



## SUMMARY REPORT

# GENDER AFTERSHOCKS: TEEN PREGNANCY AND SEXUAL VIOLENCE IN HAITIAN GIRLS

Final Results of an Adolescent Field Survey

Fall 2012

## INTRODUCTION

In October 2011, the pilot PotoFi Haiti Girls Initiative (“PotoFi”), a project of the PotoFanm+Fi post-quake advocacy coalition, conducted a comparative participatory field research survey with local partners that targeted 2000 pregnant adolescent girls in different geographic zones and setting in Western Haiti. The survey was designed to document cases of early pregnancy since the January 2010 earthquake and examine any links to sexual violence and transactional sex, as well as girls’ access to health services.

This briefing paper presents the **final** results of the survey, following an oral presentation of the preliminary results in a public forum in Haiti in December 2012.<sup>i</sup> ***A disturbing 64% of 981 pregnant adolescent girls in the survey reported that they had gotten pregnant from rape, while 37% of 1251 pregnant girls reported they traded sex goods and services, primarily shelter, as well as food. Some girls who named rape as the source of their early pregnancies also engaged in survival sex.*** The survey results provide a warning of overlapping post-quake gender aftershocks affecting teenage and younger girls in Haiti. The findings mirror a PotoFanm+Fi analysis of post-2010 reported rape cases that finds over 60% involve minors – a post-quake majority.<sup>ii</sup>

The PotoFi survey involved a grassroots partnership with seven participating local Haitian non-profit organizations (NGOs) who offer programs for sexual violence victims or youth. They include APROSIFA, ANAPFEH, the Lig Pouvwva Fanm, and KOFAVIV in the Port-au-Prince zones, and Fanm Deside, CEFOJ (affiliated with Limye Lavi) in Jacmel, and SOFA Sud-Est in the Cap Rouge rural zone. The field teams were drawn from trained outreach workers and members of these partner NGOs who work in or close to target zones of the survey. The comparative survey was carried out in different geographic areas and types of settings (urban, peri-urban and rural, camps for Internally Displaced Persons (IDPs) and non-camps) in order to capture snapshots that might illuminate the national picture.

The PotoFi field survey was designed to better assess post-quake cases of early pregnancy in adolescent girls in different zones and their access to critical post-rape and reproductive health services; and to

determine any linkage (or not) of early pregnancy with sexual violence and /or ‘survival sex’ i.e., sexual exchange (prostitution). The survey sought to confirm or challenge prior 2010-11 camp surveys and other reports documenting three emerging post-quake trends: 1) a post-quake “pregnancy bubble” after the January 2010 earthquake (UNFPA 2010; HRW 2011; PIH 2010); 2) increased reports of rape (HRW 2010, 1022; Amnesty International 2011; IRC 2011; Madre-BAI-Kofaviv 2010 and 2011; UN Women 2011, among others); and 3) increased reports of transactional sex in urban IDP camps and urban street prostitution after the earthquake (ANAPFEH 2010; KOFAVIV 2011; HRW 2011; NYU-CHRGJ 2011).

The PotoFi participatory survey combined quantitative and some qualitative methods and was implemented by trained locals and social workers using instruments modeled upon similar field studies of gender-based violence in Haiti, with planning, input, and review by research experts and a survey Advisory Committee. Its comparative sample size – over 2000 pregnant and recently-pregnant girls and their families in a dozen different locations and types of settings in western Haiti –is large and diverse enough to inform the national picture about early pregnancy linked to sexual violence in quake-affected zones. It was collected over a one-year period using a modified sampling method and is not representative of non-pregnant girls or the whole female population across Haiti.

Despite these limitations, PotoFi’s results capture a critical slice of the post-quake picture suggesting that adolescent girls are disproportionately suffering social and violent aftershocks of the earthquake. It provides data to support collective post-2010 observations, media reports, and academic studies by other groups suggesting that Haiti’s economic crisis,<sup>iii</sup> displacement,<sup>iv</sup> increased insecurity and crime<sup>v</sup> have contributed to a wave of sexual violence and a ‘pregnancy bubble.’ PotoFi’s survey provides data that connects the dots and suggests that a considerable percent of teenage pregnancies may be linked to rape and to a post-quake entry into informal prostitution.

## **Background**

Nearly two years after Haiti’s historic earthquake leveled the capital Port-au-Prince, and much of Western Haiti, the country remains in acute economic crisis, one marked by increased poverty, crime, food insecurity and joblessness. While Haitians buried and now mourn the loss of 150,000-316,000 citizens in the quake, many of the 300,000 who were injured and the 1.5 million who were displaced continue to experience post-trauma and are struggling mightily to rebuild their lives. Among them, women and girls have experience additional ‘gender aftershocks,’ including a wave of overall violence and sexual violence linked to insecurity and impunity for crimes that has been widely documented in media reports globally.

**What’s been overlooked is the impact of post-quake conditions on girls of all ages, including sexual violence.** Pre-quake, the annual national picture for rape showed young and teenage girls were often targeted. The post-quake picture shows that the dual factors of youth and gender, coupled with Haiti’s worsening economy, contribute to girls’ increased vulnerability to sexual assault and abuses, particularly those living in the dangerous, overcrowded IDP camps.

Today, some two-thirds of the initial 1.5 million IDP camp population has been resettled, some via forced eviction, as part of a government effort to find housing for Haiti’s newly homeless population. In October, some 550,000 people remained in camps, but were daily being resettled, some into neighborhoods surrounding the camps which are also in areas marked by overcrowding, insecurity, increased gang activity and rising violent crime.

Reports of sexual violence in Haiti’s IDP camps began to emerge within a few weeks of the earthquake and steadily increased throughout 2010. Within months, a second trend was emerging: post-quake pregnancies, these primarily reported in adult women, but also seen in girls.<sup>vi</sup>

In October, UNFPA reported a *tripling* of the pregnancy rate, and attributed some to sexual assault as well as transactional sex, warning of consequences for young girls whose developing bodies are at higher risk for complications of pregnancy.<sup>vii</sup> By then, women leaders, women’s agencies and GB-survivor’s groups were increasing national and global pressure on global leaders to address the lack of protection and services for sexual violence survivors. In interviews with PotoFanm+Fi members, frontline physicians and advocates also shared their observations and concerns that an unknown number of girls were getting pregnant from rape, and remained under the radar, with limited access to either post-rape, prenatal or antenatal services. They also worried about how many women and girls might be seeking illegal abortions after getting pregnant from rape. Their concerns were based on anecdotal observations by outreach workers in and outside IDP camps.<sup>viii</sup>

Many advocates who spoke with PotoFanm+Fi’s reporting team after 2010 voiced their fear that a generation of Haitian girls was losing its future as a result of rape and its consequences: unwanted, early pregnancies, rumored abortions, school drop outs, increased selling of sex, and mental health problems including depression, post-trauma and attempted suicide. But their fears were based on anecdotal observations and individuals cases, given a lack of concrete data about the picture in adolescents. PotoFanm+Fi launched the pilot PotoFi survey in response to this demand for data.

## Methodology

PotoFi’s seven field teams administered the 35 question survey in various sites in greater Port-au-Prince, the peri-urban Jacmel zone, and Cap Rouge rural zone. The camps and sites were selected to provide geographic diversity, sampling from smaller informal settlements vs. larger organized camps. Non-camp sites were selected to include zones with high reported rates of violence, and zones surrounding some surveyed IDP camps. The Lig Pouvwa Fanm team surveyed IDP camps and neighborhoods of Ti Galet, Marassa, and Carrefour. The ANAPFEH sex workers team surveyed IDP camps ACRA and a section of the Christ-Roi area. APROSIFA, a group that helps youth, surveyed camps and non-camps in Martissant and Fontamara popular shanty neighborhoods. KOFVIV, a GBV-survivor-led team, surveyed girls in the downtown (Centre-ville) area, and camps in Martissant, Teyat, Stadium, and Fort Dimanche. A team of student and youth researchers from the CEFOJ team surveyed a section of peri-urban Jacmel with many displaced individuals. Fanm Deside’s team surveyed girls in IDP camps in central Jacmel. The SOFA Sud-Est team surveyed girls in the rural zone of Cap Rouge, about 17 kilometers above Jacmel.

The survey instrument included a two-part survey. Part One was a 25-question “Yes –No” survey instrument in Kreyol with questions for pregnant girls related to exposure to sexual violence, pregnancy, access to preventive and post-rape services, including post-rape counseling and mental health services; emergency and follow up medical services, including timely access within 72 hours to a trained health professional, medical certificate and reporting to an authority; provision of preventive birth control, STDs and HIV screening and services; cases of illegal abortion and pregnancy complications; access to reproductive health services; and access to essential daily services, including food, clean water, shelter, employment and school education.

Part Two was a supplemental 10-question Kreyol “Yes-No” survey to determine broad socio-economic conditions and concerns for respondents and their families related to their living environments as they related to an increased risk of sexual violence.

The survey teams targeted pregnant girls and their families using a systematic approach, working in pairs of two interviewers at a time. The pair teams were instructed to approach one household or camp after another in a given target site to find households with pregnant girls or girls who delivered after January

2010. Interviewers administered the survey only after reviewing a voluntary informed consent form and discussing survey participation with families of targeted adolescents. Interviews were conducted directly with girls over age 15, when possible, and with a designated caretaker, guardian and minor girls under age 15, and only after informed consent by adult and minor. When necessary for reasons of privacy and security, survey interviews were conducted away households or tents. In such cases, one person conducted the interview, while the other monitor the security and privacy of the interview. Pairs were instructed to review completion of the survey with each other to support adherence to the protocol.

Due to threats of violence and requests for bribes made on some survey teams in several Port-au-Prince camps, the survey team had to return several times to complete interviews at some sites. The teams followed the systematic design and approach of the survey as well as possible, given difficult circumstances in some sites, and the necessity of finding private spaces to conduct the interviews. A number of teams provided incomplete surveys of the 25-question Part One section. Not all questions were answered because the time needed to complete the survey was too great for subjects given settings of insecurity. In such instances, the researchers concentrated on documenting cases of sexual violence and access to emergency health services, foregoing the very last section of questions in Part One which focused on broader social conditions in the camps. These conditions made it difficult for all teams to adhere strictly to the sampling protocol. The results thus represent a convenience sample based on results collected in a modified systematic manner. The analysis of the results also reflects a percentage of the actual number of respondents to a particular question.

In total, there were over 2000 households with adolescent girls who participated in the survey. A total of 1938 responded to Part One – the 25-question survey. A total of 2013 filled out the supplemental Part Two 10-question survey. The response rate to specific questions varied, but was deemed high. The majority of the surveys of both older and younger adolescents were directly answered by the girls, though parents sometimes added details during interviews with minors under 15. The ages of girls ranged from 13 to 19. Several pre-adolescent cases were documented in the survey whose ages ranged from 8 to 12. There were several infant cases documented. The cases under age 12 were removed from the statistical analysis, as were adults over 21. The majority of responses were from teenage girls aged 14-18.

Several cases of pre-adolescents and adolescents under age 13 were reported as rapes by minors and adults in the course of the survey. Given their age, these cases were deemed too young to become pregnant and thus did not reply to questions related to pregnancy or aftermath of pregnancy.

The estimated time to conduct the surveys was 1-2 hours, which included time to introduce and discuss the project, secure advance informed consent, and locate a secure, private setting in which to carry out the survey. A majority of surveys were carried out within the home or tent of the respondent. The research teams were instructed to note cases of 2<sup>nd</sup> and 3<sup>rd</sup> trimesters of pregnancy, but limit their commentary about cases outside the specific questions and protocol of the survey instrument. A post-survey meeting of the field research teams allowed PotoFi to capture additional observations about the survey process and tools that inform the qualitative data that is presented along with the quantitative data.

**Research Advisory Committee:** PotoFanm+Fi staff assembled an Advisory Committee of health and research professionals to plan and design the survey, and to field test a sample survey with adolescents in a focus group discussion. Local members of the research field teams also reviewed and revised the survey tool in order to further simplify the language and number of questions, following their own experiences working in the camps, with adolescents and parents, and with victims of sexual violence. Given the high insecurity in some settings, PotoFi planned advance outreach to local officials and camp managers of target sites, when possible, to review potential security concerns and needs for prospective subjects and for researchers. These security concerns pushed researchers worked in pairs, and in mixed-gender pairs in

some cases, to conduct interviews. In some sites, one field researcher conducted the survey while the other kept an eye on the environment to assure safety and privacy for the subject.

Advance outside review of the instrument was provided by experienced Haitian researchers and advocates in the GBV field to assure the survey would capture essential questions. The draft survey and methods were shared in advance with Haitian researchers a INURED and the US Centers for Disease Control who were jointly planning a Violence Against Children Study (VACS) last year. It was also shared with a Haiti GBV research team at the Global Justice Clinic at NYU School of Law, the women's division of Human Rights Watch, and UNFPA. The survey included questions similar to those in HRW's camp-based surveys of reproductive health and CHRGI's camp-based survey of sexual violence and food insecurity. A post-survey of early results was also shared with INURED, CDC and some Haitian scholars.

**Field Coordination:** PotoFi's Haitian Field Coordinator in Port-au-Prince supervised the implementation of the survey, working with a key coordinator for each of the seven teams. All team members were trained in ethics of best practice for research in two advance trainings. Each team coordinator was responsible for onsite supervision and to help trouble shoot any difficulties during the site visits. Results were to be collected at the end of each survey site visit. Every researcher had a cell phone to contact their team coordinator and contacts for the Field Coordinator who was on call to provide any support needed.

Data analysis was performed by the PotoFanm+Fi Project Coordinator, with input from research specialists in Haiti and the US, and academics in the Haitian Studies Association. US volunteers helped with data tabulation. PotoFanm+Fi's Project Coordinator did an oral presentation of the early results in Haiti in December 2011, and shared the early results with team members in Port-au-Prince and Jacmel in 2012. More information was shared via the feedback report that resulted in a second tabulation of the data to confirm the initial results. The final results confirm the initial results, and provide qualitative commentary. Additional information regarding post-survey follow up contacts between researchers and girls in 2<sup>nd</sup> and 3<sup>rd</sup> trimester pregnancies is included in the qualitative findings.

**Ethical Considerations:** PotoFi's Advisory Committee reviewed Ethics of Research and Best Practices as part of the planning and implementation of this participatory research project. The Committee took seriously its responsibility to review the ethical dimensions of conducting research in communities with high poverty, limited services, insecurity, violence, and often high illiteracy. Research was to be conducted with a goal of gaining specific information about pregnancy and sexual violence that could not easily be gotten from other studies and would include only questions deemed necessary to gain this knowledge. The questionnaire would be simplified to limit the time burden on subjects and teams. The project had a related goal of improving future services for adolescents as a class being surveyed.

**Bias Considerations:** Committee members agreed that research must remain impartial and thus the survey project could not offer or agree to provide financial compensation or services as a *precondition* of participation by subjects, as this could bias the research. But the project could use the information gained in the survey to offer information and help after the study was over. By recruiting and training local GBV survivors, youth, and outreach workers from local associations, the project deliberately created a mechanism to offer *post-survey* follow up counseling and referral services to participants, but only after the survey was over.

**Help, not harm:** The Committee agreed that research is not benign, and that the sensitive nature of the subjects being discussed also carried a potential for triggering post-trauma or negative memories in victims of sexual violence. This awareness was also behind the project's deliberate recruitment of outreach workers and peer counselors and youth from local GBV organizations who were often known and familiar to communities being surveyed, and were sensitive to GBV issues, and attuned to the possible impact of the survey subject on individuals being surveyed.

These steps allowed the project to address both bias and ethical concerns, and plan research to help participants after the study was over.

## FINDINGS

### Part One: Yes - No Questions

After removing responses by minors < age 12 and adults > age 21 from the analysis, the results show:

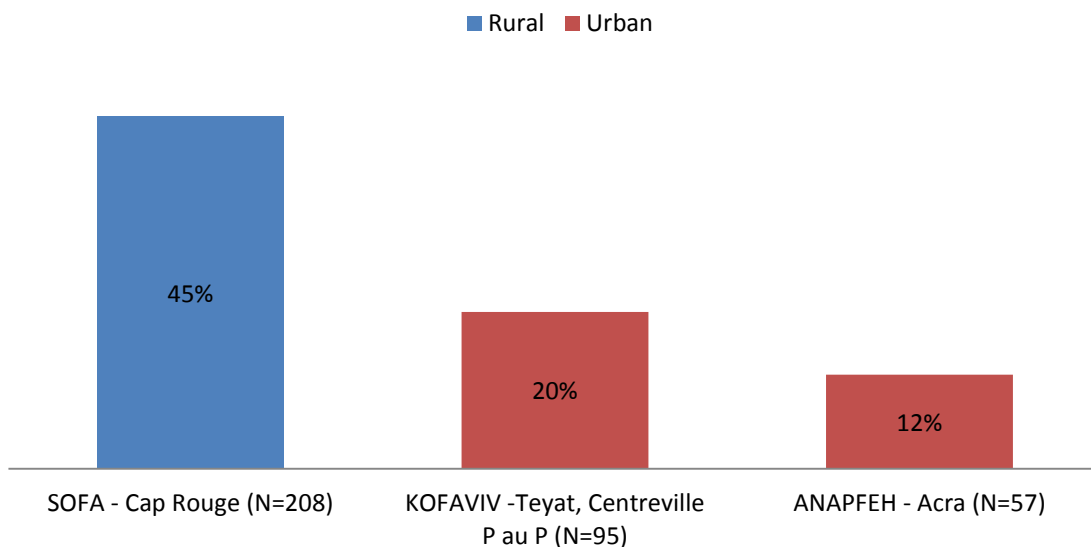
- **Link of rape to early pregnancy: 64% of 981 pregnant adolescent girls reported that they had gotten pregnant from rape.** The great majority reported that it was their first rape, but some had suffered a prior rape.

Link of early pregnancy to Other including a subcategory of “boyfriend”. Less than 5% of respondents indicated Other for the source of their pregnancy.

- **Types of rape: The majority of attacks were committed by a single attacker.** Some involved cases of gang rape, and some involved cases of incest.
- **Link of rape to survival sex: A total of 1251 adolescents replied to the question of their engage in survival sex, with 37% of 1251 acknowledging that they traded sex, primarily for shelter, followed by food. 63% said they did NOT trade sex.** A number of respondents who claimed rape as the source of their early pregnancies also acknowledged engaged in survival sex, some before and others, after the rapes.

**Figure 1. Rural vs. Urban Comparison of Girls Trading Sex**

(Total girls who responded = 1251)



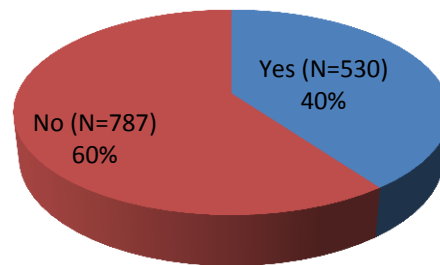
- **Demand for Mental Health Services:** A section of the survey asked respondents to report on specific emotional and psychological conditions that they viewed as the result of rape. **Over 90% of over 1000 girls cited shock, anger, depression and post-trauma as reasons they sought counseling**

*for rape. A significant minority noted that they had a desire to die, while a small number had attempted suicide.*

- **Access to Post-Rape Mental Health Services for Pregnant Adolescents:** *60% of 1317 girls reported that they had received post-rape counseling; 40% had not.* All the rural respondents in Cap Rouge are among those who did not. The great majority of girls who were provided counseling sought help from social workers in local associations or within IDP camps, and from local midwives. Few girls in urban areas seeking help from a professional psychologists or trained trauma counselor. Girls in the Cap Rouge rural area had zero access to services from trained health professionals, including OB-GYN or general doctors or nurses. Some were provided counseling by family members and friends, some from a local midwife, from herbalists, and from voodoo priests.

**Figure 2. Received Counseling After Rape**

(Total girls who responded = 1317)

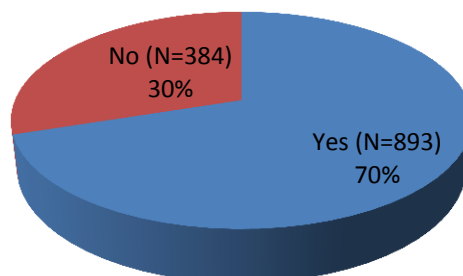


- **Demand vs. Delivery of Post-Rape Pregnancy Test:** *70% of 1277 girls reported having sought and received a pregnancy test after rape. Among the 30% who did not seek the test were girls from the rural zone of Cap Rouge and some girls under age 14.*

Access to a post-rape pregnancy test – a kit from a pharmacy -- was far greater than access to other medical services including a physical examination after rape from a trained provider.

**Figure 3. Received Pregnancy Test**

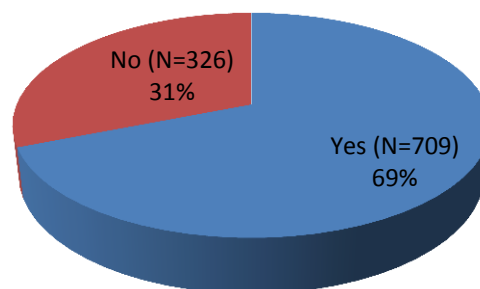
(Total girls who responded = 1277)



- **Demand vs. Delivery of Post-Rape Emergency Medical Care and Physical Examination:** *69% of 1035 girls reported seeking access to post-rape health services after rape, but many did not do so within the 72 hour reporting window for reporting rape.* None of the girls in the Cap Rouge area reported accessing a physical examination for rape. Among girls who sought post-rape emergency medical care, most reported getting care from a nurse. Few had access to a trained doctor in a hospital or specialized center for victims of sexual violence.

**Figure 4. Sought Post-Rape Medical Care**

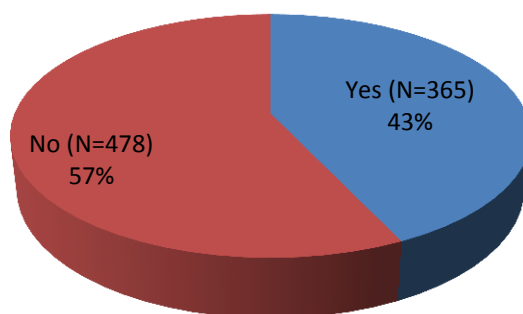
(Total girls who responded = 1035)



- **Demand and Access to Post-Rape Abortion:** Abortion is illegal in Haiti, and carries a stiff penalty for anyone seeking an abortion, or aiding an individual seeking an abortion. For this reason, team members reported an observed reluctance of some girls and parents to respond to this question. *The survey asked: “If you were pregnant or arrived too late to a medical center to access prevention of pregnancy services, did you want to lose the pregnancy?” Of 843 respondents, 57% said No, 43% said Yes.*

**Figure 5. Wanted or Sought to End Pregnancy**

(Total girls who responded = 843)





- **Methods of Abortion:** Only a small percentage of the above respondents replied to questions regarding what method they chose to abort the pregnancy. ***Out of 143 girls, 60% said they chose herbs, and 40% chose pills.*** A majority of the respondents who chose herbs were from the Cap Rouge rural area where access to medical care and medicine is very limited and where residents commonly seek help from traditional healers who use herbs to treat illnesses.

**Figure 6. Method of Abortion**

(Total girls who responded = 143 )



- **Access to Basic, Daily Services: Food, Housing, Clean Water:** The survey included several questions designed to capture the need and access of pregnant adolescents to basic services essential to daily survival, including food, clean water and shelter. These questions allowed girls to indicate how often they were able to access food or went hungry and how often they were able to access food aid. The placement of these questions toward the end of the survey resulted in fewer completed sections of the survey girls who did not have time to participate in the full survey.
- Based on surveys completed, however, ***over 90% of respondents who replied to the questions stated that they had no income or jobs, lacked food, and often went without a daily meal.*** Many also stated they lacked shelter, particularly those in IDP camps, which is to be expected. But rural residents also complained of being displaced and without access to housing. Overall, shelter and food were priority services identified by girls that represented acute daily needs for survival.

## Part Two: Supplemental Questions “I Agree – I Disagree”

A total of 2013 participants, most pregnant girls, replied to ten supplemental questions regarding social and economic conditions since the January 2010 earthquake that affected their attitudes and views of sexual violence. Below in a table that reviews the results:

**Table 2: Attitudes and Views on Sexual Violence Since January 2010**

<i>"Since the earthquake....</i>	Agree	Disagree
Violence has increased where I live/in the zone I have sought refuge	93%	7%
I am more afraid of sexual violence.	94%	6%
I am afraid of traveling outside the limits of the camp/zone	84%	16%
Boys are more sexually aggressive against girls	87%	13%
Sexual violence/forced sex is more common	92%	8%
I have witnessed sexual violence against other girls	3%	97%
The number of young girls (<18 years) who trade sex for something to eat, for money, for protection, or for shelter has increased	83%	17%
The number of adult women (>18 years) who trade sex for something to eat, for money, for protection, or for shelter has increased	78%	22%
The number of young boys(<18 years) who trade sex for something to eat, for money, for protection, or for shelter has increased	31%	69%
The number of adult men (>18 years) who trade sex for something to eat, for money, for protection, or for shelter has increased	24%	86%

### Limits of Survey and Caution of Interpretation

**Limits of Self-Reporting:** The survey results reflect what girls or caretakers of minors self-reported about their experiences, which is typical of many field and research surveys done in Haiti. It was beyond the scope of the survey to seek other documentation, police, agency, or medical records to support individual claims of past pregnancies, incidents of sexual violence, or access to services. But the survey

questions provided little room for ambiguity of answers, as most sought Yes/No replies to specific questions and categories of services.

**Quantitative Data focus:** The survey limited qualitative data and commentary by subjects being interviewed, but the survey form included a space for interviewed to include comments or details of a reply in a supplemental notes section of the questionnaire. These details often provided supportive qualitative and quantitative data and details that backed claims of sexual violence or pregnancy.

**Limitations of Time, Security:** Field teams cited time as limiting factor in their ability to complete surveys with some households in the allotted 1-2 hour time period. Some teams needed two and even multiple visits to sites or households to complete the survey. A first visit typically included discussions with IDP camp managers and social workers, and local security teams before entering a camp to conduct the survey, and after prior contact with the camp agencies to explain the purpose of the study. Sometimes self-appointed authorities or individuals, including young men with weapons, sought to intervene by demanding a bribe from the interview team to allow the survey work to be done, or demanded to be present. Field teams were instructed to refuse and find camp authorities to assist them in such cases. No bribes were paid, and no money was exchanged with survey respondents to assure no bias in the survey.

**Follow Up Services:** In a post-survey evaluation of the project, field team members reported that they did not offer or promise any money or services to participants. They followed the protocol. At the conclusion of the survey, participants *were* provided a Contact Card that listed the name and contact number of the PotoFi Field interviewer and offered information about referral services. Interviewers also provided families with girls in 2<sup>nd</sup> and 3<sup>rd</sup> trimester pregnancies with referrals to counselors, prenatal services and midwives. Many of the field interviewers reported that they had received calls from adolescents and families after the survey and had provided telephone and in person counseling and other support, including referral to hospitals and support groups.

While no monies or other incentives were provided to participants, the post-survey delivery of counseling and referral services and information was very positively received by participants. Rural and urban field teams did note their difficulty in addressing subject demands for medical care and services that were not available in rural areas or easy to access in camps, and they relayed the fear, frustration, despair, and resignation expressed by families with young pregnant adolescents who did not have enough to eat and were desperate. Many families expressed their interest in programs and activities for adolescent girls and young mothers who remained at home, including income-generation activities.

**Social Attitudes:** Some researchers and advocates note that *social attitudes in Haiti, where Catholicism is the majority religion, may make it difficult for girls to openly admit have freely engaged in pre-marital sexual relations*, particularly with disapproving parents or families unaware of a daughter's sexual activity.<sup>ix</sup> This also applies to families unaware of female members of a household who have resorted to trading sex for food, money or shelter. The presence of parents and caretakers with minors under 15 being surveyed may thus have potentially limited the ability of girls and parents interviewed to respond to questions about the source of current or recent early pregnancies.

But in post-survey discussions, survey field teams did not report encountering difficulties in getting girls to openly and usually privately respond to questions. On the contrary, they reported that parents and caretakers actively sought to report sexual violence incidents and asked for help in accessing care services for their pregnant daughters, or for now young teen mothers with newborns. Other details often provided in response to survey questions included details of rapes or pregnancy (date rape reported, to whom, details of attackers, location; status of pregnancy, delivery, prenatal or postnatal services provided, etc.) that backed respondents claims of an unwanted pregnancy resulting from rape or survival sex.

Rape also poses its own significant stigma and social impacts on victims in a society that regards sexual virginity as a prerequisite for marriage and, in traditional and some rural communities, establishes the value of a dowry. While families may view premarital relations by younger girls as a social dishonor and equate this behavior with loose morals, or prostitution in the case of girls who engage in survival sex, rape results in an economic loss to families.<sup>x</sup> In interviews for a parallel report on progress in providing GBV services in Haiti since 2010, PotoFanm+Fi's reporting team found that families of girls who become pregnant after rape view the victim's prospects of marriage as ruined or diminished, a loss they may assess in economic terms (*see endnote for more details*).<sup>xi</sup>

That said, many of the girls in the survey replied that they sought rape counseling, a pregnancy test, and a medical examination, which are specific services for sexual assault. It is unlikely that individuals would seek post-rape counseling and other services if they had engaged in sexual relations by choice. It was beyond the scope or resources of this survey project to investigate rape or pregnancy claims or statements by surveyed girls beyond seeking details of the reported incidents. However, the survey's deliberate use of trained GBV counselors who often knew camps or lived in the camps allowed the project to discuss these limits and caveats before and after the field survey period. Field researchers did not report reasons to question answers by respondents.

The visible fact of pregnancy also made visual confirmation of pregnancy easy in many cases, but it was also beyond the scope of the survey for researchers to seek third party confirmation of the dates of a pregnancy, claims of seeking or getting an illegal abortion, complication of pregnancy or a prior rape incident.

**Researcher Bias:** The deliberate recruitment of social workers and members of organizations with experience in counseling rape victims and adolescents to do participatory field research offers advantages but also raises concerns about their ability to remain neutral, objective researchers. Some critics feel that rape survivors may over-identify with subjects, or have an emotional reaction during an interview that might make it difficult for them to conduct an impartial survey. While these are valid and important questions, the survey project did not encounter these issues, based on post-survey feedback with field teams. Instead, some members argued that, as survivors, they were more sensitive to the needs of families and girls who were often relaying a testimony of rape or unwanted pregnancy for the first time.

## **Comments and Conclusions**

### ***Confirmation of High Rates of Unwanted Early Pregnancy among Adolescents:***

The high rate of participation in the survey of pregnant adolescents provides evidence of an increase of early pregnancy among girls under 20 in quake-affected zones of Western Haiti.

### ***Strong Correlation of Sexual Violence to Unwanted Pregnancy in Adolescents:***

The survey results suggest a high correlation of sexual violence as well as transactional sex with early pregnancy among adolescent girls, both in urban, peri-urban, and rural settings. Put simply, it suggests that rape has led to an alarming increase of unwanted pregnancies in adolescent girls, including those engaging in ‘survival sex’. Rape has also affected pre-adolescent girls, possibly harming their future reproductive capacity, given the medical literature on the negative and often permanent injuries sustained by children whose bodies have not reached puberty.

### ***Potential Correlation of Sexual Violence to Economic Vulnerability – Homelessness and Food Insecurity:***

The increased risk of sexual violence and entry into survival sex for girls appears to economic poverty and displacement, based on survey data indicating that girls report they engage in selling sex for shelter and for food and that some of them report missing daily meals and having acute hunger. The extreme conditions of poverty and unemployment in Haiti’s countryside leave rural girls at a high risk for engaging in survival sex that also increases their risk of getting pregnant. This survey data showing high reported cases of transactional sex among rural vs. urban girls supports the correlation. The survey shows rural girls also remain displaced since the earthquake, including a number of “restavek” girls among those surveyed who work as unpaid domestics in families and lost host families or homes in the earthquake.

Lack of housing and food appears strongly linked to the increase of survival sex for urban girls in the IDP camps and shanty areas where violent crime is surging, raising their vulnerability. The survey supports studies and observations by others showing that Haitian women surveyed reported engaging in transactional sex for the first time after the earthquake and do not consider themselves prostitutes. Girls in the PotoFi survey traded sex for goods and services, as well as money.

### ***Correlation of youth with increased vulnerability to unwanted pregnancy:***

The survey data backs post-quake studies and media reports of a “pregnancy bubble” among Haitian females, and suggests that this trend may be disproportionately affecting teenage girls who represent a statistical majority of reported rape cases in Haiti.

### ***Suggestion of a hidden wave of abortion linked to rape and unwanted pregnancies:***

Although a far smaller number of girls replied to questions about abortion, the replies provided suggest that adolescents who get pregnant from rape or have unwanted pregnancies from selling or other sources will seek illegal abortions. The survey data also suggest that rural girls will seek herbs to abort, while more girls in urban areas will access pills. Additional data indicate that herbs are linked to failed abortions and complications of pregnancy, as are pills. The survey does not provide qualitative data to know more about the exact link of methods of abortion to failed or partial abortions and subsequent obstetric

emergencies, but parallel 2010-12 investigative research on this topic by the PotoFanm+Fi coalition shows a reported increase in street abortions in urban areas.<sup>xii</sup>

The survey is also backed by the providers at public hospitals who have observed a high percentage of adolescents among clients needing emergency obstetric care due to failed abortions or miscarriages.

***Access to basic counseling and pregnancy kits, but not doctors:***

The survey data suggest that many girls who are pregnant and are victims of sexual assault will seek and access some counseling, though the level of service will be limited to non-health professionals for rural residents, and is often provided by midwives and nurses in urban settings.

The contrast between rural and urban access is striking. No girls in the Cap Rouge area were able to access care from a trained provider or hospital, while many urban girls were able to reach health centers, though not often within the legal 72 window for reporting rape. Most services were provided by nurses, not doctors. When girls did access hospitals with trained providers, they were provided with the full range of preventive and treatment mandated within Haiti's protocol for responding to sexual violence. The data suggests a minority of urban girls will fall in this category.

While post-rape services are available in the capital, the data suggest that, among girls living in IDP camps and poorer areas, a small percentage will seek and access services and are reaching providers.

***Urgent need to extend prevention and reproductive health services to young adolescents:***

The data in the survey indicates that younger girls who have entered puberty are at a great risk for sexual violence, given their increased economic and social vulnerability as younger females in post-quake Haiti, particularly in rural areas, among displaced populations, and in very poor families. While preventive and reproductive health services have traditionally targeted sexually active older teenagers and adult women, the survey data, coupled with post-quake reports showing younger girls are the majority of rape cases, calls for an urgent program focused on providing greater access to sexual health and reproductive health (SHRH) education and services for young girls and their families.

It also calls for developing more adolescent-and child-friendly GBV services within programs that serve adults, including maternal health programs, and PACS and CRUO centers. It invites a national public education and school-based campaigns to inform and reach youth and their families, particularly those needing GBV, prenatal and maternal health services.

***Correlation of Participatory Research to Survivor Participation and Follow Up Services:***

The inclusion of rape survivors and youth in the design and implementation of field research into sexual violence among adolescents in areas where they live and work appears correlated with a high degree of participation by adolescents and their families in GBV research. In post-survey discussions, team members pointed to their familiarity with camps and sites, and the prior trust their organizations had garnered among site or camp residents as being an important factor in their ability to quickly gain the trust of adolescents and caretakers to participate in the research.

The use of a survey was also found to be highly effective tool in helping rural groups including SOFA Sud-Est to identify adolescent victims in their zone who need help. SOFA Sud-Est requested expansion of such surveys as a highly useful means of learning about the local community's evolving needs and identifying cases of rape and incest that would otherwise remain hidden. This finding invites more

participatory research and alliances between research professionals and survivor-led organizations on topics including sexual violence, as well as the hidden issues of incest, abortion, male victims and the lives of young mothers after rape.

## Acknowledgements

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<sup>i</sup>D'Adesky, Anne-christine and Policar, Soeurette. Oral forum presentation and powerpoint. «After the Shock - Girls, Pregnancy and Sexual Violence in Haiti. Presentation of First Results of a field study of young, pregnant girls' access to services. PotoFi Haiti Girls Initiative, Dec. 8, 2011, Holiday Inn hotel, Port-au-Prince Haiti. («APRÈS LE CHOC: Les Filles, la Grossesse, et la Violence Sexuelle en Haiti, Présentation des 1er résultats du sondage de terrain sur Les Filles, la Violence Sexuelle & la Grossesse. PotoFi Initiative Haiti Filles. Dec. 8, 2012)

<sup>ii</sup>D'Adesky, Anne-christine and PotoFanm+Fi, "Beyond Shock: Charting the landscape of sexual violence in post-quake Haiti 2010-2012," a comprehensive report by PotoFanm+Fi slated for public release November 10, 2012.

<sup>iii</sup>Kolbe, Athena R. and Houston, Royce A. "Human Rights abuse and other criminal violations in Port-au-Prince, Haiti: A random survey of households." *The Lancet*. 2006. Vol. 368: 868.

<sup>iv</sup>Berg, Louis, "Crime, politics, and violence in post-earthquake Haiti." US Institute for Peace brief. 2012.

<sup>v</sup>Kolbe Athena and Muggah Robert, "The Economic Costs of Violent Crime in Urban Haiti, Results from Monthly Household Surveys, August 2011-July 2012," Strategic Brief, Instituto Igarapé, Brazil. Sept. 2012. <http://igarape.org.br/the-economic-costs-of-violent-crime-in-urban-haiti/>

<sup>vi</sup>Ivers, Louise and Cullen, Kimberly. "Human Rights Assessment in Parc Jean Marie Vincent, Port-au-Prince, Haiti," *Health and Human Rights Bulletin in Practice*, Vol. 12., No. 2. Fall 2010.

<sup>vii</sup>UNFPA 2010 Annual Report: [unfpa.org/webdav/site/global/shared/documents/publications/2011/AR\\_2010.pdf](http://unfpa.org/webdav/site/global/shared/documents/publications/2011/AR_2010.pdf)

<sup>viii</sup>PotoFanm+Fi interviews in 2010-12 with representatives of the National Dialogue, SOFA, Kay Fanm, KOFVIV, Fanm Deside, Aprosifa, SEROVIE, ANAPEH, AFASDA, and with doctors and GBV program officers at MSF chapters, MDM, PIH/Zanmi Lasante, GHESKIO, and a parallel collecting and review of reported cases to these agencies.

<sup>ix</sup>Some families or parents may charge that their daughter was raped rather than acknowledge premarital relations, and seek to pressure the male partner to marry their daughter to address a social sense of "lost honor" associated with loss of sexual virginity.

<sup>x</sup>Advocates report that women and girls who are raped are commonly rejected by husbands and boyfriends, while young men suitors prefer to marry sexual virgins. Family counseling is often sought to help fathers and male partners of rape victims address what they perceive as an indirect attack on their honor and male ability to protect a wife or daughter. Many Haitians hold these traditional social views in what remains a patriarchal society.

<sup>xi</sup>In the Plateau Central region of rural Haiti, doctors and legal advocates testified that families of rape victims still commonly demand that rapists marry a victim to "restore" the honor of the victim and family as a form of rural justice. There is often a demand for economic compensation to address the perceived loss of marriage prospects for the victim to the family – similar to a marriage dowry. They demand money, livestock, or other items with equivalent monetary value. The impact of rape on future marriage prospects for daughters is viewed as a major cause of ongoing post-rape depression among younger victims and their parents, report advocates. Given this stigma, it would not



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appear to socially or economically benefit families to report rape. This social and community stigma points to the challenges involved in reporting rape among younger victims who may also be engaging in survival sex, in which rape frequently occurs.

<sup>xii</sup> Ibid.