

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 Partners in Health’s 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. “We have to focus on reaching them (women and girls) before they deliver,” stated Milian. That calls for targeting currently pregnant individuals who aren’t yet getting prenatal care as a priority step and linking them to hospitals and providers who can provide HIV counseling and access to PMTCT and post-delivery HIV services.

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.

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.^{ccii} 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^{cciii} 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.^{cciiiii} 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.^{ccxiv}

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.^{ccv} 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.^{ccvi} 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.^{ccvii} 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 GHESKIO 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 hour 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.^{cclviii}

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.^{cclix} "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.∞

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.^{ccix}

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.”^{ccxi}

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.^{cclxii} 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 startling *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.^{cclxiii} By comparison, rural rates held steady.^{cclxiv} 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.^{cclxv} 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
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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^{cclxvi} -- more than 25 times the minimum daily wage.^{cclxvii} 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.^{cclxviii} 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.^{cclxix} 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.^{cclxx}

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 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.^{cclxxi} 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.^{cclxxii}

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.^{cclxxiii} 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^{cclxxiv} 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.^{cclxxv} 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.^{cclxxvi} "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.^{cclxxvii} (*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.”^{cclxxviii}^{oo}

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 Aurelius, 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).^{cclxxix} 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.^{cclxxx}

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 Yolette 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.^{cclxxxix} What's also notable is that this mortality rate increased from 523 to 630 in the preceding decade.^{cclxxxii} 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.^{cclxxxiii} 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)^{ccclxxxiv} 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.^{cc1xxxv} 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,^{cc1xxxvi} 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.^{cc1xxxvii} 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..^{cc1xxxviii} 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..^{cc1xxxix}

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..^{ccxc}

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 students in the fields of Psychology and Social Work, but their knowledge base and cultural understanding of the mental health needs of Haitians.^{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.^{ccxciii} 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.^{ccxciv} 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 KOFIVIV, 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.^{ccxcv} 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^{CCXCVI} 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 KOFIVIV, 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 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 (Ijans).
- **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 ouvè soti *lendi pou rive Vandredi 8è pou 4 è, samdi 8è pou 12ze.*

Annex II – Selected Bibliography

GBV and SEXUAL VIOLENCE:

- “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>
- Bulletin IX, Cases of Sexual Violence Registered and Accompanied in the 21 Dawn Centers of SOFA, January to June 2009. SOFA. July 2009. *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*
- “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
- “Haiti: Aftershocks: Women Speak Out Against Sexual Violence in Haiti’s Camps.” Amnesty International. Index AMR 36/001/2011), available at www.amnesty.org.
- “Our bodies are still trembling: Haitian women’s fight against rape.” July 2010, MADRE-IJDH, a joint report released by the Institute for Justice and Democracy in Haiti (IJDH), MADRE, TransAfrica Forum, and the Universities of Minnesota and Virginia law schools.
- “Driven by Desperation Transactional Sex as a Survival Strategy in Port-au-Prince IDP Camps,” May, 2011. UNCHR www.unhcrwashington.org/atf/cf/%7Bc07eda5e-ac71-4340-8570-194d98bdc139%7D/SGBV-HAITI-STUDY-MAY2011.PDF
- “Report of the secretary-general on the United Nations stabilization mission in Haiti.” UN Security Council. Apr. 22, 2010. S/2010/200. www.unhcr.org/refworld/docid/4be90cae26.html.

STATISTICS on GBV, Rape in Haiti:

- « Cas de Violence Accueillis et Accompagnés dans les 21 Centres Duvanjou de la Sofa de Janvier à Juin 2010. SOFA, Rapport Bilan 10. 2010. <http://alainet.org/images/SOFA%20-Onzieme%20Rapport%20Bilan-%20%20decembre%202011-2.pdf>
- Post Quake Rape Statistics from the Immigration and Refugee Board of Canada. www.irb-cisr.gc.ca:8080/RIR_RDI/RIR_RDI.aspx?id=453490&I=
- 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.

GENDER MAINSTREAMING, GENDER EQUITY:

- GENDER MAINSTREAMING IN THE HUMANITARIAN REPOSE IN THE AFTERMATH OF THE EARTHQUAKE IN HAITI Prepared by the Gender in Humanitarian Response Working Group, 24 February 2010,
- 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
- 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.

CHILD PROTECTION:

- United Nations Children's Fund. *Children in Haiti: One Year After – the Long Road from Relief to Recovery*, available at www.unicef.org.
- Cadet, Jean-Robert, Restavek. EducaVision. June 2004. www.educavision.com.

THE DISABLED:

- 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.

HAITI RECONSTRUCTION:

- Haiti post-disaster needs assessment report (PDNA). 2010. Posted at the *Haiti Vox* blog. <http://haitivoxpdna.blogspot.com/2010/03/action-plan-for-reconstruction-and.html>
- List of evaluations of Haiti earthquake:www.alnap.org/current/haitiportalresources.aspx
- National Policy on Housing, Habitat and Urban Development, Draft document circulated for public commentary, Government of Haiti and UCLBP, April 30, 2012.
- Review of Haiti Reconstruction Progress: Freedom House, *Countries at the Crossroads 2012 - Haiti*, 20 September 2012, available at: www.unhcr.org/refworld/docid/505c1731c.html

HOUSING:

- “Politique nationale du logement, de l’habitat et du développement urbain.” Gouvernement de la République d’Haïti (GoH) et Unité de Construction du Logement et des Bâtiments Publics (UCLPB) (*in French*) (National Policy on Housing, Shelter, and Urban Development), a draft document circulated for commentary. Apr. 30, 2012.
- Schuller, Mark. “Smoke and Mirrors: Deflecting Attention Away From Failure in Haiti’s IDP Camps,” Dec. 22, 2011. www.huffingtonpost.com/mark-schuller/haiti-idp-housing_b_1155996.html
- 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
- Ives, Kim and Annis, Roger. “Haiti’s earthquake victims step up demands for housing.” July 4, 2012. *Haiti Liberte*. Repost at <http://canadahaitiaction.ca/content/haiti%E2%80%99s-earthquake-victims-step-demands-housing>.

SECURITY:

- Berg, Louis "Crime, politics, and violence in post-earthquake Haiti." US Institute for Peace brief. 2012. www.usip.org/files/resources/PB%2058%20-%20Crime%20Politics%20and%20Violence%20in%20Post-Earthquake%20Haiti.pdf.
- "Keeping Haiti safe: Police reform." Latin America/Caribbean Briefing Paper. No. 26. Port-au-Prince/Brussels. Sept. 8, 2011. International Crisis Group. www.crisisgroup.org; also, PotoFi field reporter interview with UNPOL representative, Oct. 2011.
- 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
- Kolbe Athena and Muggah Robert, "Haiti's Urban Crime Wave? Results from Monthly Household Surveys, August 2011 - February 2012," Strategic Brief, Instituto Igarapé, Brazil, March 2012. http://igarape.org.br/wp-content/themes/igarape_v2/pdf/Igarape%20-%20Haiti%20Strategic_Brief_maio2012%20-%20final.pdf
- 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, Issue 4."
- 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.
- Lunde, Henriette, "The Violent Lifeworlds of Young Haitians. Gangs as Livelihood in a Port-au-Prince ghetto. The Youth Haiti Project." Fafo-Paper 2012:03. Fafo. ISSN 0804-5135.
- United States Institute of Peace (USIP), "Security After the Quake? Addressing Violence and Rape in Haiti," available at www.usip.org

HEALTH CARE

- Farmer, Paul, *Pathologies of Power*, University of California, 2003.
- Government of Haiti EMMUS IV. 2006
- Ivers, Louise, "Health and human rights in practice." *Health and Human Rights*. Vol. 12, No. 2, pg. 68. 2010.

REPRODUCTIVE HEALTH:

- Enquete de Satisfaction des Femmes Beneficiaires des Soins Obstetricaux Gratuits, Rapport du Deuxieme Trimestre de l'Evaluation (Novembre-2010/Decembre- 2010/Janvier-2011)," Institut de Consultation en Informatique, Economie et Statistique Appliques, February 2011.
- Klasing, Amanda, "Nobody Remembers Us," a Human Rights Watch, August 2011. www.hrw.org/sites/default/files/reports/haiti0811webwcover.pdf
- Fitzgerald Molly and Larsen Erica, "The Long Wait: Reproductive Health Care in Haiti," JSI Research and Training Institute, 2009, p. 11
- Macro International, "Haiti Demographic and Health Survey 2005-2006," cited in "Priority Reproductive Health Activities in Haiti," a joint February 2011 Inter-agency MISP assessment conducted by CARE, International Planned Parenthood Foundation, Save the Children and Women's Refugee Commission.
- « Soins Obstetricaux Gratuit – The SOG Program: Examining Haiti's Maternal Health Care Services," a report by MSF OCA, October 2009.
- Tong Katie and Gaillardin Florianne, "Interact Worldwide: Adolescent Sexual and Reproductive Health Assessment Mission to PLAN Haiti," July 4-20, 2010, a report by Interact Worldwide.
- UNFPA 2010 Annual Report: unfpa.org/webdav/site/global/shared/documents/publications/2011/AR_2010.pdf

MENTAL HEALTH:

- Nicolas, Guerda, "Enhancing the Mental Health Workforce in Haiti," *Caribbean Journal*. Sept. 27, 2012. www.caribjournal.com/2012/09/27/guerda-nicolas-enhancing-the-mental-health-work-force-in-haiti/.

LEGAL JUSTICE:

- "A Profile of Police and Judicial Response to Rape in Port-au-Prince." Report to the Secretary-General, Human Rights Section, Office of the High Commissioner for Human Rights-Haiti. MINUSTAH. June 12, 2012. <http://minustah.org/?p=36059>
- Brown, Jennifer K., pro bono counsel, and Loeffler, Robert, senior counsel, Morrison & Foerster US law firm. "Achieving justice for victims of rape and advancing women's rights: A comparative study of legal reform." (Haiti Edition) with recommendations on the Haiti draft law on the prevention, punishment, and eradication of violence against women. *TrustLaw*, a TrustLaw publication by the Thomas Reuters Foundation. Jan. 2012. http://cgrs.uchastings.edu/pdfs/VAWLegalReformTrustLaw01_2012.pdf
- "Challenges facing Haiti's justice sector," an IIDH US Congressional briefing paper. July 13, 2010. <http://ijdh.org/wordpress/wp-content/uploads/2010/07/Justice1paperbcdraft7-12-2010.pdf>.
- "Haiti after the earthquake." *PeaceBrief*, US Institute for Peace brief. Jan. 21, 2010. www.usip.org/files/resources/PB%205%20Haiti%20After%20the%20Earthquake.pdf
- "Haiti, justice reform and the security crisis," a report by the International Crisis Group. Jan. 31, 2007. www.unhcr.org/refworld/country,,ICG,,HTI,,45efd3ec2,0.html
- "UN report on Haiti rape shows few prosecutions." June 27, 2012. www.africandiplomacy.com/index.php?option=com_content&view=article&id=2547:un-report-on-haiti-rape-shows-few-prosecutions&catid=157:south-america&Itemid=1187&lang=fr
- www.americanbar.org/groups/litigation/initiatives/good_works/haiti/section_task_force_travels_to_haiti_to_train_lawyers.html

EDUCATION :

- La Stratégie Nationale d'Action pour l'Education pour Tous (SNA EPT). 2007. p. 163.



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.^{ccxcvii} ***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.^{ccxcviii}

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 KOFAVIV 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; KOFATIV 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,^{ccxcix} displacement,^{ccc} 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.^{ccci}

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.^{ccciii} 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.^{ccciiv}

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. KOFAVIV, 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:

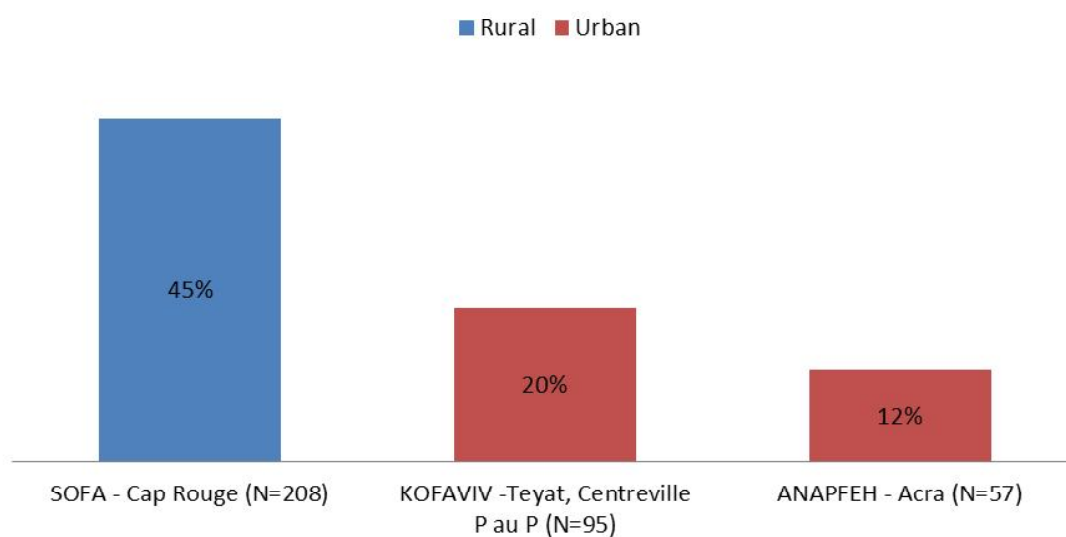
- **Link of rape to early pregnancy: 64% of 981 pregnant adolescent girls reported that they had gotten pregnant from rape.** The great majority reported that it was their first rape, but some had suffered a prior rape.

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

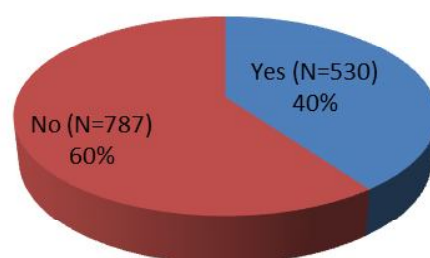
(Total girls who responded = 1251)



- **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)

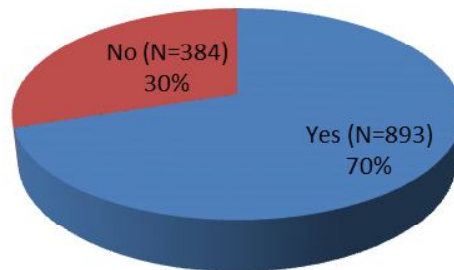


- **Demand vs. Delivery of Post-Rape Pregnancy Test:** *70% of 1277 girls reported having sought and received a pregnancy test after rape. Among the 30% who did not seek the test were girls from the rural zone of Cap Rouge and some girls under age 14.*

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

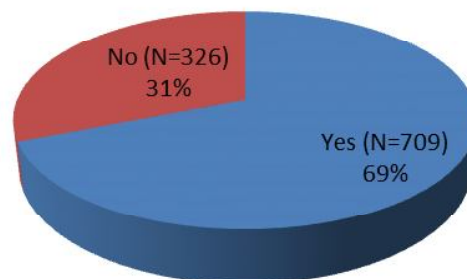
(Total girls who responded = 1277)



- **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

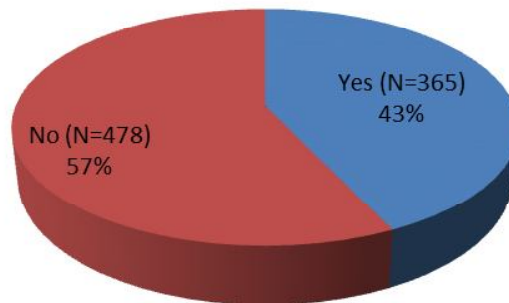
(Total girls who responded = 1035)



- **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.^{cccv} 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.^{cccvi} 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*).^{cccvii}

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.^{cccviii}

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.

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ⁱThe PotoFam+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.

ⁱⁱⁱ"Haiti earthquake death toll: The devastation in numbers." *The Huffington Post*, Jan. 16, 2010, available at www.huffingtonpost.com/2010/01/16/haiti-earthquake-death-to_n_425939.html.

^{iv}"Report of the secretary-general on the United Nations stabilization mission in Haiti." UN Security Council. Apr. 22, 2010. S/2010/200. www.unhcr.org/refworld/docid/4be90cae26.html.

^vAuthor interviews, updates with institutional members of Haiti Adolescent Girls Network (HAGN). 2011-12.

^{vi}Farmer, Didi Bertrand. "Bearing witness: Girls and women in Haiti's camps." *World Pulse* online. Nov. 4, 2010. www.worldpulse.com/node/30500

^{vii}"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.

^{viii}"Haiti raises quake death toll on anniversary," *CBC News*, Jan. 12, 2011. http://en.wikipedia.org/wiki/2010_Haiti_earthquake

^{ix}D'Adesky, Anne-Christine. "Holding up Haiti: Women respond to nightmare earthquake." *World Pulse* magazine. Jan. 27, 2010. <http://worldpulse.com/node/17137/>

^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

^{xiii}PDNA is the Haiti earthquake post-disaster needs assessment: Assessment of damage, losses, general and sectoral needs (PDNA).

^{xiv}Author conversations with Camille Chalmers, PAPDA; Leonie Hermanti, Lambi Fund of Haiti. Fall 2010.

^{xv}www.oxfam.org/en/haitiquake.

^{xvi}"WFP chief vows to help Haiti fight hunger, malnutrition." June 14, 2012. World Food Program online report. http://news.xinhuanet.com/english/world/2012-06/14/c_131651217.htm.

- ^{xvii} Project Medishare website. <http://www.projectmedishare.org>
- ^{xviii} La Stratégie Nationale d'Action pour l'Éducation 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 Fann, and Fann 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.
- ^{xxii} "Our bodies are still trembling: Haitian women's fight against rape." July 2010, MADRE-IJDH, a joint report released by the Institute for Justice and Democracy in Haiti (IJDH), MADRE, TransAfrica Forum, and the Universities of Minnesota and Virginia law schools.
- ^{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.
- ^{xxiv} Author visits to displaced communities and interview with SOFA's Carole Pierre-Paul, Jan. 19, 2010.
- ^{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#ixzz1yAXMEBHR.
- ^{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 Fann, Fann 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.
- ^{xiii} "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>
- ^{xiv} Author interviews with KOFVIV, SOFA, Kay Fann, GHESKIO, HUEH officials, January 2010.
- ^{xiv} 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.
- ^{xvi} Ibid.
- ^{xvii} 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.
- ^{liv} 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
- ^{lv} "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.
- ^{lvi} 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 KOFIV.
- ^{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 McLelland 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.

^{lxxxv} Ibid.

^{lxxxvi} 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.

^{lxxxvii} <http://laughingmaze.blogspot.com/2010/12/working-group-on-media-protocols-on.html>

^{lxxxviii} 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/>

^{lxxxix} 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.

^{lxxxci} UNIFEM.

^{lxxxcii} Author interviews in Jan. 2010 with Carole Pierre-Paul (SOFA), Yolette Jeanty (Kay Fanm), Danielle Magloire (La Concertation National Contre la Violence Faites Aux Femmes), Jocie Philistin, (KOFVIV), 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.

(*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*)

^{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*)

^{xc} Ibid.

^{xcii} Ibid.

^{xciii} Ibid

^{xciv} Ibid

^{xcv} "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*)

^{xcvi} Ibid.

^{xcvii} 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 Activitie*. September 6, 2012.

^{xcviii} Author telephone interviews with Drs. Christophe Milién 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, KOFVIV, 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, KOFVIV, 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, KOFVIV, ANAPFEH, BPM. 2011.

^{cvii} Interview by Harriet Hirshorn, journalist, with Alain Clauvel Desforges, PNd'H, UCL FVV headquarters, Port-au-Prince. 2011.

^{cviii} 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*).

^{cx} 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.

^{cxii} 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} “Von 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
- ^{cxx} www.livescribe.com/en-us/
- ^{cxxi} www.sfgate.com/business/ontherecord/article/Jim-Marggraff-Livescribe-3657756.php
- ^{cxixi} 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.”
- ^{cxixii} 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.
- ^{cxliv} 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

- ^{cxlv}“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.
- ^{clvii} <http://kouraj.org/about/>
- ^{clviii} <http://serovie.sharepoint.com/Pages/FACSDIS.aspx>
- ^{clix} SUPPLEMENTARY INFORMATION ON HAITI REGARDING THE TREATMENT OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER INDIVIDUALS (LGBT),” a joint petition to the United Nations Human Rights Committee, 105th Session, Geneva, Switzerland, 9–27 July 2012. Petitioners include SEROVie, FACSDIS, KOURAJ and the International Gay and Lesbian Human Rights Commission (IGLHRC), MADRE, International Women’s Human Rights (IWHR) Clinic, City University of New York (CUNY) School of Law, Center for Gender and Refugee Studies (CGRS), Hastings to Haiti Partnership (HHP) and Institute for Justice and Democracy in Haiti.
- ^{clx} Ibid.
- ^{clxi} Ibid.
- ^{clxii} Berg, Louis-Alexandre, “Crime, Politics and Violence in Post-Earthquake Haiti,” USIP PeaceBrief, United States Institute of Peace, Sept. 28, 2010. www.usip.org/files/resources/PB%2058%20-%20Crime%20Politics%20and%20Violence%20in%20Post-Earthquake%20Haiti.pdf
See also: Sullivan, Tim, “The Return of Haiti’s Gangs,” Center for Defense Studies web report, April 12, 2010. www.defensestudies.org/cds/the-return-of-haitis-gangs/
- ^{clxiii} Author telephone interview with Brian Concannon, Esq., Director of IJDH, June 2012.
- ^{clxiv} Author interview with Yolette Jeanty, Port-au-Prince, July 2011.
- ^{clxv} Author interview with Pierre Esperance, Port-au-Prince, July 2011.
- ^{clxvi} Author telephone interview with Meena Jaganaath of BAI RAPP program, June 2012.
- ^{clxvii} www.haitiprisonministry.org/haitiprisonministryannualreport2011-2012.pdf
- ^{clxviii} More information on HPM services is available by contacting them directly at: Haiti Prison Ministry, 315 Auto Route de Delmas 65, Port-au-Prince, Haiti, W.I. Tel: (+509) 3193-7500. Email: haitiprisonministry@yahoo.com. The US mailing address is: P.O.BOX 1052, NY, NY 10150. Tel: (646) 807-1672. Email: info@haitiprisonministry.org
- ^{clxix} Sontag, Deborah, “Amputations alter the way of life for Haitians,” *New York Times*. Feb. 23, 2010. www.nytimes.com/2010/02/23/world/americas/23amputee.html?pagewanted=all&r=0
- ^{clxx} Shivji, Allema, O’Connell, Colleen and Calvot, Thomas, “Preliminary Findings about Persons with Injuries. - Greater Port au Prince Area, 15-26 January, 2010,” a report compiled by Handicapped International. <http://oneresponse.info/Disasters/Haiti/Protection/publicdocuments/Handicap%20International%20Preliminary%20findings%20about%20persons%20with%20injuries.pdf>
- ^{clxxi} www.seiph.gouv.ht
- ^{clxxii} Ibid. Sontag, Deborah, “Amputations alter the way of life for Haitians,” *New York Times*. Feb. 23, 2010.
- ^{clxxiii}“Haitian President Martelly and Prime Minister Gary Conille Appoint Humanitarian and Activist Gerald Oriol, Jr. as Secretary of State for the Integration of Persons with Disabilities,” *Business Wire*. Oct. 29, 2011.
- ^{clxxiv} <http://www.facebook.com/bseiph>
- ^{clxxv} Berg, Louis “Crime, politics, and violence in post-earthquake Haiti.” US Institute for Peace brief. 2012. www.usip.org/files/resources/PB%2058%20-%20Crime%20Politics%20and%20Violence%20in%20Post-Earthquake%20Haiti.pdf.
- ^{clxxvi} www.un.org/en/peacekeeping/missions/minustah/facts.shtml.
- ^{clxxvii} Report by the Secretary-General of the United Nations on the UN Stabilization Mission in Haiti (MINUSTAH). UN document. Apr. 22, 2010. para. 1, 34.
- ^{clxxviii} www.unmultimedia.org/tv/unifeed/d/15270.html.
- ^{clxxix} Unpublished notes from interviews with UN MINUSTAH female peacekeepers by independent reporter Jacob Kushner Fall 2010.

- ^{chxxx} Comments by SAS researcher Athena Kolbe to the author, July 2012.
- ^{chxxxi} Berg, Louis, "Crime, politics, and violence in post-earthquake Haiti," a US Institute for Peace Brief. 2012.
www.usip.org/files/resources/PB%2058%20-%20Crime%20Politics%20and%20Violence%20in%20Post-Earthquake%20Haiti.pdf.
- ^{chxxxii} Berg, Louis, "Crime, politics, and violence in post-earthquake Haiti," a US Institute for Peace Brief. 2012.
www.usip.org/files/resources/PB%2058%20-%20Crime%20Politics%20and%20Violence%20in%20Post-Earthquake%20Haiti.pdf.
- ^{chxxxiii} Author interviews with KOFIV and Fanm Deside outreach workers to local camps, 2010 and 2011.
- ^{chxxxiv} www.trust.org/trustlaw/news/haitis-rulers-back-trustlaw-anti-rape-project/.
- ^{chxxxv} "UN report on Haiti rape shows few prosecutions." June 27, 2012. www.africandiplomacy.com/index.php?option=com_content&view=article&id=2547:un-report-on-haiti-rape-shows-few-prosecutions&catid=157:south-america&Itemid=1187&lang=fr .
- ^{chxxxvi} Kolbe Athena, Muggah Robert, Puccio Marie, "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/>
- ^{chxxxvii} Bell, Beverly. "The last things to lose are your dignity and hope – Haitian model refugee camps, Part II." *Other Worlds Are Possible* report. Sept. 9, 2010. www.otherworldsarepossible.org/another-haiti-possible/last-thing-lose-are-your-dignity-and-hope-haitian-refugee-camps-model-future.
- ^{chxxxviii} Exalus, Mergenat. "Haïti-Viol : 21 cas d'agressions sexuelles, recensés en 3 semaines dans l'Artibonite." *AlterPresse*, Mar. 30, 2012. Reposted on Relief Web in English at: <http://reliefweb.int/node/498818>
- ^{chxxxix} "Keeping Haiti safe: Police reform." Latin America/Caribbean Briefing Paper. No. 26. Port-au-Prince/Brussels. Sept. 8, 2011. International Crisis Group. www.crisisgroup.org; also, PotoFi field reporter interview with UNPOL representative, Oct. 2011.
- ^{cx} Ibid. "Keeping Haiti safe: Police reform." Latin America/Caribbean Briefing Paper. No. 26. Port-au-Prince/Brussels. Sept. 8, 2011. International Crisis Group. www.crisisgroup.org; also, PotoFi field reporter interview with UNPOL representative, Oct. 2011.
- ^{cxci} Ibid.
- ^{cxcii} Kolbe Athena and Muggah Robert, "Haiti's Urban Crime Wave? Results from Monthly Household Surveys, August 2011 - February 2012," Strategic Brief, Instituto Igarapé, Brazil, March 2012. http://igarape.org.br/wp-content/themes/igarape_v2/pdf/Igarape%20-%20Haiti%20Strategic_Brief_mai2012%20-%20final.pdf
- ^{cxcxiii} Author interview with BPM Inspector Gardy Muscadin. July 2011. Updates via e-list reports.
- ^{cxcxiv} CONAP members include Solidarite Fanm Ayisyen (SOFA) [Solidarity of Haitian Women], Droits et Democratie, Fanm Deside [Women Decide] in Jacmel, Mouvement des Femmes Haïtiennes pour l'Éducation et le Développement (MOUFHED) [the Haitian Women's Movement for Education and Development], and the national human rights group Réseau National de Défense des Droits Humains [RNDH]. Kay Fanm also has a close collaboration with GHESKO and URAMEL.
- ^{cxcxv} Author interview with Marie Ange Noel, Fanm Deside, Jacmel. July 2011. <http://www.fanmdeside.org/about-us/>
- ^{cxcxvi} <http://nationalgeographicassignmentblog.com/2012/01/12/the-alarming-vulnerability-of-the-haitian-women/>
- ^{cxcxvii} Ibid.
- ^{cxcxviii} Nairn, Allan. "Our payroll, Haitian hit." *The Nation* magazine. Oct. 9, 1995. www.thirdworldtraveler.com/Global_Secrets_Lies/HaitiOct95_Nairn.html. <http://www.webcitation.org/5ksWnPatG>. See also: <http://www.cja.org/article.php?list=type&type=250>
- ^{cxcxix} The FRAPH, led by a flamboyant, violently cruel man named Emmanuel "Toto" Constant, carried out broad campaign of extrajudicial killing, disappearances, torture, arbitrary detentions, and widespread rape from 1991-94. According to the Center for Justice and Accountability, a human rights group, the FRAPH "became notorious for the collection and display of the scalps and faces of its political opponents." See above footnote.
- ^{cc} www.ghfn.org/3-stories_videos-individual/haiti-rape-and-the-refugees
- ^{cci} www.scribd.com/doc/65789427/Press-Release-Digital-Democracy-KOFIV-Launch-Only-Emergency-Response-System-Dedicated-to-Rape-and-Sexual-Violence-in-Haiti
- ^{ccii} Author interview with GHESKIO staff, including Dr. Harry Theodore. July 2011.
- ^{cciii} www.unfpa.org/public/home/news/haiti/pid/5103
- ^{cciv} www.unhcr.org/4e8d98856.html
- ^{ccv} www.iom.int/jahia/webdav/shared/shared/mainsite/activities/countries/docs/haiti/IOM-Haiti-Shelter-Report-December-2011.pdf
- ^{ccvi} car.unwomen.org/ne_new_cfm?ID=139
- ^{ccvii} www.unwomen.org/2012/01/safe-houses-provide-critical-support-to-survivors-of-violence-in-haiti/
- ^{ccviii} http://sucatw.com/Home_Page.html. SUCATW Haiti contact information: Address: 145 Rue 21J-K, Cap-Haitien, Haiti Phone: (+509) 3656-2914
- ^{ccix} www.unicef.org/media/files/Children_in_Haiti_-_One_Year_After_-_The_Long_Road_from_Relief_to_Recovery.pdf
- ^{ccx} Zillman, Claire. "Eight days in Haiti," an interview with Jayne Fleming. *The AM Law Daily*. Mar. 26, 2010. <http://amlawdaily.typepad.com/amlawdaily/2010/03/jayne.html>
- ^{ccxi} <https://ijdh.myetap.org/fundraiser/patriciaflemingfund/>
- ^{ccxii} USIS is the leading provider of background investigations (information and security services) to the US federal government and its agencies.
- ^{ccxiii} www.aca.org/publications/OTL/OTL_March2010/index.html
- ^{ccxiv} Roig-Franzia, Manuel and Doge, Claude, "Many of Haiti's most-wanted on the loose after earthquake," April 9, 2010, *Washington Post*. <http://www.washingtonpost.com/wp-dyn/content/article/2010/04/07/AR2010040703104.html?sid=ST2010040703363>
- ^{ccv} "Haiti, justice reform and the security crisis," a report by the International Crisis Group. Jan. 31, 2007. www.unhcr.org/refworld/country,,ICG,,HTI,,45efd3ec2,0.html
- ^{ccvii} "Haiti after the earthquake." *PeaceBrief*, US Institute for Peace brief. Jan, 21, 2010. www.usip.org/files/resources/PB%205%20Haiti%20After%20the%20Earthquake.pdf

- ^{ccviii} Forst, Michael. "Haiti's unfinished human rights agenda." *Miami Herald*. Feb. 23, 2012.
- ^{ccviii} "Challenges facing Haiti's justice sector," an IJDH US Congressional briefing paper. July 13, 2010. <http://ijdh.org/wordpress/wp-content/uploads/2010/07/Justice1paperbcdraft7-12-2010.pdf>
- ^{ccix} www.healththroughwalls.org.
- ^{ccx} Senat, Jean Fleury. "The challenges of judicial reform," an English-language translation published by the US non-profit Human Rights Accompaniment In Haiti, Hurah, Inc. July 13, 2010. www.jsf-post.com/component/k2/item/349-haiti-the-challenges-of-the-judicial-reform
- ^{ccxi} "UN report on Haiti shows few prosecutions." *African Diplomacy*. June 27, 2012. www.africandiplomacy.com/index.php?option=com_content&view=article&id=2547:un-report-on-haiti-rape-shows-few-prosecutions&catid=157:south-america&Itemid=1187&lang=fr
- ^{ccxii} Herz, Ansel, "Rose Mina Deserves Better," Mediahacker blog post. Sept. 2011; updated Dec. 26, 2011. <http://www.mediahacker.org/2011/12/rose-mina-deserves-better>.
- ^{ccxiii} "Uruguay: UN rape case opens in Montevideo." *The Argentina Independent*. May 11, 2012. www.haitian-truth.org/uruguay-un-rape-case-opens-in-montevideo/
- ^{ccxiv} "A Profile of Police and Judicial Response to Rape in Port-au-Prince." Report to the Secretary-General, Human Rights Section, Office of the High Commissioner for Human Rights-Haiti. MINUSTAH. June 12, 2012. <http://minustah.org/?p=36059>
- ^{ccxv} Danto, Ezili. "Haiti: UN/MINUSTAH's gang rapes," blog post. Oct. 11, 2011. http://open.salon.com/blog/ezili_danto/2011/10/13/haiti_unminustahs_gang_rapes
- ^{ccxvi} Brown, Jennifer K., pro bono counsel, and Loeffler, Robert, senior counsel, Morrison & Foerster US law firm. "Achieving justice for victims of rape and advancing women's rights: A comparative study of legal reform." (Haiti Edition) with recommendations on the Haiti draft law on the prevention, punishment, and eradication of violence against women. *TrustLaw*, a TrustLaw publication by the Thomas Reuters Foundation. Jan. 2012. http://cgrs.uchastings.edu/pdfs/VAWLegalReformTrustLaw01_2012.pdf
- ^{ccxvii} www.trust.org/trustlaw/news/haitis-rulers-back-trustlaw-anti-rape-project/
- ^{ccxviii} MADRE's other key partners include the US-based legal groups New York University's Center for Global Justice; CUNY's School of Law and its IWHR clinic; the Center for Constitutional Rights; the TransAfrica Forum, Women's Link Worldwide; the Morrison & Foerster law firm, the Reed Smith law firm; the law schools of the Universities of Virginia, Michigan, and Florida; and the non-legal groups Digital Democracy and You.Me.We.
- ^{ccxix} www.madre.org/images/uploads/misc/1283377138_2010.07.26%20-%20HAITI%20GBV%20REPORT%20FINAL.pdf
- ^{ccxx} MADRE's Healing Haiti, Healing Ourselves program. www.madre.org/index/meet-madre-1/our-projects-20/haiti-healing-haiti-healing-ourselves-187.html
- ^{ccxxi} "Rights groups file request with IACHR on evictions of displaced Haitians." IJDH-BAI and partners joint press release. June 16, 2011.
- ^{ccxxii} The review was a collective effort conducted at the behest of KOFVIV, who commissioned MADRE for the report. MADRE worked with Thomson Reuters who found attorneys, principally at Morrison Foerster, to draft the report. Lawyers at MADRE and the Center for Gender and Refugee Studies (CRGS) co-edited the report. Input was also provided by local partners in Haiti, including KOFVIV and FAVILEK, and from LERN members outside Haiti.
- ^{ccxxiii} *Ibid.* Footnote 68: Can. Crim. Code § 274.
- ^{ccxxiv} *Ibid.* Footnote 71: Brazil Crim. Procedure Code art. 158.
- ^{ccxxv} Author interview, BAI, RNDDH, WE-LEAD.
- ^{ccxxvi} Source: Author email communication from Jessica Vapnek, Haiti legal reform project manager, Tetra Tech DPK consulting firm, Oct. 22, 2010. www.tetrachdtpk.com/
- ^{ccxxvii} <http://www.scoop.co.nz/stories/WO0811/S00081.htm>
- ^{ccxxviii} Searcey, Dionne, "US Moves to Block Some Funding for Haiti," *Wall Street Journal*. June 10, 2010. http://online.wsj.com/article/SB10001424052748703890904575296830013384018.html?mod=WSJ_hpp_MIDDLETopStories
- ^{ccxxix} "Rule of Law and Justice System Improvement." USAID Fact Sheet, May 2012. http://haiti.usaid.gov/work/docs/governance/120530_PROJUSTICE.pdf
- ^{ccx} Ivers, Louise, "Health and human rights in practice." *Health and Human Rights*. Vol. 12, No. 2, pg. 68. 2010.
- ^{ccxi} Haiti post-disaster needs assessment report (PDNA). 2010. Posted at the *Haiti Vox* blog. <http://haitivoxpdna.blogspot.com/2010/03/action-plan-for-reconstruction-and.html>
- ^{ccxii} www.doctorswithoutborders.org/news/article.cfm?id=5507&cat=field-news
- ^{ccxiii} Author interviews and visits to medical clinics staffed by ICRC, HRC, PIH/ZL, GHESKIO, MDM, and MSF staff doctors in Port-au-Prince. Jan. 22-28, 2010, and Fall 2010.
- ^{ccxiv} www.doctorswithoutborders.org/news/article.cfm?id=5507&cat=field-news
- ^{ccxv} Author interviews in 2010 and 2011 with doctors at GHESKIO, lawyers at BAI-IJDH and Reed Smith, survivor advocates at KOFVIV, Fanm Deside, SOFA, MADRE, among others.
- ^{ccxvi} Author interview with Kettly Alysee, ANAPFEH. 2011.
- ^{ccxvii} Confidential author interview with a lawyer for Haitian rape survivors. 2011.
- ^{ccxviii} PotoFi was told by various advocates that raped women have committed suicide, but these cases were not identified in reports made available for review.
- ^{ccxix} Author interviews with a focus group at SOFA Sud-Est, Cap Rouge; additional conversations with rural youth advocates from CEFOJ and members of Fanm Deside, Jacmel, July and September 2011.
- ^{cc} Author interview with SEROVie, Housing Works and PIH staff, 2010.
- ^{cdi} UNFPA 2010 Annual Report: unfpa.org/webdav/site/global/shared/documents/publications/2011/AR_2010.pdf
- ^{cdii} Klasing, Amanda, "Nobody Remembers Us," a Human Rights Watch, August 2011. www.hrw.org/sites/default/files/reports/haiti0811webwcover.pdf

- ^{cdliii} Olfarnes Trygve, "Midwifery and Nursing Schools Destroyed by Haiti Earthquake," UNFPA report, Jan. 22, 2010. <http://www.unfpa.org/public/site/global/lang/en/pid/4756>
- ^{cdliv} Services include prenatal and antenatal care, family planning, treatment for STDs, and HIV counseling, testing and care. MSF's facility also has a lab, blood bank, and pathology department—important restored facilities for Haiti.
- ^{cdlv} Author interviews in 2010, 2011 and 2012 with PIH Staff, including Ophelia Dahl, Jean-Renold Rejouit, MD, Paul Farmer, MD, and Didi Bertrand Farmer and Raymonde Maxi, MD.
- ^{cdlvi} www.pih.org
- ^{cdlvii} <http://www.standwithhaiti.org/six-months/subject/clinics-in-spontaneous-settlements>
- ^{cdlviii} <http://www.clintonbushhaitifund.org/programs/entry/partners-in-health/>
- ^{cdlix} Author interview by telephone with Dr. Milien in Haiti, September 10, 2012.
- ^{cdlx} *Ibid.* Human Rights Watch interview with Benita, camp in Mais Gaté, January 23, 2011 from "Nobody Remembers Us" HRW report, p. 44. www.hrw.org/sites/default/files/reports/haiti0811webwcover.pdf
- ^{cdlxi} Fitzgerald Molly and Larsen Erica, "The Long Wait: Reproductive Health Care in Haiti," JSI Research and Training Institute, 2009, p. 11, cited in HRW's "Nobody Remembers Us," report. See earlier footnote.
- ^{cdlxii} *Ibid.*
- ^{cdlxiii} www.unfpa.org/public/home/news/pid/7106
- ^{cdlxiv} Cedriann J Martin, "Haiti's Urban Baby Boom," *Trinidad Express* magazine, Nov. 7, 2010. http://www.trinidadexpress.com/woman-magazine/Haiti_s_Urban_Baby_Boom-106864648.html
- ^{cdlxv} UNFPA web report. www.unfpa.org/public/home/news/pid/7106
- ^{cdlxvi} « Soins Obstetricaux Gratuits – The SOG Program: Examining Haiti's Maternal Health Care Services," a report by MSF OCA, October 2009.
- ^{cdlxvii} *Ibid.*
- ^{cdlxviii} *Ibid.*
- ^{cdlxix} Klasing, Amanda, "Nobody Remembers Us," Human Rights Watch Report on women's access to health services, October 2011. Klasing interviewed PAHO SOG director Laurent Stien in February 2011 about SOG services after the earthquake.
- ^{cdlxx} Mukundwa, Aline, a report on Haiti for "The State of the World's Midwifery, 2011."
- ^{cdlxxi} *Ibid.*, HRW report.
- ^{cdlxxii} *Ibid.*
- ^{cdlxxiii} See main discussion for details of the link of rape to illegal abortion. See also Part II for data on the PotoFi field survey in adolescents that documented illegal abortion in pregnant girls surveyed in several geographic areas.
- ^{cdlxxiv} "Enquete de Satisfaction des Femmes Beneficiaires des Soins Obstetricaux Gratuits, Rapport du Deuxieme Trimestre de l'Evaluation (Novembre-2010/Decembre- 2010/Janvier-2011)," Institut de Consultation en Informatique, Economie et Statistique Appliques, February 2011. See HRW report for a commentary on the February SOG review.
- ^{cdlxxv} Author interviews with representatives at KOFVIV, SOFA, MSF, Fanm Deside, MDM-F, UNFPA October 2010, July 2011, and October 2011.
- ^{cdlxxvi} Martin Cedriann J, "Haiti's Urban Baby Boom," *Trinidad Express*, Nov. 7, 2010. www.trinidadexpress.com/woman-magazine/Haiti_s_Urban_Baby_Boom-106864648.html
- ^{cdlxxvii} Author interviews with Rosaline Benjamin, IDEO, January 2010 and July 2011.
- ^{cdlxxviii} *Ibid.* The Interact Worldwide report also noted that while service providers they spoke to at the local level Ministry of Health (Unité Communale de Santé – or UCS) in Croix des Bouquets, a Profamil clinic, and the St. Michel hospital in Jacmel all reported observing a "dramatic" increase in the number of adolescent pregnancies, their group did not personally see (visually encounter) many extremely pregnant young girls in camps they visited. This is in contrast to the findings with the Partners in Health group led by Dr. Louise Ivers and medical anthropologist Didi Bertrand Farmer in the downtown Jean-Marie Vincent and other camps in Port-au-Prince where PIH has its clinic.
- ^{cdlxxix} Misoprostol is an anti-ulcer medication that is registered under various trade names in more than 85 countries. Research has found that misoprostol used alone is about 85 percent successful in inducing abortion when used as recommended. It is more effective when combined with mifepristone, a registered abortion drug whose sale and use are banned in most countries with restrictive abortion laws. Studies show misoprostol offers a safe and accessible alternative for women who have no other option if used as recommended.
- ^{cdlxxx}
- ^{cdlxxxi} Tong Katie and Gaillardin Florianne, "Interact Worldwide: Adolescent Sexual and Reproductive Health Assessment Mission to PLAN Haiti," July 4-20, 2010, a report by Interact Worldwide.
- ^{cdlxxxii} *Ibid.*
- ^{cdlxxxiii} Macro International, "Haiti Demographic and Health Survey 2005-2006," cited in "Priority Reproductive Health Activities in Haiti," a joint February 2011 Inter-agency MISP assessment conducted by CARE, International Planned Parenthood Foundation, Save the Children and Women's Refugee Commission.
- ^{cdlxxxiv} Mini laparotomy is one of the two most common methods of tubal ligation (the other common sterilization procedure is a laparoscopy). Most women opt to have this procedure done right after giving birth. Women generally recover in a few days. Mini laparotomy is usually the tubal ligation option of choice for those who just went through childbirth. Definition excerpted from <http://contraception.about.com/od/tubaligation/g/Mini-Laparotomy.htm>.
- ^{cdlxxxv} Author and research team analysis of data on reported rape cases and patient files after 2010 by agencies including SOFA, Kay Fanm, GHESKIO, RNDDH, KOFVIV, Partners in Health, National Dialogue, State University Hospital, MSF-H, MDM, Fanm Deside, Nap Vanse clinic, AFASDA; human rights reports by Human Rights Watch and Amnesty International; legal groups IIDH-BAI/RAPP and LERN partners.
- ^{cdlxxxvi} Lunde, Henriette, "The Violent Lifeworlds of Young Haitians. Gangs as Livelihood in a Port-au-Prince ghetto. The Youth Haiti Project." *Fafo-Paper* 2012:03. Fafo. ISSN 0804-5135.
- ^{cdlxxxvii} *Ibid.* Page 20.
- ^{cdlxxxviii} Sontag, Deborah, "In Haiti, Mental Health System Is In Collapse," *New York Times*, March 19, 2010. www.nytimes.com/2010/03/20/world/americas/20haiti.html?pagewanted=all&_r=0

- ^{cdxxxix} Presentations on Mental Health in Haiti and Recovery, Haitian Studies Association meeting, November 2012.
- ^{ccxc} Author interviews with Roseline Benjamin in 2010, 2011; follow up email exchanges 2012.
- ^{ccxcj} Author interviews in Haiti with earthquake survivors, January 19-26, 2010.
- ^{ccxcii} Nicolas, Guerda, "Enhancing the Mental Health Workforce in Haiti," *Caribbean Journal*. Sept. 27, 2012. www.caribjournal.com/2012/09/27/guerda-nicolas-enhancing-the-mental-health-work-force-in-haiti/.
- ^{ccxciiiccxciii} Muir David, Romo Christine, and Hopper, Jessica. "Haiti Six Months Later: Helping the Mentally Ill and Remembering the Orphans," *ABC News*, July 12, 2010. <http://abcnews.go.com/WN/month-anniversary-haiti-earthquake-mentally-ill-struggling-port/story?id=11145161>
- ^{ccxciv} Author interviews with Roseline Benjamin at IDEO and staff at URAMEL, 2010; and with directors at Kay Fanm, Fanm Deside, SOFA and KOFIVIV.
- ^{ccxcv} http://reliefweb.int/sites/reliefweb.int/files/resources/OCHA_Haiti_Humanitarian_Bulletin_17_ENG.pdf
- ^{ccxcvi} Haiti Equality Collective (Collectif Haïti Égalité), "The Haiti Gender Shadow Report, Ensuring Haitian Women's Participation and Leadership in All Stages of National Relief and Reconstruction. A Coalition Gender Shadow Report of the 2010 Haiti Post-Disaster Needs Assessment (PDNA)," Final Report. Gender Action. December 2010. The editorial collective members are: Equality Now (www.equalitynow.org), Gender Action (www.genderaction.org), Gender and Disaster Network (www.gdnonline.org), GROOTS International (www.groots.org), Huairou Commission (www.huariou.org), Lambi Fund of Haiti (www.lambifund.org), MADRE (www.madre.org), ORÉGAND - Observatoire sur le développement régional et l'analyse différenciée selon les sexes (www.oregand.ca), PotoFanm+Fi Rebuilding Haiti Initiative (www.potofanm.org), Women's International Network of the World Association of Community Radio Broadcasters (AMARC) www.amarc.org. A final edited report of a collective document initially released in spring 2010 by members of the post-quake editorial collective to coincide with a UN meeting on Haiti's Post-Disaster Needs Assessment (PNDA) meeting by ten NGO organizations that formed the editorial Haiti Equality Collective. Final report edited and published by Gender Action. Final Report on the web at Gender Action's website: www.genderaction.org/publications/2010/gsr.pdf
- ^{ccxcvii} D'Adesky, Anne-christine and Policar, Soeurette. Oral forum presentation and powerpoint. «After the Shock - Girls, Pregnancy and Sexual Violence in Haiti. Presentation of First Results of a field study of young, pregnant girls' access to services. PotoFi Haiti Girls Initiative, Dec. 8, 2011, Holiday Inn hotel, Port-au-Prince Haiti. («APRÈS LE CHOC: Les Filles, la Grossesse, et la Violence Sexuelle en Haiti, Présentation des 1er résultats du sondage de terrain sur Les Filles, la Violence Sexuelle & la Grossesse. PotoFi Initiative Haiti Filles. Dec. 8, 2012)
- ^{ccxcviii} D'Adesky, Anne-christine and PotoFanm+Fi, "Beyond Shock: Charting the landscape of sexual violence in post-quake Haiti 2010-2012," a comprehensive report by PotoFanm+Fi slated for public release November 10, 2012.
- ^{ccxcix} 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.
- ^{ccc} Berg, Louis, "Crime, politics, and violence in post-earthquake Haiti." US Institute for Peace brief. 2012.
- ^{ccci} 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/>
- ^{cccii} 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.
- ^{ccciiii} UNFPA 2010 Annual Report: unfpa.org/webdav/site/global/shared/documents/publications/2011/AR_2010.pdf
- ^{ccciiv} PotoFanm+Fi interviews in 2010-12 with representatives of the National Dialogue, SOFA, Kay Fanm, KOFIVIV, 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.
- ^{cccv} 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.
- ^{cccviii} 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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Saturday, July 28, 12



Girls of the Center for the Arts, Port-au-Prince June 2012

Saturday, July 28, 12



Dedicated to the Girls of Haiti.