

**TO THE HONORABLE MEMBERS OF THE
INTER-AMERICAN COMMISSION ON HUMAN RIGHTS,
ORGANIZATION OF AMERICAN STATES**

**REQUEST BY THE INTERNATIONAL WOMEN'S HUMAN RIGHTS CLINIC
AT THE CITY UNIVERSITY OF NEW YORK SCHOOL OF LAW, MADRE,
THE INSTITUTE FOR JUSTICE & DEMOCRACY IN HAITI,
BUREAU DES AVOCATS INTERNATIONAUX, MORRISON & FOERSTER LLP,
THE CENTER FOR CONSTITUTIONAL RIGHTS, AND WOMEN'S LINK
WORLDWIDE FOR PRECAUTIONARY MEASURES UNDER ARTICLE 25 OF THE
COMMISSION'S RULES OF PROCEDURE**

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I. PARTIES

This request for precautionary measures (the “Request”) is filed against the Organization of American States (“OAS”) Member State of Haiti on behalf of thirteen Haitian women and girls (“named Petitioners”¹): [REDACTED]

[REDACTED] as well as the Haitian women and girls who have experienced human rights violations of sexual violence or are under threat of such violence, living in 22 Port-au-Prince internally displaced persons (IDP) camps: Kafoufey, Stad, Kasim Matisan, Kanaren 2, Fomekredi Merenath, Mon Jn Pije, Fils Pye Lui, Sant Pilot 1, Sant Pilot 2, Reji Site Soley, Plas Petion (CDM), Matisan 2B, Mozele, Tiplas Kazo, Soley 17, Plas St. Anne, Plas Dessalines (CDM), Sit CSDSM, Kwa De Bouke (Duval 30), Kwa De Bouk Lyse St. Jak, La Hochel- suplas, La Hochel de uzin, Petionville Club (collectively with named Petitioners referred to as “Petitioners” or “the Petitioners”). Petitioners request that the identity of all individually named Petitioners be kept confidential and their identity withheld from the State of Haiti, as proscribed under Article 28 of the Rules of Procedure.

The Petitioners respectfully request that the Inter-American Commission on Human Rights (“IACHR” or “Commission”) issue precautionary measures urgently needed to prevent the irreparable harm of rape, sexual violence, and death of women and girls and women’s human rights defenders in the above-named IDP camps.

This Request is filed on behalf of the Petitioners by the International Women’s Human Rights Clinic of CUNY School of Law, MADRE, the Institute for Justice & Democracy in Haiti, the Bureau des Avocats Internationaux, Morrison & Foerster LLP, the Center for Constitutional Rights, Women’s Link Worldwide and with the support of Haitian grassroots organizations KOFAVIV,² FAVILEK,³ and KONAMAVID.⁴

II. SUMMARY

On January 12, 2010 a 7.0 magnitude earthquake struck Haiti. The country’s infrastructure was devastated. At least 200,000 people died as a result of the earthquake.⁵ An additional 1.5 million people are estimated to have lost their homes and now live in one of 1,300 camps for IDPs.⁶ Conditions in the IDP camps are bleak. Shelter is inadequate, privacy is lacking, and access to food, clean water, and hygienic facilities varies from camp to camp.

The Haitian government has not adequately protected the human rights of women in the IDP camps. Little or no safety or protection has been provided for women and girls living in tents and

¹ Statements by named Petitioners are available in Appendix A.

² Komisyon Fanm Viktim Pou Viktim or Commission of Women Victims for Victims (“KOFAVIV”).

³ Fanm Viktim, Leve Kanpe or Women Victims Get up Stand up (“FAVILEK”).

⁴ Kodinasyon Nasyonal Viktim Direk or National Coordination of Direct Victims (“KONAMAVID”).

⁵ Catherine Bremer and Andrew Cawthorne, *Reuters: Haiti Says 200,00 May be Dead, Violence Breaks Out*, Jan. 15, 2010, available at <http://www.reuters.com/article/idUSTRE60B5IZ20100115>.

⁶ USAID, *USAID’S Approach to Shelter in Post-Earthquake Haiti: Providing Security, Dignity and Work*, (May 2010), available at http://pdf.usaid.gov/pdf_docs/PDACP673.pdf.

under tarps in IDP camps, leaving women and girls at great risk of rape and sexual abuse. To the contrary, conditions in the camps have led to even greater insecurity and risk of sexual violence. Petitioners have experienced rape and attempted rape, severe beatings, and repeated threats to their lives in retaliation for reporting the rapes or helping other victims at the hands of private and public actors. Many women report that they have been raped on multiple occasions since the earthquake. The government has no comprehensive plan for permanent or transitional housing for the 1.5 million residents of the over 2,000 IDP camps; there is no end in sight for the dangerous conditions in which the Petitioners live.

Haitian grassroots women's groups have begun creating their own security, including organizing groups of trusted men to take shifts patrolling in some camps, including accompanying women walking to and from portable toilets, particularly at night. However, Haitian women leaders and human rights defenders living and working in the IDP camps have experienced retaliation, fear, and death threats as a result of their efforts and sexual violence persists at alarming rates.⁷

In May and June 2010, two delegations of U.S. lawyers (including attorneys for Petitioners), community researchers and a women's health specialist investigated the prevalence and patterns of rape against IDPs in Port-au-Prince following the earthquake and the governmental, inter-governmental, non-governmental and grassroots responses to the violence. To obtain firsthand knowledge of conditions in the camps, members of the delegation interviewed over 50 women and girls who suffered rape or attempted rape after the earthquake.

These women and girls were referred to the delegations by KOFAVIV, FAVILEK and KONAMAVID, grassroots Haitian organizations working on women's issues in the 22 named IDP camps within Port-au-Prince. In July and October, lawyers for the Petitioners returned to Port-au-Prince to follow up on whether progress had been made in addressing the sexual violence crises faced by Haitian women and girls living in the named IDP camps and to assess whether the Haitian government.

Attorneys and advocates for the Petitioners collectively have interviewed over 300 sexual violence victims living in the 22 named IDP camps between the months January through October, 2010.⁸ Attorneys and advocates also have conducted numerous site visits to the 22 named IDP camps; some advocate members of KOFAVIV, FAVILEK, and KONAMAVID live in these camps. On site investigation revealed that these camps experience high rates of sexual violence because they lack adequate security and lighting, especially in comparison to IDP camps that have such basic necessities.⁹

Research demonstrates that after disasters and conflicts, women and children living in IDP camps are especially vulnerable to sexual violence and rape.¹⁰ To address this issue, the United Nations Guiding Principles on Internal Displacement ("Guiding Principles") and other international human rights treaties include specific measures to protect these at-risk populations

⁷ Interview with residents of the 22 named IDP camps by attorneys for Petitioners (on file with attorneys).

⁸ See Appendix A, declaration of Lisa Davis (Oct. 19, 2010).

⁹ See Appendix E, chart of the 22 named IDP camps identifying inefficiencies in lighting and security.

¹⁰ Brian Concannon Jr., *Haitian Women's Fight for Gender Justice*, at 3 (2003); See also Radhika Coomaraswamy, *Of Kali Born: Women, Violence, and the Law in Sri Lanka*, In *Freedom from Violence: Women's Strategies From Around the World*, 49-50 (Margaret Schuler ed., 1992) ("To rape a woman is to humiliate her community").

following disasters and conflict.¹¹ Despite available guidance, preventative measures such as providing lighting, privacy, housing, and active police presence or other effective security (particularly at night) are critically lacking within Haiti's IDP camps.

III. FACTS

A. Historical Context

In 1999, MINUSTAH reported that levels of sexual violence and attitudes in the community concerning sexual violence had not changed since the use of rape as a political weapon from 1991 to 1994, and that few measures had been implemented to adequately address sexual violence.¹² In 2005, however, the 2006-2011 National Plan to Combat Violence Against Women was adopted and the Haitian Penal Code was amended to recognize rape as a criminal offense with increased penalties rather than an "offense against morals."¹³ Since 2006, The Ministry of Women's Affairs and Women's Rights and the gender unit of MINUSTAH, have been engaged in the process of implementing the five-year National Plan as well as implement recommendations from CEDAW.¹⁴ Despite this progress, in 2009, the Commission inquired into developments around the response to sexual and gender-based violence in Haiti and noted that more work remained to be done, stating:

[T]he Commission conveys and reiterates its grave concern over the suffering of Haitian women due to a situation of widespread and systematic violence and discrimination. The Commission also underscores the importance of considering the specific needs of women in the public and institutional response to these problems and the overall security situation in Haiti.... The problems of discrimination and violence against women remain taboo and hidden issues in Haiti, which leaves the victims with a sense of insecurity, defenselessness and mistrust that the acts suffered will ever be remedied, and that their physical and emotional scars will ever be healed.¹⁵

In the wake of the earthquake, much of the progress that was made has eroded and sexual violence has exacerbated with women and children living in vulnerable conditions. Although official statistics are lacking, there is overwhelming evidence that the problem of sexual and

¹¹ Inter-Agency Standing Committee, *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (2005); UNHCR, *Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response* (SGVB Guidelines) (2003), available at <http://www.unhcr.org/3f696bcc4.html>; World Health Organisation, *Violence and Disasters* (2005), available at http://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf.

¹² See Benedetta Faedi, *The Double Weakness of Girls: Discrimination and Sexual Violence in Haiti*, 44 Stan. J. Int'l L. 147, 174 (2008).

¹³ See *Le Decret Modifiant le Regime des Agressions Sexuelles et l'eliminant en la Matière les Discriminations Contre la Femme*, July 2005, (decree Changing the Regulation of Sexual Aggressions and Eliminating Forms of Discrimination Against Woman).

¹⁴ Valeria Vilardo, *Women "More Protected" to Report Sexual Violence* (Jul. 22, 2009), <http://ipsnews.net/news.asp?idnews=47753>.

¹⁵ *The Right of Women in Haiti to be Free from Violence and Discrimination*, ¶ 164, Inter-American Commission on Human Rights, Mar. 10, 2009.

gender-based violence—specifically, the rape of women and girls—has dramatically escalated in Haiti since the earthquake, especially in named IDP camps.¹⁶ As conditions in the IDP camps make clear, the Haitian government lacks both the will and capacity to effectively address the post-earthquake crisis of sexual violence.

B. Displacement and Conditions that Lead to Vulnerability of Women and Girls in IDP Camps

Conditions in the IDP camps in Port-au-Prince are bleak and are not improving. Overcrowding, lack of privacy, and weakened family and community structures, among other things, render women and girls especially vulnerable to rape and other sexual violence. Women and girls live in inadequate shelter, often sleeping on the ground under nothing more than a tarp or blanket, with no means of protection and often with few family members or friends close by. Many girls lost their primary caregivers in the earthquake and are living alone. They also lack privacy and must bathe in public, in view of men and boys.

C. Displaced Haitian Women and Girls at Increased Risk for Rape

The government of Haiti must take preventative measures to reduce the incidents of rape and sexual assault faced by women and girls living in the IDP camps. Rape survivors interviewed have noted the following issues, which require urgent attention: lack of lighting; lack private bathing facilities; lack of tents or any other secure living facilities; and lack of policing.

Though official statistics are lacking, there is overwhelming evidence that rape has dramatically escalated in Haiti since the earthquake. Since January 2010, KOFAVIV tracked at least 300 rapes in just 22 of the hundreds of camps in Port-au-Prince.¹⁷ A University of Michigan survey conducted in March estimated that three percent of all people in Port-au-Prince had been sexually assaulted since the earthquake; all but one of the respondents surveyed in that study were female and half of the victims were girls under the age of eighteen.¹⁸ Doctors Without Borders reported in an interview that they treated sixty-eight rape survivors at one facility alone in Port-au-Prince in April 2010 alone.¹⁹

D. Incidents of Sexual Violence

Examples of sexual violence suffered by the named Petitioners include:

- On October 2, 2010, two men entered the tent of a young girl armed with a stick with nails protruding from one end. Another woman who heard the commotion attempted to intervene,

¹⁶ *Our Bodies are Still Trembling*, at 8 (2010), *supra* note 44; Deborah Sontag, *Sexual Assaults Add to Miseries of Haiti's Camps*, N.Y. Times, June 23, 2010.

¹⁷ Interview with victims by KOFAVIV and attorneys for Petitioners (on file with attorneys).

¹⁸ University of Michigan/Small Arms, *Assessing Needs After the Quake: Preliminary Findings from a Randomized Survey of Port-au-Prince Households*, Survey (2010).

¹⁹ Site visit to Médecins Sans Frontières (MSF) Delmas 31 (May 2010). MSF has reported elsewhere treating 212 victims of sexual violence in the 5 months following the earthquake. *Emergency Response After the Haiti Earthquake: Choices, Obstacles, Activities and Finance*, Médecins Sans Frontières (MSF), July 2010, available at https://www.msf.or.jp/info/pressreport/pdf/haiti_six_months_EN_LOW.pdf.

but was frightened away when the men threatened to shoot her. The men beat the victim with their handmade weapon and raped her. These men still live in the camp.²⁰

- On September 12, 2010, a reported prison escapee entered a family's tent. He bypassed the other family members sleeping on the ground and raped the seven-year-old daughter.²¹
- August 29, 2010, a young woman was kidnapped by five armed men in a truck. Before raping her, they choked her, forcing her to open her mouth, and one of the men bit off her tongue.²²
- On July 26, 2010, a nineteen-year-old woman was raped by three men when she left her tent to use the outside toilet at night.²³
- On July 15, 2010, an eighteen-year-old woman sleeping in a tent with her daughter, mother, and thirteen-year-old sister was awoken in the middle of the night by a man armed with a gun and a machete, who then raped her. Later that week, her thirteen-year-old sister was also raped.²⁴
- On June 29, 2010, a sixty-year-old woman was raped two days after the earthquake as she tried to intervene in the assault of a young girl.²⁵
- In June of 2010, a man attempted to kidnap and sexually assault a seventeen-year-old girl. She escaped, but the man returned with three other armed men, threatening her family and demanding money. When the victim went to the police, the police told her that they could do nothing since they received "too many" reports of rape, and further suggested that it was the President's problem, not theirs. The victim and her mother fear for their safety.²⁶
- On March 14, 2010, a five-year-old girl was raped and suffers bleeding from vaginal tearing, as well as chronic fever, trouble breathing, stomach pains, and incontinence. A doctor prescribed a multitude of medications but her grandmother, who acts as her guardian, is only able to afford the medication to control the incontinence.²⁷
- On January 20, 2010, a young woman was beaten by three armed men while being raped by a fourth man. She has suffered severe psychological trauma as a result of this experience and fears for her safety and the safety of her children.²⁸
- On January 20, 2010, a woman was woken by gunshots while sleeping with her children and niece in an IDP camp. Nine masked men entered her tent. Five men removed the children and the remaining four raped her. She could not identify her attackers because it was nighttime.

²⁰ Interview with victims by attorneys for Petitioners (on file with attorneys).

²¹ Interview with victims by attorneys for Petitioners (on file with attorneys).

²² Dec. of Jayne E. Fleming, (Oct. 18, 2010), Appendix A.

²³ Decs. of [REDACTED] and [REDACTED] (Aug. 11, 2010), Appendix A.

²⁴ Dec. of [REDACTED]. (Aug. 11, 2010), Appendix A.

²⁵ Dec. of [REDACTED] (Aug. 11, 2010), Appendix A.

²⁶ Dec. of [REDACTED] (Aug. 11, 2010), Appendix A.

²⁷ Dec. of [REDACTED]. (Aug. 11, 2010), Appendix A.

²⁸ Dec. of [REDACTED] (Aug. 11, 2010), Appendix A.

The men took her nineteen-year-old niece away for two days, raping and beating her. The woman has nowhere else to go and still lives in the same camp today. Because they lack resources to do so, neither the woman nor her niece have sought medical attention.²⁹

- On January 20, 2010, a nineteen-year-old woman was kidnapped from her camp and taken to a house at an undetermined location where she was gagged and gang raped by an unknown number of assailants. She was held at the house for two to three days and repeatedly beaten and raped until she was able to escape.³⁰
- On January 14, 2010, a woman was raped while searching for her husband's body among the rubble that was once her home. She was pulled into a tent by two armed men, and raped. Three days later, she was rushed to the hospital and her stomach was pumped after she tried to commit suicide by drinking a cup of bleach. Several months later, she purchased bleach again for another suicide attempt, but her daughter intervened at the last moment, knocking the cup of bleach out of her mother's hand.³¹ In May, she was again raped in the bathroom of the IDP camp where she was living.³²

Although each case is different, alarming rates and specific patterns of sexual violence in the IDP camps are clear. Petitioners have reported being raped (or being the subject of an attempted rape) by two or more individuals who were unknown to them and almost always armed with guns, knives or other weapons. The majority of the rapes reported occurred at night, in the dark, between the hours of 9:00pm and 3:00am. The women were attacked inside the IDP camps in tents and under tarps, in latrines, and on nearby streets. When women could identify an attacker, they most commonly identified perpetrators as members of neighborhood gangs and reported escapees from prison. Additionally, there have been some reports of attacks perpetrated by the police. The majority of the survivors stated that they would be unable to recognize their attackers because (a) the rapes occurred at night, (b) the perpetrators wore masks or sunglasses covering their faces or (c) the trauma of the event impaired memory.

Following these acts of violence, Petitioners continue to be vulnerable to rape and other forms of sexual and gender-based violence in the camps. Lacking other options, most remain living in the same area where they were attacked, and the attackers remain at large. Moreover, many women report that they have been raped on multiple occasions since the earthquake.

These circumstances, taken together, indicate a critical lack of preventative measures in the camp, resulting in increased vulnerability of the Petitioners.

E. Impact of Sexual Violence

The sexual violence occurring in the camps has both short-term and long-term effects on the survivors and their dependants.³³ Its impact goes beyond the physical, and in many cases is likely to result in long term psychological effects on survivors, many of whom are girls under the age

²⁹ Dec. of [REDACTED] (Aug. 11, 2010), Appendix A. *See also*, Appendix B, medical certificates given sexual violence victims.

³⁰ Dec. of [REDACTED] (Aug. 11, 2010), Appendix A.

³¹ Dec. of [REDACTED] (Aug. 11, 2010), Appendix A.

³² *Id.*

³³ *See* Appendix C, select psychological evaluations of sexual violence victims post-earthquake.

of eighteen. These effects are further compounded by ongoing threats received by victims that interfere in their ability to receive treatment or even to resume normal daily activities.

Victims of sexual violence including named Petitioners complained of various types of physical discomfort, including stomach pain, headaches, difficulty walking, and vaginal infection and bleeding. Victims also reported that their attackers did not wear condoms, resulting in pregnancy in some cases, and potentially exposing them to HIV and other sexually-transmitted infections. In addition to the rapes, nearly all of the women and girls who reported being victims of sexual violence suffered beatings, stabbings, or other injuries in the course of the attacks and endured scars and other visible injuries. Two Petitioners have had difficulty seeing due to the blows they received to the head.³⁴

Some victims including named Petitioners underwent medical and psychological evaluations and were diagnosed with Post Traumatic Stress Disorder (“PTSD”) and depression, among other things.³⁵ Other Petitioners have reported experiencing symptoms of PTSD, including extreme fear, nervousness, helplessness, inability to sleep, nightmares and signs of depression. Several Petitioners indicated suicidal tendencies and some had even taken steps towards ending their life. At least one Petitioner stated that she had contemplated killing herself and her children.³⁶

In some cases, rapists continue to disrupt their victim’s lives directly. For example, in one case, a Petitioner was able to identify her daughter’s rapist as a former military official’s son.³⁷ Because of the current threats by his family, the woman’s family must move from place to place every night to avoid being found. In another case, the Petitioner was told by her attacker that if she spoke about the rape to anyone, he would come back and kill her.³⁸

KOFAVIV and other grassroots groups working within the IDP camps report that women do not report sexual assault due to (i) the stigma attached to being a victim of rape, (ii) fear of retaliation, and (iii) the lack of adequate police response or prosecution. Additionally, several of the named Petitioners did not see a doctor or other medical professional following the rape, citing a lack of knowledge of where to find services, a lack of knowledge that services were provided free of charge, or an inability to pay for the transport to get to a clinic.

F. Impact of Sexual and Gender-Based Violence on Women’s Human Rights Defenders

In June, [REDACTED] and [REDACTED], Petitioners and leaders of a grassroots Haitian women’s organization working on sexual violence, and their families were threatened at gunpoint in the camp.³⁹ A reported prison escapee came to speak with the two leaders living and working in the Champ de Mars IDP camp. He demanded money and threatened the leaders’ lives and said he had heard that one of the leaders had just returned from testifying before the United Nations in Europe⁴⁰

³⁴ Interviews with Petitioners by attorneys for Petitioners (on file with attorneys).

³⁵ See Appendix B and C, select medical certificates and psychological evaluations for sexual violence victims post-earthquake.

³⁶ Dec. of [REDACTED] 8/11/10, Appendix A.

³⁷ Dec. of [REDACTED] 8/11/10, Appendix A.

³⁸ Dec. of [REDACTED] 8/11/10, Appendix A.

³⁹ Decs. of [REDACTED] and [REDACTED] 10/19/10, Appendix A.

⁴⁰ Ms. [REDACTED] testified on the crisis of sexual violence in Haiti’s IDP camps on June 7, 2010, before

and suspected she had resources. Out of fear for their safety, the two leaders left the camp the following day with their families and have not returned. It has been reported by camp residents that the man has returned to the camp, looking for the leaders and harassing and threatening other group members who continue to organize women in the camp and provide support for victims of rape.⁴¹

The two women filed a complaint with the police positively identifying the man and he remains at large. The police told the women that the camps “caused too much trouble” and the man “should have killed them all.”⁴² Moreover, one of the men who used to provide informal security for the women in the camp (he has since stopped because he is fearful and has no resources to continue the work) apprehended the perpetrator and called the police emergency number. The police did not answer on several attempts and he had to let the man go. On another occasion he apprehended the perpetrator again and was able to get through to the police who did not respond. [REDACTED] and [REDACTED] fled the camp and, with their international connections, were able to find the funds to relocate and go into hiding. Nonetheless, they remain fearful for their lives. They have seen this man on public transportation moving freely through the city.

G. Limited Access to Medical Services

Medical services providers are overwhelmed and unable to meet healthcare needs stemming from the assaults. Of those victims who have not obtained medical care, the majority have only sought general first aid care for injuries associated with the rapes and have not disclosed the rape to healthcare providers because they feel embarrassed or felt uncomfortable. The quality and type of care these women have received has varied depending on the facility and availability of supplies. Some clinics do not offer services such as HIV prophylaxis or emergency contraception. Women faced prohibitively long waits, and several reported leaving without ever being seen by a doctor. Women also reported a lack of privacy and limited access to female healthcare providers. Medical certificates⁴³ are not routinely provided and several victims were unaware of the importance of the certificates in documenting rape for domestic prosecution and their right to request them. Some survivors reported treating their rape injuries with traditional home remedies, including special teas and baths.⁴⁴ Media has reported a dramatic increase in pregnancies inside the camps, women lack access to proper pre-natal care and abortion services.⁴⁵

the UN Human Rights Council Session in June, 2010 and was accompanied by attorneys for the Petitioners. Testimony was given by *See* MADRE, KOFAYIV, the Institute for Justice & Democracy for Haiti (IJDH), et al., Statement submitted to the U.N. Human Rights Council on Sexualized Violence in Haiti’s IDP Camps (May 18, 2010), <http://ijdh.org/archives/12081>.

⁴¹ Interviews with IDP camp residents of Champs de Mars by attorneys for Petitioners (Oct. 7, 2010) (on file with attorneys).

⁴² Interviews with Petitioners by attorneys for Petitioners (on file with attorneys).

⁴³ *See* Appendix B select medical certificates for sexual violence victims post-earthquake.

⁴⁴ MADRE, IJDH, *et. al*, *Our Bodies are Still Trembling: Haitian Women’s Fight Against Rape 13* (2010) (*see, e.g.*, Interview #4) (May 5, 2010)). [Hereinafter *Our Bodies are Still Trembling (2010)*].

⁴⁵ NTN 24. Se triplica la tasa de embarazos en campamentos de desplazados en Haití. Oct. 19, 2010, *available at*: <http://www.ntn24.com/content/se-triplica-la-tasa-embarazos-campamentos-desplazados-haiti>.

H. Lack of Adequate Security in the Camps or Police Response

Petitioners report that the Haitian National Police (“HNP”) rarely patrol inside the IDP camps or respond when victims report being raped. Many victims have said they are afraid to report sexual violence to the police because of the lack of police response, threats of retaliation made by the attacker, and embarrassment due to the general social stigma associated with rape.⁴⁶

The overwhelming majority of rapes in Haiti post-earthquake have gone unpunished and the Haitian government and international community have not effectively deployed their resources to provide adequate protection.⁴⁷ Furthermore, the Haitian government has only begun to prosecute a fraction of these cases. In cases where the police have made arrests, suspects are often released as a result of poor investigations and corruption.

In a positive step, the Bureau des Avocats Internationaux (“BAI”) is aware of at least six arrests of suspected rapists by the Central Directorate of the Judicial Police (“DCPJ”) since the earthquake in cases the BAI is attempting to prosecute. At least one of those cases has proceeded to the indictment stage. These efforts are to be commended, especially in light of limited resources. Unfortunately, the procedure has highlighted intense discrimination and intimidation that women suffer in the justice system. During the indictment hearing, the victim was afforded little protection, confidentiality or sensitivity on the part of the judge or lawyers.

Although it is encouraging that the Haitian justice system has responded when pressured, concerns remain about cases where women do not have access to legal counsel to help them pursue their claims and work in collaboration with the prosecutor’s office. This concern has been substantiated. In July, the UN issued a press release that the UN Police (“UNPOL”) had arrested a man suspected of multiple rapes.⁴⁸ However, the UN failed to report publicly that this man was released shortly thereafter. The man was arrested on the basis that he had escaped from prison. However, the man arrested was someone else operating under the same alias. The police, despite positive identifications from residents of the community, were unable to charge the man with the rapes as a result of a faulty investigation and what appears to be a lack of will.

Moreover, as noted above in the case of [REDACTED] and [REDACTED], individuals working in the IDP camps to assist victims of sexual violence are themselves susceptible to additional violence that goes unpunished.

⁴⁶ Interview with rape victims in Haiti by attorneys for Petitioners (Oct. 7, 2010) (on file with attorneys).

⁴⁷ “The gender dimension of aid and security policies has only recently come under scrutiny, despite widespread occurrences of sexual assault and rape. There is neither an adequate system for documentation of these claims, nor judicial capacity to handle sex violence reports.” Linda Basch, *After Haiti’s Quake, Another Form of Horror*, N.Y. Times, July 1, 2010 (Letters to the Editor).

⁴⁸ *U.N. Police in Haiti Arrest Fugitives Suspected of Rapes Inside Camps for Displaced*, UN News Centre (July 23, 2010), available at <http://www.un.org/apps/news/story.asp?NewsID=35408&Cr=haiti&Cr1=>.

I. Lack of Meaningful Representation

1. Intentional Exclusion of Grassroots Women’s Groups by the Government of Haiti

Women, especially poor women, are still being excluded from full participation and leadership in the relief effort—including specifically in addressing sexual and gender-based violence in the IDP camps—despite standards requiring such participation, including the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women “Belém do Pará”, the UN Guiding Principles on Internal Displacement followed by the Commission.⁴⁹

2. UN GBV Sub-Cluster System’s Intentional Exclusion of Grassroots Women’s Groups at the Direction of the Government of Haiti

Within its Ministry for the Interior, the Haitian government has established the Groupe d’Appui de la Coopération Internationale (GACI), which brings together UN agencies, MINUSTAH, international development agencies, embassies, donors, and international NGOs. The GACI’s mandate is to supervise and coordinate international actors involved in disaster preparedness and response activities, mobilize funding, and ensure technical cooperation. The GACI integrates its response into an action plan developed by the Haitian government in coordination with the United Nations.⁵⁰

The UN Office for the Coordination of Humanitarian Affairs (OCHA) is the primary agency responsible for oversight of Haiti’s Cluster system.⁵¹ Each Cluster is responsible to “call on all relevant humanitarian partners” to address gaps in humanitarian action.⁵² If the partners are not capable of fully addressing these needs, the Cluster is expected “to commit itself to filling the gap” insofar as its funding permits. The UN Gender-Based Violence Sub-Cluster in Haiti (the “GBV Sub-Cluster”) is coordinated by UNFPA and UNICEF, and includes UN and NGO membership as well as Ministries of the Government of Haiti. The UN GBV Sub-Cluster takes the lead on addressing gender-based violence in complex emergencies, natural disasters and other such situations.⁵³

In violation of their obligations under applicable international human rights law, the UN GBV Sub-Cluster has acceded to the demands of the Haitian Women’s Ministry to intentionally exclude Haitian grassroots women’s groups from meaningful participation in the coordination

⁴⁹ For example, *U.N. Security Council Resolution on Women, Peace, and Security*, U.N. Doc. S/Res/1325 (Oct. 31, 2000); *U.N. Guiding Principles on Internal Displacement*, U.N. Doc. E/CN.4/1998/53/Add.2 (Feb. 11, 1998).

⁵⁰ See IASC, *Cluster Approach Evaluation, 2nd Phase, Country Study, Haiti* (April 2010), (explaining the integration of the Cluster system with the Haitian government).

⁵¹ In 2005, the UN’s Inter-Agency Standing Committee (IASC) established nine “Clusters” consisting of UN agencies, NGOs, and other international organizations grouped around an issue or service provided during a humanitarian crisis. Each of the nine Clusters is led by a designated agency, and many contain “Sub-Clusters” working on more specific issues.

⁵² U.N. One Response, <http://onerresponse.info/>.

⁵³ GBV AoR Working Group, *GBV Coordination at the Local Level*, One Response (July 4, 2010), available at <http://onerresponse.info/GlobalClusters/Protection/GBV/Pages/Gender-Based%20Violence%20Working%20Group.aspx>.

efforts to address and prevent sexual violence in Port-au-Prince IDP camps. This decision was made internally by the GBV Sub-Cluster under the direct order of the Haitian Women's Ministry, which sought to curry favor with the more affluent and powerful local Haitian women's organizations.⁵⁴ For example, the UN GBV Sub-Cluster has stated that it is not permitted by the Haitian Women's Ministry to refer sexual violence victims to organizations that are not listed in the 2008-2009 National Dialogue Resource Directory.⁵⁵ The GBV Cluster has also refused to provide Creole translation services at its meetings making meaningful participation by grassroots groups impossible.

According to the International Law Commission, "The conduct of a person or entity which is not an organ of the State under Article 4 but which is empowered by the law of that State to exercise elements of the governmental authority shall be considered an act of the State under international law, provided the person or entity is acting in that capacity in the particular instance."⁵⁶ As demonstrated by the actions described above, the UN GBV Sub-Cluster has acted as an agent of the Haitian government, thereby facilitating continued sexual violence in the IDP camps.

This exclusion has had a direct and profound impact on at-risk populations and has also led to significant waste and misdirection of aid by donor countries. For example, because of a failure to consult and coordinate with grassroots organizations, battery-operated flashlights were purchased and distributed to increase lighting in the IDP camps. These flashlights are now useless because camp residents cannot afford replacement batteries. Solar flashlights, available at a comparable price, would still be working and could significantly increase lighting and security in the camps. The continued exclusion of grassroots organizations means that this type of mistake, committed with the best intentions, will inevitably be repeated. The implementation of security measures must be undertaken with the input of camp residents. The failure of the UN GBV Sub-Cluster to take steps to ensure that grassroots organizations are included violates international human law and, if not addressed, will limit the effectiveness of any precautionary measures mandated by the Commission.

While Haiti, as a matter of law, bears the obligation to protect and fulfill the rights set out in the American Convention on Human Rights ("American Convention") and other treaties it has ratified, the international community shares responsibility for the human rights situation as it exists in this catastrophic context. The Commission has already reminded the international community and non-governmental organizations of the importance of respecting international human rights obligations in all relief and assistance efforts in Haiti subsequent to the earthquake, "in particular non-derogable rights and the rights of those most vulnerable."⁵⁷

Accordingly, the UN GBV Sub-Cluster should be recognized as an agent of the Haitian Government and should be included within the scope of the precautionary measures.

⁵⁴ Meeting with UN GBV Sub-Cluster representative and attorneys for Petitioners (Oct. 11, 2010).

⁵⁵ (La Concertation Nationale en 2008-2009) Meeting with UN GBV Sub-Cluster Coordinator Sian Evans and attorneys for Petitioners (Oct. 11, 2010).

⁵⁶ International Law Commission, *Responsibility of States for Internationally Wrongful Acts*, G.A. Res. 56/83, Annex Art. 5, U.N. Doc. A/RES/56/83 (Jan. 28, 2002).

⁵⁷ Inter-Am. C.H.R., Press Release No. 11/10, *IACHR Stresses Duty to Respect Human Rights During the Emergency in Haiti* (Feb. 2, 2010), available at, <http://www.cidh.oas.org/Comunicados/English/2010/11-10eng.htm>. (Last accessed Oct. 16, 2010).

IV. SEXUAL AND GENDER-BASED VIOLENCE OCCURRING IN IDP CAMPS CONSTITUTES VIOLATIONS OF HAITI'S HUMAN RIGHTS OBLIGATIONS

A. Applicable Law

Haiti has ratified the American Convention on Human Rights, as well as the Belém do Pará and the Inter-American Convention to Prevent and Punish Torture.⁵⁸ According to the Haitian Constitution, upon approval and ratification, international treaties become part of domestic law, and abrogate any conflicting laws. Moreover, Article 19 of the Haitian Constitution recognizes the State's "absolute obligation" to guarantee certain human rights. Thus, Haiti, as a matter of law, bears the obligation to respect, protect and fulfill the rights set out in the American Convention and other treaties it has ratified.⁵⁹ Haiti has ratified various international human rights instruments⁶⁰ that have direct bearing on women's human rights, including the right to be free from rape and other sexual violence, and to which the IACHR is entitled to refer in the interpretation of the Inter-American Convention.⁶¹

The numerous acts of violence documented herein constitute violations of these human rights instruments including, specifically, violations of Articles 4, 5, 7, 17, and 19 under the American Convention.

B. Specific Violations of the American Convention

1. Right to Life

Article 4 of the American Convention provides: "Every person has the right to have his life respected. This right shall be protected by law and, in general, from the moment of conception. No one shall be arbitrarily deprived of his life."

Compliance with Article 4, in connection with Article 1.1 of the American Convention, not only presupposes that no person may be arbitrarily deprived of his life (negative duty) but also requires, pursuant to the obligation to guarantee the full and free exercise of human rights, that the States adopt any and all necessary measures to protect and preserve the right to life (positive duty) of the individuals under their jurisdiction.⁶²

The rape, attempted murder, sexual abuse, terrorizing treatment and threats to life and safety suffered by the named Petitioners and other women and girl residents of the named IDP camps

⁵⁸ Haiti ratified the American Commission on Human Rights in 1977, the Inter-American Convention to Prevent and Punish Torture in 1986, and the Convention of Belém do Pará in 1997.

⁵⁹ Member States of the Organization of American States (the "OAS") are also obligated by the OAS Charter to "join together in seeking a solution... whenever the economic development or stability of any Member State is seriously affected by conditions that cannot be remedied through the efforts of that State." Charter of the Organization of American States, Art. 37, Apr. 30, 1948, 2 U.S.T. 2394, 119 U.N.T.X. 3 (the "OAS Charter").

⁶⁰ Haiti ratified CERD in 1972, CEDAW in 1981, ICCPR in 1991 (by accession) and the CRC in 1995.

⁶¹ Inter-Am. C.H.R., Advisory Opinion OC-1/82, *Other Treaties Subject to the Consultative of The Court* (Art. 64 American Convention on Human Rights), at 48-55, Sept. 24, 1982.

⁶² I/A Court H.R., *Campo Alogodnero: Claudia Ivette Gonzalez, Esmerelda Herrera Monreal and Luara Berenice Ramos Monarrez*, Cases Nos. 12.496, 12.497 and 12.498, Application of Nov. 4, 2007.

constitute violations of the right to have one's life respected and not to be deprived arbitrarily of life, because the injuries inflicted cause death or grave injury, result in severe psychological trauma, lead to suicide or suicidal ideation, and have resulted in infecting victims with HIV. Sexual violence may impair a woman's basic capacity to live because the injuries are extremely debilitating and can cause death or because the trauma and fear generated by rape have paralyzing personal and psychological effects.

2. Right to Humane Treatment

Article 5 of the American Convention provides: "Every person has the right to have his physical, mental and moral integrity respected; No one shall be subjected to torture or to cruel, inhuman, or degrading punishment or treatment. All persons deprived of their liberty shall be treated with respect for the inherent dignity of the human person."

The Commission has found that rape is an act of torture, stating, "[Rape] is a physical and mental abuse that is perpetrated as a result of an act of violence.... The Special Rapporteur against Torture has noted that sexual abuse is one of the various methods of physical torture. Moreover, rape is considered to be a method of psychological torture because its objective, in many cases, is not just to humiliate the victim but also her family or community.... Rape produces physical and mental suffering for the victim."⁶³ The Special Rapporteur on Torture has also stated that "[r]ape is a particularly base attack against human dignity. Women are affected in the most sensitive part of their personality and the long-term effects are perforce extremely harmful, since in the majority of cases the necessary psychological treatment and care will not and cannot be provided."⁶⁴

In addition to rape being recognized as a form of torture in some circumstances, it is also recognized as cruel, inhuman, and degrading treatment. The accounts described in this Request bear this out.⁶⁵ Because of its intensely personal nature, rape is a crime that also severely impacts a woman's mental and moral integrity, and can affect a victim's relationships within her community. Many times husbands choose to leave spouses upon finding out about their experience of rape, believing that they are degraded and are undeserving of respect.⁶⁶ Rape victims in Haiti often become shunned from society and the belief that the woman brought it on herself is prevalent.⁶⁷ This sense of shame is exacerbated by the lack of response victims receive when they do seek help from authorities. A significant number of Petitioners who reported their attacks to the police were told to seek help elsewhere, that the police had no resources to investigate, or were otherwise treated indifferently.⁶⁸

⁶³ *Raquel Martín de Mejía v. Peru*, Case 10.970, Inter-Am. C.H.R., Report No. 5/96, OEA/Ser.L/V/II.91 Doc. 7 at 157 (1996).

⁶⁴ *Methods of Work of the Special Rapporteur on Torture*, ¶ 580 (1994) U.N. Doc. U.N./e/CN.4/1994/31.

⁶⁵ *Supra*, Section D. Incidents of Sexual Violence.

⁶⁶ Interview with rape victims in Haiti by attorneys for Petitioners (Oct. 7, 2010) (on file with attorneys).

⁶⁷ *See, e.g.*, the Declaration of ██████████, in Appendix A (stating that the victim now feels ostracized by her community).

⁶⁸ Interview with rape victims in Haiti by attorneys for Petitioners (Oct. 7, 2010) (on file with attorneys).

3. Right to Personal Liberty and Security

Article 7 of the American Convention provides: “Every person has the right to personal liberty and security.” The right to personal liberty and security is infringed by the threat of harm and lack of recourse. Security of the person protects both bodily and mental integrity, including one’s sexual integrity and reproductive capacity and control. Since the earthquake, the government of Haiti’s failure to adequately respond to the rape crises, has made it impossible for Petitioner to feel any sense of security living in IDP camps. There are very few measures that the Petitioners alone can take to ensure the safety and security of themselves and their families.

The named IDP camps lack security not only in terms of appropriate police response and other safety measures such as lighting, but also in the temporary housing of tents and tarps that women and girls must live in. Some residents only have tarps or sheets that block their private home from the outside. Victims are fearful that perpetrators may return because they know where the victims live and can enter at any time.⁶⁹ Many victims have also received threats of retaliation from their attackers.⁷⁰ Further, there is a constant pervasive threat of harm to Petitioners walking through the named IDP camps, especially at night. Each named Petitioner that has spoken out about her rape or attack has testified to remaining depression, trauma, fear, lack of sleep, nightmares, lack of appetite and fear of going outside.⁷¹

Although official statistics are lacking, there is overwhelming evidence that the problem of sexual and gender-based violence—specifically, the rape of women and girls—has dramatically escalated in Haiti since the earthquake, especially in named IDP camps.⁷² One of the factors that have most enabled sexual violence in the camps is the lack of a security presence, particularly at night. According to Amnesty International, “thousands of women living in temporary camps around Haiti are threatened by sexual violence and have inadequate protection from any authorities.... The lack of measures to prevent and respond adequately to the threat of sexual violence is contributing to the humanitarian crisis.”⁷³ Though there have been some reports of limited perimeter patrols around the named IDP camps during the daytime, the failure to patrol when and where the majority of crimes are committed—inside the named IDP camps after dark—has meant that formal security has had little effect on deterring sexual violence.⁷⁴ Ironically, military and police officials cite concerns about the safety of security personnel as the reason why meaningful patrols cannot be conducted.⁷⁵

⁶⁹ Dec. of ██████████ 8/11/10, Appendix A.

⁷⁰ Decs. of ██████████, and ██████████ (Aug. 11, 2010), Appendix A.

⁷¹ Decs. of ██████████, and ██████████ 8/11/10, Appendix A.

⁷² *Our Bodies are Still Trembling*, at 8 (2010), *supra* note 44; Deborah Sontag, *Sexual Assaults Add to Miseries of Haiti’s Camps*, N.Y. Times, June 23, 2010. As Linda Basch, President of the National Council for Research on Women wrote in an editorial in the *New York Times*, “The gender dimension of aid and security policies has only recently come under scrutiny, despite widespread occurrences of sexual assault and rape. There is neither an adequate system for documentation of these claims, nor judicial capacity to handle sex violence reports.” Linda Basch, *After Haiti’s Quake, Another Form of Horror*, N.Y. Times, July 1, 2010 (Letters to the Editor).

⁷³ Amnesty Int’l, *Haiti: After The Earthquake: Initial Mission Findings*, March 8, 2010.

⁷⁴ Interview with Petitioners by attorneys for Petitioners (on file). *See also*, *Our Bodies are Still Trembling* 8 (2010), *supra* note, 44.

⁷⁵ *See* Interuniversity Institute for Research and Development (INURED), *Voices from the Shanties: A Post-Earthquake Rapid Assessment of Cite Soleil, Port-au-Prince*, 11 (Mar. 2010).

An additional problem contributing to the ineffective implementation of security required to prevent sexual violence in camps is the fact that Haiti's already fragile bureaucracy and civil service suffered deep blows from the earthquake. Ministry buildings were destroyed and many personnel were killed,⁷⁶ greatly weakening the government and police's ability to provide security in IDP camps and effectively collect reports⁷⁷ on instances of sexual and gender-based violence. For example, two specialized police units inaugurated prior to the earthquake to receive reports from women victims of violence were among at least 40 police stations—inside and outside of Port-au-Prince—that collapsed or were severely damaged in the earthquake.⁷⁸ More than 70 police officers died; another 60 are missing, and many others were injured.⁷⁹

The loss of officers and police stations seriously compromised the already limited capacity of the police to maintain security and enforce the law. By late April 2010, there were only 2,261 police officers serving Haiti's population of 9 million people, a ratio of one officer per 3,981 people. The UN Security Council responded to the general need for more police units by increasing the UN police force assigned to Haiti (UNPOL) to approximately 4,440.⁸⁰ In June, women welcomed the arrival of a 110 all-female police force deployed by Bangladesh (in coordination with MINUSTAH) to patrol some of the camps.⁸¹ The effect of the Bangladeshi force has been minimal, however, because the officers speak neither Haitian Creole nor French, making meaningful communication with camp residents impossible.⁸² In spite of these efforts, the number of Haitian police remains grossly inadequate in terms of the overall population.⁸³

In February, MINUSTAH reported that UNPOL and HNP officers had established a permanent and joint presence at the largest IDP camps in Port-au-Prince, the Pétienville Club and Cité Soleil.⁸⁴ These accounts have been largely contradicted by reports from the camp residents who

⁷⁶ *Haiti at a Crossroads*, A Report of the Members of the Committee on Foreign Relations, 111th Cong., 2d Session, S. Prt. 111-51 (June 22, 2010).

⁷⁷ See Appendix D, select police reports filed by sexual violence victims post-earthquake.

⁷⁸ See *Our Bodies are Still Trembling* 16 (2010), *supra* note 44, (citing Interview with Magalie Beleneau, HNP Principal Inspector, Assistant Director of Women's Coordination, (May 6, 2010) (on file with attorneys for Petitioners)); Michel Forst, *Report of the Independent Expert on the Situation of Human Rights in Haiti*, ¶ 27 (May 3, 2010) U.N. Doc. A/HCR/14/44, (Rapport de l'expert indépendant sur la situation des droits de l'homme en Haïti). [Hereinafter Forst].

⁷⁹ *Amnesty Int'l*, *supra* note 73, at 8.

⁸⁰ In late April 2010, the United Nations reported that there were 10,565 total uniformed personnel in Haiti, comprised of 2,261 police officers and 8,304 troops. It is important to note that Haiti disbanded its military in 1995. See "United Nations Stabilization Mission in Haiti" United Nations Peace and Security Section of the Department of Public Information in cooperation with the Department of Peacekeeping Operations, "MINUSTAH Facts and Figures," Apr. 30, 2010, available at <http://www.un.org/en/peacekeeping/missions/minustah/facts.shtml>.

⁸¹ U.N. News and Media, *Bangladeshi All-Female Police Unit Arrives in Haiti*, (Jun. 1, 2010), available at, <http://www.unmultimedia.org/photo/detail.jsp?id=438/438557&key=9&query=organization:MINUSTAH%20AND%20category:%22Field%20coverage%22&sf=>; See also, H.E. Dr. A K Abdul Momen, Ambassador and Permanent Representative of Bangladesh to the United Nations, *Statement at the General Debate of the Third Committee*, Oct. 13, 2010, New York.

⁸² Interview with KOFIV members by attorneys for Petitioners (on file with attorneys).

⁸³ In late April 2010, the United Nations reported that there were 10,565 uniformed personnel in Haiti, comprised of 2,261 police officers and 8,304 troops. It is important to note that Haiti disbanded its military in 1995. See "United Nations Stabilization Mission in Haiti" United Nations Peace and Security Section of the Department of Public Information in cooperation with the Department of Peacekeeping Operations, "MINUSTAH Facts and Figures," Apr. 30, 2010, available at <http://www.un.org/en/peacekeeping/missions/minustah/facts.shtml>.

⁸⁴ Report of the Sec'y-Gen. of the U.N. Stabilization Mission in Haiti (2010) U.N. Doc. S/2010/200.

said that they rarely see police inside the camps on foot or at night.⁸⁵ Moreover, to the extent that HNP and UNPOL conduct patrols and gender-based violence trainings for security personnel, the policing plan in place does little to include planning from Haitian grassroots groups operating inside the IDP camps or maximize limited resources and as a result has failed to address the issue of sexual violence in named IDP camps.⁸⁶

Even where a security presence does exist, camp residents note that, “security forces are not effective, largely because of their lack of coordination and failure to engage in partnerships with neighborhood associations and community.”⁸⁷ The lack of coordination and meaningful security patrols, however, is not solely a reflection of a shortage of military personnel and resources on the ground. Better coordination with grassroots groups in developing the aid response provides a promising pathway to improving the situation.⁸⁸ The Interuniversity Institute for Research and Development (INURED) writes that “relief institutions have little to no local knowledge and poor coordination with the communities.”⁸⁹ This lack of engagement with Haiti’s robust civil society has left relief organizations without valuable information and tools needed to develop an adequate response.⁹⁰

4. Rights of the Family

Article 17 of the American Convention provides: “The family is the natural and fundamental group unit of society and is entitled to protection by society and the state.” The same acts that constitute violations of the rights of liberty, security of person, and privacy also violate the rights of all persons to establish and maintain families. Families have been split apart as women have been devastated and shamed by sexual attack.⁹¹ Social stigma has interfered with victims’ relationships with their families.⁹² Further, injuries sustained, whether physical or psychological, impair victims’ abilities to maintain their roles as primary caregivers.⁹³

5. Rights of the Child

Article 19 of the American Convention provides: “Every minor child has the right to the measures of protection required by his condition as a minor on the part of his family, society, and

⁸⁵ MINUSTAH Joint Security Assessment, Mar. 30, 2010, ¶¶ 2-3. These observations are consistent with testimony heard during the Delegation victim interviews.

⁸⁶ MINUSTAH Joint Security Assessment, Mar. 30, 2010 at 4. This assessment recommended that the Government of Haiti and the UN design an “IDP Camp Strategic Policing Plan” that proposed new models for joint (HNP, UNPOL, UN military) policing to maximize available resources; schedules the maximum number of patrols, including on foot and at night; establishes a high number of static posts, possibly with UN military backing for police; includes women officers; seeks training; includes regular meetings between HNP/UNPOL and committees and other community policing aspects.

⁸⁷ *Supra* note 44.

⁸⁸ Beverly Bell, *From Disaster Aid to Solidarity: Best Practices in Meeting the Needs of Haiti’s Earthquake Survivors* (April, 2010). See Committee on the Elimination of Discrimination Against Women, *General Recommendation No. 19*, U.N. Doc. A/47/38 (Jan. 29, 1992).

⁸⁹ INURED, *supra* note 75, at 8.

⁹⁰ *Haitian NGOs Decry Total Exclusion from Donors’ Conferences on Haitian Reconstruction, Compiled by Jesuit Refugee and Migration Service*, Mar. 18, 2010, available at, <http://ijdh.org/archives/10541>.

⁹¹ Interview with victims by attorneys for Petitioners (on file with attorneys).

⁹² *Id.*

⁹³ See e.g., Decs. of █████ and █████ (Aug. 11, 2010), Appendix A.

the state.” The Inter-American Court of Human Rights has determined that “both the American Convention and the Convention of the Rights of the Child form part of a very comprehensive international corpus juris on the protection of children” that serves “to determine the content and scope of the general provisions contained in Article 19 of the American Convention.”⁹⁴ The States that are parties to the Convention on the Rights of the Child undertake to ensure that no child is submitted to torture or other cruel, inhuman, or degrading treatment or punishment or is illegally or arbitrarily deprived of his liberty and, at all times, “is treated with humanity and respect for the inherent dignity of the human person and in a manner which takes into account the needs of persons of his or her age.”⁹⁵

Similarly, young girls living in the named IDP camps have experienced high rates of sexual violence. Victims as young as five have been documented and many victims are under the age of 18.⁹⁶ Additionally, because of the January earthquake, an extremely large population of children has been left orphaned, with no one to keep them safe.⁹⁷ Some have become “restaveks,” children who have become servants, sometimes virtual slaves to other families or individuals in return for shelter, protection, or food.⁹⁸ The vast majority of restaveks are girls.⁹⁹ Additionally, many girls have prostituted themselves to earn enough money to eat and have been victims of rape, with no recourse against their attackers.

V. RELIEF REQUESTED

A. Authority

The Commission has the authority, under Article 25 of its Rules of Procedure, to order precautionary measures in extreme cases and to avert irremediable harm to persons “[i]n serious and urgent cases and whenever necessary according to the information available . . . to prevent irreparable harm to persons.”¹⁰⁰

B. Precautionary Measures Are Necessary to Prevent Further Irreparable Harm to the Petitioners

The facts set out above establish that the current situation for women and girls living in the 22 named IDP camps in Port-au-Prince, Haiti is extremely urgent and that untold numbers of Haitian women and girls are at risk of death, torture, and serious injury.

⁹⁴ *Ana, Beatriz and Cecelia Gonzalez Perez v. Mexico*, Case 11.565, Inter-Am. C.H.R., Report No. 53/01, OEA/Ser.L/V/II.111, Doc. 20 rev. at 1097 (2000).

⁹⁵ *Id.*

⁹⁶ Decs. of ██████████ and ██████████ (Aug. 11, 2010), Appendix A.

⁹⁷ Interview with KOVAVIV members by attorneys for Petitioners (Oct. 9, 2010) (on file with attorneys).

⁹⁸ *Report of the Special Rapporteur on Contemporary Forms of Slavery, Including its Causes and Consequences*, ¶ 38, U.N. Doc. A/HRC/15/20 (Jun. 18, 2010).

⁹⁹ *Report by the Special Rapporteur on Contemporary Forms of Slavery, Including its Causes and Consequences, Gulnara Shahinian, on her Mission to Haiti*, ¶ 36, U.N. Doc. A/HRC/12/21/Add.1 (Sept. 4, 2009) (estimating that 80% of the restaveks in Haiti are girls).

¹⁰⁰ Article 25(1), Rules of Procedure of the Inter-American Commission on Human Rights.

¹⁰⁰ *Case of Fourteen Women in a Situation of Displacement, Colombia*, Granting of Precautionary Measures, Inter-American Commission on Human Rights, Mar. 23, 2010.

The Petitioners seek the urgent intervention of this Commission ordering the government of Haiti to adopt precautionary measures to help address and prevent further sexual violence toward the thirteen named Petitioners as well for as those living in the 22 named IDP camps in Port-au-Prince: Kafoufey, Stad, Kasim Matisan, Kanaren 2, Fomekredi Merenath, Mon Jn Pije, Fils Pye Lui, Sant Pilot 1, Sant Pilot 2, Reji Site Soley, Plas Petion (CDM), Matisan 2B, Mozele, Tiplas Kazo, Soley 17, Plas St. Anne, Plas Dessalines (CDM), Sit CSDSM, Kwa De Bouke (Duval 30), Kwa De Bouk Lyse St. Jak, La Hochel- suplas, La Hochel de uzin, Petionville Club.

The Commission has previously ordered precautionary measures be taken specifically to address and prevent sexual violence. For example, the Commission has requested that States adopt the necessary measures to guarantee the life and physical integrity of the beneficiaries in several cases. In March 2010, precautionary measures were ordered when leaders of a displaced group of women in Colombia suffered sexual violence, home raids, and death threats.¹⁰¹ In 2009, the Commission granted precautionary measures to a fifteen-year-old in Colombia who was raped and then forced to carry a high-risk pregnancy, suffering a deterioration of her physical and mental health as a result.¹⁰²

In the case *R.S., A.B. and others, Haiti*, the IACHR granted precautionary measures for a twelve-year-old child (A.B.) who was raped by a school official, her mother (R.S.), and five human rights workers.¹⁰³ Specifically, the IACHR directed the State of Haiti to adopt the measures necessary to guarantee the life and physical integrity of A.B. and the other beneficiaries.¹⁰⁴ Additionally, Haiti's Constitution explicitly recognizes that "[t]he State has the absolute obligation to guarantee the right to life, health, and respect of the human person for all citizens without distinction, in conformity with the Universal Declaration of the Rights of Man."¹⁰⁵ Protecting against rape and other gender-based violence is included within these obligations.

Furthermore, the Commission has granted precautionary measures on behalf of whole communities to protect its members who are in danger of suffering irreparable harm. In the *Haitians and Dominicans of Haitian Origin Case*, the Commission granted precautionary measures on behalf of "thousands of persons of Haitian origin and Dominicans of Haitian descent who had been expelled by the authorities of the Dominican Republic, through collective round-ups, and without legal procedures to properly determine the nationality and family ties of the expelled persons."¹⁰⁶

In 2001, the Commission granted precautionary measures to the people of La Granja, Ituango municipality, in Antioquia, Colombia.¹⁰⁷ The precautionary measures were granted for the municipality as whole and individuals were not specifically named. Also in 2001, the

¹⁰¹ *Case of X and XX, Colombia*, Granting of Precautionary Measures, Inter-American Commission on Human Rights, Sept. 21, 2009.

¹⁰² *Id.*

¹⁰³ *Case of [REDACTED] and others, Haiti*, Granting of Precautionary Measures, Inter-American Commission on Human Rights, Oct. 14, 2009.

¹⁰⁴ *Id.*

¹⁰⁵ *Constitution d'Haiti* [Constitution] 1989, Art. 19.

¹⁰⁶ *Case of Persons of Haitian Origin and Dominicans of Haitian Descent, Dominican Republic*, Granting of Precautionary Measures, Inter-American Commission on Human Rights, Nov. 22, 1999.

¹⁰⁷ *Case of La Granja, Ituango municipality, Colombia*, Granting of Precautionary Measures, Inter-American Commission on Human Rights, Sept. 5, 2001.

Commission granted precautionary measures on behalf of members of the National Association of Peasant and Indigenous Women of Colombia (ANMUCIC).¹⁰⁸ Though only the president of the association was named, the Commission granted measures to protect the lives and persons of all the unnamed association members.

Similarly, in this Request, although some of the Petitioners have been named, the exact number of persons in need of precautionary measures is not known. Petitioners, however, form a distinct class in that they all live in the 22 named IDP camps that have been identified as experiencing high incidences of sexual violence specifically because these camps lack adequate security and lighting. Furthermore, residents of these 22 camps have nowhere else they can relocate to.

Accordingly, the Petitioners request the following relief:

- **The identity of the individually named Petitioners be kept confidential and their identity withheld from the State of Haiti**, as proscribed under Article 28 of the Rules of Procedure.
- **Ensure adequate security be provided in the IDP camps in Port-au-Prince, including lighting, appropriate patrolling, and an increase in women police officers.** Camps with both security and lighting have reported low rates of rape, which indicates that in order to deter sexual violence against women both security and lighting are required.¹⁰⁹ Accordingly, adequate or supplemental lighting should be provided for the 22 named IDP camps, similar to lighting that has been provided to other IDP camps in Haiti. The Petitioners further request that the number of women police officers be increased and that all responders receive training that will enable them to provide appropriate responses to reports of sexual violence crimes and security for named IDP camps. Additionally, Petitioners request that the government of Haiti support alternative community-based models of security.
- **Ensure adequate medical and psychological services for victims of sexual violence be provided in venues that are accessible to the Petitioners.** Specifically, Petitioners request medical access that addresses the need for privacy during exams, access to female medical providers, the issuance of medical certificates to rape victims, HIV prophylaxis, emergency contraception, emergency abortion services when requested, and culturally sensitive medical providers who do not blame the victims for the injustices they have suffered.
- **Ensure that Haitian women's human rights defenders be provided with adequate protection.** Petitioners request that the government of Haiti adopt the necessary measures to guarantee the life and personal integrity of named Petitioners and Petitioners residing in named IDP camps who are at risk; to reach agreement with the beneficiaries and their representatives on the measures to be adopted; and to inform the Commission about the steps taken to investigate the facts that led to the adoption of precautionary measures.

¹⁰⁸ *Case of National Association of Peasant and Indigenous Women, Colombia*, Granting of Precautionary Measures, Inter-American Commission on Human Rights, Mar. 2, 2001.

¹⁰⁹ *Our Bodies are Still Trembling* Appendix A (2010), *supra* note 44.

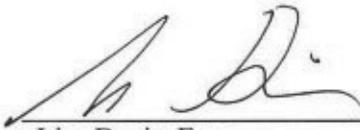
- **Ensure that Special Units within the Central Directorate of the Judicial Police (DCPJ) and the Prosecutor’s Office be created and fully funded** in order to investigate cases of rape and other forms of sexual violence.
- **Guarantee Petitioners full participation and leadership in all planning and implementation of policies and practices designed to address and prevent rape and other forms of sexual violence in IDP camps**, including meaningful participation in the UN GBV Sub-Cluster collaborative activities. To ensure this, GBV Sub-Cluster meetings should provide Haitian Creole translation.
- **Petitioners respectfully request that the Commission conduct an on-site visit to Haiti** pursuant to article 18(g) of the IACHR’s Statute, in order further investigate the facts of this case and to assist, if possible, in an amicable resolution of the problems that are set forth in this Request.

VI. NO OTHER CLAIM FILED

No claim contained within this Request has been filed with a UN Human Rights Committee or any other international organization with similar characteristics.

Dated October 19, 2010

Respectfully Submitted,



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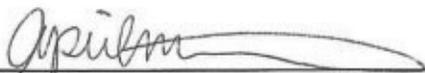
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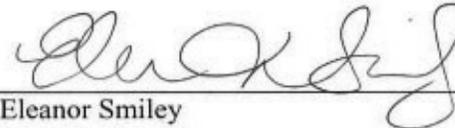
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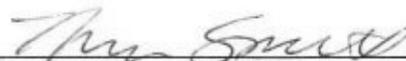
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APPENDIX A

Petitioner Declarations

**DECLARATION OF LISA DAVIS, ESQ. IN SUPPORT OF THE REQUEST BY THE
INTERNATIONAL WOMEN'S HUMAN RIGHTS CLINIC AT THE CITY
UNIVERSITY OF NEW YORK SCHOOL OF LAW, MADRE, THE INSTITUTE FOR
JUSTICE & DEMOCRACY IN HAITI, BUREAU DES AVOCATS INTERNATIONAUX,
MORRISON & FOERSTER LLP, THE CENTER FOR CONSTITUTIONAL RIGHTS,
AND WOMEN'S LINK WORLDWIDE FOR PRECAUTIONARY MEASURES
UNDER ARTICLE 25 OF THE COMMISSION'S REGULATIONS**

I, Lisa Davis, hereby declare that, to the best of my knowledge and belief, and after reasonable inquiry, the following is true and correct:

1. I am an Adjunct Professor of Law at the City University of New York School of Law's International Women's Human Rights Clinic, with offices located at 65-21 Main St., Flushing, New York 11367. Additionally, I am the Human Rights Advocacy Director at MADRE, with offices located at 121 West 27th Street, Suite 301, New York, NY 10001. I am an attorney duly admitted and in good standing in the State of New York. I am also the chair of the New York City Bar Association's International Human Rights Sub-Committee on Gender-Based Violence in Haiti and the National Lawyers' Guild Working Group on Haiti.

2. I submit this Declaration (the "Declaration") in support of the *Request by the International Women's Human Rights Clinic at the City University of New York School of Law, MADRE, the Institute For Justice & Democracy In Haiti, Bureau des Avocats Internationaux, Morrison & Foerster LLP, The Center For Constitutional Rights, and Women's Link Worldwide for Precautionary Measures under Article 25 of the Commission's Regulations* (the "Petition").

3. Except as otherwise indicated, the facts set forth in this Affidavit are personally known to me and, if called as a witness, I could and would testify thereto.¹

¹ Certain of the statements set forth herein relate to matters within the knowledge of other members of the Delegations and are based on information provided by them.

4. In May, 2010, I visited Port-au-Prince, Haiti as a member of a delegation of attorneys, community organizers and a women's health specialist to investigate the prevalence and patterns of rape against internally displaced persons ("IDP") in Port-au-Prince following the January 12, 2010 earthquake that struck Haiti, as well as the governmental, inter-governmental, non-governmental and grassroots responses to the violence. A second delegation traveled to Haiti in June, 2010 (collectively, the "Delegations").

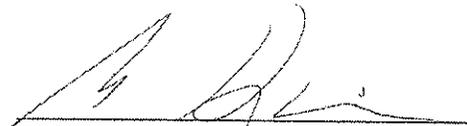
5. To obtain firsthand knowledge of conditions in the camps, I and other members of the Delegation interviewed over fifty women and girls who suffered rape or attempted rape after the earthquake. These women and girls were referred to the delegations by KOFAVIV, FAVILEK and KONAMAVID, grassroots Haitian women's organizations working in IDP camps and poor neighborhoods within Port-au-Prince.

6. In July and October, I returned to Port-au-Prince to follow up on the sexual violence crises faced by Haitian women and girls living in the named IDP camps and to assess whether the Haitian government and UN agencies, as agents of the government, had responded to the issue.

7. During these visits, members of the Delegations took the oral statements of women and girls living in the IDP camps (the "Declarants"), on whose behalf the Petition has been filed. The declarations attached as exhibits to the Petition are true and accurate reflections of those statements. The Declarants provided the statements of their own free will and were provided with no compensation or remuneration in return for giving their statements.

I declare [that the foregoing is true and correct to the best of my knowledge.

Dated: October 19, 2010


Lisa Davis, Esq.

Declaration of [REDACTED]

I, [REDACTED], hereby declare, the following:

1. My name is [REDACTED]. I am 58 years old. I have been victimized over and over again. I was born on the streets of Bijoutown in Carrefour and after my father left my mother, I was left on the streets where I was raped as a child. Later, my husband was killed in political violence and my family was threatened by the political opposition. Even after all of these hardships, my life changed for the worse after the earthquake of January 12, 2010.
2. I lost my sister and my home in the earthquake. I now care for her son, in addition to my own three daughters. One of my three daughters was also injured in the earthquake. Before January 12, 2010, I used to be a street vendor, but my sister was the primary provider for my family. Since her death, I no longer have a way to support our family. I went to a camp near Fontamara, where I have been homeless, without even a tent to sleep under.
3. After the earthquake, I thought my life could not get worse, but it did. On January 14, 2010, I saw a group of men raping a woman. When I confronted them and told them to stop, they told me they were going to rape me. They pinned me to the ground and beat me with a gun in my left ribs. I have a scar there now. Multiple men raped me while others watched. There were too many men to count. I did not know the identity of my rapists but I assumed they were prisoners because they had guns and there were rumors that some prisoners with guns had been released. I felt a tear inside me and started to bleed vaginally. When my rapists saw that I was bleeding, they said "if she is going to bleed, let's do it again." They continued to rape me.
4. Two days after I was raped, I obtained treatment at the general hospital because I had pain and continued to bleed. At that time, the hospital was so crowded that it was impossible to have a real appointment - they just gave me a few pills and a prescription. But I did not have the money to purchase the medication. I had also taken all the evidence of my rape to the doctor, including the towel I had used to clean up the blood on my body. But the doctor did not take any of this evidence. Instead, he threw my soiled things into the trashcan. I did not report my rape because if you go to the police to get help, they do nothing. I was already a member of KOFAVIV and I wish that they still had an office. Women feel safer going there to report their rapes because they do not have to fear reprisals.
5. Then, in June, 2010, some men became aggressive with one of my daughters and tried to take her away. When I found out, I went to try to find her and stop them, but they beat us both up. I took my daughter to the hospital after that, but she did not tell me if she had been raped. To this day, she has not said anything to me about it, so I don't know exactly what they did to her.

6. Since these events I have had constant anxiety and I continue to relive the death of my sister. I have frequent nightmares and trouble sleeping. I am afraid to be alone because of my rape and I have trouble selling things on the street because I am afraid to return to the area where I was raped. I am afraid of young men. I have heart palpitations and sometimes I begin to shake uncontrollably. I walk through the streets aimlessly, and I believe that my life is over for me. I frequently think about killing myself. I continue to live only because the children need me.

7. Since I live on the street without a tent, I am constantly in fear that I will be raped again and I had to send my children away because I was afraid of what would happen to them. The camps are not safe. Once it gets dark, nothing good happens. We need police in the camps to keep us safe and to pursue justice. When the police do come, they simply drive through in their patrol cars. Rapists must be arrested and sentenced. Justice would be served if rapists were put in jail and damages paid to the victims.

Declaration of [REDACTED]

I, [REDACTED], hereby declare, the following:

1. My name is [REDACTED] and I am 18 years old. I live in Salvan Pistache, Carrefour Feuille. My family has suffered greatly because of the earthquake. Me and my family, including my mother, my one-year-old daughter, and my thirteen-year-old sister are now living in a tent in Carrefour Feuille.
2. In the middle of the night on July 15, 2010, I was sleeping in my tent when a man entered with a gun and a machete. He beat me across my head and told me that if I told anyone, he would kill me. He violently raped me. Later that week my sister was also raped.
3. My mother is very sick from what has happened to us and I have developed heart problems because of what happened to me. I am always scared and have trouble remembering things. I don't feel safe in the camp, especially now that my sister and I were both raped within the course of one week, possibly by the same man, and this man is still out there.
4. After my attack, I sought medical assistance at the Gheskio Center, but I did not seek legal assistance, file a police report or complaint. The police do not take these crimes seriously, and since I could not identify my attacker and no one witnessed my rape, I was sure that they would simply turn me away. Since we do not have any protection or security in the camp, any man could easily return to rape us again.

Declaration of [REDACTED]

I, [REDACTED] hereby declare, the following:

1. My name is [REDACTED] and I am 32 years old. I have twice been a victim: first I lost my partner and son and my home during the earthquake, then I lost a piece of myself when I four men raped me.
2. Before the earthquake, I lived in Carrefour Feuille with my husband and four children. I earned income as a merchant. Everything changed on January 12. My oldest son and partner died in the earthquake. My home was destroyed and I am now living under sheets in a camp in Martissant with my other three children, niece and aunt.
3. On January 20 at around 9pm, I heard gunshots. Then, about nine men came under the sheets. Five of the men grabbed my niece and kids and took them outside. The four remaining men raped and beat me. They were masked and it was nighttime, so I could not identify any of the attackers.
4. The men took my niece, 19 years old, to an undisclosed location for two days where they took turns raping and beating her. I was so happy when she came back safe, but I know it has taken a toll on her. Neither of us are ourselves anymore.
5. I still have pain in my eyes from where the attackers hit me on the side of my head. I did not go to the doctor until July because I did not have the resources, including money for the transportation or someone with whom I could leave my children. I did not go to the police because I knew they would not do anything and I am very afraid of what would happen if the rapists found out I had reported because there is no protection. I am still living in the same place because I do not have anywhere else to go.
6. I am a member of FAVILEK, if it wasn't for the support of this group, I do not know where I would be. I feel very fragile and live in constant fear. I am especially afraid for my young daughter. We have no protection where we live.

Declaration of [REDACTED]

I, [REDACTED] hereby declare, the following:

1. My name is [REDACTED]. Prior to the earthquake of January 2010, I suffered two rapes. Shortly after the earthquake, I was raped for the third time in the camp where I lived in Cite Jasmin in Grand Ravine. I suffer continuous and cumulative trauma from my rapes and fear for my safety.
2. I am now 38 years old. My mother died when I was ten and my father died when I was twelve. It was during this time that I dropped out of elementary school. Life became very difficult after I was orphaned – I never had shoes, I had to clean other people's houses to survive.
3. When I was 17, I was raped. My first son is a product of that rape. I then had two more children with a man who has not helped to raise them. In the political chaos of 1991, I was raped again in Grand Ravine, by a member of the military. When I went to the police, they beat me, leaving a scar on my face. I did not go to the hospital because I feared further persecution. After I returned home, my house was burned down for the first time. I injured my arm when trying to escape. Then, in 2004, there was gang warfare in my neighborhood and my same house was again set on fire.
4. At the time of the earthquake I was still living in Grand Ravine. I was on the patio, cooking for two of my children. When the earth started to shake, I grabbed them and got them to safety. My oldest daughter was at my sister's house, which collapsed. The father of my last two children died in the earthquake along with my two nephews, three cousins, and several neighbors. My house was destroyed. My children and I had to search for a new place to sleep.
5. Two days after the earthquake, I was staying at a camp on Fifth Avenue in Grand Ravine when I was beaten by three armed men who pulled a gun on me while another man raped me. They hit me in the eyes. I went to stay with the leaders of KOFAVIV and the next day, I was treated at the General Hospital. I have suffered severe trauma since the rape and I continue to have nightmares. I have lost my appetite and only eat to survive.
6. I am now forced to move around with four of my five children, one grandchild, and brother. I am washing clothes, babysitting, and cleaning for money. My children are sick, but I don't have enough money to get medical treatment. I feel very threatened and unsafe. I spend my time cooking for others, but I have no appetite to eat. I force myself to take spoonfuls so I can stay alive. But sometimes my heart beats so fast and I feel depressed, like I can't go on.
7. I fear for my safety and the safety of my children and I wish I could live somewhere where people were treated better and where we could be safe. The state needs to take responsibility for our safety and welfare. Foreigners should take the cork out of the Haitian government's ears so they can finally support the people who need help most.

Declaration of [REDACTED]

I, [REDACTED] hereby declare, the following:

1. My name is [REDACTED]. I am a survivor of the earthquake that took place on January 12, 2010. My daughter and I are both victims of rape, and after the earthquake, my five-year-old granddaughter also became a victim of rape. I am currently living in Martissant without proper shelter. I constantly fear for the safety of my family, and I especially fear that they will continue to become victims of sexual violence.
2. I am 50 years old. Before the earthquake, I sold everything from milk and cereal to shoes and clothing. I now care for eight children: my five remaining biological children, one grandchild, and two of my sister's children.
3. I was born in a clinic in Jeremie, Haiti. My mother died six months after my birth, and as a result I lived under horrible conditions until I became financially independent at the age of fourteen.
4. Around the time of the April 2004 coup d'etat, I was living in the Village de Dieu sector of Port-au-Prince with my husband and children when my daughter and I became victims of politically motivated rapes. My daughter was only 18 at the time. My husband tried to stop the rapists – but they put a black bag over his head and took him away to kill him. My daughter and I did not have the option to seek medical assistance and because rapes were so common at the time, I did not report the attack. My daughter became pregnant as a result of her rape. I now care for my five-year old granddaughter who people in the community have shunned as a “rape bastard.” As a result of the attack, my family experienced humiliation and fear.
5. At the time of the earthquake I was living in Village de Dieu with my children and granddaughter. My house was destroyed. I was physically injured by falling debris, my 20-year-old son was killed, and my thirteen-year-old daughter was seriously injured. My sister also died in the earthquake, leaving me to care for her two children.
6. After the earthquake, I took my family to the Martissant camp at St. Bernadette church. One day a large group of men came into the camp around midnight and started making music and singing evangelical songs there in the church courtyard. Some of us who were still awake thought they were visiting from another church. We joined them there to sing prayers. But it turned out they were not good people; they suddenly turned and started grabbing women to rape. I was able to escape and hide, but I was terrified. They raped many women.
7. In March, following this shocking incident, I sent my older daughter, my granddaughter, and my two nieces to the countryside in a village outside of Jeremie, where I hoped they would be safer. I stayed behind with my other children because I could not afford to send them all. I then received an urgent call from my daughter that on March 14th, my five-year old granddaughter had been raped by a 20-year-old man. My daughter had given my

granddaughter 20 gourdes to go a few doors away to buy rice. But this man saw my granddaughter and stole the money right out of her hand – he tricked her into chasing him into a cemetery, where he raped her. An old woman who was coming back from church saw him attacking my granddaughter. She tried to pull the man off the little girl, but he hit the old lady, tore her clothes. The old woman screamed for help, but it was useless in a cemetery. Because of this witness, though, we knew the identity of the attacker. I sent my daughter money to go to the judge to obtain an arrest warrant. But the judge only issued an invitation order, which the rapist ignored. Instead of appearing at court, he fled.

8. Since my daughter did not have access to a hospital in the countryside, I brought my granddaughter back to Champs Mars in Port au Prince in April. I took her to Gheskio hospital on April 29th. My granddaughter is still suffering both physical and psychological injuries. After the rape, her stomach swelled and turned blue. She cries a lot and hardly eats. She has stomach pains, trouble breathing, and often has a high temperature. She continues to bleed from vaginal tearing and she can't control her urination. She also has problems with her tear ducts because the rapist pushed her eyes. The doctor prescribed several medications, but so far I have only been able to pay for the medication for her incontinence.
9. I moved from the Champ de Mars camp to Martissant after the rainy season. I had no tent, so I was using a plastic tarp as shelter for my granddaughter and four of my children. I was recently offered a room in a safehouse. This is only temporary shelter and I fear what will happen when I must leave. I will be forced to return to Martissant because I have nowhere else to go.
10. Because of the earthquake and the rapes, I constantly live in fear. I cannot sleep, I cannot eat, and I am depressed. I think of killing myself – I had even bought poison for myself once. But thanks to a women's support group here, I am starting to think differently. Still, all of this makes it very difficult to care for eight children. Up until the earthquake I was able to feed my children and send them to school. Now I must beg or wash clothes and dishes to have some money to buy a little food for my children. Because of the many rapes that have taken place after the earthquake, I feel very unsafe and constantly fear that my family members will continue to become victims of sexual violence.
11. Three generations of my family are now victims of rape. I want the men who are responsible for these rapes to be arrested and brought to justice so that we can start to feel safe. If these men are punished, it will be a strong message to other men who intend to rape helpless women. But if these rapists are allowed to live freely, other men will see that they can do what they please and that it is the victim who must go into hiding – this is not right.

Declaration of [REDACTED]

I, [REDACTED], hereby declare, the following:

1. My name is [REDACTED]. I am a victim of the January 12 earthquake. I have survived the loss of my husband, three rapes (two since the earthquake), suicide attempts, and threats on my life. I am living in the Champ de Mars camp in Port-au-Prince and live in constant fear that I will be raped or harmed again, but I have nowhere else to go. The police provide no protection.
2. I am now 38 years old. Before the earthquake, I was a street vendor in Port-au-Prince. I lived with my husband and three daughters: ages 10, 12 and 14.
3. I have had many difficulties in my life. My mother died when I was 12 and I went to live with my aunt. My aunt did not feed me well and did not send me to school, so when I was 15 I went to live with a friend. Several years later, I went to live with an older friend and her husband in their house. I left there after the husband raped me, and I had my first child as a result of that rape. I had my second child with a man who I thought was taking good care of me until I learned he was married to another woman. I worked as a servant in other people's homes while I saved money to become a street vendor. I was proud to earn enough as a vendor to send my children to school. Eventually I met [REDACTED] and we had a child together. [REDACTED] lived with me and my children.
4. When the earthquake happened, my husband and I were both in our house. The house collapsed, killing my husband, and trapping me for several hours.
5. Since the earthquake, I have been living in Camp Mosole on Champs de Mars. For several months, I did not have a tent, just a tarp.
6. On January 14, 2010, I had gone to my old home to search for was returning from my destroyed home, where I went to search for my husband's body in the rubble. I was walking by the market. Two armed men grabbed me, pulled me into a tent and raped me. When they were done, they pushed me out of the tent. I ran away screaming for help. I found a police officer. But when we returned to Camp Mosole, the rapists had left. The police officer did nothing else to follow my case. Cuban doctors at the camp treated me after the attack.
7. The loss of my husband and the attack took a toll on me. I attempted to kill myself twice. First, on January 17, I drank a cup of Clorox-Bleach, but was rushed to the hospital where they pumped my stomach. Then, in April, I purchased Clorox-Bleach again with the intention of killing myself. But my daughter saw me pouring it into a cup for myself and she knocked the cup out of my hand. I no longer want to kill myself, but I am still very depressed and traumatized.
8. On May 5, 2010, I was using a latrine at the camp when I overheard two men talking.

They started rapping the door very hard and when I did not open it, they forced the door open. One man, with a knife, came into the bathroom and closed his hand over my mouth. He pressed the knife into my waist so I wouldn't fight. Then he ripped my pants off and raped me. Another man stood guard outside. After the attack, both men ran away. Because it was already dark, I did not recognize either of the men. The next day, I went to a *Medecins Sans Frontieres* clinic and received care.

9. In June, a prison escapee living near Champ de Mars came to speak with the leaders of KOFAVIV who were living there as well. I was at that meeting. He had a gun. He demanded money and threatened them. The leaders left the camp the following day and have not returned. Even though the leaders left, I have continued to organize women in the camp and provide support for victims of rape, which is dangerous for me. I made the difficult but necessary decision to send my children to live with an acquaintance in St. Marc to protect them. This man has returned to the camp looking for the leaders on several occasions and threatened to kill me. The leaders filed a complaint with the police, who have done nothing to my knowledge. In fact, the police told us that the camps caused too much trouble and the man should have killed us all.
10. I am with my little brother in Camp Mosole, but I still do not feel secure. I have to spend every night in a different tent so that man and his friends cannot find me. He returned to the camp as recently as July 27. Once, my friend even caught the man. While my friend held him down, we called the police emergency number. But we got no response. Eventually the man broke free. I am terrified of what he will do if he comes back. I am also afraid of his friends.
11. I feel ostracized from my community; people in my area have started calling me names. I live in extreme fear and do not feel safe.

Declaration of [REDACTED]

I, [REDACTED], hereby declare, the following:

1. My name is [REDACTED] I am 19 years old and a victim of Haiti's earthquake. Before the earthquake, I lived in Carrefour. Now, I live in a camp called Mosolee near the center of Port au Prince. I no longer have the chance to go to school.
2. One July 26, 2010, I went to use the toilet at night. The toilet is located on the outside of the camp and it is very dark. Three men were hiding inside the toilet. When I opened the door, they grabbed me and all of them raped me. I could not get away. I could not see who they were because it was pitch black.
3. After the rape, I told a friend of mine who is a police officer that lives nearby what happened. He told me there was nothing the police could do and that I should speak with the firemen. The police provide no protection. I want justice in my case even though I am afraid.
4. I did not go to the doctor afterward until the group KONAMAVID found me and brought me to a law office four days after the rape. A woman at the law office accompanied me to the doctor and I received some treatment. Without this group, I would not have known where to go.
5. I am still living in Mosolee with my mother and four-year old sister. We have no other option but to stay. The rape has affected me a lot. I am always fearful and do not go anywhere at night anymore. I am scared for my little sister too.

Declaration of [REDACTED]

I, [REDACTED], hereby declare the following:

1. My name is [REDACTED]. I am 30 years old and a KOFAVIV agent working in the Place St. Anne camp. I have twice been a victim of sexual violence and have now received threats to my life for helping other victims.
2. Prior to the earthquake, I lived in Carrefour Feuilles. In 1991, my sister and I were raped and my mother was murdered by a group of men. I was only 12 years old at the time, and my sister was 14 years old. We were not involved in politics and this may have led the government to believe we were in opposition, but I really do not know why this happened to us. I did not report the rapes or the murder to the police because I was terrified and a child.
3. My sister died in 1992, just three months after my mother's murder. I do not know to this day what caused her death, but she had symptoms of AIDS like skin rashes and weakness. I also think she was severely traumatized by what we had gone through, and was psychologically very ill.
4. Since the earthquake, things have been very difficult for me. My boyfriend disappeared and I do not know whether he is dead or alive. My house was destroyed so I moved to the Place St. Anne camp near the National Palace. A good friend died during the earthquake and I have been looking after her two daughters, 8 and 10 years old. I found them in the rubble three days after the earthquake. Their father was disabled during the earthquake and is not able to care for them. At first, we had no tent, so we just slept on a blanket. I was constantly terrified for my safety and the safety of the two girls I was caring for in the camp.
5. In those first few days, I thought things could not get any worse in the camps, but I was wrong. I was raped on January 19, 2010. A group of three men, who had their faces covered with masks, attacked me around 11 or 12 at night while I was sleeping. I awoke to a man covering my mouth to keep me from screaming. The men beat me and also hit the older girl I was looking after with the butt of a gun when she started crying. They said they would kill us if we did not keep quiet. I could not see the men's faces but I could see that they had guns. They took turns raping me. Thankfully, they did not rape the girls. Passersby saw what was happening but did not intervene because the men were armed.
6. As the men were leaving, they shot a round of bullets into the air. A neighbor came to help after they had gone. She suggested that I go to the police. But I could not identify the men, so felt it was useless to go to the police. All I knew was that the tallest man had a tattoo on his bicep. I was also scared to go to the police because I knew that they mocked women like me and I could not endure any more humiliation.

7. The morning after the incident, I called the leaders of KOFAVIV. I went with a KOFAVIV agent to the General Hospital and received care. At the hospital, I received HIV preventative medications.
8. I still suffer from headaches and loss of vision as a result of the blows to my head during the attack. Right after the rape, I also had a severe itching between my legs. I received some antibiotics and this has helped. I have gone to the hospital on other occasions for medical attention but have been turned away because they are too busy. In addition to my physical symptoms, I have suffered psychologically and feel a great deal of stress and depression. Not only am I dealing with my own pain, but also the pain of all the young girls and other women in my camp who have suffered similar trauma. There are so many of us that sometimes I feel overwhelmed and helpless.
9. I have been lucky to be part of KOFAVIV where I am able to help other women who are suffering like me. However, the small amount of money I earn from this work cannot nearly cover all of my living costs. At first, food cards were given to men in the camps. Men were demanding sex in return for the cards, so I just went hungry or sought help from KOFAVIV. Now, we receive no aid in the camp and it is very hard to survive.
10. People in the camp came to know that I work for KOFAVIV and would accompany victims of rape to the hospital. Because of my work with KOFAVIV, I have been threatened repeatedly with violence. I have received numerous threatening text messages on my telephone, saying things like I would be murdered and raped. I do not know how these people got my number. One night, some people stopped me before I entered Place St. Anne camp and told me there were men with guns around my tent that wanted to hurt me. I never again slept at Place St. Anne. Instead, I would go to Place St. Anne during the day to help women but go to sleep in Place Pompier at night for protection.
11. Thankfully, I was recently able to secure temporary emergency shelter. But I cannot live there forever because the space is only meant for the most urgent cases. I fear what will happen when I have to leave. I am also scared that the men who raped me and threatened me will find out where I am living and come hurt me there or even that they will attack me on the street. I do not feel safe anywhere.
12. I am in my own country but have no way to live peacefully. I pray that the dangers women and girls face in Haiti will go away. I am committed to working on behalf of women and girls and would like the government to provide us with resources and protection so that we can continue to do our work.

Declaration of [REDACTED]

I, [REDACTED], hereby declare, the following:

1. My name is [REDACTED] I am 33 years old. Twelve years ago I was raped, and when I filed a complaint, my attackers retaliated by killing three of my family members. After the earthquake my fourteen-year-old daughter [REDACTED] also became a victim of rape. I have never been more resolute in my fight to seek justice.
2. Prior to the earthquake my family was living in a house on Rue de la Reunion in Port-au-Prince. One of my step-children was killed in the earthquake. Our house was damaged but still standing – I would prefer to still be living there, but as I will explain below, it soon became unsafe to be there. Now, my children and I do not have a stable place to live. We move from camp to camp often – sometimes to Camp Mosole, sometimes elsewhere.
3. On June 29, 2010 around 7pm, my daughter was going to the store with her little brother when three men followed her. The men hit my nine-year-old son on the head (he now has a scar there), then pulled my daughter into an alley and raped her. My son witnessed the rape. Now both of them are suffering greatly from this experience. My daughter's hands tremble every time she thinks of the incident; she has heart palpitations and feels sick all the time. She can't sleep and she suffers from vertigo. My son is very sad.
4. Since my daughter was able to identify at least one of her rapists, his father, a former military official, has called us several times. First, he offered money if we would just "leave it alone." Then he mentioned that he knew I didn't live with a man and so it would be easy to kill me if I caused problems for his son. He also threatened to harm us if we went to the police. I don't know how he was able to contact me – I am afraid and I no longer answer calls if I don't recognize the incoming number.
5. I refuse to be intimidated by these brutal tactics and I am set on getting justice for my daughter. The night of the attack, I filed a complaint with the police. But the police ridiculed us and made up excuses about why they couldn't do anything. They said they didn't have the resources. The next day, I went to the parquet, which issued an arrest warrant. However, when they went to the rapist's house, he was not there. Their visit only served to give him notice that a complaint had been filed, and he fled. Now, of course, his family and friends know we reported him. Three men came to our neighborhood soon after and cornered a lady who lived next door – they went up to her at night and shone a light in her face to see if it was me. I know they are looking for us, but the police won't do anything more to help.
6. Because of my past experience and the current threats that we continue to receive, my family lives in constant fear of retaliation and must move from place to place every night to avoid being found. We cannot live in our beloved home because the rapist and his friends live nearby. The only way to end this nightmare is by putting the perpetrators in prison, however, the failure of the police to take action has left us in a perpetual state of

insecurity. I fear for our safety, and I cannot afford to lose another family member at the hands of such men.

Declaration of I [REDACTED]

I, [REDACTED] hereby declare, the following:

1. My name is [REDACTED] I am 19 years old. Prior to the earthquake, I lived in Carrefour Feuille. I am now staying in a camp in Martissant with my aunt, her children, and my four-year-old daughter. We no longer have access to adequate shelter, therefore we are sleeping under sheets.
2. On January 20, 2010, we heard gunshots fired in the camp. Shortly thereafter, around 9pm, nine men entered into our sheltered area. Four of these men stayed behind with my aunt and brutally abused her. The other five men abducted me and kept me somewhere for two days. During this time, the five men repeatedly beat and raped me. I was not sure if they were going to kill me and if I would ever be allowed to return to my family. Thankfully, they released me after those two days.
3. Although I suffered greatly and was wounded on my mouth, I could not afford to go to the doctor. I feel extremely depressed and helpless. I was afraid to go to the police because of what those men did to me, so I did not report my attack. I knew the police would do nothing to protect us. We have no way to protect ourselves from such brutality and each and every day I am very fearful that those men will come back again.

Declaration of [REDACTED]

I, [REDACTED] hereby declare, the following:

1. My name is [REDACTED]. I was a victim of a politically motivated rape in 1992. Following the earthquake in January 2010, my daughters and I have been exposed to the threat of rape constantly. I have endured attacks on my family, the death of my husband, the trauma of the earthquake, and now I live in constant fear that my daughters or I will be sexually assaulted because we have no security.
2. I am 42 years old, and a leader of the grassroots group, KOFAVIV, helping victims of rape.
3. I was raised in Port-au-Prince. I have seven children: four girls and three boys. Before the earthquake, I lived with all of my children in a house in Port-au-Prince and earned money by teaching.
4. In March 1992, five men in masks broke into my home. They tied me to my bedpost, beat me, and raped me. They tied up my husband and beat him severely in front of my eyes. My two oldest children witnessed this violence. The men then dumped my husband in an area commonly used to dump political prisoners and left him for dead. I finally found my husband. He remained ill from this attack until he died in 1998.
5. As a result of this attack, I have suffered severe trauma, including fear of loud noises, depression, and insomnia. Although I have had thoughts of suicide, I would never kill myself because of my children. While I tried to deal with my trauma through my involvement with KOFAVIV, the earthquake destroyed the organization's infrastructure, including its offices and files, and killed several hundred of its members.
6. The earthquake has made my trauma worse. After the earthquake, I have not had regular access to proper housing, food, medical resources, or security. Until June 2010, I was living in a camp with my children, relatives, and friends. Nine of us lived in a tent, and eleven others lived outside the tent. While in the camp, a man tried to kidnap and sexually assault my seventeen-year-old daughter. My daughter screamed and managed to escape. The man returned armed with three other men, threatened my family, and demanded money. My daughter went to the police, who told her that they could not do anything because they were getting too many reports of rape and that it was up to President Preval to take care of this problem. She has since sought the help of KOFAVIV.
7. The attack traumatized my daughter, and she developed a fear to go outside. I became very worried about the security of my four daughters. The camp where we were staying was not safe.
8. In June, a man, who we believed escaped from prison, approached my co-leader of KOFAVIV and me in Champ de Mars. He was armed and demanded money from us. We

fled the camp and went into hiding, living in the driveway of our lawyer's office with our families. With the help of our lawyers and Amnesty International (who happened to be in Haiti on a fact-finding mission at the time), we filed a complaint with the police. The man has returned to the camp to look for us on multiple occasions and threatened other members of KOFAVIV still living in the camp working with victims. The police have done nothing, and the man remains at large. In fact, we saw him on a public bus after we left the camp and were terrified. We tried to stay out of his sight on the bus and were lucky, that time. We have spoken with MINUSTAH representatives and the police, and they have done nothing on our case.

9. Our work as leaders helping women is a blessing and a curse. On one hand, it gives us international connections and resources. For example, we were able to find temporary shelter out of the camps where our families can stay, for now. On the other hand, it raises our profile making us more likely to be targets for violence and retaliation.
10. We receive new victims every day, ranging from very young girls to elderly women. We help these women find medical and psychological treatment and legal accompaniment. The situation for women and girls in the camps seems to be getting worse based on the numbers and severity of the cases we have encountered.

Declaration of [REDACTED]

I, [REDACTED] Appolon, hereby declare the following:

1. My name is [REDACTED]. I have twice been the victim of politically motivated rape, in 1992 and again in 2004. Since the earthquake of January 12, 2010, my family and I have been exposed to the constant threat of rape and sexual violence in the displacement camps as a result of our situation as well as my role as a leader with the grassroots women's group KOFAVIV. I fear for my safety and the safety of my loved ones and all of the women and girls in the camps where KOFAVIV works.
2. I am 50 years old. When I was 23 years old, I married [REDACTED] and we had six children together. I live in Port-au-Prince with my six children from 15-25 years of age. I am also caring for my brother's daughter as well as two other children whose father died and whose mother is unable to support them. It is difficult, but I work hard to provide for my family and others within my care.
3. In 1992, a militia entered my family's house. Three men raped me in front of my daughter. The men beat my daughter in the head and she has not been well since. My husband tried to protect us but the men also beat him badly. My husband eventually died from his injuries in 2002 after ten years of suffering. This series of events devastated me. Losing my husband was one of the most difficult things I have had to endure. I have received no justice or reparations for this most incredible harm.
4. In 2004, I was raped again. The man in charge of the school where I attempted to enroll my daughter attacked me and raped me. I could not believe that I would have to endure this type of pain again. This was devastating and I felt powerless. I never received justice for this attack either. The man was arrested initially, with the help of my lawyers, but due to rampant corruption he was released and the judge did nothing to pursue his case.
5. As a result of these attacks, I have suffered severe trauma including fear of loud noises, depression, and insomnia. Despite this personal trauma, I have devoted my life to working with other victims and co-founded the organization KOFAVIV in 2004-05. The earthquake dealt a blow to Haiti, but also to our organization. Hundreds of members perished in the earthquake and we lost our building. Luckily, we were able to organize out of our lawyers' office, the Bureau des Avocats Internationaux for several months until we were able to secure funds for a new location with the help of international partners.
6. In addition to losing friends and family in the devastating earthquake of January 12, I also lost my home. After the earthquake, I lived in Champ de Mars camp with my entire family. The conditions we lived in were deplorable. There was no security to protect us and rapes began happening in the area right after the earthquake. We organized our own security patrols with trusted men, which helped to an extent, but we continued to live in constant fear and many women and girls were raped.

7. Despite my own fear and fear for my family, I have continued KOFAVIV's work since the earthquake and provided support and services to more than 300 victims of rape. I even went to Geneva, Switzerland to testify on behalf of women living in the camps before the UN Human Rights Council. I have been very vocal in the press denouncing perpetrators and the government's ineffective response.
8. My work to help victims of rape has put me, my family and my colleagues in danger. After I came back from Geneva in June, a man came to Champ de Mars where I was living. He threatened me at gunpoint to provide him with money. We gave him what little we could so he would leave. We then evacuated the camp and stayed in hiding at our lawyers' office for several days until we were able to find temporary shelter at an undisclosed location with the help of international connections, not the government or UN. This man has continued to return to the camp and threaten other members of KOFAVIV. At least three KOFAVIV agents have fled the camp in fear of their lives. One woman nearly escaped a bullet shot by this man.
9. I filed a police report and have made several efforts to follow up my case with the police directly as well as with the human rights section of MINUSTAH to no avail. The police have done nothing to my knowledge and people I know have seen this man around the camp. I saw him when I got on a public transport bus, which instilled great fear. Luckily I do not think he saw us.
10. The misery endured by Haitian women and girls is devastating. Last week, in mid-October, a fifteen year old girl was raped by a police officer. Her family has sought to hold the officer accountable. The police arrested the officer, a good step. However, this girl and her family have no protection. I fear they will have to leave the country to remain safe and pursue this case.
11. Though I am fearful for my safety and the safety of the women and girls of Haiti, I am committed to working to defend our rights and our dignity. I pray that the government will provide the resources and protection we need to live lives free of violence and trauma. Urgent measures are needed to ensure our safety including security in the camps until secure housing is made available. Without these and other measures, our lives will continue to be in jeopardy.

DECLARATION OF JAYNE E. FLEMING

I, Jayne E. Fleming, declare:

1. I am a human rights attorney in the United States. I am Pro Bono Counsel to the international law firm of Reed Smith and I lead our firm's Haiti Project. I have personal knowledge of the facts stated in this declaration and could competently testify to them if called as a witness.

2. I have led three delegations of six doctors and nine lawyers to Port au Prince, Haiti since the January 2010 earthquake. The first delegation was in March 2010, the second in May 2010, and the third in August 2010. I made a fourth trip to Haiti in October 2010 to continue the work of the first three delegations.

3. The purpose of our delegations was to identify Haitian individuals who may qualify for humanitarian parole, which is a form of protection that enables someone outside of the United States to live in the U.S. for a temporary period of time because there are compelling reasons why they cannot remain in their country of origin. Examples of such compelling reasons may include an inability to obtain medical care for a life-threatening condition, an inability to obtain psychological care following violence that rises to the level of persecution or torture, and/or threats to an individual's life.

4. Between March 2010 and September 2010, our teams interviewed more than 200 Haitians who were displaced by the earthquake. We conducted interviews through local Haitian interpreters who are fluent in Creole and English. We conducted interviews at the Bureau of Advocates International in Port au Prince, Haiti. Three grassroots Haitian women's organizations referred cases to us for evaluation: Kofaviv, Favilek and Konamavid.

5. Attorneys on our teams pre-screened all 200 interviewees to identify those with the most compelling medical and psycho-social needs. Of the 200 pre-screened individuals, 85

were referred for an evaluation by a member of our medical team. More than half of the individuals referred to a doctor had suffered gender based violence in Haiti. All 85 of the clients referred for a medical evaluation underwent a second in-depth interview by an attorney.

6. Between March and October, I conducted 120 interviews in Haiti. I agreed to represent 56 Haitian clients seeking humanitarian parole. 43 of my clients told me that they had suffered one or more rapes in their lifetime. 14 of my clients told me that they had experienced politically-motivated rapes before the earthquake. 23 of my clients told me that they had suffered rapes in Port au Prince since January 12, 2010. 11 of my clients told me that two or more generations of their family members had suffered rapes in Haiti. 1 of my clients told me that she, her daughter and granddaughter had all suffered rapes.

7. Of the 23 post-earthquake rape victims I represent, only 2 made a police report. The cases where the rapes were reported involved child victims (ages 5 and 14) and family members made a report on the child's behalf. The family members told me that the police did not arrest the alleged perpetrators. In one case, the police reportedly asked for gas money in order to track down the alleged rapist. In the other, a judge issued a notice for the alleged rapist to appear in court, which prompted his flight. In both cases, the families told me that the alleged perpetrators threatened to harm the victims and their families after they made police reports. The victims and their families are now in hiding.

8. The 43 rape victims that I represent told me that it is impossible to find free psychological care in Haiti. They told me that they lack food security and shelter. They told me that they do not have access to free medical care. Although some were able to obtain emergency care immediately after a rape, all of my clients told me that they could not afford to buy the medications doctors prescribed for them. 2 of my clients became pregnant as a result of rapes. They told me they have not been able to access free medical care and have no food security. 1 of my clients gave birth five months after the earthquake. She told me she is too malnourished to breastfeed. Her newborn has not received food aid.

9. My newest Haitian client is [REDACTED]. I interviewed her in Port au Prince, Haiti on October 5, 2010. I interviewed her through a Haitian interpreter, [REDACTED] who is fluent in Creole and English. [REDACTED] relayed the following facts to me during our interview:

10. She is 24 years old. She is a widow and the mother of three young children. She was raped by four men on the night of August 29, 2010. [REDACTED] told me that she was living in the Mosolé camp on the night of the attack. She left her tent at around 10:00 p.m. to take the trash out. A car was parked near the trash area and a man called out to her for directions. When [REDACTED] approached, a man grabbed her and forced her into the car. There were three other men in the car. They drove to a deserted street that [REDACTED] did not know and stopped the car. All four men raped her. One man began choking [REDACTED]. He told her to stick out her tongue. She resisted and he told her that he would gouge out her eyes if she did not open her mouth. She could not breathe and feared the men were going to kill her. She opened her mouth and the man bit off the end of her tongue. After the assaults, the men drove back to the Mosolé area and dumped [REDACTED] near her camp.

11. People living in the camp saw [REDACTED] condition and found her mother. Her mother took her to the General Hospital in Port au Prince that night. The hospital did not have an emergency room, so they returned to the Mosolé camp and sought help from a member of the Camp Committee named "Twin". He provided emergency first aid. The next day, August 30, 2010, [REDACTED] and her mother met one of the leaders of Favilek. A Favilek leader phoned my interpreter [REDACTED] and asked him to take [REDACTED] to a medical clinic. He took [REDACTED] to a clinic run by Medishare. A doctor at that clinic provided gynecological care, but said there was nothing he could do to repair her tongue. The doctor told her she had to find the missing piece of her tongue before he could do anything to fix it. [REDACTED] told me that by this time her tongue was beginning to turn green.

12. On August 30, 2010, [REDACTED] wrote to me in the United States and told me about [REDACTED]. He told me that she had been raped, beaten and had her tongue bitten off. He told me that she could not talk or eat. He sent photographs of her, including photographs of her mouth. I wrote to several colleagues in New York and Port au Prince to attempt to identify a surgeon who could repair her tongue. On September 4, 2010, colleagues directed me to a Haitian plastic surgeon named [REDACTED]. [REDACTED] saw [REDACTED] on September 6, 2010 and had tongue reconstruction surgery on September 20, 2010. The surgery was paid for by a private organization.

13. I met [REDACTED] in person in Haiti two weeks later. She told me that she had moved out of the Mosolé camp because she fears a repeat attack. She is living on a street in the Champs de Mars area. She told me that she does not know the men who raped her, but she has seen one of them on the streets of Port au Prince since the attack and can identify him. She told me that she is afraid to make a police report because she does not believe that the police will protect her or arrest the men who attacked her. She also fears that if she makes a report the men will find out and kill her and her mother and children.

14. The fear that [REDACTED] relayed to me is shared by other rape victims I have interviewed in Haiti. All 43 of my clients who are rape victims felt a sense of futility in making a police report after a rape. Not one believed that the police would provide an effective response. Rather, they believed that making a report would lead to greater danger. For the two who had the courage to make a report that is, in fact, what happened.

I declare, under penalty of perjury under the laws of the United States, that the foregoing is true and correct.

Signed:


Jayne E. Fleming
Reed Smith LLP

Dated: October 18, 2010

APPENDIX B

Medical Certificates

CERTIFICAT MÉDICAL

RENSEIGNEMENTS GÉNÉRAUX

Nom _____ Prénom _____ Age 40 ans Sexe Homme
Adresse _____ Commune DELMAS

OCCUPATION

Centre de Travail _____ No Histoire Clinique _____

RENSEIGNEMENTS A FOURNIR PAR L'INSTITUTION MÉDICALE

MEDECIN : Nom CHARLES Prénom MICHEL
Service - Département PEDIATRIE
Certifié avoir examiné _____ à 10h (a.m) (p.m)
Le 8 octobre 2010.

DIAGNOSTIC :

9 épisodes de diarrhée aqueuse
avec crampes abdominales et
nausées et vomissements

TRAITEMENT :

RETOUR AU TRAVAIL

- Peut continuer à travailler
 Est handicapé durant _____ jours à partir de _____
Selon l'examen pratiqué, j'estime qu'il s'agit d'un cas de maladie
 D'accident

En foi de quoi le présent certificat lui est délivré pour servir ce que de droit

Charles Michel
Signature du Médecin

Approuvé par : _____
pour Direction Médicale

③

v La technique de mise on marché du produit ou services,

v la rentabilité

v les besoins et les sources de fonds.

v le aspects légaux.

* Toutes ces informations ont une signification particulière pour le bailleur de fonds et le prêteur. Tous ces items visent une chose: convaincre quelqu'un de la viabilité et de la rentabilité de votre projet.

III - Comment utiliser un Plan d'affaires.

Le document de Plan d'affaires permettra d'aller chercher du financement, que ce soit pour démarrer une nouvelle entreprise ou pour l'expansion d'une firm existante.

Le document de plan d'affaires permettra au gestionnaire de dévoiler ou de constater des points positifs ainsi que des points négatifs, certains (devant) des forces et des faiblesses de votre projet.

* C'est un document démontrant pourquoi il lui est avantageux de s'intéresser à votre projet. C'est à-dire remplacer l'euphorie par le réalisme.

Le Plan d'affaires est un outil de travail. (C'est qui)

Il faut Tout d'abord: Il faut

CERTIFICAT MEDICAL POUR AGRESSION SEXUELLE

Je soussigné-e Docteur Massezat Roger Berly

Spécialisation Médecin Généraliste

Certifie avoir examiné le 9 19 10 à 9 h PM heures

A H.S.F. St-Vincent de Paul 35 (lieu)

sur réquisition de _____

à la demande du /de la patient-e à la demande des parents

IDENTIFICATION DE LA VICTIME

NOM [REDACTED] Prénom [REDACTED]

Date de naissance 26/2/1990 Sexe Féminin

Adresse [REDACTED]

Profession Quinzième

I - DIRES DE LA VICTIME

M., Mme [REDACTED] se dit avoir été victime le 8 19 10

A 8h50 PM heures

Histoire de l'agression
J'ai été reconnue une commission, à quelq'un, sur le che
(de sejour), un individu m'a agressé en pointant un
arme à feu devant moi, j'ai été agressé. Ils ont en
abandonné de leur, m'ont frappé, j'ai crié aux
secours, ils ont couru vers moi. Ils m'ont examiné
dans un endroit inconnu, où leur main pénétrée par le
vaginale.

Lieu de l'agression : Coarofour - feuille (Savanne, Pistache)

De la part de (nombre) 3 individus

- L'agresseur aurait utilisé :
- des menaces verbales
 - des menaces physiques
 - des coups
 - POINGS - PIEDS - TETE - ARME BLANCHE - ARME à FEU - INSTRUMENT CONTONDANT - AUTRE
 - des substances toxiques

L'AGRESSION SEXUELLE PROPREMENT DITE :

aurait consisté en des attouchements

aurait consisté en une (ou des) pénétration(s) :

- | | | |
|---|---------------------------------|--|
| <input type="checkbox"/> <u>orale (s)</u> | <input type="checkbox"/> unique | <input type="checkbox"/> répétées |
| <input checked="" type="checkbox"/> <u>vaginale (s)</u> | <input type="checkbox"/> unique | <input checked="" type="checkbox"/> répétées |
| <input type="checkbox"/> <u>anale (s)</u> | <input type="checkbox"/> unique | <input type="checkbox"/> répétées |

Il y aurait eu pénétration d'instrument : oui non
 vaginale anale

CE QUI C'EST PASSE SUITE A L'AGRESSION

Changement de vêtements oui non

Toilette oui non

Consultation(s) médicale(s) depuis l'agression oui non

Si oui :

nom et adresse (du médecin) _____

certificat délivré : oui non

description des lésions initiales constatées par ce médecin :

source d'informations :

- dires de la victime
- dossier médical
- certificat

Traitement prescrit oui non
Si oui, lequel(s)

Examen(s) pratiqué(s) oui non
Si oui, lequel(s)

II - CONTEXTE ACTUEL

DESCRIPTION DES SYMPTOMES :

CONTEXTE GYNECOLOGIQUE :

date des dernières règles : 11/9/10

type de contraception : condom

grossesse actuelle : oui non ne sait pas

EXAMEN PHYSIQUE :

- * état de conscience
- * aspect général de la victime (état des vêtements, corpulence, taille, poids)
- * caractères sexuelles secondaires (seins, pilosité pubienne, axillaire)
- * analyse descriptive des lésions constatées

EXAMEN DES ORGANES GENITAUX:

1. INSPECTION

aspect des organes génitaux externes (description des lésions constatées) :

aspect de l'hymen :

- hymen déchiré :
 - déchirure ancienne
 - déchirure récente
- situation des déchirures _____

- hymen intact ecchymotique
- hymen intact complaisant
- hymen intact non-complaisant

présence de tâches d'aspect spermatique oui non

aspect de la marge anale :

- aspect normal
- présence de fissure(s) anale(s)
localisation _____

2. TOUCHER VAGINAL (ET ANAL) :

3. EXAMEN SOUS SPECULUM (ET ANUSCOPE)

Paroi vaginale :

Non examiné

Col utérin :

Non examiné

Anus et Rectum :

Non examiné

Présence de corps étranger oui non
 vagin rectum

si oui spécifier :

PRELEVEMENTS EFFECTUES

- cheveux
- poil
- ongle
- peau
- vêtement

- vaginale
- anale
- urine
- sang
- autres (préciser) : _____

EXAMENS BIOLOGIQUES REALISES

- examens bactériologiques
- recherche de spermatozoïdes

TRAITEMENT PRESCRIT

A la beladine, AZT + 3TC + Kaletra, Norlevo, Cefixime
Azithromycine, métronidazole, Imovan, Vaccin
hepatite B.

RETENTISSEMENT PSYCHOLOGIQUE :

Aspect général : Le/La patient/e est

- calme et coopérant/s
- déprimé/e (tristesse, larmes, amorphe)
- agitée
- agressive
- sidéré/e (parle très peu ou ne parle pas du tout)
- Autre _____

Le/La patient/e rapporte :

- Troubles du sommeil (insomnies, hypersomnies, cauchemars)
- Troubles de l'appétit (diminution ou augmentation de l'appétit)
- Arrêt des activités habituelles
- Peur (préciser objet de la peur)
- Idéations suicidaires
- Autres : _____

III - CONCLUSION

Au terme de l'examen médical de _____
Les constatations directement en rapport avec l'agression sexuelle, la nature des lésions décrites et les
retentissements fonctionnel et psychologique qui en découlent entraînent, sous réserve de complications
ultérieures, une incapacité de travail (IT) de : _____ jours (en lettres).

Fait en double exemplaire, à M.S.F. St Louis Delmont le 10/ 9 / 10

Pour authentification

M.S.F.
MEDECINS SANS FRONTIERES

Margaret Rose Berlij
Signature du Médecin

M.S.F.
MEDECINS SANS FRONTIERES

Certificat remis à :
Nom : _____
Prénom : _____



CERTIFICAT MÉDICAL

RENSEIGNEMENTS GÉNÉRAUX

Nom [REDACTED] Prénom [REDACTED] Age 1 an Sexe F.
Adresse [REDACTED] Commune Delmas

OCCUPATION

Centre de Travail _____ No Histoire Clinique _____

RENSEIGNEMENTS A FOURNIR PAR L'INSTITUTION MÉDICALE

MEDECIN : Nom ALFRED Prénom Jean-Ronald
Service - Département H. P. Duret
Certifie avoir examiné H. [REDACTED] à 10h30 (a.m) (p.m)
Le 20-09-2010 2010.

DIAGNOSTIC: Aggravation sexuelle + infection bactérienne à l'anus.
L'examen clinique a révélé une lésion purulente
au niveau du périnée. Pas de lésion évidente au niveau
de la vulve. Cette a aussi présenté des symptômes malodorants.

TRAITEMENT: Bilan infectieux.

RETOUR AU TRAVAIL

- Peut continuer à travailler
 Est handicapé durant _____ jours à partir de _____
Selon l'examen pratiqué, j'estime qu'il s'agit d'un cas de maladie
 D'accident

En foi de quoi le présent certificat lui est délivré pour servir ce que de droit.

[Signature]
Signature du Médecin

Approuvé par :

[Signature]
Direction Médicale

d 00150

20/09/10

HOPITAL UNIVERSITAIRE DE LA PAIX
Delmas 33, Port-au-Prince, Haïti

Nom du malade [redacted] Service Dossier N°
Médecin : Salle LK N°
Age Sexe

LABORATOIRE CLINIQUE

Examen de Laboratoire Clinique demandé	Prix (gourdes)
1.	
2.	
3.	
4. <i>AV</i>	
5.	
6.	
7. <i>RPR</i>	
8.	
9.	
10.	

Renseignements cliniques

Signature M.D. traitant

Rapport du Laboratoire Clinique

1.
2.
3.
4. *AV : négatif*
5.
6.
7. *RPR : non positif*
8.
9.
10.

[Signature]
Chef de Laboratoire Clinique



HOPITAL UNIVERSITAIRE DE LA PAIX
Delmas 33, Port-au-Prince, Haïti

Date: 20/09/10

Numéro du dossier: 209 101 Sexe: F M

Nom / Prénom: [REDACTED]

Résidence: [REDACTED] Age: 10ans

Religion: _____

Occupation: _____ Groupe sanguin: _____

Personne responsable: [REDACTED]

N° de téléphone: [REDACTED]

Allergie connue: _____

HOPITAL UNIVERSITAIRE DE LA PAIX

Delmas 33, Port-au-Prince, HAÏTI

Date: 20/9/10

Nom

Prénom

Rx

10-
F. des vagues
6 Heures

- URG
R P D
A U

[Signature]



MINISTERE DE LA SANTE PUBLIQUE
ET DE LA POPULATION

HUEH

HOPITAL DE L'UNIVERSITE D'ETAT D'HAITI
rue Mgr Guillaux, Port-au-Prince, Haiti

CERTIFICAT MEDICAL POUR AGRESSION SEXUELLE

Je soussigné-e Docteur [redacted]
Spécialisation medecin OB GYN
Certifie avoir examiné le 13 juillet 2010 à 8 heures 50 AM
A La maternité de l'HUEH (lieu)
 sur réquisition de _____
 à la demande du /de la patient-e _____
 à la demande des parents _____

IDENTIFICATION DE LA VICTIME

Nom [redacted] Prénom [redacted]
Date de naissance 15 juin 1985 Sexe Femme
Adresse Port rue des collines # 28
Profession artiste

I - DIRES DE LA VICTIME

Mr. Mme Mlle [redacted] se dit avoir été victime le 11 juillet 2010
A 9 heures 27 PM

Histoire de l'agression
La patiente attendait à Salinas (à ce moment elle se trouvait chez sa grand-mère). Elle a perçu un bruit de moto qui s'arrête devant elle. Elle a entendu un homme qui lui dit qu'elle est enceinte à Port-au-Prince. Elle a refusé et il l'a agressée. Elle fut battue avec un bâton par 3 individus. Elle a subi une agression sexuelle et a subi une agression sexuelle par 3 individus. Elle s'est retirée à Port-au-Prince de l'agression sexuelle.

Lieu de l'agression : Port-au-Prince
De la part de (nombre) 3 individus

L'agresseur aurait utilisé :
 des menaces verbales
 des coups
 POINGS/ PIEDS TETE ARME BLANCHE ARME à FEU INSTRUMENT CONTONDANT AUTRE
 des substances toxiques

L'AGRESSION SEXUELLE PROPREMENT DITE :

L'AGRESSION SEXUELLE PROPREMENT DITE :

- aurait consisté en des attouchements
- aurait consisté en une (ou des) pénétration(s) :
- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> orale (s) | <input type="checkbox"/> unique | <input type="checkbox"/> répétées |
| <input checked="" type="checkbox"/> vaginale (s) | <input type="checkbox"/> unique | <input checked="" type="checkbox"/> répétées |
| <input type="checkbox"/> anale (s) | <input type="checkbox"/> unique | <input type="checkbox"/> répétées |

Il y aurait eu pénétration d'instrument : oui non

vaginale anale

CE QUI C'EST PASSE SUITE A L'AGRESSION

Changement de vêtements oui non

Toilette oui non

Consultation(s) médicale(s) depuis l'agression oui non

Si oui :

nom et adresse (du médecin) _____

certificat délivré : oui non

description des lésions initiales constatées par ce médecin :

source d'informations :

- dires de la victime
 dossier médical
 certificat

Traitement prescrit oui non

Si oui, lequel(s)

Examen(s) pratiqué(s) oui non

Si oui, lequel(s)

II - CONTEXTE ACTUEL

DESCRIPTION DES SYMPTOMES :

Intimité soumise de combat à de hypoglycémie, tachycardie, anxiété
brûlures superficielles, douleurs thoraciques, plaie à l'abdomen blanche
au niveau du piquet d'armes.

CONTEXTE GYNECOLOGIQUE :

date des dernières règles : Fin Juin 2010

type de contraception :

grossesse actuelle : oui non ne sait pas

EXAMEN PHYSIQUE :

- état de conscience : bien orienté
- aspect général de la victime (état des vêtements, corpulence, taille, poids)
normal
- caractères sexuels secondaires (seins, pilosité pubienne, axillaire)
normaux par l'âge
- analyse descriptive des lésions constatées :

EXAMEN DES ORGANES GENITAUX :

I. INSPECTION

aspect des organes génitaux externes (description des lésions constatées) :

Vulve soignée descriptives blanchâtres.

aspect de l'hymen :

- hymen déchiré :
- déchirure ancienne
 - déchirure récente

situation des déchirures : complète

- hymen intact ecchymotique
- hymen intact

présence de tâches d'aspect spermatique oui non

aspect de la marge anale :

- aspect normal
- présence de lésion(s) anale(s)
localisation _____

2. TOUCHER VAGINAL (ET ANAL) :

Toucher vaginal douloureux non supportable.

3. EXAMEN SOUS SPECULUM (ET ANUSCOPE)

Paroi vaginale :

Col utérin :

Non fait

Anus et Rectum :

Présence de corps étranger oui non
 vagin rectum

si oui spécifier : _____

PRELEVEMENTS EFFECTUES

- cheveux
- poil
- ongle
- peau
- urine
- sang
- sperme
- vaginale
- anale
- vêtement
- autres (préciser) : _____

EXAMENS BIOLOGIQUES REALISES

- examens bactériologiques
- recherche de spermatozoïdes
- réaction biologique de grossesse
- réaction VIH
- autres _____

TRAITEMENT PRESCRIT

- Prophylaxie MST
- Prophylaxie HIV
- SAT
- Contraception

RETENTISSEMENT PSYCHOLOGIQUE :

Aspect général : Le/La patient/e est

- Calme et coopérant/e
- Déprimé/e (tristesse, larmes, angor)
- Agitée
- Agressive
- Sidéré/e (parle très peu ou ne parle pas du tout)
- Autre : _____

Le/La patient/e rapporte :

- Troubles du sommeil (insomnies, hypersomnies, cauchemars)
- Troubles de l'appétit (diminution ou augmentation de l'appétit)
- Arrêt des activités habituelles
- Peur (préciser objet de la peur)
- Idées suicidaires
- Autres : _____

III - CONCLUSION

Au terme de l'examen médical de _____

Les constatations faites, la nature des lésions décrites et les retentissements fonctionnel et psychologique qui en découlent entraînent, sous réserve de complications ultérieures, une incapacité de travail (IT) de : _____ jours (en lettres).

Fait en double exemplaire, à Parcan-Pierre le 13 juillet 2010

Pour authentification _____

Gille Benig
Signature du Médecin

Certificat remis à :

Nom : _____

Prénom : _____



CERTIFICAT MEDICAL POUR AGRESSION SEXUELLE

Je soussigné-e Docteur St Laurent Reibeling

Spécialisation Medecin Generaliste

Certifie avoir examiné le 19.07.10 à 14h 15 heures

A MSF France St Louis (lieu)

sur réquisition de _____

à la demande du/de la patient-e

à la demande des parents

IDENTIFICATION DE LA VICTIME

NOM _____ Prénom _____

Date de naissance 25 ans Sexe F

Adresse _____

Profession Artiste (peintre, théâtre, feuilleton)

I - DIRES DE LA VICTIME

M., Mme _____ se dit avoir été victime le 19.07.10

A _____ heures

Histoire de l'agression

Je me souviens de cet événement survenu à Delmas, j'ai hérisson la nuit dernière, j'ai vu la victime dans la cour de la maison, j'ai vu qu'elle avait des vêtements mouillés, elle m'a dit qu'elle avait été agressée, elle m'a dit qu'elle avait été agressée sexuellement, elle m'a dit qu'elle avait été agressée sexuellement, elle m'a dit qu'elle avait été agressée sexuellement.

Lieu de l'agression : Route de Marchand
De la part de (nombre) _____ individus

L'agresseur aurait utilisé :

des menaces verbales des menaces physiques

des coups

POINGS - PIEDS - TETE - ARME BLANCHE - ARME à FEU - INSTRUMENT CONTONDANT -
AUTRE coups de corne

des substances toxiques

L'AGRESSION SEXUELLE PROPREMENT DITE :

aurait consisté en des attouchements

aurait consisté en une (ou des) pénétration(s) :

- | | | |
|--|---------------------------------|--|
| <input type="checkbox"/> orale (s) | <input type="checkbox"/> unique | <input type="checkbox"/> répétées |
| <input checked="" type="checkbox"/> vaginale (s) | <input type="checkbox"/> unique | <input checked="" type="checkbox"/> répétées |
| <input checked="" type="checkbox"/> anale (s) | <input type="checkbox"/> unique | <input checked="" type="checkbox"/> répétées |

Il y aurait eu pénétration d'instrument : oui non
 vaginale anale

CE QUI C'EST PASSE SUITE A L'AGRESSION

Changement de vêtements oui non

Toilette oui non

Consultation(s) médicale(s) depuis l'agression oui non

Si oui :

nom et adresse (du médecin) Hôpital de l'Université de Montréal
1188 St-Hubert

certificat délivré : oui non

description des lésions initiales constatées par ce médecin :

source d'informations :

- dire de la victime
- dossier médical
- certificat

Traitement prescrit oui non

Si oui, lequel(s)

Doxyline orale, Nystatine vaginale, Paracétamol - la journée
477 - 376

Examen(s) pratiqué(s) oui non

Si oui, lequel(s)

II - CONTEXTE ACTUEL

DESCRIPTION DES SYMPTOMES :

nausées, douleurs hypogastriques, douleurs lombaires et palpitations

CONTEXTE GYNECOLOGIQUE :

date des dernières règles : Juin 1961 10

type de contraception :

grossesse actuelle : oui non ne sait pas

EXAMEN PHYSIQUE :

- état de conscience *Normal*
- aspect général de la victime (état des vêtements, corpulence, taille, poids)

Rien à signaler

- caractères sexuelles secondaires (seins, pilosité pubienne, axillaire)

Rien à signaler

- analyse descriptive des lésions constatées

Rien à signaler

EXAMEN DES ORGANES GENITAUX:

1. INSPECTION

aspect des organes génitaux externes (description des lésions constatées) :

seul ne souillée de petites secretions blanches

aspect de l'hymen :

hymen déchiré :

déchirure ancienne

déchirure récente

situation des déchirures

hymen intact ecchymotique

hymen intact complaisant

hymen intact non complaisant

présence de tâches d'aspect spermatique oui non

aspect de la marge anale :

aspect normal

présence de fissure(s) anale(s)
localisation _____

2. TOUCHER VAGINAL (ET ANAL) :

Non fait

3. EXAMEN SOUS SPECULUM (ET ANUSCOPE)

Paroi vaginale :

présence de scissions telomitrates

Col utérin :

hyperhémié

Anus et Rectum :

Normal

Présence de corps étranger oui non

vagin rectum

si oui spécifier :

PRELEVEMENTS EFFECTUES

cheveux

vaginale

poil

anale

ongle

urine

peau

sang

vêtement

autres (préciser) : _____

EXAMENS BIOLOGIQUES REALISES

examens bactériologiques

recherche de spermatozoïdes

réaction biologique de grossesse

réaction VIH

autres _____

TRAITEMENT PRESCRIT

Aspirine à la Cétadine
Cefixime - Arthro - Metronidazole
Goutte léthargique non disponible
Anti hépatite - Paracetamol

RETENTISSEMENT PSYCHOLOGIQUE :

Aspect général : Le/La patient/e est

- calme et coopérant/e
- déprimé/e (tristesse, larmes, amorphe)
- agitée
- agressive
- sidéré/e (parle très peu ou ne parle pas du tout)
- Autre _____

Le/La patient/e rapporte :

- Troubles du sommeil (insomnies, hypersomnies, cauchemars)
- Troubles de l'appétit (diminution ou augmentation de l'appétit)
- Arrêt des activités habituelles
- Peur (préciser objet de la peur)
- Idéations suicidaires
- Autres : _____

III - CONCLUSION

Au terme de l'examen médical de [redacted]
Les constatations directement en rapport avec l'agression sexuelle, la nature des lésions décrites et les retentissements fonctionnel et psychologique qui en découlent entraînent, sous réserve de complications ultérieures, une incapacité de travail (IT) de : un jours (en lettres).

Fait en double exemplaire, à MSF Genève le 13 / 07 / 10

M.S.F.

Pour authentification _____
MEDECINS SANS FRONTIERES

Dr. Hans-Joachim Reichling
Signature du Médecin

MEDECINS SANS FRONTIERES

Certificat remis à :

Nom : [redacted]
Prénom : [redacted]

CERTIFICAT MEDICAL POUR AGRESSION SEXUELLE

Je soussigné-e Docteur Bélimane Emmanuel

Spécialisation Medecin generaliste

Certifie avoir examiné le 17/05/10 à 14h 25 PM heures

A Medecin Sans Frontiere - France (lieu)

sur réquisition de _____

à la demande du /de la patient-e

à la demande des parents

IDENTIFICATION DE LA VICTIME

NOM [REDACTED] Prénom [REDACTED]

Date de naissance 49 ans Sexe F

Adresse Cité Soleil, [REDACTED]

Profession _____

I - DIRES DE LA VICTIME

M., Mme [REDACTED] se dit avoir été victime le 16/05/10

A 2h 00 AM heures

Histoire de l'agression
Tandis que j'étais en train de dormir dans ma tente cinq (5) individus ont subitement fait irruption d'un d'entre eux m'a pénétré par le vagin.

Lieu de l'agression : Cité Soleil

De la part de (nombre) (5) jeune individus

L'agresseur aurait utilisé :

des menaces verbales des menaces physiques

des coups

POINGS - PIEDS - TETE - ARME BLANCHE - ARME à FEU - INSTRUMENT CONTONDANT - AUTRE

des substances toxiques

L'AGRESSION SEXUELLE PROPREMENT DITE :

aurait consisté en des attouchements

aurait consisté en une (ou des) pénétration(s) :

orale (s)

unique

répétées

vaginale (s)

unique

répétées

anale (s)

unique

répétées

Il y aurait eu pénétration d'instrument :

oui

non

vaginale

anale

CE QUI C'EST PASSE SUITE A L'AGRESSION

Changement de vêtements

oui

non

Toilette

oui

non

Consultation(s) médicale(s) depuis l'agression

oui

non

Si oui :

nom et adresse (du médecin) _____

certificat délivré :

oui

non

description des lésions initiales constatées par ce médecin :

source d'informations :

dires de la victime

dossier médical

certificat

Traitement prescrit

oui

non

Si oui, lequel(s)

Examen(s) pratiqué(s)

oui

non

Si oui, lequel(s)

II - CONTEXTE ACTUEL

DESCRIPTION DES SYMPTÔMES :

_____ *Aucun* _____

CONTEXTE GYNÉCOLOGIQUE :

date des dernières règles : *Manycousak*

type de contraception : *Aucun*

grossesse actuelle : oui non ne sait pas

EXAMEN PHYSIQUE :

- * état de conscience *Normal*
- * aspect général de la victime (état des vêtements, corpulence, taille, poids)

Rien à signaler

- * caractères sexuels secondaires (seins, pilosité pubienne, axillaire)

Rien à signaler

- * analyse descriptive des lésions constatées

Rien à signaler

EXAMEN DES ORGANES GENITAUX:

1. INSPECTION

aspect des organes génitaux externes (description des lésions constatées) :

aspect de l'hymen :

hymen déchiré :

déchirure ancienne

déchirure récente

situation des déchirures _____

- hymen intact ecchymotique
- hymen intact complaisant
- hymen intact non complaisant

présence de tâches d'aspect spermatique oui non

aspect de la marge anale :

- aspect normal
- présence de fissure(s) anale(s)
localisation _____

2. TOUCHER VAGINAL (ET ANAL) :

3. EXAMEN SOUS SPECULUM (ET ANUSCOPE)

Paroi vaginale :

Col utérin :

Anus et Rectum :

Présence de corps étranger oui non
 vagin rectum

si oui spécifier :

PRELEVEMENTS EFFECTUES

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> cheveux | <input type="checkbox"/> vaginale |
| <input type="checkbox"/> poil | <input type="checkbox"/> anale |
| <input type="checkbox"/> ongle | <input type="checkbox"/> urine |
| <input type="checkbox"/> peau | <input checked="" type="checkbox"/> sang |
| <input type="checkbox"/> vêtement | <input type="checkbox"/> autres (préciser) : _____ |
- _____
- _____

EXAMENS BIOLOGIQUES REALISES

- examens bactériologiques
 - recherche de spermatozoïdes
 - réaction biologique de grossesse
 - réaction VIH
 - autres _____
- _____

TRAITEMENT PRESCRIT

- Zidovudine + Kaletra
- cefixime + Azithromycine + Metronidazole
- Vaccins anti-tétanique et anti-hepatite

RETENTISSEMENT PSYCHOLOGIQUE :

Aspect général : Le/La patient/e est

- calme et coopérante
- déprimée (tristesse, larmes, angor)
- agitée
- agressive
- sidérée (parle très peu ou ne parle pas du tout)
- Autre _____

Le/La patient/e rapporte :

- Troubles du sommeil (insomnies, hypersomnies, cauchemars)
- Troubles de l'appétit (diminution ou augmentation de l'appétit)
- Arrêt des activités habituelles
- Peur (préciser objet de la peur)
- Idées suicidaires
- Autres : _____

III - CONCLUSION

Au terme de l'examen médical de Mme [REDACTED]
 Les constatations directement en rapport avec l'agression sexuelle, la nature des lésions décrites et les retentissements fonctionnel et psychologique qui en découlent entraînent, sous réserve de complications ultérieures, une incapacité de travail (IT) de : 17 jours (en lettres).

Fait en double exemplaire, à MSF-France, Advers 31 le 17/10/2010

Pour authentification

[Signature]
 M.S.F.
 MEDECINS SANS FRONTIERES

Rolinsine Emmanuel
 Signature du Médecin
 M.S.F.
 MEDECINS SANS FRONTIERES

Certificat remis à :

Nom : [REDACTED]
 Prénom : [REDACTED]

CERTIFICAT MEDICAL POUR AGRESSION SEXUELLE

Je soussigné-e Docteur Belimaire Emmanuel

Spécialisation Médecin généraliste

Certifié avoir examiné le 05/05/10 à 12h 45 PM heures

A Médecin Sans Frontières - France (lieu)

sur réquisition de _____

à la demande du /de la patient-e à la demande des parents

IDENTIFICATION DE LA VICTIME

NOM _____

Prénom _____

Date de naissance 16/02/72

Sexe F

Adresse Place Pétion, Champs-de-Mars

Profession Commerçante

I - DIRES DE LA VICTIME

Mr., Mme _____ dit avoir été victime le 02/05/10

A 11h 00 PM heures

Histoire de l'agression

Je suis aux toilettes quand j'ai entendu la voix de deux hommes derrière la porte. L'un d'eux y a fait intrusion et l'autre est resté dehors. Celui qui est entré sur toilette a mis sa main sur mon visage, ma bouche avec sa main. Puis il m'a finalement pénétrée par la voie vaginale sans dépendre de moi de ma volonté.

Lieu de l'agression : Champs-de-Mars

De la part de (nombre) (3) un individus

L'agresseur aurait utilisé :

des menaces verbales des menaces physiques

des coups

POINGS - PIEDS - TETE - ARME BLANCHE - ARME à FEU - INSTRUMENT CONTONDANT - AUTRE _____

des substances toxiques

L'AGRESSION SEXUELLE PROPREMENT DITE :

aurait consisté en des attouchements

aurait consisté en une (ou des) pénétration(s) :

orale(s)

vaginale(s)

anale(s)

unique

multiple

unique

répétées

répétées

répétées

Il y aurait eu pénétration d'instrument :

vaginale

anale

oui

non

CE QUI C'EST PASSE SUITE A L'AGRESSION

Changement de vêtements

oui

non

Toilette

oui

non

Consultation(s) médicale(s) depuis l'agression

oui

non

Si oui :

nom et adresse (du médecin)

certificat délivré : oui non

description des lésions initiales constatées par ce médecin :

source d'informations :

dires de la victime

dossier médical

certificat

Traitement prescrit

oui

non

Si oui, lequel(s)

Examen(s) pratiqué(s)

oui

non

Si oui, lequel(s)

II - CONTEXTE ACTUEL

DESCRIPTION DES SYMPTOMES :

vertige, saignement vaginal

CONTEXTE GYNECOLOGIQUE :

date des dernières règles : 19/04/10

type de contraception : Aucun

grossesse actuelle : oui non ne sait pas

EXAMEN PHYSIQUE :

- état de conscience *Normal*
- aspect général de la victime (état des vêtements, corpulence, taille, poids)

Rien à signaler

- caractère sexuelles secondaires (seins, pilosité pubienne, axillaire)

Sans particularité

- analyse descriptive des lésions constatées

Rien à signaler

EXAMEN DES ORGANES GENITAUX:

1. INSPECTION

aspect des organes génitaux externes (description des lésions constatées) :

Vulve souillée de sang.

aspect de l'hymen :

- hymen déchiré :
 - déchirure ancienne
 - déchirure récente

situation des déchirures _____

- hymen intact ecchymotique
- hymen intact complaisant
- hymen intact non complaisant

présence de tâches d'aspect spermatique oui non

aspect de la marge anale : *Non examiné.*

- aspect normal
- présence de fissure(s) anale(s)
localisation _____

2. TOUCHER VAGINAL (ET ANAL) :

Non fait

3. EXAMEN SOUS SPECULUM (ET ANUSCOPE)

Paroi vaginale : *Présence de sang.*

Col utérin : *Présence au passage de sang.*

Anus et Rectum : *Non examiné.*

Présence de corps étranger oui non
 vagin rectum

si oui spécifier : _____

PRELEVEMENTS EFFECTUES

- cheveux
- poil
- ongle
- peau
- vêtement

- vaginale
- anale
- urine
- sang
- autres (préciser) : _____

EXAMENS BIOLOGIQUES REALISES

- examens bactériologiques
- recherche de spermatozoïdes
- réaction biologique de grossesse
- réaction VIH
- autres _____

TRAITEMENT PRESCRIT

- Lamivudine + Zidovudine + Kaletra⁵
- Asepro à la betadine
- Cefixime - Azithro - Metra.
- Tocoids et vaccin anti-hepatite B
- Paracetamol co
- Nolvo

RETENTISSEMENT PSYCHOLOGIQUE :

Aspect général : Le/La patient/e est

- Calme et coopérant/e
- Déprimé/e (tristesse, larmes, angor)
- Agitée
- Agressive
- Sidéré/e (parle très peu ou ne parle pas du tout)
- Autre _____

Le/La patient/e rapporte :

- Troubles du sommeil (insomnies, hypersomnies, cauchemars)
- Troubles de l'appétit (diminution ou augmentation de l'appétit)
- Arrêt des activités habituelles
- Peur (préciser objet de la peur) Peur de ne plus réussir à mener chose
- Idées suicidaires
- Autres : rien

III - CONCLUSION

Au terme de l'examen médical de Mlle [redacted]
 Les constatations directement en rapport avec l'agression sexuelle, la nature des lésions décrites et les retentissements fonctionnel et psychologique qui en découlent entraînent, sous réserve de complications ultérieures, une incapacité de travail (IT) de : trois jours (en lettres).

Fait en double exemplaire, à MSF-France Delmas 31 le 05/05/2010

Pour authentification [Signature]

Bolimeis Emmanuel
Signature du Médecin

Certificat remis à :
 Nom : [redacted]
 Prénom : [redacted]

M.S.F.
MEDECINS SANS FRONTIERES

CERTIFICAT MEDICAL POUR AGRESSION SEXUELLE

Je soussigné-e Docteur Belimaire Larmanuel

Spécialisation Médecin généraliste

Certifie avoir examiné le 18/05/10 à 5h45 AM heures

A Medecin Sans Frontières - France (lieu)

sur réquisition de _____

à la demande du /de la patient-e

à la demande des parents

IDENTIFICATION DE LA VICTIME

NOM _____

Prénom _____

Date de naissance 27/05/10

Sexe F

Adresse _____

Profession _____

I - DIRES DE LA VICTIME

M. Mme _____ se dit avoir été victime le 05/05/10

A 7h-8h PM heures

Histoire de l'agression

En allant acheter quelque chose pour ma
soeur, sur mon chemin, j'ai été agressé
par un individu qui m'a touché au visage
avec sa main. Puis, il m'a percuté de force
par le visage.

Lieu de l'agression : Cité Soleil

De la part de (nombre) (1) individu

L'agresseur aurait utilisé :

des menaces verbales de mort

des menaces physiques

des coups

POINGS - PIEDS - TETE - ARME BLANCHE - ARME à FEU - INSTRUMENT CONTONDANT - AUTRE

des substances toxiques

L'AGRESSION SEXUELLE PROPREMENT DITE :

aurait consisté en des attouchements

aurait consisté en une (ou des) pénétration(s) :

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> <u>orale (s)</u> | <input type="checkbox"/> unique | <input type="checkbox"/> répétées |
| <input checked="" type="checkbox"/> <u>vaginale (s)</u> | <input checked="" type="checkbox"/> unique | <input type="checkbox"/> répétées |
| <input type="checkbox"/> <u>anale (s)</u> | <input type="checkbox"/> unique | <input type="checkbox"/> répétées |

Il y aurait eu pénétration d'instrument : oui non
 vaginale anale

CE QUI C'EST PASSE SUITE A L'AGRESSION

Changement de vêtements oui non
Toilette oui non

Consultation(s) médicale(s) depuis l'agression oui non
Si oui :
nom et adresse (du médecin) _____

certificat délivré : oui non

description des lésions initiales constatées par ce médecin :

source d'informations
 dires de la victime
 dossier médical
 certificat

Traitement prescrit oui non
Si oui, lequel(s) _____

Examen(s) pratiqué(s) oui non
Si oui, lequel(s) _____

II - CONTEXTE ACTUEL

DESCRIPTION DES SYMPTOMES :

traumatisme épigastrique

CONTEXTE GYNECOLOGIQUE :

date des dernières règles : 06/05/10

type de contraception : Aucun

grossesse actuelle : oui non ne sait pas

EXAMEN PHYSIQUE :

- état de conscience Normal
- aspect général de la victime (état des vêtements, corpulence, taille, poids)
Rien à signaler
- caractères sexuelles secondaires (seins, pilosité pubienne, axillaire)
Rien à signaler
- analyse descriptive des lésions constatées
Rien à signaler

EXAMEN DES ORGANES GÉNITAUX: Non fait

1. INSPECTION
aspect des organes génitaux externes (description des lésions constatées) :

aspect de l'hymen :

hymen déchiré :

- déchirure ancienne
- déchirure récente

situation des déchirures _____

hymen intact ecchymotique

hymen intact complaisant

hymen intact non complaisant

présence de tâches d'aspect spermatique oui non

aspect de la marge anale :

aspect normal

présence de fissure(s) anale(s)
localisation _____

2. TOUCHER VAGINAL (ET ANAL) :

Non fait

3. EXAMEN SOUS SPECULUM (ET ANUSCOPE)

Non fait

Paroi vaginale :

Col utérin :

Anus et Rectum :

Présence de corps étranger oui non

vagin rectum

si oui spécifier :

PRELEVEMENTS EFFECTUES

- cheveux
- poil
- ongle
- peau
- vêtement

- vaginale
- anale
- urine
- sang
- autres (préciser) : _____

EXAMENS BIOLOGIQUES REALISES

- examens bactériologiques
- recherche de spermatozoïdes
- réaction biologique de grossesse
- réaction VIH
- autres _____

TRAITEMENT PRESCRIT

- ceftriaxone + Azithrom + Metra
- T. Coïde
- Vaccin anti-hepatite B
- Hydroxyde d'Aluminium.

RETENTISSEMENT PSYCHOLOGIQUE :

Aspect général : Le/La patient/e est

- calme et coopérant/e
- déprimé/e (tristesse, larmes, amorphe)
- agitée
- agressive
- sidéré/e (parle très peu ou ne parle pas du tout)
- Autre _____

Le/La patient/e rapporte :

- Troubles du sommeil (insomnies, hypersomnies, cauchemars)
- Troubles de l'appétit (diminution ou augmentation de l'appétit)
- Arrêt des activités habituelles
- Peur (préciser objet de la peur)
- Idées suicidaires
- Autres : _____

III - CONCLUSION

Au terme de l'examen médical de ... [redacted] ...
 Les constatations directement en rapport avec l'agression sexuelle, la nature des lésions décrites et les retentissements fonctionnel et psychologique qui en découlent entraînent, sous réserve de complications ultérieures, une incapacité de travail (IT) de : jours (en lettres).

Fait en double exemplaire, à MSE-France, Delmas³ le 17/10/2010

Pour authentification [Signature]
M.S.F.
 MEDECINS SANS FRONTIERES

Bolinnaie Emmanuel
 Signature du Médecin
M.S.F.
 MEDECINS SANS FRONTIERES

Certificat remis à :
 Nom : [redacted]
 Prénom : [redacted]



HOPITAL BERNARD MEVS



DISCHARGE SUMMARY / Résumé de la décharge

NAME [REDACTED]
LAST NAME / NOM FIRST NAME / PRÉNOM / PREMIER NOM
MR# [REDACTED]

DATE OF DISCHARGE: 5/18/10

DISCHARGE DIAGNOSIS / Décharge Diagnostique:
Angine lésionnelle, s/p rube

PATIENTS PHONE(S):
[REDACTED]

FOLLOW-UP APPOINTMENTS / Prochain Rendez-vous:
Clinic on 5/24/10

DISCHARGE MEDICATIONS:
Aspirin 81mg BID Aspirin 1 tab po bid
Warfarin 5mg po qd to w/e
Warfarin 5mg po qd Plan B
Warfarin 5mg po qd Warfarin 5mg po qd

DOCTOR'S NAME: [REDACTED]

SIGNATURE: [Signature]

APPENDIX C

Psychological Evaluations

Physician Assessment

Date of assessment: 3/11/10

Name: [REDACTED] (age 57)

DOB: 7 April 1953

Background of interviewer:

Daryn Reicheter, M.D. and Suzan Song, M.D. co-conducted an interview with [REDACTED]

Daryn Reicherter, M.D. is a Stanford University School of Medicine Faculty Psychiatrist with special expertise in cross-cultural trauma psychiatry. He completed medical school at New York Medical College and internship and residency at Stanford University. He is licensed to practice medicine in the state of California and board certified in psychiatry by the American Board of Neurology and Psychiatry.

Dr Reicherter is an Assistant Clinical Professor in Stanford University School of Medicine's Department of Psychiatry and Behavioral Science. Additionally, he has worked with cross-cultural trauma psychiatry in many different countries. He provides direct services in the form of assessment and treatment to trauma survivors at the Center for Survivors of Torture in San Jose California. He is the lead mental health physician for programs supporting survivors of trauma from Bosnia and from Cambodia. He is the Board President of Survivors International. He is a consultant to the Documentation Center of Cambodia. Dr. Reicherter has taught courses at Stanford University and has published in health journals and books on the topic of cross-cultural trauma psychiatry.

Suzan Song, M.D., M.P.H., is a child psychiatry fellow at Stanford University School of Medicine's Department of Psychiatry and Behavioral Sciences. She is licensed to practice medicine in the state of California and is eligible for board certification under the American Board of Neurology and Psychiatry. She earned her medical degree from the University of Chicago, Pritzker School of Medicine, a masters in public health policy

from the Harvard School of Public Health, and completed her residency training in psychiatry at the Harvard Longwood Psychiatry program.

Dr. Song has expertise in the area of cross-cultural trauma psychiatry. Her experiences include community health, global trauma and policy. She is a peer reviewer for *Intervention* (the International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict), and for the *Journal of Traumatic Stress*. She has worked with Physicians for Human Rights doing psychiatric asylum evaluations for the past five years. As a Harvard Humanitarian Initiative Fellow, she participated in a two year formalized training in humanitarian response to disaster and refugee crises, through water/sanitation, food/nutrition, shelter/security, health services, ethics, policy, planning, and organization. She is on a team of policy advisors with the Harvard Refugee Trauma Program/ Massachusetts General Hospital.

Method/circumstance of evaluation:

This interview was conducted at the Beuro des Advocates Internationaux in Port-au-Prince, Haiti. Language was translated between English and French Creole by Moira Duvernay. Ms. Duvernay is a competent language translator. She is fluent in Creole and in English.

Identifying information, circumstance and method of evaluation

Ms. [REDACTED] was born on April 7, 1953 and is a 57 year-old widow, currently homeless. She belongs to a womens' survivors of violence organization, KOFAVIV, and was referred to our group by leaders of KOFAVIV who knew Ms. [REDACTED] was ill.

Narrative of trauma

Ms. [REDACTED] specifies her life changing on two dates, January 12, 2010, and January 14, 2010. On January 12, 2010, her sister died in the massive earthquake in Haiti. Her sister was the major provider for the family. On the day of the earthquake, she was having a meal with American woman. She left her house, "panickly" looking for her children, and

saw that a large house had fallen on a smaller one. She is now homeless, living on the streets (without a tent), does not have regular access to food, and has few supports left. Her third daughter was injured and taken to hospital for her face and teeth. She heard she was getting help in Okap, in Northern Haiti.

On January 14, 2010, she saw a group of men raping a woman and told them to stop. When she confronted these men, she was told that they were going to do the same to her. She said "I'm an old woman, don't do it to me" and the response from the men was "well, you're going to know it now". They held her down by her feet, she was pinned to the ground, and beaten with a gun. She showed her left side, which has clear small bruises. She also has continued pain in that area. In addition to being beaten, she was raped by multiple men, and states feeling "a pang, a tear inside me." She started to bleed vaginally. When the men saw her bleeding, they said "if she's going to bleed, let's do it again" and continued to rape her.

She went to the general hospital since she continued to bleed, was given medicine, had blood drawn, and had an x-ray. She continues to feel like something is leaking out of her vagina into her underwear. She also went to the "leaf doctor" and was given a mixture of lemon and water, which helped her defecate. She states that the perpetrators stepped on her foot hard (evidenced by bruise and laceration on her left toe). She returned to the hospital due to continued pain in her side, had another x-ray taken, and was given vaginal suppositories for pain. She still reports continued creamy white vaginal discharge, and has been washing her vaginal area with vinegar.

Presenting Psychiatric Symptoms

Ms. [REDACTED] reports extreme anxiety. She also reports having difficulty with her memory, feeling like she forgets where she put her coat. Additionally, she has difficulty remembering the name of her four children. She also reports frequent re-experiencing of traumatic events during the earthquake – of her sister being killed under the Telecom building, remembering that "they just threw her away". She reports being very close with her sister, and ruminates about her body not being disposed of properly. She states she has frequent nightmares in the short time that she is able to sleep. Saturdays are

especially hard for her, since those are the days when her sister would bring provisions for the family.

Ms. [REDACTED] states many avoidant symptoms, not able to sell things on the streets anymore as she is afraid of being near the place that she was raped. She feels less anxious if there other women around, but becomes quite fearful alone and takes different routes when she walks from place to place out of worry that young men will rape her again.

She also reports symptoms of hypervigilance, with difficulty sleeping and high anxiety. She has started to drink grain alcohol to promote sleep, which she never did before, stating that her head is full of problems and worries. She feels “jumpy” and fearful when she sees young men. Ms. [REDACTED] continues to sleep in the street without a tent and fears that she will be victimized again.

Ms. [REDACTED] states that when she feels stressed about the past traumas, she cries out in emotional pain, thinking about how her husband died from political violence in the early 90s, and that her brother was “disappeared” during the same time. She reports that frequently she has anxious thoughts, heart palpitations, and begins to shake, but also feels nervous and anxious most days. In the past month, at times she believes she sees someone walking in front of her and when she tells her friend, the friend says “you’re seeing things, you’re losing your mind.”

Ms. [REDACTED] also states symptoms of major depressive episodes, where she feels sad, scared about her sister and guilty about how her body was disposed of. She states feeling old and unable to withstand the emotional pain. She reports weeks without energy, difficulty having motivation to get up. She told a woman that she wished she would have died on January 12th so she would not have had to experience what happened to her on the 14th. Ms. [REDACTED] also reports multiple of days walking the street without purpose, thinking about “executing” herself, and feeling that there is no other way to cope. She states: “Now I

feel like my life is over for me.” She has stopped self-care. She is not grooming, combing her hair, and people have told her how she is “lazy,” which she never was before.

Ms. [REDACTED] has frequent serious thoughts about killing herself, by drinking bleach. She has access to bleach and has been gathering it over the past few days, to kill herself. Friends have told her not to end her life, but she tells them “If I did, it will be me who did it to myself.” She ruminates about how desperate she feels and how she has lost everything. However, she has one friend, and some churches which she finds supportive.

Med/Psych Background

Ms. [REDACTED] never drank alcohol prior to the earthquake, but now drinks a full cup of grain alcohol, to help her sleep.

She has active ob/gyn pathology from her recent rape without complete follow up. She denies past medical issues.

Psychosocial situation

Prior social history:

Ms. [REDACTED] was born in the streets of Bijoutown. Her Mother was employed to wash the clothes of the man who people say was her father. However, she was not raised by her Mother – she lived with others who would physically assault her. Often, she was called “petit bebe” since she was physically too small to work. She was raped when she was a child, and those memories made the rapes of January 14th more difficult for her. Ms. [REDACTED] has not had formal education, and cannot read or write. She has three children, but the children’s father was killed in political violence. She also has 4 adopted children. Prior to the earthquake, Ms. [REDACTED] states she did not have much support. She was a member of KOFIV since it was formed, and was doing well – she was even chosen as a delegate to fly to Washington, D.C.

She was living in a small house, in front of a bigger house, and the small house fell down during the earthquake. For employment, she was part of the t-commerce, selling goods

on street. She also has experienced political persecution. She states that there is a section of Bizotoun that she hides from since her family was threatened by the former military when she had photos of Aristide in her home. She states the opposition party had threatened her and destroyed her home, so she took her children and escaped. She continues to live in fear of political persecution.

Current social situation:

She is currently sleeping on the streets without shelter, and has poor access to food. She has a 20 year old daughter receiving medical treatment in Okap whom she has not seen since the earthquake. Currently she has no major supports.

Objective Findings

Physical Findings:

Her left lateral side has multiple dark bruises

Her left toe has multiple small lacerations and small bruises

Her gait is remarkable for a limp, favoring the right side

Mental Status Examination:

Appearance: poorly groomed, extremely thin black woman wearing head scarf, hair poorly groomed, unkempt, tattered sandals

Eye Contact: poor, frequently looking down

Cooperation: good, answered questions in depth at times, stated she liked the interpreter's Creole.

Psychomotor: slight psychomotor retardation, slow walking with a limp in her gait

Speech: slow, quiet, with occasional pauses before answering, tears at times.

Mood: "I have no reason to live anymore"

Affect: depressed, flat, restricted.

Thought Process: linear, goal-oriented.

Thought Content: reports suicidal thought and intent, by overdosing on bleach which she has been gathering. Also reports odd sensory disturbances, such as seeing people who are not there, and states she is not sure if it is because she is hungry or because she is depressed.

Impression:

Medical Diagnosis:

Ob/gyn pathology post rape (r/o STD)

Multiple healing bruises and lacerations.

Mental Health Diagnosis:

Axis I Post Traumatic Stress disorder,

Major Depressive episode

Axis II deferred

Axis III multiple bruises, lacerations on side and foot, limp in gait, reports continued vaginal bleeding and discharge.

Axis IV poor access to food, shelter, water, limited social supports, unemployed, multiple traumatic losses

Axis V 35

Assessment and Conclusions

RISK: exposure, starvation, repeat violation, family extreme risk.

Has no realistic resource for medical or mental health treatment and it is unclear if she was completely worked up for STDs, etc

Assessment and Conclusions

Ms. [REDACTED] is a 57 year-old female, Haitian survivor of extreme traumatic experiences. She has severe mental health pathology that has been exacerbated by extreme traumatic experience and ongoing overwhelming stress. She meets full DSM IV criterion for Post Traumatic Stress Disorder and Major Depressive Disorder. She had suffered with some mental health symptoms from multiple exposures to trauma from childhood on.

She attempted to cope with her mental illness through her participation in the women's group KOFAVIVE. This NGO has been largely, functionally destroyed by the earthquake. The physical structure was destroyed and most of the surviving women are now living in homelessness and at high risk for repeated sexual violence. Her recent traumatic experience in the earthquake exacerbated her symptoms to a new level of severity. She feels that she no longer can get support from this group.

Ms. [REDACTED] has very limited access to much needed resources. She has a severe mental health condition but no access to resources for stabilization. She also has severe ob/gyn pathology resulting from her recent gang rape, with limited resources for work up or treatment. Further, she has poor access to food, shelter, and clothing. Her living condition is totally unsafe and she is at high risk for continued sexual violence.

Ms. [REDACTED] condition is critical. She is the victim of multiple, unspeakable traumatic events. And she has no access to treatment for the violations she has suffered or their ongoing effects. Furthermore, she is now in an entirely unsafe situation. She is at risk from the elements and without stable food, shelter, and clothing. She is at constant risk of assault and sexual violence.

Physician Assessment

Date: March 11, 2010

Name: [REDACTED]

DOB: 12 Nov 1960

Background of interviewer:

Daryn Reicheter, M.D. and Suzan Song, M.D. co-interviewed Ms. [REDACTED].

Daryn Reicherter, M.D. is a Stanford University School of Medicine Faculty Psychiatrist with special expertise in cross-cultural trauma psychiatry. He completed medical school at New York Medical College and internship and residency at Stanford University. He is licensed to practice medicine in the state of California and board certified in psychiatry by the American Board of Neurology and Psychiatry.

Dr Reicherter is an Assistant Clinical Professor in Stanford University School of Medicine's Department of Psychiatry and Behavioral Science. Additionally, he has worked with cross-cultural trauma psychiatry in many different countries. He provides direct services in the form of assessment and treatment to trauma survivors at the Center for Survivors of Torture in San Jose California. He is the lead mental health physician for programs supporting survivors of trauma from Bosnia and from Cambodia. He is the Board President of Survivors International. He is a consultant to the Documentation Center of Cambodia. Dr. Reicherter has taught courses at Stanford University and has published in health journals and books on the topic of cross-cultural trauma psychiatry.

Suzan Song, M.D., M.P.H., is a child psychiatry fellow at Stanford University School of Medicine's Department of Psychiatry and Behavioral Sciences. She is licensed to practice medicine in the state of California and is eligible for board certification under the American Board of Neurology and Psychiatry. She earned her medical degree from the University of Chicago, Pritzker School of Medicine, a masters in public health policy

from the Harvard School of Public Health, and completed her residency training in psychiatry at the Harvard Longwood Psychiatry program.

Dr. Song has expertise in the area of cross-cultural trauma psychiatry. Her experiences include community health, global trauma and policy. She is a peer reviewer for *Intervention* (the International Journal of Mental Health, Psychosocial Work and Counseling in Areas of Armed Conflict), and for the *Journal of Traumatic Stress*. She has worked with Physicians for Human Rights doing psychiatric asylum evaluations for the past five years. As a Harvard Humanitarian Initiative Fellow, she participated in a two year formalized training in humanitarian response to disaster and refugee crises, through water/sanitation, food/nutrition, shelter/security, health services, ethics, policy, planning, and organization. She is on a team of policy advisors with the Harvard Refugee Trauma Program/ Massachusetts General Hospital.

Method/circumstance of evaluation:

This interview was conducted at the Bureau des Advocates Internationaux in Port-au-Prince, Haiti. Language was translated between English and French Creole by Jean Julien. Mr. Julien is a competent language translator who is Hatian. He is fluent in Creole and in English.

Identifying Information:

Ms. [REDACTED] is 50 year old Haitian, female earthquake survivor with a history of Post Traumatic Stress Disorder from political violence, now presenting with extreme exacerbation of symptoms.

Narrative of trauma:

Ms. [REDACTED] was the target of politically motivated rape around the coup d'etat April 29, 2004. She and her daughter were raped. When her husband protested, he was killed.

After the terrorism against her family she did not know where her children were For 15 days. Her daughter was 17 years old at the time and became pregnant as a result of the rape. Now Ms. [REDACTED] cares for the five-year-old grandchild. Ms. [REDACTED] nor her family have sought medical treatment for the sexual assault, though they did take herbal medicines and washed themselves. They moved to the mountains for 6 months due to fear of further persecution. While her mental health condition improved over the years, she continued to have symptoms of PTSD. By 2006, through the use of a women's support group, she felt like she was greatly improved.

On Jan 12, her house was destroyed in the earthquake. She has six children and they had to sleep on the street in front of St Benedict without any covering. This was made worse by rain. She had a son who was going to be 21 years old, who died inside of their house in the earthquake. Ms. [REDACTED] was hit by debris from the earthquake and physically injured. Her 13 yr old daughter had a piece of iron fall into her shoulder. The other children had blocks fall on them, but they are not that seriously injured, though none have been adequately assessed.

Trauma Specific Symptoms:

Ms. [REDACTED] clearly had symptoms of (and likely prior diagnosis of) PTSD due to her 2004 trauma, which was worsened through a re-experiencing of the trauma of the earthquake.

1. Hypervigilance: Ms. [REDACTED] states she is startled easily, jumping when someone speaks loudly. She states that when she walks, there may be another earthquake which limits her from going inside any buildings. She frequently feels stressed and scared. On occasion, she'll also suddenly hear a lot of loud voices at once when no one else is around, but then it leaves. She states she feels like her heart is racing, and it lasts for a few minutes where she also has difficulty speaking. These episodes happen a few times daily and impair her ability to function.

2. Re-experiencing events: Ms. [REDACTED] reports poor sleep due to intrusive thoughts of people who she has lost in her life. She states she has these ruminating thoughts

throughout the day, which prevent her from doing my daily activities. These thoughts are constant and cause her to ramble on and talk a lot to herself.

3. Avoidance: Ms. [REDACTED] tries to forget things that remind her of the earthquake. She also avoids people who say Haiti will be “swallowed up.”

DEPRESSION

Ms. [REDACTED] meets criteria for Major Depressive Disorder. She reports depressed mood for most of the day, though feels better when she is with other women from KOFAYIV. Since Jan 12, she reports poor sleep (only a few hours a night), poor appetite with large weight loss, poor energy, memory (has difficulty remembering where she places things), hopelessness, and have difficulty with caring for so many children. She often ruminates about losing her sister in the earthquake, and feels a burden from being left to take care of the two children that she has a hard time providing for. Since the earthquake, Ms. [REDACTED] frequently thought she would die because she had no appetite and people told her she would die if she did not eat. Ms. [REDACTED] has felt suicidal after the earthquake, but currently states she wants to live.

She worries about her five children, and states more concern that she now has two additional children in her care that she cannot provide for. She feels extremely shameful since the grandchild is a product of rape, and people call the child a “rape bastard”.

Med/Psych Background

Medical history: High blood pressure (she had previously received blood pressure medicine)

Ms. [REDACTED] has headaches. She has a rash from bathing in the un-sanitized water.

Psychosocial Situation

Ms. [REDACTED] was born in a clinic in Jeremy, Haiti and her mother died at 6 months old. She then became an *arestevéc* and was beaten, deprived of food, and not allowed the chance to attend school. At 14 years old, she was making a living and self-sufficient financially. She earned a certificate and is literate. Ms. [REDACTED] has 6 biological

children, lost one, and has 2 from her sister.

Prior to the earthquake, Ms. [REDACTED] was living with her children all together. She was able to eat and pay for school. She was able to focus on her work with KOFAVIV.

Current Social Situation with Specific Risks to Health/Mental Health:

Ms. [REDACTED] currently has no housing, little access to food, and poor supports. Her eldest son died in the earthquake and her eldest daughter was raped in the aftermath of the earthquake. She had a peer group counseling within KOFAVIV. A woman has built a shelter with sheets and invited Ms. [REDACTED]'s family to live with her there. She is worried about her children.

Objective Findings

Physical Findings: medical evaluation not performed

Mental Status Examination:

Appearance: ave weight Black woman, poorly groomed, with hair in short braids

Eye Contact: fair, looks at the interpreter

Cooperation: good

Psychomotor: mild psychomotor retardation

Speech: quiet, soft, otherwise normal.

Mood: "I don't know"

Affect: dysphoric, blue, restricted

Thought Process: logical, linear, goal-oriented

Thought Content: denies current suicidal ideation or psychotic symptoms.

Cognitive: reports difficulties in memory.

Impression:

Medical Diagnosis:

Hypertension

Mental Health Diagnosis:

Axis I

Post-traumatic stress disorder

Major depressive episode

Axis II

Deferred

Axis III

High blood pressure

Axis IV

Poor access to food, shelter, water,

Limited social supports,

Unemployed,

Multiple traumatic losses

Vulnerable to sexual violence

Axis V 35

Assessment and Conclusions

Ms. [REDACTED] is a 50 year-old female, Haitian survivor of multiple, extreme traumatic experiences. She has severe mental health pathology that has been exacerbated by recent rape and ongoing overwhelming stress. She meets full DSM IV criterion for Post Traumatic Stress Disorder and Major Depressive Disorder.

Ms. [REDACTED] has very limited access to much needed resources. She has a severe mental health condition but no access to resources for stabilization. Further, she has poor access to food, shelter, and clothing. Her living condition is totally unsafe and she is at high risk for continued sexual violence. Her daughter has already become the victim of rape since the earthquake.

Ms. [REDACTED]'s condition is critical. She is the victim of multiple, unspeakable traumatic events. Furthermore, she is now in an entirely unsafe situation. She is unhoused without stable food and clothing. She is at high risk for repeated sexual violence.

Clinical Assessment

Date: May 13, 2010

Name: [REDACTED]

DOB: 2/16/72

Background of interviewer:

Roslyn Murov, M.D. is the Medical Director of Abbott House, a social service agency for children in foster placement and adults with developmental disabilities. She completed medical school at Washington University School of Medicine in St. Louis, Missouri. She is a board certified pediatrician who completed a pediatric internship and residency at Los Angeles County/ USC Medical Center. She completed a child and adolescent psychiatry fellowship at Children's Hospital Boston of Harvard Medical School. As Medical Director for the past 16 years, Dr. Murov leads a clinical team of psychologists and psychiatrists who provide mental health services including crisis intervention, court-ordered evaluations, and treatment to children, adolescents, and young adults who are survivors of physical and sexual abuse. Dr. Murov worked in Guatemala for three months following the earthquake of 1976 and in Nicaragua in 1981.

Christina Nichols, Ph.D. graduated from Palo Alto University doctoral program located in California. She completed her internship at Four Winds Hospital, located in Katonah, New York. Dr. Nichols is licensed to practice psychology in the state of New York. She has studied stressful life events and has published in health journals on Bereavement. For the last ten years, she has conducted assessments and offered treatment to individuals who are survivors of physical and sexual abuse and trauma. Currently, Dr. Nichols works at Abbott House, a social services agency for ethnically diverse population of children in foster care and adults with developmental disabilities.

Method/ Circumstance of Evaluation:

This interview was conducted at the Bureau des Avocats Internationaux (BAI) in Port-au-Prince, Haiti. Language was translated between English and French Creole by a local competent translator, who was fluent in English and French Creole.

Identifying Information:

Ms. [REDACTED] is a 38 year-old female, Haitian earthquake survivor and two rapes (5/4/10 and 1/14/10) since the earthquake and one rape prior to the earthquake.

Presenting Issues:

Ms. [REDACTED] has survived multiple extreme traumatic experiences including several rapes, a natural disaster and the death of family members.

Ms. [REDACTED] reports lasting and severe anxiety and mood disorder symptoms as a result of her traumatic experiences. The traumatic event is persistently re-experienced, as she has recurrent and intrusive thoughts of the earthquakes and the rapes. Ms. [REDACTED] is

often upset when something makes her think about what has happened to her.

Ms. [REDACTED] also demonstrated persistent avoidance of stimuli associated with the trauma. She presents with a flat affect. She is fearful to walk around outside and avoids the area where the attack occurred. Ms. [REDACTED] has attempted to avoid thoughts, feelings, or conversations associated with the trauma.

Ms. [REDACTED] reported feeling easily angered, poor concentration and sleep. She reports having racing thoughts regarding her personal safety and the welfare of her family. The symptoms have been present since the earthquake.

Ms. [REDACTED] feels depressed and has symptoms of anhedonia. She feels the need for sleep but has severe insomnia. She reports not feeling any happiness since the earthquake. Ms. [REDACTED] has reported that she has lost some important memories of her life. She indicated that she does not recall the births of her children. She has constant fear that harm will come to her three daughters.

She reports that she is extremely depressed. She has attempted to kill herself on two occasions. On January 17, she drank a cup of Clorox-Bleach. She was rushed to the hospital and her stomach was pumped. On April 28th, she purchased Chlorox-bleach again for purpose of killing herself. Her daughter observed her pouring the Chlorox into a cup and knocked it out of her hand. She denied current suicidal ideation but she is at risk for significant self harm. She also reports low energy. She also states that she does not want to kill herself because of her responsibility to her children.

Medical History:

Ms. [REDACTED] has no significant medical problems. She reports no allergies. She does not take any medication. She has had no access to mental health support after the earthquake or the attacks. She has not had adequate medical follow-up after the rapes due to limited access to healthcare. She does not use drugs or alcohol.

Recent traumatic events:

On May 5, 2010, Ms. [REDACTED] was using a toilet and she overheard two men talking. One man came into the bathroom and closed his hand over her mouth. He had a knife and ripped her pants off and vaginally raped her. After the attack, both men ran away. She did not recognize them during the attack nor has she seen them since.

On January 14, 2010, she was returning from her destroyed home. She had gone to the area in the hopes that her husband's body had been found and taken from the rubble. She was walking by the market and she was taken by two men with a gun into a tent. Both men raped her and then pushed her out of the tent. She ran away screaming for help and found a police officer. When she returned to the area the men had left.

Since her traumatic experiences she has had symptoms of severe distress and the on-

going risk to her safety has further exacerbated her anxiety. Based on the information reported during the clinical interview and she met DSM IV criteria for Major Depressive Disorder and Post Traumatic Stress Disorder.

In addition, to the attacks, she is also endured the loss of her husband during the earthquake. She has had two serious suicide attempts and is at increased risk for future attempts. She is without housing, reasonable access to food, or medical resources. She is in constant fear for her safety and the safety of her daughters.

Also, Ms. [REDACTED] reported that she has become stigmatized in her community. She reported that people in her area have started calling her names because she has been raped twice. She has been avoiding walking around the tent camp because of the ridicule and fear of re-victimization.

Psychosocial Situation

Prior Social History:

Prior to the earthquake, Ms. [REDACTED] lived with her husband and three children. She has saved money from working as a housekeeper and became a street vendor. Her husband also helped to support the family. She has three daughters (age 10,12 and 14).

Current Social Situation with Specific Risks to Health/Mental Health:

Ms. [REDACTED] lives in a place called Place Petion. She does not have a tent and struggles to provide food and water for her three children. They are often very hungry. There is no security and she is afraid that her daughters will be attacked. She is at extreme risk due to exposure and lack of nutrition. The lack of safety places her physical and emotional at risk.

Mental Status Examination:

Appearance: well-groomed

Eye Contact: good

Cooperation: good

Psychomotor: no agitation or retardation noted

Speech: normal volume, rate; very articulate; speaking creole

Mood: depressed all of the time

Affect: Flat

Thought Process: linear

Thought Content: She has attempted suicide twice. Thoughts of suicide do enter her mind regularly. On the day of the evaluation, she denied current intent to kill herself.

Denies auditory and visual hallucinations.

Cognitive: intact

Other:

Impression:

Mental Health Diagnosis:

Axis I: Post Traumatic Stress Disorder
Major Depressive Disorder

Axis II: Deferred

Axis III: Deferred

Axis IV: Poor access to housing, food, safety, financial, or medical resources.

Axis V: 30

Assessment and Conclusions

Ms. [REDACTED] is a 36 year-old female, Haitian survivor of extreme traumatic experiences. She has severe mental health pathology that has been exacerbated by extreme traumatic experience and ongoing overwhelming stress. She meets full DSM IV criterion for Post Traumatic Stress Disorder and Major Depressive Disorder. She is at high risk for repeated sexual violence.

Ms. [REDACTED] has very limited access to much needed resources. She has a severe mental health condition but no access to resources for stabilization. Further, she has poor access to food, shelter, and clothing. Her living condition is totally unsafe and she is at high risk for continued sexual violence and suicide.

Ms. [REDACTED] has endured many terrorizing circumstances. Furthermore, she and her family are now in an entirely unsafe situation. Not only are they at risk from the elements and without stable food, shelter, and clothing, also she and her daughters are at constant risk of assault and sexual violence. Further, given her history of suicide attempts, loss of a support system and two recent rapes, she is considered a high risk for suicide. This risk is further increased because she can not access adequate mental health treatment.

Christina Nichols-Hughes, Ph.D.
Clinical Psychologist
License Number NY 015483

APPENDIX D

Police Reports

Au
Commissaire du Gouvernement
Près le Tribunal de Première
Instance de Port-au-Prince
Et son Parquet.

J-29-06-10

Honorable Commissaire,

Je salue
Champs de Mars [redacted] (e) Site

identifié (e) au no [redacted] cell phone [redacted]
vous présente mes compliments et m'empresse de vous exposer :

Depuis l'arrestation du 17 Janvier
2010, l'empresse et sa famille se
sont installés au Champs de Mars
pendant un temps d'attente

qui a duré environs de 9 heures dans la
nuit du 13 mai 2010, plusieurs
carrés de terre, métal, ferraille, les
seurs physiologiques, elle a entendu un
d'air qui venait d'un endroit, et j'en
ai senti l'air de fermeté au niveau
la porte, cette main m'entraîne à me
tout de suite l'exercice un coup de fusil
tout en l'agressant sexuellement.

Que le comportement du/dela/des/ nommé (es) (e) [redacted]

tombe sous le coup de/ des/ l'/ article (s) 279
du code Pénal ou du décret du [redacted] régissant la
matière.

Pourquoi, je vous demande, Honorable Commissaire de mettre l'action
publique en mouvement contre le/la/les nommé (e) (es) [redacted]

pour les faits de Viol et menace de mort
prévus et punis par la loi.
Port-au-Prince, le 29 Juin 2010 [redacted]



MINISTÈRE DE LA JUSTICE & DE LA SÉCURITÉ PUBLIQUE

PARQUET DU TRIBUNAL CIVIL de *Port-au-Prince*

No. *N-22-06-10*

le *23/06/10* 2010

LE COMMISSAIRE DU GOUVERNEMENT PRES LE TRIBUNAL
DE PREMIERE INSTANCE DE PORT-AU-PRINCE

REQUIERT le Responsable du Commissariat de la Police de Port-au-Prince de faire rechercher et amener en état au Parquet le nommé Reginald ainsi connu demeurant et domicilié à champs de mars sur la place Pétion ce, pour évasion, fait prévus et punis par les articles 195,196 et suivant du Code Pénal.

Fait au Parquet, les jour, mois et an que dessus.


GENELUS Enock -Géné, mag
Substitut Commissaire du Gouvernement,

APPENDIX E

Camp Lighting and Security Charts

KOFAVIV Camp Security Report

Port au Prince, Haiti

Updated: October 17, 2010

KOFAVIV (Committee of Women Victims for Victims) is a grassroots women's group that has members living and operating in camps throughout Port au Prince and has been working with victims of sexual violence since 2004. The following list describes the current security situation in the camps, as measured by lighting and informal security, as documented by KOFAVIV:

Camp Security List

Camp Name	Lighting	Security	Rape Cases	Comments
Kafoufey	No	Yes (Only informal, camp organized)	Yes	Agent reports no lighting at all and no presence of police or MINUSTAH. Rapes occur but are not reported.
Stad	Yes	No	Yes	Improved lighting, even though only on the perimeter, has appeared to decrease the number of cases.
Kasim Matisan	No	Yes	Yes	Camp managers have issued identification cards for people who live in the camp to control entry, but it has not been entirely effective without other resources. There is some lighting but it is dim and in very limited areas. Informal security is unreliable and sporadic.
Kanaren 2	No	No	Yes	
Fomekredi Merenatath	Yes	No	Yes	
Mon Jn Pije	No	No	Yes	
Fils Pye Lui	No	Yes (only during the day)	Yes	There is security during the day, but there is no security during evening.
Sant Pilot 1	No	No	Yes	
Sant Pilot 2	No	No	Yes	Agent reports no lighting.
Reji Site Soley	No	No	Yes	
Plas Petion (CDM)	Yes	No	Yes	
Matisan 2B	Yes (but not adequate)	No	Yes	There is some lighting but it is dim and does not cover all of the walkways in the camp.

Mozele	No	No	Yes	
Tiplas Kazo	No	No	Yes	
Soley 17	Yes	No	Yes	In addition to sexual assault, there have been other security concerns, such as robbery. There is only lighting in limited areas. Informal security is ineffective. Police are also present sometimes but are not respected and are ineffective. There are numerous rapes and high levels of violence.
Plas St Anne	Yes (but not always on)	No	Yes (informal, camp organized)	Lighting is contingent on gas for the generator, so lighting is not on for the entire night and only runs when camp members can afford purchase the gas. Some informal camp security has been organized.
Plas Dessalines (CDM)	No	No	Yes	
Sit CSDSM	No	Yes	Yes	KOFAVIV has started an informal brigade of local residents to help provide security.
Kwa De Bouke (Duval 30)	No	No	Yes	Camp residents have started an informal committee for security.
Kwa De Bouke, Lyse St Jak	No	No	Yes	
La Hochel – suplas	No	No	Yes	
La Hochel – de uzin	Yes	No	Yes	
Petionville Club	No	No	Yes	KOFAVIV has documented at least 15 rape cases here since the earthquake.