling of pregnancies in camps it surveyed (see main discussion), the SOG program had also experienced an increase of births in participating institutions, but not a parallel or corresponding increase of maternal mortality cases in these same institutions, despite some hospitals handling an up to 40 percent increased caseload.^{cclxxxiii}

The availability of the SOG program to assist pregnant women rape survivors is an important resource, given newer studies showing that raped women and girls who become pregnant will seek illegal abortions and often have pregnancy complications requiring emergency obstetric care.^{cclxxxiv} But it's unclear how many know about the program, particularly the reimbursement of transport fees – commonly cited as a hurdle to care by pregnant and raped women. A February 2011 review of the SOG project^{cclxxxv} found that less than eight percent of SOG participants utilized this component of the program; while "only 0.3 percent received reimbursement through SOG for transportation to the university hospital for prenatal care," according to HRW.

In fall 2011 interviews for this report, providers at hospitals and local agencies were aware of the SOG program, but acknowledged that general knowledge among women about the free obstetric program and location of SOG hospitals was still low.^{cclxxxvi} Some felt that stronger links between the SOG project and local grassroots groups and rape hotlines could improve knowledge and access to free obstetric care via SOG for pregnant survivors of rape. Haitian officials have moved to improve this picture with last fall's launch of the Mother and Child project and the planned major investments in MNH and child health services.[∞]

The UNFPA report did underscore the urgent need –and lack of access to birth control for women. While officials there and at other agencies scaled up emergency distribution of millions of male condoms to IDP camps and displaced populations, women in camps told reporters and survey groups that male partners refused to use them even when they were available. What they needed were women-controlled means of prevention, including 3-month shots of Depo-Provera, the most popular contraceptive method available in Haiti, or the Pill, Female Condom or IUDs.

"It isn't just a question of condom use," stated Smith Maxime, Head of the Gender Department at UNFPA Haiti, in a comment to a reporter about men's reluctance of men to use condoms.^{cclxxvii} "We need to get them to develop relationships of equality. We have an awareness campaign for men to reconsider their views of women and themselves as well as a pilot community project on gender relations." (see *Mobilizing Men and Boys section for more*)

Unmet protection needs of young girls

The need among adolescent and younger girls for protection against pregnancy, including post-rape Emergency Contraception (EC) has also emerged as critical. Generally, Haitian family planning and reproductive services have been targeted to adult women and older adolescents as they become sexually active. Yet it's well documented that age of sexual debut in Haiti runs young and is linked to first sexual encounters that are often unwanted and involve coercion and physical force.

A pre-quake estimate showed that 1 of 10 adolescent girls in Haiti had had a child or was pregnant before age 17 –a startling figure. Given that 2010-12 reports suggest that the majority of reported rapes are among adolescents, and ever younger girls are victims, advocates and health providers are more aware than ever of a gap in protective services, including pregnancy prevention, for young adolescents – the 13 and 14-year-olds.

Alarming Pregnancy-Rape Link

The emergent patterns of rising pregnancies and prostitution among camp residents, coupled with HRW's report documenting limited reproductive health services, spurred PotoFanm+Fi to conduct a participatory field survey targeting 2000 pregnant teenage girls in October 2011. The results show a shockingly high number of teenage girls who said they were pregnant from rape. Many were also selling sex, many for shelter and food. (see *Annex III for details*)[∞]

Not all Haitians blame sexual violence for the baby boom. Some advocates, including Haitian feminists, note that grief and loss related to the earthquake also likely spurred new relations, particularly in families who have lost children in the earthquake. "In situations where people are depressed sexual relations are a way of coping with stress," stated Haitian journalist Fredrick Jean Pierre, in comments to a fellow reporter about the baby boom. "In those fragile situations people are slowly trying to rebuild their lives." He also acknowledged the economic realities of survival. "There are women who give themselves to a man to benefit from his protection inside the camp," he stated. "Others sell themselves so they can get food and water. Sometimes it is their only means of access. This is happening quite often."

Psychologists at the Haitian mental health provider IDEO, have identified various common factors such as depression, stress, boredom, and lack of employment that affected earthquake survivors in 2010.^{cclxxviii} (see *mental health section*) Advocates at SOFA and Kay Fanm noted these factors, coupled with a lack of adult supervision of young men and boys in camps, were contributing to increased sexual relations between adolescents – whether reciprocal, forced (rape), or purchased (trading sex for a favor). "These young boys have nothing to do but go and bother the girls," said SOFA director Carol Pierre-Paul in early 2010, reflecting on emerging reports of teen pregnancy. "We need to give them activities, and sports. We need to keep them busy."

Danger to Teens

Many post-quake reports have noted the serious health dangers that lurk behind pregnancy statistics for younger girls. "For very young adolescents the dangers of pregnancy are highly increased – a girl under the age of 19 is twice as likely to die from pregnancy-related causes as girls over the age of 19," noted the authors of Interact Worldwide's mid-2010 study – a call to arms. Meanwhile, "A girl under the age of 15 is five times as likely to die of pregnancy-related causes as a woman over the age of 19." Their group noted "somewhat ironically" that the provision of free health services since the earthquake might benefit the 630 emergency pregnancy cases, and thus improve maternal mortality statistics compared to the pre-quake picture. But they, like others, warned that younger girls remained at particular risk of danger to their health, "with their invisibility becoming an extra dimension of vulnerability therefore making it even more important an area for intervention."^{cclxxxix}

Still hidden: Illegal Abortions

It is worth pointing out that, in the same period that UNFPA documented the emerging pregnancy bubble, clinic providers in Haiti observed a sharp rise in unsafe abortions. "Here there is a policy of not talking about it," explained OB-GYN Flaubert Aurelus, who works at a Croix des Bouquets health center, in comments to a reporter about the baby boom. "Women misuse Misoprostol (a anti-ulcer drug that induces abortions).^{cclxxx} When complications arise they come to maternity to have things fixed up." He added that, "After the initial increase the number of abortions spontaneously went down."

In a later May 2010 report, local women interviewed in an IDP camp said illegal abortions represented a "real and frequent occurrence". Participants named various local options used to induce abortions, including salt water and frozen Coca-Cola, in addition to herbs and teas. While misoprostol has been found in studies to be 85% effective at inducing pregnancies when taken within 60 days of a last period, it is not as effective and more dangerous after the second month of pregnancy.^{cclxxxix}

In an interview for this report, doctors at MSF's CRUO center for obstetric emergencies said they did not routinely ask about how patient's got pregnant, though some patients would disclose that it was due to rape (*see box*). They also stressed their need to maintain patient confidentiality as a factor. Prior to working at the CRUO center, one doctor had spent several years at the general hospital, HUEH. There, she said, the number of adolescent girls turning up with obstetric complications following botched abortions was high: she estimated "9 out of 10" of the emergency obstetric cases she saw in 2009 involved adolescents with failed abortions that had followed being raped.

For health providers, the outlawing of abortion presents a major hurdle to assuring the health care of women and girls who become pregnant. In interviews for this report, providers at hospitals and agencies were unanimous in their general view that, as one doctor put it, "women who are raped will go to get an abortion. There's no question about it. We see this. We see her pregnant and then later we see she isn't pregnant anymore. But we don't discuss it with her." Said another activist, also requesting anonymity: "Everyone in the neighborhood knows where to find such people (providers of illegal abortion)... it's common knowledge. But we can't openly discuss it because it's a crime. We have to be very careful. So we keep our mouths shut. But everybody still knows."

There are known health risks to abortions, particularly partial and failed abortions, particularly for girls with developing bodies (*see box above*). Such cases typically turn up in public hospitals and are quickly referred to the CRUO and PACS centers, often with life-threatening complications, including hemorrhage, eclampsia, sepsis, and toxemia. These are also common complications of pregnancy, along

with miscarriage. Doctors at Haiti’s CRUO and PACS centers can testify to the extreme cases they encounter daily in Haiti due to failed abortions.

As noted earlier in the legal section of this report, Haitian lawmakers are putting final touches on proposed reforms of the law on abortion that would make getting an abortion legal but would outlaw abortion services by non-health professionals. In interviews, Haitian activists interviewed for this report expressed hope that passage of the reform on abortion will help save lives for rape survivors, too. They also concurred about the importance of conducting research on abortion after rape – legal or not – and on what’s happened to the lives of women and girls with children born of rape. “We need to focus more on follow up care and education for these girls, and we need economic activities to help them,” stressed Yvette Jeanty of Kay Fanm. Their REVIV safe house for adolescents has helped adolescents pregnant from rape. “There are a lot of girls that we see in this situation.”

Maternal Death

Before the earthquake, Haiti’s had the highest maternal mortality rate in the Western Hemisphere, estimated at 630 deaths per 100,000 births based on a 2006-05 Emmus IV national study.^{cclxxxii} What’s also notable is that this mortality rate increased from 523 to 630 in the preceding decade.^{cclxxxiii} The infant mortality rate was also very high: 57 per 100,000 live births. Meanwhile, “skilled” attendance at birth – deliveries involving OB-GYN or other doctors, trained nurses or trained midwives – was measured at 26 percent in one 2005 demographic study.^{cclxxxiv} This difficult picture worsened in the immediate period after the earthquake, but it’s hard to know how badly. That’s because few groups in camps kept close track of deaths, according to a 2011 report by Human Rights Watch. So it’s not easy to know how many pregnant girls or women – and newborns -- may have died since early 2010 following complications of pregnancy or home deliveries in tents without trained birth attendants or midwives.

Nor is much known either about the pregnancy cases that never made it to the PACS centers. Last year, Human Rights Watch issued a report on the crisis of reproductive health service in Haiti, noting that no one was documenting deaths within IDP camps – including maternal or infant deaths. Their study found five infants that had died, without the deaths being recorded. The larger picture is anyone’s guess. Among agencies, Haiti’s MCFDF, MISP and MoH are all actively tracking maternal health, while at the UN, UNFPA remains active tracking maternal and infant mortality, pregnancy and post-abortion care services within monitoring of reproductive and maternal health care and UNICEF tracks infant and child health as well.

Expanding Family Planning and Prevention Services

A number of 2010 reports noted that some camps and providers complained of shortages of contraceptive and prevention materials, including for HIV and STD screening. An urgent demand for family planning services also existed, particularly in the IDP camps immediately after the earthquake. These included a demand for male condoms, women-controlled female condoms, and injectable Depo-Provera (a 3 month course) – the most popular method offered in Haiti – and the Pill.

Haiti’s MSPP ministry, with UNFPA and PAHO/WHO, deserves credit for overseeing and advancing the inter-agency effort to distribute millions of male condoms to the camps with a national Condom Campaign. So do groups like PSI, John Hopkins’ JHPIEGO program which maintained access to IUD implant services and other procures at ten sites (out of 16 pre-quake sites). This effort succeeded in

making male condoms available in many of the target sites, and included educational sessions aimed at families and particularly men.

Women's Choice

According to UNFPA, 68 per cent of Haitian women chose Depo-Provera as their method of choice in 2010, while male condom use stood at 12 per cent -- about the same level as the Pill. Others -- notably women who have already had many children -- opt for a minilaparotomy (having their fallopian 'tubes' tied)^{cc1bxxv} or the Norplant IUD, while some men opt for male sterilization. However, these surgical procedures require access to a facility offering surgery, trained surgeons, and access to anaesthesia -- resources often lacking in smaller and rural hospitals and smaller health facilities.

Mental Health

Among the services needed by victims of rape, mental health services occupy a priority place. Victims need psychological first aid and ongoing emotional counseling to cope with the shock, terror, physical injuries, and lingering trauma caused by sexual assault. In interviews for this report, victims and advocates alike cite acute depression, shame, fear, feelings of disassociation and numbness, thoughts of suicide and homicide, social, psychological and sexual withdrawal, and high stress as being typical reactions they encounter among victims.

A number of rape victims have died since 2010, some reportedly by suicide, a finding that calls for a deeper and comparative look at data on suicide and GBV by agencies reporting rape, as well as suicide prevention activities.^{cclxxxvi} Among pregnant adolescents surveyed by the PotoFi Haiti Girls Initiative in October 2011, a number of pregnant teens who said they had been raped indicated they had thoughts of suicide, while some reported attempts at suicide (see Annex III).

For victims of repeat (serial) and gang rapes, their psychological injuries, scars, post-trauma, and emotional reactions are often compounded, requiring more intensive psychological help over a lifetime, not days or weeks. There is additional trauma and frustration for victims who cannot identify their attackers and thus cannot pursue legal claims of justice for sexual assault. Younger victims and their families cope with a loss of sexual virginity due to rape that is often associated with a loss of marriage prospects in Haiti and represents a source of additional anxiety for the victim and her family. Rape often triggers powerful emotional reactions in male partners, parents, and relatives of victims, including anger, grief, fear, and feelings of powerlessness. Their needs for counseling are often overlooked.

Overlooked Service Needs

The high rate of domestic violence among GBV cases highlights a simultaneous need for individual counseling for the victim, psychological intervention aimed at the violent partner, conflict resolution and possible mediation for the couple and family, and counseling for children and other witnesses to abuse and violence. The risk of violence remains high for children or women who remain living with a known abuser. The global literature on domestic violence and sexual abuse indicates that children in a household where women are beaten are at high risk for abuse and violence, while mothers of children who are victims of sexual abuse or incest are often victims of domestic violence and abuse themselves.

The existing literature on Haitian perpetrators of violent crimes, including youthful members of urban gangs, also shows that the youth are often children who have grown up in violent environments,^{cclxxxvii} often as street children or youth who lack active parenting and emotional attachment to parents or caretakers, and may have suffered prior violence. Youths recruited into street gangs who are loyal to a *baz* (or boss), gang structure are sometimes subjected to direct violence or are forced to demonstrate their loyalty to the *baz* or gang by witnessing or committing an act of violent crime such as armed extortion, kidnapping, beating, or murder.^{cclxxxviii} These youths remain with high needs for psychological assistance and longer term counseling, including those who commit rapes and gang rapes.

So do victims of incest and their parents and caretakers, particularly when fathers are the abusers or rapists of the child. As is stressed by advocates, rape, domestic violence, and incest are intimate crimes that often have profound psychological effects on all members of the victim's family and impact a larger

social circle and community. A rape that becomes public but does not result in an arrest or conviction impacts on other members of the larger community, particularly females and parents of girls who feel indirectly threatened by the presence of a known rapist in their community.

To date, GBV mental health services have concentrated on helping the direct victim, leaving witnesses, caretakers, and children of victims next in line for psychological support. Some established providers of GBV services, including medical providers, offer support groups for parents and caretakers, and for children of GBV victims, and some provide family based group counseling. But these services are less developed and, if available, are often provided by social workers with limited psychiatric training.

Family-based counseling is sometimes offered at the stage of recovery when a rape victim has emotionally recovered from immediate physical injuries and is focused on reintegration or reentry into their former life – a return home, return to work, or return to school for a child victim. Many victims and their families seek help from priests and from prayer, which underscores the supportive spiritual role that faith and religion play for many Haitians.

Also noted earlier, perpetrators of rape, battery, and other types of abuse and violence against women are also in real need of psychological counseling and treatment aimed at rehabilitation and deterrence, while families of perpetrators often need psychological support to cope with their personal reactions to the rape by a family member or the impact of a conviction of rape on their family. There may be myriad negative consequences for the family and children of individuals convicted of a sexual offense. The lack of prison mental health and rehabilitative services for convicted sexual offenders represents a serious gap in the prevention arsenal, too, particularly given the finding that a majority of rapes in Haiti are committed by persons familiar to, or associated with, the victim. Such attackers are likely to remain in the victim's social circle and represent a continued potential threat to a victim and victim's family.

Looking at mental health services, advocates at grassroots agencies report that a majority of their clients receive help and psychosocial support from social workers and peer counselors, because there are few trained psychiatrists, psychologists, or other mental health experts available. It's typical for more established agencies, hospitals, and health centers to have a psychologist on staff or available for consultations. But social workers and peer counselors with only minimal training in mental health topics have provided the bulk of post-rape counseling since 2010.

Much of the recovery work and healing takes place within support groups by and for victims. "There's a safety in the group," explains KOFIV's Jocie Philistin, who is director of advocacy at her organization. "The victim who arrives here is going to encounter other women who understand what she is going through and what she needs. She feels supported." At KOFIV and other groups like KONAMAVID and FAVILEK, self-help and group empowerment have provided the keys to recovery, said Philistin. For many, the ability to help others provides an avenue for a renewed sense of purpose. "Some of them think about why this happened to them. They have lost hope. But if they can help another person, it gives them a reason to go on," explained Philistin.

Weak Pre-Quake Services

Prior to the earthquake, mental health services, including psychotherapy, were quite limited in Haiti and varied in quality. There were reportedly 15 trained psychiatrists for the entire country, as well as a few psychologists, and students of mental health who have since graduated as professionals. Most

psychiatrists worked in private practice, and consulted for hospitals and public health centers. Access to psychotropic drugs to treat serious mental health conditions were limited.

Pre-quake, Haitian public mental health services were quite weak and services varied by institution. The more acute cases were referred to Mars and Kline, an understaffed psychiatric hospital where seriously ill mental patients wandered the hall in ragged clothes or sometimes naked, often left to their own delusions..^{cclxxxix} Dr. Girard Jeanny, one of the few doctors working at Mars and Kline, said hospital staff were beyond overwhelmed by the surge of mental health crisis cases.

The only other hospital for chronic mental diseases, Défilé de Beudet in Croix-des-Bouquets, was also seriously damaged. There, too, patients were evacuated and temporarily housed into a grassy area outside the hospital. Both facilities have since been repaired, and the earthquake has offered an opportunity to build up their infrastructure, staff, and services, greatly improving the picture since 2010. These are the silver linings of the earthquake. But for months after the shaking, as clients referred to the earthquake, the chaotic scene in the courtyard of both hospitals offered a window into the national crisis.

At the one year anniversary mark, over 100 organizations and medical groups were providing mental health services, their activities loosely coordinated by the government ministry, MHSP. Many NGOs belonged to the PsychoSocial Sub-Cluster (PSS) as well as Child Protection and GBV Sub-Clusters, and provided psychosocial counseling, including post-trauma, for vulnerable and orphaned children and their families. Volunteers in a number of foreign NGOs also arrived to offer a variety of therapeutic programs, based on their experiences in other countries, including counseling for trauma and grief, hypnosis, creative arts expression, and body-based (somatic) therapies, including massage, exercise, and yoga.

The influx of many new groups and programs also spurred Haitian officials to focus on providing updated guidelines for mental health services, in an effort to assure Haitians received quality services. Some Haitians later criticized the influx of outside therapists who, they felt, used Haitians as an experimental field test for innovations in mental health without having insight into Haitian culture and its spiritual manifestations, including how Haitians viewed their own experience of trauma..^{ccxc}

In late 2010, a survey of the growing field of mental health providers listed an alphabet soup of NGOs that provided individual counseling (ACF, ADRA, AVSI, IFRC, MSF-Belgium, MSF-ES, MSF-H, Red Cross-France, World Vision, and the Red Cross NorCan ERU) as well as group counseling (ACF, AVSI, MSF-B, MSF-ES, MSF-H, the Red Cross France and Handicapped International). Other medical providers such as Doctors of the World, PIH, and faith-based medical ministries could be added to that list.

On the Haitian side, two private groups, IDEO and Uramel, were tapped by Haitian officials to help develop a national mental health plan and offer training for Haitian doctors and nurses. IDEO's Dr. Roseline Benjamin helped directed IDEO-URAMEL's effort to provide post-trauma counseling to quake patients and document mental health conditions. The IDEO-URAMEL teams got support from a German NGO, Terre des Hommes, to pilot a "Trauma AID" program, with support from German professional and student volunteers..^{ccxci}

Promoting A Cultural Understanding of Mental Health

The social and spiritual culture of voodoo, an animist religion with roots in African traditions, also impacts on Haitians view of mental health. After the earthquake, many Haitians wondered aloud to journalists if the

catastrophe was a sign the loas, or Haitian spirit-gods, were angry.^{ccxcii} Those suffering from depression or more serious mental health conditions may be deemed to be spiritually affected, or suffering from a curse, a problem only a Haitian *hougan* (priest) or *mambo* (priestess) can treat or cure. It's common for Haitians to refer to a person suffering from shock or grief as "moun sezi" – a person gripped – a reference to Voudouist possession by a spirit. It's also still common for modern Haitians to consult with a voodoo priest or traditional healer to seek a remedy for emotional distress or a crisis involving a family member. The PotoFi field survey of pregnant adolescents found that rural victims of rape and their families typically sought assistance from voodoo priests and traditional healers including "dokte fey," or herbalists as well as local midwives in areas where access to health centers and professionals were lacking. Even when modern health services are available, Haitian believers of voodoo may seek spiritual support for a psychological problem from a hougan, just as Catholics or Muslims seek spiritual guidance from pastors and imams.

Such findings underscore the importance of recognizing the cultural underpinnings of mental health in Haitian society. This point has been stressed by Haitian psychologists including Guerda Nicolas, who is also a prominent Haitian scholar and researcher. She is not alone in raising Haitian concerns about the lack of cultural understanding of Haitian mental health issues among non-Haitian providers of psychological first aid and those training Haitian students of psychology. Haitian professionals (and mental health officials) worried about the introduction and benefit of new (read foreign) therapeutic interventions and surveys to a traumatized Haitian populace by non-Haitians. Since the earthquake, Nicolas and colleagues in the Boston-based Haitian Mental Health (HMH) Network have collaborated with US and Haitian organizations to create a Capacity Building Initiative in International Mental Health (CBI-IMH) with the aim of improving not only the clinical and didactic training of Psychology and Social Work students, but their knowledge base and cultural understanding of Haitian's mental health needs.^{ccxciii} ∞

Outside Hospitals

Many more citizens with mental problems have wandered the streets of the broken capital and other affected zones since 2010. At the six-month anniversary mark, an ABC News team encountered an individual tied up in the street, deemed too crazy and a risk to others by fellow citizens.^{ccxciv} Reports suggest more mentally ill Haitians have joined the ranks of the homeless and displaced living in the IDP camps. They are also vulnerable to abuse, including theft and violent crimes, including rape, though the documentation of such cases is limited.^{ccxcv} Compared to the physically disabled, who are beneficiaries of a more organized set of handicapped care providers, those with mental disabilities remain acutely underserved, said Benjamin. That includes mentally ill victims of sexual abuse and assault.

Counseling GBV and Rape Victims

"I would say that that all of Haiti is dealing with post-trauma," Benjamin reported in early 2010, referring to the public demand for psychological support and services. "I can't even exaggerate the quantity of people who need help and who are really suffering from a terrible psychological shock." As cases of sexual violence grew, IDEO and URAMEL psychologists began to counsel rape victims among the clients who turned up for trauma counseling. Overall, many more cases were referred to GHESKIO, which offers post-rape counseling, group therapy, and support groups as part of its comprehensive GBV service package. So do its local partners in an established GBV referral network, SOFA and Kay Fanm, whose trained social workers counselors also offer support groups.

At KOFVIV, many of those who were victims have become empowered and today, they make up the ranks of peer outreach workers who have fanned out into IDP camps since 2010 to help and counsel fellow victims. At AFASDA, the counseling comes from a small staff of trained social workers and former victims and also focuses on self-empowerment and educating women and girls about their rights. Groups in other cities take a similar approach to empowerment-based counseling for rape victims.

Recent Progress

While the outside trainers have left Haiti, Haitians have taken fresh steps to fill the gap. In April 2012, the Haitian Mental Health Network (*see box, above*) held a conference for professionals in the field at the Massachusetts School of Professional Psychology in Roxbury, Massachusetts. It drew providers and students to debate the main topic: “Trauma and Mental Health in the Haitian Community: Cultural Considerations for Developing a Broad Clinical and Research Agenda.” The conference reflected the steady progress made by Haitian professionals to improve services to Haitians while establishing a Haitian cultural research agenda into topics of mental health.

Also in April 2012, three new counseling centers were opened for women victims of violence in three camps: Jean-Marie Vincent, Petion-Ville Terrain de Golf, and Caradeix.^{CCXCVI} Support from MINUSTAH allowed the women’s ministry to gain a permanent presence in the camps. UN Women also provided support for “psychosocial cells” for victims of gender crimes who will be referred to services, including post-rape medical care, preventive health and legal aid services. The project, dubbed START, is largely funded by the Canadian government and will provide GBV and gender awareness activities in the camps, taking off where departing humanitarian NGO’s may have left a void. Capacitar is another outside NGO that has piloted community-level trainings on post-trauma. In rural Haiti, Partners In Health is busy beefing up mental health services as part of its revamping of public hospitals.

Portraits in Leadership Psychologist Roseline Benjamin

Since the earthquake, IDEO’s director Roseline Benjamin, a Haitian specialist in post-trauma, has become even more passionate about her work -- and documenting its impact. “After the quake: one thing that was very evident is that research (into mental health services) is very limited,” said Benjamin, in a recent interview on progress in the field since 2010. “It’s why we are now structuring our work to do research of our own data. We have at least collected it.”

Since the earthquake, she feels, things have improved in some respects, but not others. “We really had a kind of mass training – in terms of quality and quantity, for mental health professionals. Everyone who came to Haiti trained the professionals – that was solid.” She felt the volunteers were very qualified, and had a lot to offer Haitian colleagues. “It wasn’t any old person coming to Haiti,” she stressed. “On that point, it was extremely positive. We benefited from a lot of generosity...from research teams, new graduates, people from two universities, those coming from Canada and the US... they all helped with training. Speaking for myself, I really have to give these people credit. They had a lot of success.”

Members of her own team, she explained, had greatly benefited. The pool of trained professionals at IDEO’s Center for Psychotrauma has grown, from 12 to 20 – a reflection of progress.

On the downside, many NGOs have since left – creating a fresh service void. “So we gained in quality, but [then] lost in quantity a few months after the earthquake,” she explained. “They’re not here anymore.” While the training has allowed more Haitians to fill the gap, the overall pool of experienced professionals is again small.

Looking ahead, Benjamin said IDEO, with its well-trained staff, is in a position to offer trauma training and services to local organizations who are seeking to increase the skill level of their counselors to provide emotional support, particularly for more serious cases. Benjamin has planned a new project aimed at helping women living in situations of domestic violence, working with ten groups of 25 women, and their partners. She’s also ready to collaborate with groups hoping to help adolescent girls who are coping with early pregnancy as a result of rape or survival sex. “The advantage of our center is that we have a team,” she explained. Now that more professionals have been trained, she’s eyeing the needs of community-level lay counselors and outreach workers. “We have a reserve of trained professionals and we seek people to help,” she added. “We invite collaboration and partnerships.”∞

Concluding Remarks

The PotoFanm+Fi coalition and the author of this report began our work with a goal of better capturing the immediate post-quake and subsequent shifting picture of sexual violence in Haiti – a subcategory of gender-based violence. We also sought evidence to support assumptions and reports linking cases of rapes to various sources, and to look at the emerging profile of cases after 2010. One reason for our interest in this research was to better understand the emergence of sexual violence in a context of post-disaster, an understanding that could inform efforts to reduce the threat and impact of sexual violence by addressing specific factors contributing to gendered violence. Another large goal was to identify the types of field actors and services for sexual violence victims being offered and to determine how much progress they had made in a difficult environment. We sought to document the degree to which providers across technical sectors were collaborating to address the known need for a holistic approach to treatment and recovery for sexual violence victims.

PotoFanm's sister research endeavor, the PotoFi Haiti Girls Initiative field survey of adolescents, was launched during a mid-point in the reporting for this larger GBV progress report. By then, our research had already identified that adolescents were very heavily impacted by rape. The goals of the survey were specific: to investigate whether the post-quake trends of a pregnancy bubble and entry into prostitution reported in adult women were also impacting adolescents, and also to assess GBV and health services delivery to this population.

Beyond Shock presents strong evidence put forth by many groups that collectively confirms the widely report media stories of an increase of rape in the immediate aftermath of the earthquake. But it also shows that this picture masked a real increase of domestic violence cases – the statistically far greater crime. It also shows that many elements of the sexual violence picture are not different from the pre-quake picture. Now as then, most cases of rape have involved individuals known or within the victim's social circle. Gang rapes have been a notable feature of post-quake violence and here, some victims have reported attacks by masked individuals, while others can identify at least one member of the group of rapists.

The report also captures trends that were less visible to our group before we undertook this research, including the sobering finding that adolescent girls make up the majority of reported rape cases. How different this is from before 2010 is still hard to assess, given the gaps of reporting that existed before and continue to exist in many parts of Haiti, particularly rural areas where, the data shows, reporting is spotty at best, and overall GBV and health services are absent in many areas.

The findings of the PotoFi survey, suggesting an alarmingly high percentage of adolescent pregnancies linked to rape or post-quake entry into survival sex, does suggest a dramatic post-quake impact on Haitian girls – a serious gender youth aftershock. While more research would help determine how this snapshot compares to what one finds in other parts of Haiti, it should serve as a serious warning. Without action to address the economic and social conditions that are driving sexual violence and subsequent unwanted pregnancies and abortions in younger girls, more cases can be expected.

As many groups contacted for this report have shown via reports and surveys, there's a strong argument to be made that lack of housing and jobs or some source of livelihood are important missing elements of the response to gender based violence. Without these, displaced and poorer women and girls in particular will remain vulnerable to insecurity and sexual violence, while those in rural and urban areas

will continue to engage in transactional sex in order to secure food to eat for their children and families. Beyond Shock charts the strong links of sexual violence to economic poverty and food insecurity in Haiti. While these factors existed before the earthquake, the economic picture is worsening and it impacts those most vulnerable. These are not new insights for professionals and students of development, particularly in poor countries. But they important links to point out because they really point to solutions and steps that could help turn the picture around, and in the short term, reduce the current risk that more, not less, rape lies ahead. The need for housing and some source of income for displaced women and girls also extends to those in rural areas where successive natural disasters – annual hurricanes and flooding – have now wiped out harvests and their ability to produce enough to eat. Hunger is rising across Haiti and it will fuel survival sex among women desperate to feed themselves and their families. That in turn may lead to a greater gender aftershock among teenagers.

Beyond Shock also makes clear that the current focus on victims has limited prevention efforts to stop – and help -- those committing the crimes – the perpetrators. For now, the singular focus has been on punishment, and the effort to end impunity for crimes of rape. As the report shows, there is reason to cheer recent significant victories in the legal and justice arena for crimes of rape and incest. Increasing official and public support for the investigation and prosecution of rape is sure to increase the deterrent impact of such legal victories. But as advocates also point out, the lack of programs to assist and also keep track of convicted and released offenders represents a failure to protect victims and communities. It also represents a failure to help those who engage in sexually violent crimes change their behavior and become less of a threat to others.

The data from the post-quake period shows that rape and incest, like domestic violence, are crimes that occur within the Haitian family and community. That means the solution to these crimes is also found there. Up to now, the focus on GBV education has been aimed at empowering women and girls. While this remains critical, it's past time to engage men and boys, and push them to transform themselves into gender and GBV advocates too. A big part of that process involves a broader change of social attitudes about women and men, and changing gender dynamics, a social transformation that is led in part by changes of social and national policy and law. Here, the picture is decidedly positive. While the earthquake further exposed the problem of sexual violence in Haiti, it also spurred officials and grassroots activists to push forward pending and sought legal reforms. These reforms are going to support the change of social and cultural attitudes and male behavior that are needed.

What's also changed dramatically since 2010 is the visibility and global attention to sexual violence in Haiti. The subsequent response by myriad actors in many sectors – progress that has been highlighted in this report – has also increased outreach to victims and improved methods of reporting the crimes for and by victims and agencies. Looking ahead, there's every reason to believe that more reports will be generated in the months and years ahead as field actors improve on the delivery and reach of SOS hotlines and mobile SMS text reporting and mobile clinics into the more remote regions of the country. That increase outreach will likely be matched by efforts to extend service bridges, building on the lessons and innovations of groups presented in these pages.

Already, these efforts have revealed the steadily emerging face of incest – a crime against children also located deep within the family. Here, too, the crime is nothing new, but the increased reporting offers hope that more attention will be met by more action by stakeholders at all levels. Still ahead, still too hidden, are the reports of increase street abortions and child abandonment that suggest the multiplying and often dangerous crises that have faced adolescent and adult victims of rape and present hurdles to their recovery. All of of these factors impact even more heavily on the physically disabled who are

coping with a separate, painful journey of rehabilitation in a country where the physical landscape is not being rebuilt to support their needs.

Looking ahead, *Beyond Shock* supports the call for the adoption of a more holistic approach to services for sexual violence victims, and more collaboration among agencies and providers across sectors. A lot of progress has been made, and taken together, much more human and physical infrastructure is now in place to help victim than two years ago. This is very positive. The challenge now is for providers to apply the lessons of the recent period, and to prioritize services to help those most in need, including the disabled and displaced, including adolescents, and including grassroots and local groups led by survivors who are poised to extend the reach of services into rural areas.

The portraits of leadership and recovery offered in this report demonstrate the remarkable strength, and courage and often-noted resilience of survivors of sexual violence. They stand in contrast to the statistics captured by the PotoFi survey and the conversations taking place daily in support groups for survivors that also show the degree of pain and desperation and suicidal thoughts that continue to haunt many victims. The movement to end sexual violence in Haiti shows that more and more victims are making the transition from despair to empowerment, shifting from lack of hope to a sense of purpose that marks their profound journeys of personal recovery. The voices and experiences of survivors offer the greatest weapon to end sexual violence and help guide the national response in the period ahead.

*--Anne-christine d'Adesky, for PotoFanm+Fi
November 26, 2012*

Recommendations

Myriad recommendations for action related to gender-based violence have been proposed by Haitian and international women's groups, human rights agencies, and sector experts since 2010, via reports and forums and media articles. Links to selected reports we discuss in Beyond Shock are included in Annex I of our report. We urge readers and decision makers to examine these documents for more detailed lists of sector-specific recommendations to fight GBV and improve women's and girls' access to services.

In 2010, PotoFanm+Fi supported a call by Haitian women leaders and grassroots groups who called on the architects of Haiti's rebuilding plan and international funders to **adopt a gender rights frame to the funding and implementation of the national rebuilding effort**, in order to assure that women and girls would fully participate in the rebuilding effort and benefit from national initiatives. Many of the recommendations were presented in a 2010 Gender Shadow Report^{ccxcvii} on the Post-Disaster Needs Assessment (PDNA), itself a document produced by the Haiti Equality Collective, a post-quake editorial group. The report warned that, without urgent attention to historic inequities, and specific socioeconomic vulnerabilities facing displaced women and girls in particular, they were likely to continue suffering gender aftereffects of the earthquake, including the spike of sexual violence.

Two years later, Beyond Shock presents ample evidence of the continued and growing gender aftershocks. They include rapes affecting a majority of adolescent girls, many who developed early pregnancies and sought street abortions or have borne children of rape; increased domestic violence in adult women and families, particularly among displaced communities where women lack shelter or independent means of income and remain with abusive men; and reports of the growing number of destitute, homeless women and girls in and outside IDP camps and poorer urban and rural areas who today desperately trade sex for shelter and food as they struggle with daily survival. **Beyond Shock reiterates the still-urgent recommendation that Haitian leaders implement a Gender Equity Frame, Funding and Progress Benchmarks within key sectors of the reconstruction effort** to directly address the gender dimensions of the post-quake period, and target assistance to those most economically and physically vulnerable.

Two Broad Recommendations

I. Housing and Economic Empowerment: Based on cumulative data showing that lack of Housing - including Safe Housing for GBV victims - and lack of Economic Livelihood are major engines of post-quake sexual violence and entry into survival sex for a growing number of homeless and destitute women and adolescent girls, we recommend international and Haitian leaders and allies devote urgent attention and fresh resources to Housing, Safe Housing, and Economic Empowerment Initiatives as critically needed elements of the evolving national response to gender-based violence.

We recommend funding and programs in Housing and Economic Empowerment focus on groups presently identified as among the most vulnerable, including:

- Adolescent and young girl victims of sexual violence who lack access to safe housing in group homes and adolescent-tailored services
- Adult victims of domestic violence and sexual assault who need access to safe housing and housing
- Women-headed households, and families with adolescent girls in remaining IDP camps and those being resettled into neighboring urban communities with high crime and street gang activity
- Disabled women and girls
- Girls working as restaveks (domestics) and publicly selling or trading sex, and street children
- Rural women and girls who need service bridges to GBV programs
- Transgendered women who remain at high risk for sexual violence and abuse

II. Expanding Adolescent and Child GBV Services: Given data showing that youth is a major risk factor for sexual violence, and adolescent girls make up the majority of reported rape cases since 2010, we urge:

- A major Haitian government and civil society focus on the rights and priority service needs of GBV-affected and at-risk adolescents and younger children.
- Creation of a national Adolescent GBV Task Force and a national strategy and plan to address the current trends in sexual violence impacting girls, within the evolving national GBV plan. Consider the need for Regional GBV Adolescent Task Force groups connected to a national network to address the need for local responses and resources to address the needs of local youth. Increase funding for Haiti's understaffed, and under-resourced women's ministry, MCFDF, to chair this youth GBV task force, with participation by frontline, multisector and inter-agency groups active on GBV, and child protection issues. Include midwives, parents, rural leaders, and representatives for youth in key sectors including housing, health, education and economic development.
- Consider using the existing GBV and Child Protection Cluster networks and membership, developed after the earthquake, to develop regional and local Adolescent GBV task force groups to coordinate and implement regional and local responses to the service needs of adolescents related to GBV.
- Review and possible expansion of the recently revised national Medico-Legal Protocols for responding to sexual violence to address an unmet service need for Adolescent- and Child-tailored GBV and holistic services and guidelines, including simplified guidelines for local providers in minimal-resource settings.
- Consideration by the Haitian Government of a more formalized Case Management approach to prevention and treatment of GBV, and support for creation of inter-agency Sexual Assault Response Teams (SART) and a proposed SART Training Network to help local service providers and agencies develop a greater capacity to work together as members of inter-agency SART teams and deliver a needed holistic package of GBV-related services to youth and adult GBV victims.
- Funding and national support for public education and media campaigns and multimedia messages tailored to children and to parents and caretakers to address the threat of sexual violence on youth of both genders, to urge reporting and prosecution of incest, and to inform them of youth GBV services.
- Assessment, greater funding and support for local state agencies and local authorities to develop local community education and mobilization programs that address sexual violence as a problem affecting the Haitian family and communities, and to engage and mobilize men and boys as allies and leaders in the GBV fight, particularly male community, church, sport, and entertainment leaders and youth role models.
- Increased funding and expansion of youth violence prevention programs in IDP camps and resettlement areas to address youth vulnerability to recruitment by gangs and criminal networks.
- Increase funding for Rural GBV programs (training, outreach, youth GBV prevention and treatment, etc.) and resources to benefit rural communities and health centers. Increase outreach and service linkage to rural midwives and traditional birth attendants, local priests and traditional healers who are often frontline providers of health services and counseling to adult and youth victims of sexual violence. Increase mobile service bridges from public health clinics and district hospitals to underserved areas to improve timely access to rural post-rape care and follow-up services.

Below are additional specific Sector Recommendations and ideas for new approaches and expansion of pilot projects and innovative approaches based on the data and programs discussed in our report.

Sector Specific Recommendations

FUNDING

Increase International GBV Funding: Significantly increase international financial institution (World Bank, IDB) funding for gender-based violence, now totaling less than 1% of all Haiti recovery funds.

Create a GBV –Gender “Basket Fund: Support development and funding of a Haitian-managed GBV “basket fund” with input by multilateral stakeholders, including IFIs, UN, government, international NGOs, and private-sector groups, with funding sub-tracks for Adolescent and Child GBV programs; Housing initiatives (including Safe Houses for GBV victims, and group homes for adolescents and children); Economic Initiatives; and Rural GBV programs.

Consider a GBV fund that provides micro and small renewable GBV grants and seed credits to Haitian-led grassroots organizations. Create a transparent administrative body to manage a GBV basket fund and a process for input by stakeholders at all levels and administrative and training support for small, community and rural groups to access funds to put GBV programs in place.

Support GoH Coordination Role: Increase the Haitian GoH budget and political role of the MCFDF women's ministry and its satellite offices in regions and provide adequate resources, staff and training to oversee the ministry's mandated oversight of Haiti's evolving national GBV plan. Increase funding for public-private initiatives that support the Haitian state's leadership role and NGO input, resources, and innovation as partners.

Fund Regional GBV Programs: Increase the budget to regional government agencies and state programs to address GBV in rural areas, and increase resources and training to state authorities and public agencies responsible for child welfare and education to improve their ability to deliver local GBV programs at the regional, departmental and local level. Promote integration and expansion of GBV programs and services within existing regional and local infrastructures and programs.

WOMEN'S HOUSING

Women's Housing: Support development of a grassroots National Women's Housing Initiative, linked to the evolving National Housing plan, that defines gender targets, goals, innovative models and partnership efforts to assist displaced and homeless women, girls, and women-headed households to access affordable housing, including housing subsidies, loans, and access to housing and training initiatives in construction and non-traditional employment.

Safe Housing and Youth Group Homes: Fund the creation of Safe Houses and Group Homes that offer a range of holistic services to victims, including jobs training, and are linked to local providers of GBV services. Consider the Employment Opportunities that exist within the Safe House programs to train survivors and employ them to become peer advocates, run cafes, day care, laundry services, cyber centers, and other income-generation activities that can help fund the Safe Houses to become economically self-sufficient.

Quality Assurance: Expand the MCFDF and UN Women's recent efforts to establish and reinforce norms and protocols to assure the quality of services provided for victims in Safe House and Group Homes. Consider a grassroots GBV Training of Trainers Safe House course for those interested in developing Safe Houses, Groups Homes for Adolescents, Orphaned and Vulnerable Children, Safe Spaces for Girls in their centers and programs.

Hire Women in Non-Traditional Jobs: The very successful role played by women drivers of heavy-duty trucks, builders, architects, engineers, masons, and urban planners has shown that women are eager to perform non-traditional work including driving large trucks. The economic sectors of disaster mitigation and recycling are also areas where women were hired, trained and are succeeding. Companies working in areas of construction and housing, green technology, reforestation and disaster mitigation and disaster management should seek to women, who make up a small percentage of the workforce in housing, and using gender quotas put forth in the Constitution to assure more equitable participation of women in the workforce in these sectors.

ECONOMIC LIVELIHOOD

Urge existing GBV programs to link to local agencies that provide training and access to microcredit to help GBV victims access skills training and income generation options for work in the informal and formal markets.

Women's Jobs Corps: Consider Haiti's need for a national Women's Job Corps, or Women's Employment Initiative or Community Skills and Training Exchange to support the urgent need of women and girls across Haiti for employment opportunities in and outside the formal sector, as well as education and skills training, access to credit, seeds and tools for rural women.

Small-scale Income Generation: Bring together local business, private sector leaders, government and UN actors to partner with local NGOs and train members to engage in small-scale entrepreneurial income-generation activities. Creating local cyber centers, cafes, handicrafts and income-generation projects can also help local NGOs develop sustainable funds for their associations.

Improving Rural Markets: Haiti's government has worked to steadily improve road and market access between rural areas and local markets that provide the economic lifeline for many rural women and families. Greater focus on collective purchasing and improving access to local markets will continue to support rural women to recovery. A further step is to use the infrastructure of rural and urban markets as weekly sites for GBV public education, and mobile health service delivery.

Addressing Multiple Disasters: Rural women and farmers have coped with back-to-back cyclical disasters and the arrival of cholera since 2010. Hurricane Sandy just destroyed the harvest in hard-hit farming areas and has greatly increased hunger and displacement in some areas. The urgent need is short term food aid and seeds for women subsistence farmers to replace the lost harvest and avert the risk of more rural women and girls trading sex for a daily meal.

Microcredit and Seed Banks: Rural women's collectives need access to microcredit and low-interest loans that can be repaid on a biannual or yearly basis, not monthly or bimonthly, to address the threat of a low or lost harvest, and access to seeds and equipment. They need access to seed banks. More effort to support small-scale women farmers is now needed for those in areas wiped out by Hurricane Sandy.

Reforestation and Land Management: On the positive side, women's rural collectives and women farmers seek funding for reforestation and land management efforts, an area that also holds great promise of employment for youth. Given the impact of natural disaster on Haiti's denuded lands, reforestation efforts reflect a national priority, and women and youth should be heavily recruited and provided with seeds and equipment as well as jobs to carry out reforestation and greening projects.

REPORTING & MONITORING

Mobile Technology: Expand the successful use of locally-run SOS hotlines and SMS GBV digital Call Centers linked to easy-to-use but high tech mobile telephone systems and internet platforms to increase emergency reporting of GBV, mapping and monitoring of incidents, and rapid referral of victims to emergency services.

Consider funding a linked network of SOS hotline Call Centers and a regional Training Team in every department of Haiti, and housed within existing local agencies and staffed by trained GBV survivors, an approach that builds upon the successful efforts of grassroots groups including KOFVIV, Digital Democracy, and MADRE, and Ushahidi, Survivor's Connect and Noura, and other digital tech implementers.

Expand Monitoring of Non-Verified Incident and Late, Missed Cases: Expand national tracking of officially 'verified' cases of rape and also those reported after 72 hours. Review protocols and policies at maternal health, emergency obstetric, and post-abortion care and birthing centers to increase documentation of missed and late cases of sexual violence and referral of victims to GBV services.

RESEARCH

Hidden Topics: Support research into GBV topics that remain under-reported and poorly documented, including: gang and serial rape, adolescents and child rape, post-rape pregnancy and motherhood, post-rape abortions,

access to preventive GBV and reproductive health services, impact on education for younger survivors, male GBV cases, lives and views of perpetrators, recovery, urban vs. rural trends. Publicly disseminate and debate findings of GBV-related research to inform programmatic responses using local forums and community meetings and make key findings known to policy makers and program managers.

Participatory Research Support grassroots participatory research by community groups at the local level that helps build local capacity to monitor GBV and do advocacy. Consider creation of a GBV participatory research initiative to unite professional Haitian researchers and scholars and local groups interested in collaborative GBV research.

SECURITY

Strengthen Community Social Nets: Stakeholders should apply security lessons offered by the earthquake a that show strong social ties and community bonds foster protective social networks and reduce community vulnerability to sexual violence and crime. This calls for investing more money and resources to rebuild community and social networks and programs, and to promote this approach as an important element of GBV prevention in resettlement, housing and urban development programs.

Mixed Patrols: Recruit and train local members of the community, including GBV survivors, to serve on mixed patrol and community GBV outreach and watchdog patrols that can serve as eyes and ears for the community and intervene to help vulnerable individuals and households.

Focus on Women's Traditional Roles, Areas of Activity: Expand known measures to improve security in IDP camps and non-camp areas that lack lighting and guarded areas where women and girls engage in traditional washing, bathing, cooking and childcare activities. Expand distribution of whistles to individuals, locked toilets, secure and safe spaces and tents for activities by children, nursing mothers, girls and women, etc.

Police: Fund and support expansion of the Haitian National Police's UCL FVV's pilot Gender Unit and GBV program to cover larger areas of the capital, and expand the program and training model to the police forces in other urban and rural areas. Support more recruitment and deployment of female HNP, UNPOL, and MINUSTAH officers in areas with high violence and rural areas and link local police and gender desks with local NGOs helping victims.

LEGAL JUSTICE

Share Lessons: Bring together local actors in the areas of legal justice and mediation to share recent successes and strategies for expanding legal aid, legal advocacy education and training for GBV groups, legal, police and judicial officials, and examine hurdles and opportunities to improve legal advocacy for youth and child victims.

Mediation and Conflict Resolution: Extend support and funding for Community Legal Mediation training for women, GBV and community outreach workers serving IDP camps, rural, and other underserved areas to address the increase of domestic violence and demand for crisis intervention and family mediation.

HEALTH

Expanded Post-Rape Care and Timely Access: Bring together inter-agency actors to review referral networks and discuss hurdles to accessing care discussed in this report. Share successful field approaches to overcome known barriers to access including developing of cross-agency local and regional SART Teams, outreach and training to midwives and nontraditional providers in rural areas, mobile clinics, and use of lay health workers.

Integrate Care for the Disabled and GBV Services and focus on targeted prevention, including housing and disability access needs in areas of reconstruction, to reduce the risk of GBV among the disabled.

Expanded Post-Rape Preventive and Reproductive Health Services: Bring key providers of emergency and reproductive health and family planning services together to discuss strategies to address the post-quake rise of unwanted teen pregnancies, including those linked to rape and survival sex.

Extend Emergency Contraceptive & Family Planning to Girls: Focus on strategies to link and publicize the WHO's Free Obstetric Care (SOG) program and transport reimbursement service to local groups with Gender Posts and local GBV outreach workers to address the hurdle of transport for pregnant women needing prenatal and delivery services.

Rural Access: Create regional and local plans to expand distribution of GBV training, medicines and materials to mobile rural health teams, trained midwives, and traditional birth attendants. Outreach to rural women's peasant associations, non-traditional care providers and local authorities to create teams linked to public health providers.

HIV and STDs: Review and conduct HIV and STD research into the post-quake impact of sexual violence and unwanted pregnancy on HIV risk and acquisition among adolescent and women victims. Urge the Ministry of Health and HIV officials to lead an effort to address the current lack of access to post-rape STD and HIV screening and care among many victims of sexual violence, particularly rural victims.

COMMUNITY ADVOCACY, EDUCATION & PREVENTION

Women's Rights, Equity & Empowerment: Promote women's rights, gender equity, and women and girls' empowerment as a central tenet of GBV community advocacy and education. Support and fund gender education in public messaging and media campaigns to address the social and cultural roots of gender-based violence in Haitian society.

Health Education: Promote public knowledge of the revisions to the national Medico-Legal Protocol on responding to gender-based violence and offer training to providers and community advocates to discuss implementing the new guidelines.

GBV Training for Educators: Outreach to public and private educators and encourage them to expand GBV education within school health courses, including elementary education, and to use school classrooms as an ideal forum to discuss youth views and knowledge of GBV topics. Make available Kreyol-language printed and audiovisual GBV education materials and courses for use by Haitian educators.

POLICY AND ADVOCACY

Share Policy Updates: Promote civil society support for pending legal reforms and facilitate public engagement and debate over the possible impact of implementation of new laws and policies. Prepare and foster community, grassroots, and women's public discussions of pending legal and policy reforms that represent new weapons in the fight against gender-based violence, including the pending laws on paternity, domestic violence, abortion, the revised GBV protocol, etc. Discuss the need to educate police, judicial and other state officials, too.

Survivor's Visibility and Voices: Promote the voices of women and GBV survivors, including adolescent girls, on research bodies and in decision-making advisory bodies to help guide GBV policies and programs at all levels of the national, regional and local response to Haiti's crisis.

GBV Men's Movement: Fund men's groups like ADHESE to build men's GBV leadership and education for men and boys movement. Recruit and train men and boys who participated in post-2010 camp and neighborhood security patrols and develop men's groups across Haiti, linked into a network and allied with women's groups. Develop safe spaces for male victims, fathers and male caregivers, male partners of domestic violence victims, former gang members, street children and juvenile offenders, restavek boys, disabled men and boys, and LGBT and transgendered individuals.

Use Sports, Music: Integrate GBV prevention and education activities into local sports and music programs popular with young men and boys and provide these in IDP camps and areas with high violence. Develop and target prevention messages at men and boys that address the known stigma of homophobia and fear of AIDS that discourage male rape and sexual abuse victims and their families from getting help and messages that promote positive models of masculinity.

GBV Grassroots Speakers Bureau: Develop regional and local inter-agency, grassroots GBV Speakers Bureau of GBV survivors, experts, and community educators to do community education, and target schools, government agencies, and local media to raise knowledge, awareness and advocacy related to addressing sexual violence.

Media Training: Work with media training groups, modeled after CECOSIDA in the AIDS area, to develop spot SMS digital text messages and local radio programs to promote key GBV-related messages and information about SOS hotline numbers and available resources and providers within local communities.

Church: Reach out to religious leaders to invite greater spiritual leadership in the fight against sexual violence and

in promoting information and educational messages related to women's empowerment, male violence, violence against children, and social tolerance for crimes including incest, domestic violence and sexual violence. Urge development and sharing of sermons with GBV messages among faith networks.

VULNERABLE POPULATIONS

Support integration of programs, education and advocacy, as well as safe spaces for vulnerable populations, including: disabled women and girls, displaced female-headed households, pregnant teenagers, teen mothers, sex workers, poor rural women, restavek girls, orphaned or street children, and transgendered women and LGBT individuals.

Disabled Women: Consider the needs and opportunities of disabled women related to GBV services and within national housing and employment programs for disabled citizens. Support the broad demand for attention and resources to address the overlooked access needs of disabled Haitians in areas of housing and employment. Bring together local business leaders and employers to discuss opportunities to train and employ the disabled.

Sex Workers Bring together advocates for sex workers with police, health, judicial and youth state agency officials to discuss the impact of sexual violence on women and girls engaging in commercial prostitution, the increased number of women and girls who are trading sex, and the barriers to care posed by criminalization of prostitution.

Economic Livelihood: Foster partnerships with groups who offer livelihood training and income/business opportunities for women as well as local NGOs who need sustainable income streams.

Women's Housing: Develop a strong Housing focus within existing GBV programs and foster partnership with groups building housing to offer access to housing, training in non-traditional careers, and other support for women and girls.

LOOK BEYOND VICTIMS

Perpetrators: Expand GBV programs and responses to target and learn from perpetrators of sexual violence. Provide them with access to counseling and rehabilitative services, and support families of perpetrators and victims and community leaders to prepare for the planned release of convicted sex offenders from prison. Bring together prisoner and victim advocacy groups to develop protocols for offenders and consider creation of a national registry for offenders.

Annex I – GBV Referral (Reference) Card (2011)

VBG Kat Referans

Se nan kolaborasyon ant gouvènman ayisyen, sosyete sivil, ONG entènasyonal, ak nasyonzini, enfòmasyon sa yo te ranmase :

Pou akonpayman ak sipò kontakte :

- **Sant Douvanjou, biwo SOFA, Bois verna: 3455-4924, 3455-4922**
Li ouvè soti *lendi rive vandredi, 8è pou 4è.*
- **Sant Douvanjou SOFA, Martissant 7, Rue Nemours numéro 3, carrefour : 3430-8527,3455-4915**
Li ouvè soti *lendi rive vandredi, 9è pou 5è.*
- **Kay Fanm, Rue Armand Holly #11, turgeau: 3455-4927**
Li ouvè soti *lendi rive vandredi, 8è pou 4è*

Genyen 72è (3 jou) pou reyaji aprè yon kadejak, Moun nan dwe wè yon doktè nan sant sante sa yo:

- **HUEH/Hôpital général, Rue saint Honoré, Monseigneur Guilloux**
Li ouvè soti : *li ouvè 24h sou 24, sèvis pou viktim vyolans yo disponib depi 7.30 è pou 4è*
- **Hôpital de la Communauté Haïtienne, Route de frère rue Audin, 1^{er} carrefour à droite Djoumbala : / 2813-1663/2816-1313/ 2816-1212 (ljans).**
- **Li ouvè soti *li ouvè 24h sou 24 (pou ijans), sèvis pou viktim vyolans yo disponib depi 8è pou 4è.***
- **URAMEL/SOE/GAPSI, 72 rue Lamarre, Champs de Mars : 3691-9777.**
Li ouvè soti : *lendi rive samdi 9è pou 12è. Lendi rive samdi 9è pou 2è sou randevou.*
- **Centre GHESKHIO, 33, Harry Truman, Bicentenaire, 3526-6973**
Li ouvè soti : *7 jou sou 7, 8è pou 4è*
- **Hôpital Bernard Mevs, Village Solidarité, route de l'Aéroport, à coté de Haytian Tractor : 3701-8901**
Li ouvè soti: *Lendi pou rive Vandredi 24h sou 24, 7 jou sou 7 men telefon nan fonksyone soti 8è pou 7è PM*
- **SOFA (klinik fanm SOFA), Fontamara 45, # 31: 3430-8522**
Li ouvè soti : *lendi rive vandredi, 8è pou 2è*
- **Hôpital de la Paix, Delmas 33 prolongé en face Henfrasa**
Li ouvè soti : *li ouvè 24h sou 24, sèvis pou viktim vyolans yo disponib depi 8è pou 6è.*
- **APROSIFA, 122, Rte des Dalles Carrefour Feuilles, 3713-2226, 3641-2314, 3557-5987, 3589-9907.**
- **Li ouvè soti *lendi rive vandredi, 8è pou 4è***
- **Hôpital de Carrefour, Route de carrefour/Zone Arcachon-Mahotiere (avant l'église Saint Charles)**
- **Medecins sans Frontieres(France)**
Delmas 31, local Frère Saint Louis service VVS : 3643-5090. Li ouve soti lendi pou rive Vandredi 8è pou 4 è, samdi 8è pou 12ze.

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SUMMARY REPORT

GENDER AFTERSHOCKS: TEEN PREGNANCY AND SEXUAL VIOLENCE IN HAITIAN GIRLS

Final Results of an Adolescent Field Survey
Fall 2012

INTRODUCTION

In October 2011, the pilot PotoFi Haiti Girls Initiative (“PotoFi”), a project of the PotoFanm+Fi post-quake advocacy coalition, conducted a comparative participatory field research survey with local partners that targeted 2000 pregnant adolescent girls in different geographic zones and setting in Western Haiti. The survey was designed to document cases of early pregnancy since the January 2010 earthquake and examine any links to sexual violence and transactional sex, as well as girls’ access to health services.

This briefing paper presents the **final** results of the survey, following an oral presentation of the preliminary results in a public forum in Haiti in December 2012.^{ccxcviii} ***A disturbing 64% of 981 pregnant adolescent girls in the survey reported that they had gotten pregnant from rape, while 37% of 1251 pregnant girls reported they traded sex goods and services, primarily shelter, as well as food. Some girls who named rape as the source of their early pregnancies also engaged in survival sex.*** The survey results provide a warning of overlapping post-quake gender aftershocks affecting teenage and younger girls in Haiti. The findings mirror a PotoFanm+Fi analysis of post-2010 reported rape cases that finds over 60% involve minors – a post-quake majority.^{ccxcix}

The PotoFi survey involved a grassroots partnership with seven participating local Haitian non-profit organizations (NGOs) who offer programs for sexual violence victims or youth. They include APROSIFA, ANAPFEH, the Lig Pouvwva Fanm, and KOFATIV in the Port-au-Prince zones, and Fanm Deside, CEFOJ (affiliated with Limye Lavi) in Jacmel, and SOFA Sud-Est in the Cap Rouge rural zone. The field teams were drawn from trained outreach workers and members of these partner NGOs who work in or close to target zones of the survey. The comparative survey was carried out in different geographic areas and types of settings (urban, peri-urban and rural, camps for Internally Displaced Persons (IDPs) and non-camps) in order to capture snapshots that might illuminate the national picture.

The PotoFi field survey was designed to better assess post-quake cases of early pregnancy in adolescent girls in different zones and their access to critical post-rape and reproductive health services; and to determine any linkage (or not) of early pregnancy with sexual violence and /or ‘survival sex’ i.e., sexual exchange (prostitution). The survey sought to confirm or challenge prior 2010-11 camp surveys and other reports documenting three emerging post-quake trends: 1) a post-quake “pregnancy bubble” after the January 2010 earthquake (UNFPA 2010; HRW 2011; PIH 2010); 2) increased reports of rape (HRW 2010, 1022; Amnesty International 2011; IRC 2011; Madre-BAI-Kofaviv 2010 and 2011; UN Women 2011, among others); and 3) increased reports of transactional sex in urban IDP camps and urban street prostitution after the earthquake (ANAPFEH 2010; KOFAVIV 2011; HRW 2011; NYU-CHRGJ 2011).

The PotoFi participatory survey combined quantitative and some qualitative methods and was implemented by trained locals and social workers using instruments modeled upon similar field studies of gender-based violence in Haiti, with planning, input, and review by research experts and a survey Advisory Committee. Its comparative sample size – over 2000 pregnant and recently-pregnant girls and their families in a dozen different locations and types of settings in western Haiti –is large and diverse enough to inform the national picture about early pregnancy linked to sexual violence in quake-affected zones. It was collected over a one-year period using a modified sampling method and is not representative of non-pregnant girls or the whole female population across Haiti.

Despite these limitations, PotoFi’s results capture a critical slice of the post-quake picture suggesting that adolescent girls are disproportionately suffering social and violent aftershocks of the earthquake. It provides data to support collective post-2010 observations, media reports, and academic studies by other groups suggesting that Haiti’s economic crisis,^{ccc} displacement,^{ccci} increased insecurity and crime^{ccci} have contributed to a wave of sexual violence and a ‘pregnancy bubble.’ PotoFi’s survey provides data that connects the dots and suggests that a considerable percent of teenage pregnancies may be linked to rape and to a post-quake entry into informal prostitution.

Background

Nearly two years after Haiti’s historic earthquake leveled the capital Port-au-Prince, and much of Western Haiti, the country remains in acute economic crisis, one marked by increased poverty, crime, food insecurity and joblessness. While Haitians buried and now mourn the loss of 150,000-316,000 citizens in the quake, many of the 300,000 who were injured and the 1.5 million who were displaced continue to experience post-trauma and are struggling mightily to rebuild their lives. Among them, women and girls have experience additional ‘gender aftershocks,’ including a wave of overall violence and sexual violence linked to insecurity and impunity for crimes that has been widely documented in media reports globally.

What’s been overlooked is the impact of post-quake conditions on girls of all ages, including sexual violence. Pre-quake, the annual national picture for rape showed young and teenage girls were often targeted. The post-quake picture shows that the dual factors of youth and gender, coupled with Haiti’s worsening economy, contribute to girls’ increased vulnerability to sexual assault and abuses, particularly those living in the dangerous, overcrowded IDP camps.

Today, some two-thirds of the initial 1.5 million IDP camp population has been resettled, some via forced eviction, as part of a government effort to find housing for Haiti’s newly homeless population. In October, some 550,000 people remained in camps, but were daily being resettled, some into neighborhoods surrounding the camps which are also in areas marked by overcrowding, insecurity, increased gang activity and rising violent crime.

Reports of sexual violence in Haiti's IDP camps began to emerge within a few weeks of the earthquake and steadily increased throughout 2010. Within months, a second trend was emerging: post-quake pregnancies, these primarily reported in adult women, but also seen in girls.^{ccciii}

In October, UNFPA reported a *tripling* of the pregnancy rate, and attributed some to sexual assault as well as transactional sex, warning of consequences for young girls whose developing bodies are at higher risk for complications of pregnancy.^{ccciv} By then, women leaders, women's agencies and GB-survivor's groups were increasing national and global pressure on global leaders to address the lack of protection and services for sexual violence survivors. In interviews with PotoFanm+Fi members, frontline physicians and advocates also shared their observations and concerns that an unknown number of girls were getting pregnant from rape, and remained under the radar, with limited access to either post-rape, prenatal or antenatal services. They also worried about how many women and girls might be seeking illegal abortions after getting pregnant from rape. Their concerns were based on anecdotal observations by outreach workers in and outside IDP camps.^{cccv}

Many advocates who spoke with PotoFanm+Fi's reporting team after 2010 voiced their fear that a generation of Haitian girls was losing its future as a result of rape and its consequences: unwanted, early pregnancies, rumored abortions, school drop outs, increased selling of sex, and mental health problems including depression, post-trauma and attempted suicide. But their fears were based on anecdotal observations and individuals cases, given a lack of concrete data about the picture in adolescents. PotoFanm+Fi launched the pilot PotoFi survey in response to this demand for data.

Methodology

PotoFi's seven field teams administered the 35 question survey in various sites in greater Port-au-Prince, the peri-urban Jacmel zone, and Cap Rouge rural zone. The camps and sites were selected to provide geographic diversity, sampling from smaller informal settlements vs. larger organized camps. Non-camp sites were selected to include zones with high reported rates of violence, and zones surrounding some surveyed IDP camps. The Lig Pouvwva Fanm team surveyed IDP camps and neighborhoods of Ti Galet, Marassa, and Carrefour. The ANAPFEH sex workers team surveyed IDP camps ACRA and a section of the Christ-Roi area. APROSIFA, a group that helps youth, surveyed camps and non-camps in Martissant and Fontamara popular shanty neighborhoods. KOFVIV, a GBV-survivor-led team, surveyed girls in the downtown (Centre-ville) area, and camps in Martissant, Teyat, Stadium, and Fort Dimanche. A team of student and youth researchers from the CEFOJ team surveyed a section of peri-urban Jacmel with many displaced individuals. Fanm Deside's team surveyed girls in IDP camps in central Jacmel. The SOFA Sud-Est team surveyed girls in the rural zone of Cap Rouge, about 17 kilometers above Jacmel.

The survey instrument included a two-part survey. Part One was a 25-question "Yes-No" survey instrument in Kreyol with questions for pregnant girls related to exposure to sexual violence, pregnancy, access to preventive and post-rape services, including post-rape counseling and mental health services; emergency and follow up medical services, including timely access within 72 hours to a trained health professional, medical certificate and reporting to an authority; provision of preventive birth control, STDs and HIV screening and services; cases of illegal abortion and pregnancy complications; access to reproductive health services; and access to essential daily services, including food, clean water, shelter, employment and school education.

Part Two was a supplemental 10-question Kreyol "Yes-No" survey to determine broad socio-economic conditions and concerns for respondents and their families related to their living environments as they related to an increased risk of sexual violence.

The survey teams targeted pregnant girls and their families using a systematic approach, working in pairs of two interviewers at a time. The pair teams were instructed to approach one household or camp after another in a given target site to find households with pregnant girls or girls who delivered after January 2010. Interviewers administered the survey only after reviewing a voluntary informed consent form and discussing survey participation with families of targeted adolescents. Interviews were conducted directly with girls over age 15, when possible, and with a designated caretaker, guardian and minor girls under age 15, and only after informed consent by adult and minor. When necessary for reasons of privacy and security, survey interviews were conducted away households or tents. In such cases, one person conducted the interview, while the other monitor the security and privacy of the interview. Pairs were instructed to review completion of the survey with each other to support adherence to the protocol.

Due to threats of violence and requests for bribes made on some survey teams in several Port-au-Prince camps, the survey team had to return several times to complete interviews at some sites. The teams followed the systematic design and approach of the survey as well as possible, given difficult circumstances in some sites, and the necessity of finding private spaces to conduct the interviews. A number of teams provided incomplete surveys of the 25-question Part One section. Not all questions were answered because the time needed to complete the survey was too great for subjects given settings of insecurity. In such instances, the researchers concentrated on documenting cases of sexual violence and access to emergency health services, foregoing the very last section of questions in Part One which focused on broader social conditions in the camps. These conditions made it difficult for all teams to adhere strictly to the sampling protocol. The results thus represent a convenience sample based on results collected in a modified systematic manner. The analysis of the results also reflects a percentage of the actual number of respondents to a particular question.

In total, there were over 2000 households with adolescent girls who participated in the survey. A total of 1938 responded to Part One – the 25-question survey. A total of 2013 filled out the supplemental Part Two 10-question survey. The response rate to specific questions varied, but was deemed high. The majority of the surveys of both older and younger adolescents were directly answered by the girls, though parents sometimes added details during interviews with minors under 15. The ages of girls ranged from 13 to 19. Several pre-adolescent cases were documented in the survey whose ages ranged from 8 to 12. There were several infant cases documented. The cases under age 12 were removed from the statistical analysis, as were adults over 21. The majority of responses were from teenage girls aged 14-18.

Several cases of pre-adolescents and adolescents under age 13 were reported as rapes by minors and adults in the course of the survey. Given their age, these cases were deemed too young to become pregnant and thus did not reply to questions related to pregnancy or aftermath of pregnancy.

The estimated time to conduct the surveys was 1-2 hours, which included time to introduce and discuss the project, secure advance informed consent, and locate a secure, private setting in which to carry out the survey. A majority of surveys were carried out within the home or tent of the respondent. The research teams were instructed to note cases of 2nd and 3rd trimesters of pregnancy, but limit their commentary about cases outside the specific questions and protocol of the survey instrument. A post-survey meeting of the field research teams allowed PotoFi to capture additional observations about the survey process and tools that inform the qualitative data that is presented along with the quantitative data.

Research Advisory Committee: PotoFanm+Fi staff assembled an Advisory Committee of health and research professionals to plan and design the survey, and to field test a sample survey with adolescents in a focus group discussion. Local members of the research field teams also reviewed and revised the survey tool in order to further simplify the language and number of questions, following their own experiences working in the camps, with adolescents and parents, and with victims of sexual violence. Given the high

insecurity in some settings, PotoFi planned advance outreach to local officials and camp managers of target sites, when possible, to review potential security concerns and needs for prospective subjects and for researchers. These security concerns pushed researchers worked in pairs, and in mixed-gender pairs in some cases, to conduct interviews. In some sites, one field researcher conducted the survey while the other kept an eye on the environment to assure safety and privacy for the subject.

Advance outside review of the instrument was provided by experienced Haitian researchers and advocates in the GBV field to assure the survey would capture essential questions. The draft survey and methods were shared in advance with Haitian researchers a INURED and the US Centers for Disease Control who were jointly planning a Violence Against Children Study (VACS) last year. It was also shared with a Haiti GBV research team at the Global Justice Clinic at NYU School of Law, the women's division of Human Rights Watch, and UNFPA. The survey included questions similar to those in HRW's camp-based surveys of reproductive health and CHRGI's camp-based survey of sexual violence and food insecurity. A post-survey of early results was also shared with INURED, CDC and some Haitian scholars. **Field Coordination:** PotoFi's Haitian Field Coordinator in Port-au-Prince supervised the implementation of the survey, working with a key coordinator for each of the seven teams. All team members were trained in ethics of best practice for research in two advance trainings. Each team coordinator was responsible for onsite supervision and to help trouble shoot any difficulties during the site visits. Results were to be collected at the end of each survey site visit. Every researcher had a cell phone to contact their team coordinator and contacts for the Field Coordinator who was on call to provide any support needed.

Data analysis was performed by the PotoFanm+Fi Project Coordinator, with input from research specialists in Haiti and the US, and academics in the Haitian Studies Association. US volunteers helped with data tabulation. PotoFanm+Fi's Project Coordinator did an oral presentation of the early results in Haiti in December 2011, and shared the early results with team members in Port-au-Prince and Jacmel in 2012. More information was shared via the feedback report that resulted in a second tabulation of the data to confirm the initial results. The final results confirm the initial results, and provide qualitative commentary. Additional information regarding post-survey follow up contacts between researchers and girls in 2nd and 3rd trimester pregnancies is included in the qualitative findings.

Ethical Considerations: PotoFi's Advisory Committee reviewed Ethics of Research and Best Practices as part of the planning and implementation of this participatory research project. The Committee took seriously its responsibility to review the ethical dimensions of conducting research in communities with high poverty, limited services, insecurity, violence, and often high illiteracy. Research was to be conducted with a goal of gaining specific information about pregnancy and sexual violence that could not easily be gotten from other studies and would include only questions deemed necessary to gain this knowledge. The questionnaire would be simplified to limit the time burden on subjects and teams. The project had a related goal of improving future services for adolescents as a class being surveyed.

Bias Considerations: Committee members agreed that research must remain impartial and thus the survey project could not offer or agree to provide financial compensation or services as a *precondition* of participation by subjects, as this could bias the research. But the project could use the information gained in the survey to offer information and help after the study was over. By recruiting and training local GBV survivors, youth, and outreach workers from local associations, the project deliberately created a mechanism to offer *post-survey* follow up counseling and referral services to participants, but only after the survey was over.

Help, not harm: The Committee agreed that research is not benign, and that the sensitive nature of the subjects being discussed also carried a potential for triggering post-trauma or negative memories in victims of sexual violence. This awareness was also behind the project's deliberate recruitment of

outreach workers and peer counselors and youth from local GBV organizations who were often known and familiar to communities being surveyed, and were sensitive to GBV issues, and attuned to the possible impact of the survey subject on individuals being surveyed.

These steps allowed the project to address both bias and ethical concerns, and plan research to help participants after the study was over.

FINDINGS

Part One: Yes - No Questions

After removing responses by minors < age 12 and adults > age 21 from the analysis, the results show:

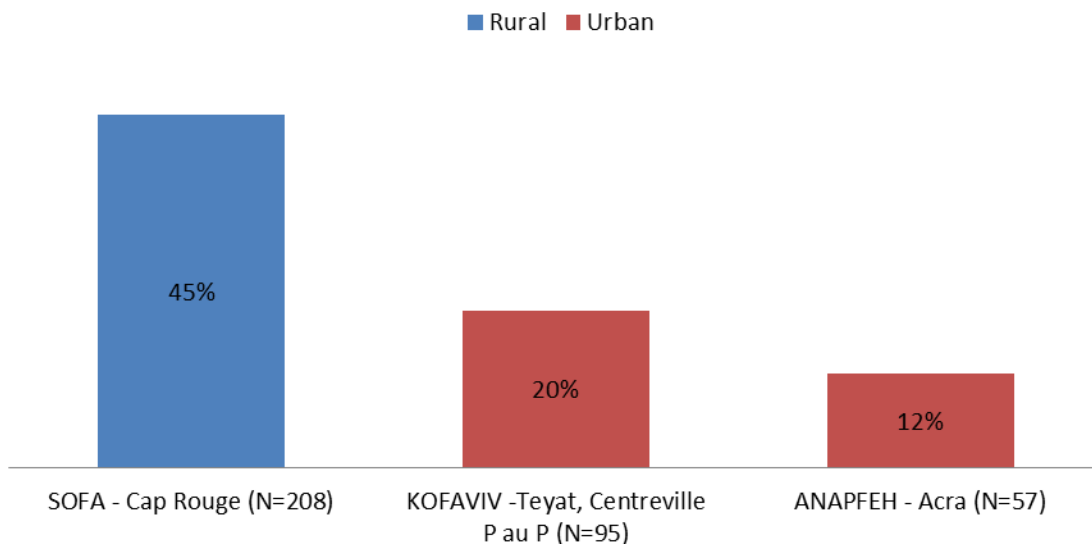
- **Link of rape to early pregnancy: 64% of 981 pregnant adolescent girls reported that they had gotten pregnant from rape.** The great majority reported that it was their first rape, but some had suffered a prior rape.

Link of early pregnancy to Other including a subcategory of “boyfriend”. Less than 5% of respondents indicated Other for the source of their pregnancy.

- **Types of rape: The majority of attacks were committed by a single attacker.** Some involved cases of gang rape, and some involved cases of incest.
- **Link of rape to survival sex: A total of 1251 adolescents replied to the question of their engage in survival sex, with 37% of 1251 acknowledging that they traded sex, primarily for shelter, followed by food. 63% said they did NOT trade sex.** A number of respondents who claimed rape as the source of their early pregnancies also acknowledged engaged in survival sex, some before and others, after the rapes.

Figure 1. Rural vs. Urban Comparison of Girls Trading Sex

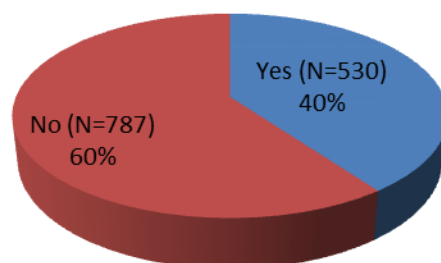
(Total girls who responded = 1251)



- **Demand for Mental Health Services:** A section of the survey asked respondents to report on specific emotional and psychological conditions that they viewed as the result of rape. *Over 90% of over 1000 girls cited shock, anger, depression and post-trauma as reasons they sought counseling for rape. A significant minority noted that they had a desire to die, while a small number had attempted suicide.*
- **Access to Post-Rape Mental Health Services for Pregnant Adolescents:** *60% of 1317 girls reported that they had received post-rape counseling; 40% had not.* All the rural respondents in Cap Rouge are among those who did not. The great majority of girls who were provided counseling sought help from social workers in local associations or within IDP camps, and from local midwives. Few girls in urban areas seeking help from a professional psychologists or trained trauma counselor. Girls in the Cap Rouge rural area had zero access to services from trained health professionals, including OB-GYN or general doctors or nurses. Some were provided counseling by family members and friends, some from a local midwife, from herbalists, and from voodoo priests.

Figure 2. Received Counseling After Rape

(Total girls who responded = 1317)

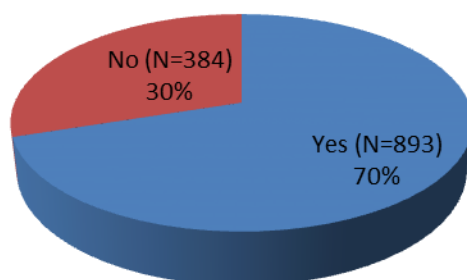


- **Demand vs. Delivery of Post-Rape Pregnancy Test:** *70% of 1277 girls reported having sought and received a pregnancy test after rape. Among the 30% who did not seek the test were girls from the rural zone of Cap Rouge and some girls under age 14.*

Access to a post-rape pregnancy test – a kit from a pharmacy -- was far greater than access to other medical services including a physical examination after rape from a trained provider.

Figure 3. Received Pregnancy Test

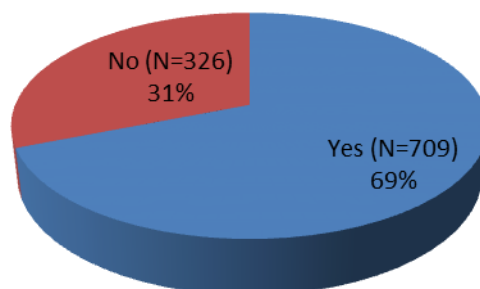
(Total girls who responded = 1277)



- **Demand vs. Delivery of Post-Rape Emergency Medical Care and Physical Examination:** *69% of 1035 girls reported seeking access to post-rape health services after rape, but many did not do so within the 72 hour reporting window for reporting rape.* None of the girls in the Cap Rouge area reported accessing a physical examination for rape. Among girls who sought post-rape emergency medical care, most reported getting care from a nurse. Few had access to a trained doctor in a hospital or specialized center for victims of sexual violence.

Figure 4. Sought Post-Rape Medical Care

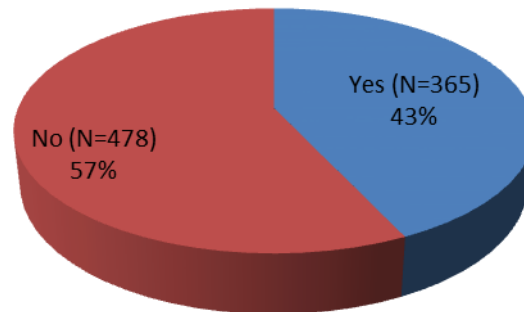
(Total girls who responded = 1035)



- **Demand and Access to Post-Rape Abortion:** Abortion is illegal in Haiti, and carries a stiff penalty for anyone seeking an abortion, or aiding an individual seeking an abortion. For this reason, team members reported an observed reluctance of some girls and parents to respond to this question. *The survey asked: “If you were pregnant or arrived too late to a medical center to access prevention of pregnancy services, did you want to lose the pregnancy?” Of 843 respondents, 57% said No, 43% said Yes.*

Figure 5. Wanted or Sought to End Pregnancy

(Total girls who responded = 843)



- **Methods of Abortion:** Only a small percentage of the above respondents replied to questions regarding what method they chose to abort the pregnancy. *Out of 143 girls, 60% said they chose herbs, and 40% chose pills.* A majority of the respondents who chose herbs were from the Cap Rouge rural area where access to medical care and medicine is very limited and where residents commonly seek help from traditional healers who use herbs to treat illnesses.

Figure 6. Method of Abortion

(Total girls who responded = 143)



- **Access to Basic, Daily Services: Food, Housing, Clean Water:** The survey included several questions designed to capture the need and access of pregnant adolescents to basic services essential to daily survival, including food, clean water and shelter. These questions allowed girls to indicate how often they were able to access food or went hungry and how often they were able to access food aid. The placement of these questions toward the end of the survey resulted in fewer completed sections of the survey girls who did not have time to participate in the full survey.
- Based on surveys completed, however, *over 90% of respondents who replied to the questions stated that they had no income or jobs, lacked food, and often went without a daily meal.* Many also stated they lacked shelter, particularly those in IDP camps, which is to be expected. But rural residents also complained of being displaced and without access to housing. Overall, shelter and food were priority services identified by girls that represented acute daily needs for survival.

Part Two: Supplemental Questions “I Agree – I Disagree”

A total of 2013 participants, most pregnant girls, replied to ten supplemental questions regarding social and economic conditions since the January 2010 earthquake that affected their attitudes and views of sexual violence. Below in a table that reviews the results:

Table 2: Attitudes and Views on Sexual Violence Since January 2010

<i>"Since the earthquake....</i>	Agree	Disagree
Violence has increased where I live/in the zone I have sought refuge	93%	7%
I am more afraid of sexual violence.	94%	6%
I am afraid of traveling outside the limits of the camp/zone	84%	16%
Boys are more sexually aggressive against girls	87%	13%
Sexual violence/forced sex is more common	92%	8%
I have witnessed sexual violence against other girls	3%	97%
The number of young girls (<18 years) who trade sex for something to eat, for money, for protection, or for shelter has increased	83%	17%
The number of adult women (>18 years) who trade sex for something to eat, for money, for protection, or for shelter has increased	78%	22%
The number of young boys(<18 years) who trade sex for something to eat, for money, for protection, or for shelter has increased	31%	69%
The number of adult men (>18 years) who trade sex for something to eat, for money, for protection, or for shelter has increased	24%	86%

Limits of Survey and Caution of Interpretation

Limits of Self-Reporting: The survey results reflect what girls or caretakers of minors self-reported about their experiences, which is typical of many field and research surveys done in Haiti. It was beyond the scope of the survey to seek other documentation, police, agency, or medical records to support individual claims of past pregnancies, incidents of sexual violence, or access to services. But the survey

questions provided little room for ambiguity of answers, as most sought Yes/No replies to specific questions and categories of services.

Quantitative Data focus: The survey limited qualitative data and commentary by subjects being interviewed, but the survey form included a space for interviewed to include comments or details of a reply in a supplemental notes section of the questionnaire. These details often provided supportive qualitative and quantitative data and details that backed claims of sexual violence or pregnancy.

Limitations of Time, Security: Field teams cited time as limiting factor in their ability to complete surveys with some households in the allotted 1-2 hour time period. Some teams needed two and even multiple visits to sites or households to complete the survey. A first visit typically included discussions with IDP camp managers and social workers, and local security teams before entering a camp to conduct the survey, and after prior contact with the camp agencies to explain the purpose of the study. Sometimes self-appointed authorities or individuals, including young men with weapons, sought to intervene by demanding a bribe from the interview team to allow the survey work to be done, or demanded to be present. Field teams were instructed to refuse and find camp authorities to assist them in such cases. No bribes were paid, and no money was exchanged with survey respondents to assure no bias in the survey.

Follow Up Services: In a post-survey evaluation of the project, field team members reported that they did not offer or promise any money or services to participants. They followed the protocol. At the conclusion of the survey, participants *were* provided a Contact Card that listed the name and contact number of the PotoFi Field interviewer and offered information about referral services. Interviewers also provided families with girls in 2nd and 3rd trimester pregnancies with referrals to counselors, prenatal services and midwives. Many of the field interviewers reported that they had received calls from adolescents and families after the survey and had provided telephone and in person counseling and other support, including referral to hospitals and support groups.

While no monies or other incentives were provided to participants, the post-survey delivery of counseling and referral services and information was very positively received by participants. Rural and urban field teams did note their difficulty in addressing subject demands for medical care and services that were not available in rural areas or easy to access in camps, and they relayed the fear, frustration, despair, and resignation expressed by families with young pregnant adolescents who did not have enough to eat and were desperate. Many families expressed their interest in programs and activities for adolescent girls and young mothers who remained at home, including income-generation activities.

Social Attitudes: Some researchers and advocates note that *social attitudes in Haiti, where Catholicism is the majority religion, may make it difficult for girls to openly admit have freely engaged in pre-marital sexual relations*, particularly with disapproving parents or families unaware of a daughter's sexual activity.^{ccvii} This also applies to families unaware of female members of a household who have resorted to trading sex for food, money or shelter. The presence of parents and caretakers with minors under 15 being surveyed may thus have potentially limited the ability of girls and parents interviewed to respond to questions about the source of current or recent early pregnancies.

But in post-survey discussions, survey field teams did not report encountering difficulties in getting girls to openly and usually privately respond to questions. On the contrary, they reported that parents and caretakers actively sought to report sexual violence incidents and asked for help in accessing care services for their pregnant daughters, or for now young teen mothers with newborns. Other details often provided in response to survey questions included details of rapes or pregnancy (date rape reported, to whom, details of attackers, location; status of pregnancy, delivery, prenatal or postnatal services provided, etc.) that backed respondents claims of an unwanted pregnancy resulting from rape or survival sex.

Rape also poses its own significant stigma and social impacts on victims in a society that regards sexual virginity as a prerequisite for marriage and, in traditional and some rural communities, establishes the value of a dowry. While families may view premarital relations by younger girls as a social dishonor and equate this behavior with loose morals, or prostitution in the case of girls who engage in survival sex, rape results in an economic loss to families.^{cccvii} In interviews for a parallel report on progress in providing GBV services in Haiti since 2010, PotoFanm+Fi's reporting team found that families of girls who become pregnant after rape view the victim's prospects of marriage as ruined or diminished, a loss they may assess in economic terms (*see endnote for more details*).^{cccviii}

That said, many of the girls in the survey replied that they sought rape counseling, a pregnancy test, and a medical examination, which are specific services for sexual assault. It is unlikely that individuals would seek post-rape counseling and other services if they had engaged in sexual relations by choice. It was beyond the scope or resources of this survey project to investigate rape or pregnancy claims or statements by surveyed girls beyond seeking details of the reported incidents. However, the survey's deliberate use of trained GBV counselors who often knew camps or lived in the camps allowed the project to discuss these limits and caveats before and after the field survey period. Field researchers did not report reasons to question answers by respondents.

The visible fact of pregnancy also made visual confirmation of pregnancy easy in many cases, but it was also beyond the scope of the survey for researchers to seek third party confirmation of the dates of a pregnancy, claims of seeking or getting an illegal abortion, complication of pregnancy or a prior rape incident.

Researcher Bias: The deliberate recruitment of social workers and members of organizations with experience in counseling rape victims and adolescents to do participatory field research offers advantages but also raises concerns about their ability to remain neutral, objective researchers. Some critics feel that rape survivors may over-identify with subjects, or have an emotional reaction during an interview that might make it difficult for them to conduct an impartial survey. While these are valid and important questions, the survey project did not encounter these issues, based on post-survey feedback with field teams. Instead, some members argued that, as survivors, they were more sensitive to the needs of families and girls who were often relaying a testimony of rape or unwanted pregnancy for the first time.

Comments and Conclusions

Confirmation of High Rates of Unwanted Early Pregnancy among Adolescents:

The high rate of participation in the survey of pregnant adolescents provides evidence of an increase of early pregnancy among girls under 20 in quake-affected zones of Western Haiti.

Strong Correlation of Sexual Violence to Unwanted Pregnancy in Adolescents:

The survey results suggest a high correlation of sexual violence as well as transactional sex with early pregnancy among adolescent girls, both in urban, peri-urban, and rural settings. Put simply, it suggests that rape has led to an alarming increase of unwanted pregnancies in adolescent girls, including those engaging in ‘survival sex’. Rape has also affected pre-adolescent girls, possibly harming their future reproductive capacity, given the medical literature on the negative and often permanent injuries sustained by children whose bodies have not reached puberty.

Potential Correlation of Sexual Violence to Economic Vulnerability – Homelessness and Food Insecurity:

The increased risk of sexual violence and entry into survival sex for girls appears to economic poverty and displacement, based on survey data indicating that girls report they engage in selling sex for shelter and for food and that some of them report missing daily meals and having acute hunger. The extreme conditions of poverty and unemployment in Haiti’s countryside leave rural girls at a high risk for engaging in survival sex that also increases their risk of getting pregnant. This survey data showing high reported cases of transactional sex among rural vs. urban girls supports the correlation. The survey shows rural girls also remain displaced since the earthquake, including a number of “restavek” girls among those surveyed who work as unpaid domestics in families and lost host families or homes in the earthquake.

Lack of housing and food appears strongly linked to the increase of survival sex for urban girls in the IDP camps and shanty areas where violent crime is surging, raising their vulnerability. The survey supports studies and observations by others showing that Haitian women surveyed reported engaging in transactional sex for the first time after the earthquake and do not consider themselves prostitutes. Girls in the PotoFi survey traded sex for goods and services, as well as money.

Correlation of youth with increased vulnerability to unwanted pregnancy:

The survey data backs post-quake studies and media reports of a “pregnancy bubble” among Haitian females, and suggests that this trend may be disproportionately affecting teenage girls who represent a statistical majority of reported rape cases in Haiti.

Suggestion of a hidden wave of abortion linked to rape and unwanted pregnancies:

Although a far smaller number of girls replied to questions about abortion, the replies provided suggest that adolescents who get pregnant from rape or have unwanted pregnancies from selling or other sources will seek illegal abortions. The survey data also suggest that rural girls will seek herbs to abort, while more girls in urban areas will access pills. Additional data indicate that herbs are linked to failed abortions and complications of pregnancy, as are pills. The survey does not provide qualitative data to know more about the exact link of methods of abortion to failed or partial abortions and subsequent obstetric

emergencies, but parallel 2010-12 investigative research on this topic by the PotoFanm+Fi coalition shows a reported increase in street abortions in urban areas.^{cccix}

The survey is also backed by the providers at public hospitals who have observed a high percentage of adolescents among clients needing emergency obstetric care due to failed abortions or miscarriages.

Access to basic counseling and pregnancy kits, but not doctors:

The survey data suggest that many girls who are pregnant and are victims of sexual assault will seek and access some counseling, though the level of service will be limited to non-health professionals for rural residents, and is often provided by midwives and nurses in urban settings.

The contrast between rural and urban access is striking. No girls in the Cap Rouge area were able to access care from a trained provider or hospital, while many urban girls were able to reach health centers, though not often within the legal 72 window for reporting rape. Most services were provided by nurses, not doctors. When girls did access hospitals with trained providers, they were provided with the full range of preventive and treatment mandated within Haiti's protocol for responding to sexual violence. The data suggests a minority of urban girls will fall in this category.

While post-rape services are available in the capital, the data suggest that, among girls living in IDP camps and poorer areas, a small percentage will seek and access services and are reaching providers.

Urgent need to extend prevention and reproductive health services to young adolescents:

The data in the survey indicates that younger girls who have entered puberty are at a great risk for sexual violence, given their increased economic and social vulnerability as younger females in post-quake Haiti, particularly in rural areas, among displaced populations, and in very poor families. While preventive and reproductive health services have traditionally targeted sexually active older teenagers and adult women, the survey data, coupled with post-quake reports showing younger girls are the majority of rape cases, calls for an urgent program focused on providing greater access to sexual health and reproductive health (SHRH) education and services for young girls and their families.

It also calls for developing more adolescent-and child-friendly GBV services within programs that serve adults, including maternal health programs, and PACS and CRUO centers. It invites a national public education and school-based campaigns to inform and reach youth and their families, particularly those needing GBV, prenatal and maternal health services.

Correlation of Participatory Research to Survivor Participation and Follow Up Services:

The inclusion of rape survivors and youth in the design and implementation of field research into sexual violence among adolescents in areas where they live and work appears correlated with a high degree of participation by adolescents and their families in GBV research. In post-survey discussions, team members pointed to their familiarity with camps and sites, and the prior trust their organizations had garnered among site or camp residents as being an important factor in their ability to quickly gain the trust of adolescents and caretakers to participate in the research.

The use of a survey was also found to be highly effective tool in helping rural groups including SOFA Sud-Est to identify adolescent victims in their zone who need help. SOFA Sud-Est requested expansion of such surveys as a highly useful means of learning about the local community's evolving needs and identifying cases of rape and incest that would otherwise remain hidden. This finding invites more

participatory research and alliances between research professionals and survivor-led organizations on topics including sexual violence, as well as the hidden issues of incest, abortion, male victims and the lives of young mothers after rape.

Acknowledgements

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PotoFanm+Fi: Next Steps

This report is an abridged version of the Beyond Shock report. A full report is scheduled to be published as a book in early 2013 and will include a greater discussion and data within key sectors, updates, additional profiles of GBV leaders and survivors. PotoFanm+Fi invites readers and stakeholders to share data with our group. This report will be adapted into an Advocacy Brief. The report will be translated into French and a Kreyol radio program is planned. PotoFanm+Fi has proposed to organize and co-facilitate a series of regional GBV forums in Haiti and Gender Forums United States, starting in 2013, to be developed with Haitian officials and field partners, as part of follow up advocacy to this report.

Early discussions are underway to develop a larger GBV and Gender Participatory Research Initiative to bring together Haitian scholars and community groups working on GBV-related issues. For inquiries, please contact the author or email: potofanm@gmail.com.

PotoFanm+Fi is a small coalition that actively seeks support for our collaborative research and programs in Haiti and the United States. We also welcome volunteers and are actively seeking language translation support for this report. As of fall 2012, PotoFanm+Fi operates as a legal project of ODELPA, a local Haitian non-profit. All donations are tax exempt. Please consider supporting our mission. – ACD

ⁱThe PotoFanm+Fi global solidarity coalition was launched by Haitian, diaspora, US, and global feminist leaders after the January earthquake to bring support, advocacy, and global solidarity to Haitian women and girls and their leaders. It began as a nonprofit initiative under the umbrella of World Pulse Voices, a US 501C3. See www.potofanm.org and (for World Pulse): www.worldpulse.com.

ⁱⁱKolbe, Athena R. and Muggah, Robert et. al. "Mortality, crime, and access to basic needs before and after the Haiti earthquake." *Medicine, Conflict, and Survival*. Vol 26, Issue 4. This security report by researchers Athena Kolbe and Robert Muggah of the Small Arms Survey program calculated that 158,869 individuals died during the quake and six weeks afterward, with children at particular risk for death. This figure is considerably smaller than the oft-cited 200,000-300,000 dead figure cited by Haitian leaders and the media. It is based on their field survey of some 1800 Haitians in shantytown areas of Port-au-Prince, many previously surveyed in 2009.

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- ^x“World Report 2011: Haiti,” Human Rights Watch annual report. <http://www.hrw.org/world-report-2011/haiti>
- ^{xi} Ibid.
- ^{xii} Karern, Allen, “Rebuilding Haiti from rubble and dust,” Jan. 28, 2010. BBC News
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- ^{xiv} Author conversations with Camille Chalmers, PAPDA; Leonie Hermanti, Lambi Fund of Haiti. Fall 2010.
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- ^{xvii} Project Medishare website. <http://www.projectmedishare.org>
- ^{xviii} La Stratégie Nationale d’Action pour l’Education pour Tous (SNA EPT). 2007. p. 163.
- ^{xix} Author-taped interview with Pierre Esperance and RNDDH staff, July 2011; email and report updates from RNDDH, Fall 2011.
- ^{xx} Author interview with advocates at SOFA, Kay Fanm, and Fanm Deside, January and October 2010; author interview with Rosaline Benjamin, psychologist at URAMEL-IDEO, January 2010.
- ^{xxi} Ibid. Also: “Haiti: Sexual violence against women increasing.” Jan. 6, 2011. Amnesty International bulletin. www.amnesty.org/en/news-and-updates/report/haiti-sexual-violence-against-women-increasing-2011-01-06.
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- ^{xxiii} “Haiti: Aftershocks: Women speak out against sexual violence In Haiti’s camps.” Jan. 6, 2011. Amnesty International report. www.amnesty.org/en/news-and-updates/report/haiti-sexual-violence-against-women-increasing-2011-01-06.
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- ^{xxv} Reitman, Janet. “Beyond relief: How the world failed Haiti.” Aug. 4, 2011. *Rolling Stone*. www.rollingstone.com/politics/news/how-the-world-failed-haiti-20110804#ixzz1yAXMEbR.
- ^{xxvi} Author interview with PAPDA officials and local agronomists in Jacmel and Cap Rouge, fall 2010.
- ^{xxvii} Author interviews with UNFPA and directors at KOFVIV, SOFA, Kay Fanm, Fanm Deside, and doctors at GHESKIO, MSF-Holland and MSF-France, Partners in Health, the Haitian Red Cross, and the Haitian State University Hospital. 2011. While many groups have treated women and girls who have sought emergency medical treatment after failed abortions or pregnancy complications post-rape (post-abortion care services are legal in Haiti and available at a few specialized obstetric care centers in the capital and selected other cities), few have collected or published data on the link. ?? between? The economic costs of violent crime in Haiti of rape to illegal abortions. The PotoFi Haiti Girls Initiative published early findings indicating that a good percentage of rural girls surveyed in Cap Rouge, rural Haiti, had sought to lose their pregnancies after rape, often by swallowing herbs or taking the “morning after” pill, with mixed results, including failed abortions and post-abortion and pregnancy complications. www.potofi.org.
- ^{xxviii} Ibid; see ref. xiii.
- ^{xxix} Author conversations with KOVAVIV members and rape survivors, August 2011.
- ^{xxx} “Driven by Desperation Transactional Sex as a Survival Strategy in Port-au-Prince IDP Camps,” May, 2011. UNCHR report. www.unhcrwashington.org/atf/cf/%7Bc07eda5e-ac71-4340-8570-194d98bdc139%7D/SGBV-HAITI-STUDY-MAY2011.PDF
- ^{xxxi} d’Adesky, Anne-christine, “Silence + Death + AIDS in Haiti,” *The Advocate*, May 1991. <http://connection.ebscohost.com/c/articles/9449490/silence-death-aids-haiti>
- ^{xxxii} Author interview with Guerda Constant, director at Limye Lavi. July 2010.
- ^{xxxiii} Kolbe, Athena and Muggah Robert, “The economic costs of violent crime in Haiti,” *The Guardian*, Aug. 22, 2012. Web: www.guardian.co.uk/commentisfree/2012/aug/22/haiti-violent-crime-economic-costs
- ^{xxxiv} Ibid. In an email correspondence about survey methods, Kolbe explained that these calculations were rough, and sought to estimate “typical” average costs per household, factoring in such known costs as bribes and costs to treat injuries, versus “atypical” cases where additional or unexpected costs were incurred.
- ^{xxxv} Charles, Jacqueline. “A nation loses part of its heart with demise of the biggest thinkers.” *The Miami Herald*. Jan. 18, 2010. <http://www.miamiherald.com/news/americas/haiti/v-fullstory/story/1432784.html>.
- ^{xxxvi} Ravitz, Jessica. “Women’s movement mourns death of 3 Haitian leaders.” *CNN*. Jan. 20, 2010. www.cnn.com/2010/LIVING/01/20/haitian.womens.movement.mourns; see also: “UNIFEM mourns the deaths of women’s rights activists in Haiti.” UNIFEM website. Jan. 21, 2010. www.unifem.org/news_events/story_detail.php?StoryID=1014.
- ^{xxxvii} Other leaders who perished include Cleante Lydia Fernande Olga, Nadine Doucet Sassine, Valery Tardieu Desmangles, Chantal Joachim, Marie Michelle Gaspar, Alice Solange, Therese Fernande, and Madeleine Yvonne Jeanne Suzanne. Their names, like those of other well-known leaders, were honored in a March 12, 2010, International Women’s Day Celebration in Haiti that took place in a giant tent erected where the Ministry of Women’s Condition and Rights has collapsed. A monument to several leaders was unveiled there. For more details, see a report by Marie Suarez Toro of the FIRE feminist reporting project. www.solidaridadfeministaayiti.org/?p=175.
- ^{xxxviii} Ibid
- ^{xi} Hernandez Ramirez, Carolyn, “Project Completion (Final Report) to U.S. Agency for International Development (USAID) Protection of Vulnerable Groups – Women and Disabled Program (April 2009-May 2011), OAS. July 2011. www.sedi.oas.org/ddse/documentos/discapacidad/Report_Vulnerable_Groups.pdf
- ^{xii} Author interviews with National Dialogue member Danielle Magloire and UN GBV subcluster members. 2010 and July 9, 2011.
- ^{xiii} Komisyon Fanm Viktim pou Viktim (KOFVIV) www.facebook.com/pages/KOFVIV-Komisyon-Fanm-Viktim-pou-Viktim-The-Commission-of-Women-Victims-f/103953636302552?v=info.
- ^{xiiii} “Post-earthquake violence against women in Haiti: Failure to prevent, protect, and punish.” UN Human Rights Council Statement. May 18, 2010. A joint statement by BAI-IJDH, MADRE, KOFVIV, and allies. <http://ijdh.org/archives/12081>

^{xliv} Author interviews with KOFVIV, SOFA, Kay Fanm, GHESKIO, HUEH officials, January 2010.

^{xlv} Haiti's Executive Decree No. 60 reclassified rape under the Haitian Penal Code as a crime against the person rather than against morals and increased the severity of penalties for the crime. See also: Government of Haiti, *Le decret modifiant le regime des agressions sexuelles et eliminant en la matiere les discriminations contre la femme*, [Decree changing the regulations of sexual aggression and eliminating forms of discrimination against women], Decree No. 60 of August 11, 2005. Note: A summary of this revision is included in Lisa Davis' and Blaine Bookey's review of human rights and rape. See footnote below.

^{xlvi} Ibid.

^{xlvii} Ibid.

^{xlviii} Author interviews with Marie Ange Noel, director of Fanm Deside, and staff, including camp outreach workers and clients in Jacmel, February and October 2010, and July 2011. Additional updates via PotoFi survey teams conducting field research in the Jacmel and Cap Rouge zones, October 2011.

^{xlix} Interview with Elverie Eugene, director of AFASDA, conducted by Harriet Hirshorn for PotoFanm+Fi, fall 2011. Additional data from online and published NGO, media, and hospital reports, 2010 and 2011.

^l Exalus, Mergenat. "Haiti-Viol: 21 cas d'agressions sexuelles, recensés en 3 semaines dans l'Artibonite." *AlterPresse*, May 23, 2012. Reprint in English by *Relief Web*. <http://reliefweb.int/node/498818>

^{li} Reporter notes from interview in Port-au-Prince by AP reporter Jacob Kushner (AP) with MUDHA's Sonia Pierre, Spring 2010, for co-authored *World Pulse* magazine article with editor Anne-Christine d'Adesky. Fall 2010. *World Pulse* magazine. De Los Santos, Judith, "Beyond Port-au-Prince: Grassroots women's group brings aid to remote, hard-hit areas of Haiti." *The Independent*. Feb. 19, 2010. Reprint in *World Pulse* at www.worldpulse.com/node/18409.

^{lii} Author interview. Spring 2010.

^{liii} "Children in Haiti: One year after – the long road from relief to recovery." Jan. 7, 2011. A report by the United Nations Children's Fund. www.unicef.org.

^{liiv} Gender Action et al. 2010. "Haiti Shadow Report: Ensuring Haitian Women's Participation and Leadership in All Stages of National Relief and Reconstruction." www.genderaction.org/publications/2010/gsr.pdf

^{liv} Gender-Based Violence (GBV) in Post-Earthquake Haiti, "The International Finance Institutions' (IFIs') Response," Gender Action. May 2011. www.genderaction.org/regions/lac/Haiti/pegbv.pdf.

^{lv} Ibid. As of May 2011 Gender Action reported that the World Bank had approved 12 post-earthquake grants totaling over \$231 million and the IDB had approved 66 post-earthquake grants totaling over \$233 million.

^{lvii} <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/0,,contentMDK:22333033~menuPK:6461371~pagePK:148956~piPK:216618~theSitePK:282637,00.html>

^{lviii} "Highlight Cases: Gender Actions. Women and Girls in Haiti's Reconstruction: Addressing and Preventing Gender Based Violence." World Bank document. April 2012

^{lix} According to Gender Action, the amount of the P125150 "Women and Girls in Haiti's Reconstruction: Addressing and Preventing Gender based Violence" grant was US\$ 500,000. It was a single-disbursement project, non-renewable grant.

^{lx} <http://www.genderaction.org/regions/lac/Haiti/pegbv.pdf>. For more information on the World Bank and Center for Distributional, Labor and Social Studies (CEDLAS) joint Haiti program, contact: David Jaume djaume@cedlas.org. Web: <http://sedlac.econo.unlp.edu.ar/eng/institutional.php>

^{lxi} HAWG organized a Haiti Advocacy Week in Spring 2011 that brought together 15 Haitian civil society representatives and 10 from the US-Haiti diaspora to participate in 34 meetings with representatives of Congress, the State Department, the World Bank, and the IDB. This lobbying helped secure the later grant to KOFVIV.

^{lxii} Gender Action's Executive Director Elaine Zuckerman wrote a letter to President Obama pleading for a dropping of the debt prior to the US decision on the matter.

^{lxiii} Kushner, Jacob, "The Multiplier Effect: Driving Haiti's recovery by spending aid dollars locally," *The Global Post*. May 11, 2012. <http://www.globalpost.com/dispatch/news/regions/americas/haiti/120510/haiti-aid-economy-private-enterprise>

^{lxiv} Lauterbach, Claire, "Haiti's National Housing Policy: Will it work for women? Assessing the World Bank-financed plan for housing reconstruction," Gender Action Case Study. September 2012. www.genderaction.org

^{lxv} www.genderaction.org/publications/11/checklist.pdf

^{lxvi} According to Gender Action's Claire Lauterbach, the amounts are slightly different from what has been reported by the Banks and also what is listed on the UN Special Envoy's website: http://www.haitispecialenvoy.org/download/International_Assistance/2-overall-financing-data.pdf

^{lxvii} Ibid; see ref. xiii. (Amnesty International, www.amnesty.org/en/library/asset/AMR36/001/2011/en/57237fad-f97b-45ce-8fdb-68cb457a304c/amr360012011en.pdf).

^{lxviii} "UN Security Council: Better shelter, security needed for Haiti victims." *Human Rights Watch* bulletin. Feb. 19, 2010. www.hrw.org/en/news/2010/02/19/un-security-council-better-shelter-security-needed-haiti-victims.

^{lxix} Davis Lisa and Bookey, Blaine, "Fanm Ayisyen Pap Kase: Respecting the Right of Haitian Women and Girls," *Health and Human Rights*, Vol. 13, No. 1, 2011. The authors note that in October 2010 UN Security Council adopted Resolution 1944 (2010) on Haiti which expands on the applicability of Security Resolution 1325 (2000) and states that "The Council calls upon the government of Haitian, with the support of MINUSTAH and the United Nations country team, to continue to promote and protect the rights of women and children as set out in Security Council resolutions 1325 (2000), 1612 (2005), 1820 (2008), 1888 (2009) and 1889 (2009).

^{lxx} Ibid.

^{lxxi} <http://www.trust.org/trustlaw/news/haitis-rulers-back-trustlaw-anti-rape-project/>

^{lxxii} Many media reports and advocacy groups began labeling the gendered violence in Haiti in early 2010 an 'epidemic of rape.' This phrase remained a media headline throughout 2011. One example: "An Epidemic of Rape for Haiti's Displaced," *New York Times* editorial, April 3, 2011 www.nytimes.com/2011/04/04/opinion/04mon2.html.

^{lxxiii} Danticat, Edwidge, “Edwidge Danticat Speaks on Mac MacLelland essay,” *Essence*, July 10, 2011. www.essence.com/2011/07/09/edwidge-danticat-speaks-on-mac-maclelland. In her *Essence* blog post, Haitian author (and PotoFanmFi member) Danticat responded to a media firestorm that followed the publication of a very controversial 2011 personal essay on rape in Haiti by *Mother Jones* freelance reporter Mac McLelland. Danticat pointed out that MacLelland had been denied consent to publish details of a Haitian rape victim’s story *prior* to publication via the victim’s lawyer and had ignored this request, a violation of journalistic ethics, argued Danticat. A group of Haitian and US journalists publicly issued a protest over the McClelland essay and the ongoing hyping of rape by foreign media.

^{lxxiv} Author communication in person and by email with lawyer and review of communications, 2010. Details of the lawyer’s name and legal firm remain confidential to protect the victim, upon request by the attorney.

^{lxxv} Ibid.

^{lxxvi} Author communication in person and by email with lawyer and review of communications, 2010. Details of the lawyer’s name and legal firm remain confidential to protect the victim, upon request by the attorney.

^{lxxvii} <http://laughingmaze.blogspot.com/2010/12/working-group-on-media-protocols-on.html>

^{lxxviii} McClelland, Mac, “I’m Gonna Need You to Fight Me On This: How Violent Sex Helped Ease My PTSD,” *GOOD Magazine*, June 27, 2012.

<http://www.good.is/post/how-violent-sex-helped-ease-my-ptsd/>

^{lxxix} Kolbe, Athena R. and Houston, Royce A. “Human rights abuse and other criminal violations in Port-au-Prince, Haiti: A random survey of households.” *The Lancet*. 2006. Vol. 368: 868. .

^{lxxx} Government of Haiti EMMUS IV. 2006. p. 298.

^{lxxxi} UNIFEM.

^{lxxxii} Author interviews in Jan. 2010 with Carole Pierre-Paul (SOFA), Yvette Jeanty (Kay Fanm), Danielle Magloire (La Concertation National Contre la Violence Faites Aux Femmes), Jocie Philistin, (KOFAVIV), Marie Ange-Noel (Fanm Deside), Jacmel.

^{lxxxiii} SOFA, Rapport Bilan 10, Cas de Violence Accueillis et Accompagnés dans les 21 Centres Duvanjou de la Sofa de Janvier à Juin 2010.

<http://alainet.org/images/SOFA%20-Onzieme%20Rapport%20Bilan-%20%20decembre%202011-2.pdf>

^{lxxxiv} “Analysis of available statistics on sexual violence.” UN Women. Apr. 2011. (Original report in French: “Analyse des données disponibles sur les violence sexuelles,” by ONU Femmes. Avr. 2011.

^{lxxxv} “Analysis of available statistics on sexual violence.” UN Women. Apr. 2011. (Original report in French: “Analyse des données disponibles sur les violence sexuelles,” by ONU Femmes. Avr. 2011.

^{lxxxvi} Author interviews with staff at SOFA, Kay Fanm, National Dialogue against Sexual Violence, GHESKIO, PIH, 2010 and 2011.

^{lxxxvii} Bulletin IX, Cases of Sexual Violence Registered and Accompanied in the 21 Dawn Centers of SOFA, January to June 2009. SOFA. July 2009.

(*Rapport Bilan IX, SOFA, Rapport Bilan IX, Cas de Violence Accueillis et Accompagnés dans les 21 Centres Douvanjou de la SOFA de Janvier à Juin 2009. SOFA. Juillet 2009*)

^{lxxxviii} Bulletin IX, Cases of Sexual Violence Registered and Accompanied in the 21 Dawn Centers of SOFA, January to June 2009. SOFA. July 2009.

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^{lxxxix} Ibid.

^{xc} Bulletin IX, Cases of Sexual Violence Registered and Accompanied in the 21 Dawn Centers of SOFA, January to June 2009. SOFA. July 2009.

(*Rapport Bilan IX, SOFA, Rapport Bilan IX, Cas de Violence Accueillis et Accompagnés dans les 21 Centres Douvanjou de la SOFA de Janvier à Juin 2009. SOFA. Juillet 2009*)

^{xcii} Ibid.

^{xciii} Ibid.

^{xciv} Ibid

^{xcv} Ibid

^{xcvi} “Bulletin VIII, Cases of Sexual Violence Registered and Accompanied in the 21 Dawn Centers of SOFA, July to December 2008.” January 2009

(*Rapport Bilan VIII, SOFA, Cas de Violence Accueillis et Accompagnés dans les 21 Centres Douvanjou de la SOFA de Juillet à Décembre 2008. SOFA. Janvier 2009*)

^{xcvii} Ibid.

^{xcviii} Unpublished data from a ZL/PIH analysis of its GBV program, provided to the author, entitled, *Partners in Health/Zanmi Lasante, Gender-based Violence in the Central Plateau and Lower Artibonite, Overview of Activite*. September 6, 2012.

^{xcviii} Author telephone interviews with Drs. Christophe Milien and Raymonville Maxi, ZL/PIH. September 2012.

^{xcix} Kolbe, Athena R. and Muggah, Robert et al. “Mortality, crime, and access to basic needs before and after the Haiti earthquake,” *Medicine, Conflict and Survival*. Vol. 26(4) 281-97. Oct.-Dec. 2010.

^c Moloney, Anastasia. “Haiti eyes tough law to tackle sexual violence.” *TrustLaw*. Feb. 12, 2012. Online at IJDH archives:

<http://ijdh.org/archives/25253>.

^{ci} Interview with Eugene Elverie by Harriet Hirshorn. Fall 2011. www.haitimedical.com/afasda (AFASDA); www.vday.org (V-Day).

^{cii} Author interviews and a review of the databases of SOFA, Kay Fanm, GHESKIO, KOFAVIV, BAI, and Fanm Deside confirmed cases of multiple rapes in the 2010 and 2011 period, some involving adolescents.

^{ciii} Author interviews and a review of the databases of SOFA, Kay Fanm, GHESKIO, KOFAVIV, BAI, and Fanm Deside confirmed cases of multiple rapes in the 2010 and 2011 period, some involving adolescents.

^{civ} Author interviews with Meena Jaganaath at BAI in July and October 2011 and updates via a BAI interview with Eva Bruno, RAPP attorney, September 2011.

^{cv} Ibid.

^{cvi} Author interviews with staff at SOFA, Kay Fanm, KOFAVIV, ANAPFEH, BPM. 2011.

^{cvi} Interview by Harriet Hirshorn, journalist, with Alain Clauvel Desforges, PNd’H, UCL FVV headquarters, Port-au-Prince. 2011.

^{cvi} Author interviews with doctors, midwives, and social workers at MSF CRUO center, Carrefour hospital, Midwives for Haiti, ZL/PIH maternal care team from Central Plateau, Haitian Red Cross, ICRC, and MDM. 2010 and 2011.

- ^{cix} Interview with MSF CRUO staffmembers in Port-au-Prince by journalist Harriet Hirshorn for PotoFanm+Fi. Fall 2011.
- ^{cx} Bulletin X, Cases of Sexual Violence Registered and Accompanied in the 21 Dawn Centers of SOFA from January to June, 2010. November 2010. *Rapport Bilan X, Cas de Violence Accueillis et Accompagnés dans les 21 Centres Douvanjou de la Sofa de Janvier à Juin 2010. SOFA. Décembre 2011).*
- ^{cxii} Haiti Truth website at www.haitian-truth.org/daily-report-classified-e-mail-regarding-prevals-gangs-with-commentary-from-haitian-truth/. Also, author interviews with Pierre Esperance (director of RNDDH), Danielle Magloire (National Dialogue), Haitian BPM officials. July 2011.
- ^{cxiii} RNDDH reports and updates. 2010 and 2011.
- ^{cxiii} "Voices from the Shanties," A Post-Earthquake Rapid Assessment Survey, a report by INURED. March 2010. inured.org/docs/Voices%20from%20the%20Shanties_INURED2010.pdf.
- ^{cxiv} Author interviews with staff at Reginal Dupont, SeroVIE; Kettly Alysee at ANAPFEH; Guerly Leriche, Esq., We-Lead program of Heartland Alliance in Haiti, July 2011 and November 2011.
- ^{cxv} "Yon Je Louvri: Reducing Vulnerability to Sexual Violence in Haiti's IDP Camps," a report co-authored by the researchers at the Global Justice Clinic and Center for Human Rights and Global Justice, New York University School of Law. February 2012. www.chrgj.org/projects/docs/yonjelouvri.pdf
- ^{cxvi} www.chrgj.org/press/docs/Haiti%20Sexual%20Violence%20March%202011.pdf
- ^{cxvii} www.chrgj.org/press/docs/1.12.12PRHaitiSS.pdf
- ^{cxviii} San Francisco-based Inveneo has introduced wireless "WiFi" systems to rural Africa that allow groups in rural areas to have Internet access, often linked to solar, wind, or water sources of energy. In Haiti, Inveneo engineers set up a long-distance WiFi link between a dozen relief organization locations, including an initial "test" network between the offices of Save the Children, Care, Concern Worldwide, and SOS Children's Village, an orphanage in Port-au-Prince taking in children that has focused on the problem of trafficked children. Inveneo also brought in a lot of equipment to help groups access WiFi and has explored extending access to more remote areas of Haiti. https://mail.google.com/mail/u/0/h/1ktgo5uusxdan/?&v=c&s=q&ser=AIKcX577UNI6bVGoec_jmJswltPHL_YKJA&q=sos+connect&st=40&th=1267b34ab1093436.
- ^{cxix} www.digital-democracy.org
- ^{cxix} www.livescribe.com/en-us/
- ^{cxix} www.sfgate.com/business/ontherecord/article/Jim-Marggraff-Livescribe-3657756.php
- ^{cxixii} Teff, Melanie, "Haiti: Still Trapped in the Emergency Phase," Field Report, Refugees International. Oct. 6, 2010. http://ijdh.org/wordpress/wp-content/uploads/2010/10/100710_haiti_still_trapped.pdf. In one of many agency field updates on the continuing poor conditions in IDP camps, Melanie Teff of Refugees International reported, "Service providers report increasing domestic violence in the stressful living conditions in the camps. The teenage pregnancy rate is extremely high in the camps, and medical agencies told RI that they are receiving large numbers of cases of failed 'street abortions,' some from girls as young as ten years old."
- ^{cxixiii} In a June 2012 update, Gen I groups reported back that some have expanded their pilot *Espas Pa Mwen* groups (some with additional outside funds), while others were on hold pending renewed HAGN funding. St. Boniface provided sessions for 55 girls living in rural areas. The PROFAMIL program helped 100 young mothers, single mothers, orphans, and girls living in tent cities in Croix des Bouquets (also with outside funds). The YWCA provided sessions for 45 girls, half in school, half at home. Save the Children's Jacmel office had 100 girls in its EPM program, slated to end on June 30, while Save's Leogane's youth program had closed. ANAPEF's program was on hold as of June 2, and so was GCFV; both hope to resume the program. APROSIFA was working with young girls via other funding and also hoped for fresh EPM program funds. In Jacmel, BRAC Haiti had 80 young girls in its group (supported with outside funding), most of them young mothers in school and earthquake victims.
- ^{cxixiv} Author interviews with members of FACDISC, Fall 2011.
- ^{cxixv} "Children in Haiti: One year after – the long road from relief to recovery." Jan, 7, 2011, a report by the United Nations Children's Fund. www.unicef.org.
- ^{cxixvi} Germain Kettly A and Fleurantin Carole, "Female Sex Workers in Port-au-Prince Street: Using Research to improve programs among Female Sex Workers after January 12 in Haiti," Poster presentation, AIDS 2012. July 2012. <http://pag.aids2012.org/EPosterHandler.axd?aid=17376>
- ^{cxixvii} *Ibid.*
- ^{cxixviii} Author interviews with Kettly Alysee, ANAPFEH, Spring and fall 2010, July and September 2011, and via email and telephone updates in 2010. Alysee is also a member of the PotoFanm+Fi coalition and served on the Steering Committee of the PotoFi Haiti Girls Initiative in 2011.
- ^{cxixix} Author interviews with Kettly Alysee, ANAPFEH, Spring and fall 2010, July and September 2011, and via email and telephone updates in 2010. Alysee is also a member of the PotoFanm+Fi coalition and served on the Steering Committee of the PotoFi Haiti Girls Initiative in 2011.
- ^{cxixx} "Driven by Desperation," Transactional Sex as a Survival Strategy in Port-au-Prince IDP Camps, » UNHCR. May 2011. www.unhcrwashington.org/atf/cf/%7Bc07eda5e-ac71-4340-8570-194d98bdc139%7D/SGBV-HAITI-STUDY-MAY2011.PDF
- ^{cxixxi} *Ibid.*
- ^{cxixxii} "The Secret Life: Portrait of A Sex Worker," Housing Works blog post. Oct. 28, 2010. www.housingworks.org/blogs/detail/sex-lies-and-the-earthquake/
- ^{cxixxiii} Author conversations with staff and volunteers at SOFA and GHESKIO's field hospital, spring 2010; conversations with Champ de Mars camp residents, October 2010 and follow up visits, July 2011.
- ^{cxixxiv} *Ibid.* www.unhcrwashington.org/atf/cf/%7Bc07eda5e-ac71-4340-8570-194d98bdc139%7D/SGBV-HAITI-STUDY-MAY2011.PDF
- ^{cxixxv} Author interview with SOFA and Kay Fanm directors, July 2011.
- ^{cxixxvi} Author interview with BPM officials, August 2011.
- ^{cxixxvii} Author interviews with Guerda Constant of Limye Lavi, members of the Haitian National Police and BPM, staff at SEROVIE, KOFIVIV, Kay Fanm, GHESKIO, SOFA and Partners in Health.. 2011.
- ^{cxixxviii} *Ibid.*
- ^{cxixxix} Katz, Jonathon, "Gang members in Haitian slum profit from disaster," *Associated Press*. Jan. 19, 2010.

- ^{cxl} Hummer, Liz, "Give Kids A Sporting Chance," blog post, Mercy Corps website. www.mercycorps.org/helpingkids/haiti/renaldo-story
- ^{cxli} Ravitz, Jessica, "Haiti's orphans: Why they remain in limbo," CNN News. Jan. 27. 2010. http://articles.cnn.com/2010-01-27/living/haiti.orphans.overview_1_haitian-orphans-adoption-process-orphanages?_s=PM:LIVING
- ^{cxlii} Ibid.
- ^{cxliii} Author interviews with IOM, UNICEF officials week of January 24-30, 2010.
- ^{cxliiv} Author 2012 communication and data collection with anthropologist Tim Schwartz, author of the 2008 expose *Travesty in Haiti*, a book that looks deeply and critically at the Haiti international adoption situation. www.travestyinhaiti.com
- ^{cxliv} "Child Protection in Haiti: Taking stock on the Second Anniversary of the Earthquake." January 2012. InterAction. www.interaction.org
- ^{cxlvi} Ibid.
- ^{cxlvii} "Senators push for more efficient Haiti adoptions," *CNN News*. Jan. 26, 2010. Landrieu was later widely criticized for her effort to push forward legislation to fast-track placement of Haitian children with prospective US adoptive parents due to her close links with religious groups who had come under suspicion for their international adoption programs. http://articles.cnn.com/2010-01-26/politics/haiti.orphans_1_haitian-orphans-adoptive-parents-haitian-children?_s=PM:POLITICS
- ^{cxlviii} Author interviews with Laura Silsby and members of an Idaho-based Baptist group, January 24, 2010, and author reporting on the case for ABC, CNN and other major news outlets, January through April, 2010. See: Jordan Miriam and Gauthier-Villars, David, "Haiti Allows Adoptions, Queries Missionaries," *Wall Street Journal*. Feb 2, 2010. The WSJ article stated, "New light was shed on the early activities of the missionaries by Anne-christine d'Adesky, a writer and human-rights activist from a prominent Haitian family who is a U.S. citizen. She emailed several U.N. authorities and said she met Laura Silsby, the leader of the American group, on Jan. 24 in a hotel in the Dominican Republic...." "...The implications of what she wrote are highly relevant to the status of this case before the Haitian courts," Fabrizio Hochschild, the top U.N. official addressed in Ms. d'Adesky's email, said in an interview. Mr. Puello, Ms. Silsby's lawyer, said he knew nothing about the alleged meeting with Ms. d'Adesky and his client."
- ^{cxlix} <http://haiti.humanitarianresponse.info/Default.aspx?tabid=191>
- ^{cl} Jordan Miriam and Gauthier-Villars, David, "Haiti Allows Adoptions, Queries Missionaries," *Wall Street Journal*. Feb 2, 2010. See also author reports on Haiti Vox blog. www.haitivox.org.
- ^{cli} Haiti CAP 2012. Page 97.
- ^{clii} Ibid. Page 100.
- ^{cliii} Cadet, Jean-Robert, Restavek. EducaVision. June 2004. www.educavision.com.
- ^{cliv} "Child trafficking Prevention program," a video report on child trafficking by Heartland Alliance in Haiti; also: author interview with Heartland Alliance PSA video editor Harriet Hirshorn, Sept. 2011. Videos at www.youtube.com/watch?v=G2plev2rpmw&feature=relmfu.
- ^{clv} Confidential author interviews with members of FACSDIS and SEROVie, 2011.
- ^{clvi} "Anti-LGBT violence rises in post-earthquake Haiti," a report summarizing findings of a joint IGLHRC-SEROVie report, posted at Rod. 2.0 website, Apr. 3, 2011. Joint report online at www.iglhrc.org/binary-data/ATTACHMENT/file/000/000/504-1.pdf.
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- ^{clviii} <http://serovie.sharepoint.com/Pages/FACSDIS.aspx>
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^{cccii} Kolbe Athena and Muggah Robert, "The Economic Costs of Violent Crime in Urban Haiti, Results from Monthly Household Surveys, August 2011-July 2012," Strategic Brief, Instituto Igarapé, Brazil. Sept. 2012. <http://igarape.org.br/the-economic-costs-of-violent-crime-in-urban-haiti/>

^{ccciii} Ivers, Louise and Cullen, Kimberly. "Human Rights Assessment in Parc Jean Marie Vincent, Port-au-Prince, Haiti," *Health and Human Rights Bulletin in Practice*, Vol. 12., No. 2. Fall 2010.

^{ccciv} UNFPA 2010 Annual Report: unfpa.org/webdav/site/global/shared/documents/publications/2011/AR_2010.pdf

^{cccv} PotoFanm+Fi interviews in 2010-12 with representatives of the National Dialogue, SOFA, Kay Fanm, KOFAVIV, Fanm Deside, Aprosifa, SEROVie, ANAPEH, AFASDA, and with doctors and GBV program officers at MSF chapters, MDM, PIH/Zanmi Lasante, GHESKIO, and a parallel collecting and review of reported cases to these agencies.

^{cccvi} Some families or parents may charge that their daughter was raped rather than acknowledge premarital relations, and seek to pressure the male partner to marry their daughter to address a social sense of "lost honor" associated with loss of sexual virginity.

^{cccvii} Advocates report that women and girls who are raped are commonly rejected by husbands and boyfriends, while young men suitors prefer to marry sexual virgins. Family counseling is often sought to help fathers and male partners of rape victims address what they perceive as an indirect attack on their honor and male ability to protect a wife or daughter. Many Haitians hold these traditional social views in what remains a patriarchal society.

^{cccviii} In the Plateau Central region of rural Haiti, doctors and legal advocates testified that families of rape victims still commonly demand that rapists marry a victim to "restore" the honor of the victim and family as a form of rural justice. There is often a demand for economic compensation to address the perceived loss of marriage prospects for the victim to the family – similar to a marriage dowry. They demand money, livestock, or other items with equivalent monetary value. The impact of rape on future marriage prospects for daughters is viewed as a major cause of ongoing post-rape depression among younger victims and their parents, report advocates. Given this stigma, it would not appear to socially or economically benefit families to report rape. This social and community stigma points to the challenges involved in reporting rape among younger victims who may also be engaging in survival sex, in which rape frequently occurs.

^{cccix} Ibid.

Beyond Shock

Photo Essay

Photographs by Nadia Todres

I have dedicated the past two years to photographing adolescent girls in Haiti. The images that follow have countless stories to accompany them. Each one will challenge you to imagine the life of that girl. Whether they are stories of 15 year-olds with babies or girls that must trade sex for food, they will consume you, as they have consumed me, until we find a way to make things right.

Experience in Haiti has taught me that hope is a powerful thing, but even in the bravest of situations, not enough. For the lives of the girls I have met and for all those whom I have yet to meet, my hope is that we, as an international community, do more for these girls. Acknowledging the situation is not enough. It is vital that we increase our efforts to improve the lives of these girls, for their futures and for their children's future.

We were shocked at the magnitude of the earthquake, and the devastation it brought to the lives of the Haitian people, but even more shocking is what exists today in Haiti. We must commit to do more and ultimately, we must hold ourselves and others accountable. Beyond the shock of the earthquake there are possibilities, but they cannot and will not take place without our continued efforts and commitment.

My most recent project is the creation of an arts center in Port-au-Prince, which is working to empower young people through the arts, in particular adolescent girls. The arts hold tremendous capacity to empower these girls by giving them the tools to express themselves. Through the lessons of photography and writing, the girls find their own voices and vision.

I have witnessed the transformation of over 100 girls over the course of the past two years, through work in the creative arts. They become stronger through bonding with one another, in a safe environment with other girls. Not only are they learning about art, but they are learning about respect for one another and they are learning about their rights to be given a chance to grow. They learn to be hopeful and they learn that their hopes are not simply dreams but real possibilities.

To our continued efforts in improving the lives of girls in Haiti today. - Nadia Todres July 2012

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Saturday, July 28, 12



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Girls of the Center for the Arts, Port-au-Prince
June 2012



Dedicated to the Girls of Haiti.