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# SURVEY ON VIOLENCE AGAINST CHILDREN IN HAITI

## A SUMMARY

*Brief*

## BACKGROUND

In 2006, the United Nations completed the United Nations Secretary-General's Study on Violence against Children, the first global study to examine all forms of violence against children (VAC). The study identified a need for countries to develop and implement systematic national data collection, to conduct research to inform policy and programs, and to identify the most vulnerable children. Key study recommendations included that countries should 1) strengthen national and local commitment and action, 2) prohibit all violence against children, 3) prioritize prevention of violence, 4) enhance the capacity of all who work with and for children, and 5) develop and implement systematic national data collection and research efforts.

In response to the call to action, the government of Haiti asked the U.S. Centers for Disease Control (CDC) and Prevention to conduct the Violence Against Children Survey (VACS) in 2012. The goal of the VACS was to measure the prevalence and consequences of physical, emotional, and sexual violence against

children in Haiti, and to use the results of the survey to enhance the country's capacity to design, implement, and evaluate violence prevention programs and build successful child protection systems.

The key objectives of VACS Haiti were to

- Generate information to guide strategies to prevent, identify, and respond to violence against children
- Estimate the national lifetime prevalence of sexual, physical, and emotional violence against children (younger than 18 years old)
- Identify risk and protective factors for sexual, physical, and emotional violence against children
- Determine the health and social consequences of violence against children
- Assess the knowledge and use of medical, psychosocial, legal, and protective services available for children who have experienced sexual and

physical violence in Haiti as well as barriers to accessing such services

- Assess the impact of the January 12, 2010, earthquake and the complex, protracted humanitarian crisis on sexual violence
- Identify areas for further research

The VACS in Haiti was conducted in 2012 under the supervision of the CDC by a local Haitian research institute, the Institut Interuniversitaire de Recherche et de Développement (INURED). Key child protection stakeholders in Haiti collaborate in a multisectoral task force (MSTF), known as the Comité de Coordination (CC). The CC, which is comprised of key government stakeholders, nongovernmental partners, and international organizations, helped to inform the survey and worked closely with the CDC and INURED to conduct the research. CC members include:

### Government:

- Haitian Institute of Statistics and Information
- Ministry of Social Affairs and Labor
- Ministry of Public Health and Population
- Ministry of Justice and Public Security
- Ministry of Women's Affairs and Women's Rights
- Institute of Social Welfare and Research
- Brigade for the Protection of Minors

### Nongovernmental organizations:

- INURED
- Haiti Adolescent Girls Network
- KOFAVIV (the Commission of Women Victims for Victims)
- PotoFanm+Fi
- Kay Fanm
- Association Nationale de Protection des Femmes et Enfants Haitien (ANAPFEH)

### International:

- United Nations Children's Fund (UNICEF)
- CDC
- U.S. Agency for International Development (USAID)
- United Nations Population Fund (UNFPA)
- World Vision

## METHODOLOGY

VACS is a national household survey that used a standardized methodology for measuring violence against children. The research team used a standardized questionnaire administered at the household level to determine the current socioeconomic status of the household, and a separate questionnaire for 13- to 24-year-olds which gathered data on the following: demographic information; socioeconomic status; parental relations; education; general connectedness to family, friends, and community; marital status; domestic servitude; displacement following the January 2010 earthquake; sexual behavior and practices; sex in exchange for money or goods; pregnancy; HIV/AIDS testing; experiences of physical, emotional, and sexual violence; health outcomes associated with exposure to violence; and utilization of and barriers to health services.

A multi-stage, geographically clustered sample design was used to produce nationally representative data. The study was implemented in standard enumeration areas, known as Section d'énumération (SDE), as well as among internally displaced persons (IDP) who were living in camps and tent settlements as a result of the 2010 earthquake. There were a total of 2,916 interviews completed: 1,457 females, with an overall response rate of 85.6 percent, and 1,459 males with an overall response rate of 82.0 percent.

Preliminary results of the 2012 Haiti VACS were issued in 2012. A final report is expected to be released in 2014.

## KEY RESULTS

The survey found that more than a quarter of female children and more than 20 percent of male children have experienced sexual abuse before the age of 18. These findings indicate that sexual abuse is a major issue in Haiti. They also raise concern, given that most violence prevention and response programs target women and girls, instead of children in general.

Another concern raised by the results is the number of females 19 to 24 years old who have experienced childhood emotional violence and/or sexual violence as a child. This group of young women was more likely to report infrequent condom use and multiple sex partners in the last 12 months, compared to young women of the same age who had not experienced emotional violence or sexual violence during childhood. The results raise important psychological and public health issues.

### Sexual violence: Sexual abuse and exploitation

The survey found that more females are victims of sexual violence than males, with all related indicators higher than among male children (see Table 1).

### Physical violence

Physical violence is a great challenge as Haiti works to build a society free of violence. The VACS found that physical punishment seems to be experienced almost equally by female and male children, with most physical violence occurring in household (see Table 2.)

### Emotional violence

More females ages 18–24 reported experiencing emotional violence by an adult household member prior to age 18 (34.6 percent) than males ages 18–24 (27.2 percent).

**Table 1. Percent of individuals who reported experiencing sexual abuse and exploitation, by age and sex**

	FEMALES	MALES
Ages 13–17 who experienced any sexual abuse in the past 12 months	19.0	10.9
Ages 18–24 who experienced any sexual abuse prior to age 18	25.7	21.2
Ages 18–24 who experienced physically forced sex prior to age 18	6.3	1.9
Ages 18–24 who described their first sexual intercourse prior to age 18 as unwanted	23.1	11.1
Ages 18–24 who experienced any sexual abuse and reported that the perpetrator was five or more years older	78.1	34.8

**Table 2. Percentage of individuals who have experienced physical violence, by age and sex**

	FEMALES	MALES
Ages 13–17 who experienced any physical violence in the past 12 months	38.1	36.4
Ages 18–24 who experienced any physical violence prior to age 18	60.5	57.2
Ages 18–24 who experienced physical violence by an adult household member prior to age 18	55.9	54.4
Ages 18–24 who experienced physical violence by an authority figure in the community, such as teachers and police, prior to age 18	21.1	20.0

## Service uptake among individuals sexually abused as children

The VACS found that very few females or males ages 18–24 who experienced sexual abuse prior to age 18 received services of any kind (10.0 percent of females and 6.6 percent of males)—including medical, mental health, legal, or protection services for sexual abuse, even though more than half of such females (57.0 percent) and about a third of males (37.4 percent) told someone about the experience.

## Violence and sexual risk-taking behavior

The survey showed that young women (ages 19–24 years old) who reported having experienced childhood sexual violence were more likely to have multiple sex partners in the past 12 months (36.4 percent), compared to those who had not experienced childhood sexual violence (29.4 percent). Having multiple sexual partners is a known risk factor for sexually transmitted infections (STIs), including HIV.

## NATIONAL RESPONSE TO VACS

The purpose of the Haiti VACS was to generate evidence that could be used to enhance the country's capacity to design, implement, and evaluate violence prevention programs and build successful child protection systems. Since completing the survey, the multisectoral task force has led efforts to develop a comprehensive National Action Plan to respond to the findings. Under the leadership of the Ministry of Social Affairs and Labor, the MSTF is developing a multisectoral response to the VACS findings.

As child protection programming is inherently multisectoral, the response will focus on protecting children against violence, abuse, exploitation, and neglect, and on keeping them within safe, supportive families—a task that requires carefully coordinated health, education, legal, psychosocial, and poverty reduction services and other supports. With this focus, the MSTF is engaging various sectors in the national response, including justice and police, health,

education, social welfare, civil society, and community groups, including some NGOs that provide services.

Based on processes established and piloted in other countries that have developed violence response plans, the MSTF team has outlined initial steps in the national response:

### Reactivate the MSTF committee

The Ministry of Social Affairs and Labor is using the 2012 Haiti VACS results to mobilize members of the MSTF and to engage all sectors of government and society to develop an integrated and comprehensive response. The key to this engagement will be to ensure that all partners and stakeholders focus on both policies and services that promote the development of a consistent legal and policy framework that prohibits all forms of violence, challenges social norms that condone violence, and enhances the capacity of all those who work with and for children and families to promote nonviolence. Additionally, the MSTF will work to ensure there are child-friendly protocols and services and that children are treated and cared for with the full array of services needed. The MSTF will work with civil society and communities to engage community leaders, stakeholders, and community members to address social and cultural attitudes and actions that may conflict with human rights and the protection of children.

### Devote more human resources to support development of the response plan

Based on lessons learned from the development of VACS Response Plans in other countries, the MSTF is working with international partners to hire international and local consultants to support the development of the Response Plan for Haiti. These consultants will be responsible for coordinating the logistics associated with collecting information, convening stakeholders, carrying out a cost analysis, organizing the launch, and other tasks. In addition, these consultants will be responsible for mobilizing and leveraging additional resources, such as relationships with national leaders and champions, technical specialists, communications staff, and others.

In support of the VACS Response Plan, the team of consultants will also be responsible for analyzing

existing legislation and response activities, facilitating workshops, drafting the Response Plan, facilitating its launch, and working with government actors implicated in the Response Plan to operationalize their commitments.

## POTENTIAL ELEMENTS OF THE RESPONSE PLAN

The MSTF will prepare a sector-by-sector plan for response to ensure a comprehensive and integrated approach. It will strengthen the integration of existing social welfare, gender, health, education, and justice programs to ensure a comprehensive response. Some priority areas identified by the initial VACS reports are:

### School-related gender-based violence

The VACS results indicate that teachers (particularly male teachers) represent those individuals in a position of authority most likely to physically abuse children in Haiti. At the same time, schools provide an excellent venue for equipping children with the skills they need to protect themselves against violence both at school and in other circumstances.

The MSTF will work with USAID, UNICEF, and other international stakeholders to develop programs and policies that will enable teachers, community members, and students to more effectively prevent and respond to school-related gender-based violence (GBV). The MSTF will work with current international and local implementers to roll out educational tools and trainings to improve the school environment.

### Post-rape services

The VACS and studies from other countries indicate that a large number of clients presenting at health facilities for post-rape services are under age 18. In addition, in many countries and settings, services that rape survivors could access are typically designed for adults. Few services are equipped to address the complex, multifaceted needs of children and adolescents who have experienced rape. The MSTF will therefore engage current partners working in this field. These include the Together for Girls partnership, which recently developed a series of Technical Considerations and accompanying

job aids, which serve as guides for medical providers to address and respond to the unique needs and rights of children and adolescents who have experienced sexual violence and exploitation. MSTF will work with partners to adapt existing materials and launch them through health facilities in Haiti.

### Engage high-level champions

As maintaining momentum within the MSTF on these issues presents a challenge, now is a critical time to engage high-level political allies within the government of Haiti to help respond to and prevent physical, sexual, and gender-based violence against children. The MSTF will work with various partners to engage appropriate “champions” before the public launch of the VACS results in June 2014.

### Launch VACS Report and Response Plan

The MSTF team expects to publicly launch the VACS Report and National Response Plan in two phases. The VACS findings will be available in summer 2014. During the launch to disseminate survey results, the MSTF will announce the details of the elaboration plan for the National Response to the VACS. The presentation of the National Response Plan will take place in February 2015. In addition to these two public events, the MSTF will also convene a workshop for stakeholders to create a series of outcome statements representing several key sectors for use in news media releases.

## DATA GAPS/CHALLENGES

- Data were highly influenced by the post-earthquake context
- A strategy is needed to engage all sectors in the MSTF
- Some actions to tackle violence against children are undertaken outside of a national protection strategy
- There is a need to complete the legal framework for and strengthen the capacities of the entities that work to protect children from violence

## SHARING LESSONS LEARNED

MAST and the MSTF will work to share lessons learned and exchange information among the Haitian national government and partners on translating the survey findings into action. MSTF members will attend the VACS conference in Swaziland in May 2014 to share the Haitian experience and reflect on good practices and lessons learned in the development of the national response to the survey.

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