HHS Public Access

Author manuscript

Int J Health Promot Educ. Author manuscript; available in PMC 2019 March 20.

Published in final edited form as:

Int J Health Promot Educ. 2018 ; 56(2): 85–94. doi:10.1080/14635240.2017.1415766.

Culturally Anchoring an Intervention for Gender-Based Violence

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Abstract

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Declaration of Interest Statement:
The authors declare no conflicts of interest.

Haitians continue to rebuild following the devastating earthquake in 2010, as many also strive to recover and heal from associated horrific events. Immediately following the earthquake, domestic and international agencies reported dramatic increases in violence against women and girls in this small Caribbean nation that shares the island of Hispaniola with the Dominican Republic. In this article we highlight one segment of a situational analysis used as groundwork for developing an intervention to address gender-based violence (GBV). We sought to rapidly identify existing and needed resources and services for internally displaced women and girls in Haiti and to facilitate an immediate and sustainable response. During an eight-day period, we convened focus groups in Port au Prince. Displaced women and older girls, directors of nongovernmental organizations (NGOs), healthcare providers and administrators, and community youth leaders participated in the focus groups. Findings from these focus groups illuminate the multiple influences of GBV on displaced women and girls. Gaps, strengths, and limitations of existing resources, capacities, systems, and services for internally displaced Haitian women and girls were identified. In addition, factors that could potentially support or hinder effective implementation of preventive and response interventions were revealed. Our findings provided a foundation and structure for developing a culturally- specific educational and safety plan which was used in Haiti following the earthquake and continues to have relevance for use, today.

Keywords

gender based violence; situational analysis; natural disasters; focus groups; Haiti

Introduction

Evidence of intensified violence following natural disasters, particularly against women and girls, is extensive, and the frequency of such acts is increasing (Anastario, Shehabe, & Lawry, 2009; Fisher, 2010; Hammond, 2012). Addressing this disturbing trend, we present selected findings from a situational analysis that laid the foundation for developing a culturally specific intervention to address gender- based violence (GBV) following the 2010 earthquake in Haiti and in subsequent violence-prone circumstances.

On January 12, 2010, an earthquake, measuring 7.0 on the Richter scale, shattered Haiti. Its epicenter was near Port-au-Prince, the capital city, and thousands of people were killed, injured, disabled, or displaced as their homes, businesses, institutions, and historic landmarks were destroyed (Government of the Republic of Haiti, 2010; United States Department of the Interior, 2011; Landry, 2010). Following the earthquake, reports were released by several international organizations documenting significant risks for violence against women (Institute for Justice and Democracy in Haiti, 2010; Presto, 2010). While GBV was a significant issue in Haiti before the earthquake, the profound loss of resources, economic security, and infrastructure for safety further increased women and girls' vulnerability to GBV (Fordyce, 2009; Hutson, Trzcinski, & Kolbe, 2014).

Materials and Methods

Six months after the earthquake, a small team of United States nurse researchers and Haitian collaborators initiated a situational analysis as a first step for developing a culturally

appropriate violence prevention intervention for female earthquake survivors in Haiti. A Haitian-American, who served as interpreter and liaison between the researchers and the community, also accompanied the team. The situational analysis, informed by a social ecological perspective, provided a platform for making critical assessments of health needs and challenges, social determinants of health, and resources and services (Sasao & Sue, 1993; Pérez & Cannella, 2011). A range of approaches were used to systematically review and comprehend the complex circumstances of the region including extensive reviews of the literature, examination of international and local needs assessment reports and related documents, consultations with key stakeholders, development of an advisory group, interviews with leaders from local organizations and community groups, observations, focus groups, and a survey. The research procedures were approved by the appropriate Haitian and U.S. institutional bioethical committees. In this report we highlight findings from one component of the situational analysis—the focus groups.

Procedures

Gender- based violence, which manifests and perpetuates unequal power relations between men and women, involves any act of violence "that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (United Nations, 1993, np; Inhorn, 2006; Bookey, 2011). Focus groups were useful in rapidly pinpointing culturally specific concerns and exploring the ways in which individuals collectively made sense of GBV, particularly, related to the earthquake.

Sample and Setting

During an eight day period, four focus groups were conducted. The focus group participants were recruited with the assistance of Haitian community members. Individuals who met the research criteria and were able to get to focus group meeting locations, despite limited transportation, poor roads, and other major burdens of recovery, were included in the sample. Informed consent was obtained prior to each focus group and nominal remunerations were given to participants.

Three of the focus groups were conducted in a meeting room of a centrally located hotel in Port-au-Prince. The focus group of displaced women took place in a makeshift church in a tent camp located on the outskirts of the city. The women in the tent camp focus group were not screened for, or known to have actually experienced GBV. Twenty-three Haitian women and five older adolescent girls participated in this group. The second focus group was comprised of 12 Haitian men and women, ranging in age from 18 to 26 years old. They were counselors/community youth leaders. Two additional focus groups (with three participants in each) included healthcare providers and NGO program directors.

Data Collection and Analysis

Researchers developed guides for each of the focus groups that were based on their GBV research and international needs assessment reports. From the displaced women and girls, we sought their knowledge of, and experiences related to, GBV and strategies to prevent and respond to it. The women were also queried about needed services and strategies to increase

safety in the home and community. Discussions in the focus groups with youth counselors centered on their knowledge and attitudes about GBV, risk factors for GBV, and strategies to prevent and respond to violence. In the groups including healthcare providers and NGO program directors, we focused on the findings from two key reports: the Pan American Health Organization Needs Assessment (PAHO, 2010) and the International Rescue Committee Report (IRC, 2010). We reviewed the reports with focus group participants to determine their knowledge of the actual operationalization of recommendations found in these reports.

All focus groups were audio-recorded. The focus groups, moderated by members of our research team, were conducted in Haitian-Creole, French, or English, as determined by the participants The audio-recordings were transcribed, and the transcripts were translated into English and back- translated into French or Creole to insure accuracy prior to analysis. The focus group transcripts were analyzed using directed content analysis (Hsieh & Shannon, 2005; Zhang & Wildemuth, 2009; Schreier, 2012). Three researchers independently and collaboratively coded and categorized the focus group participants' responses according to areas related to GBV including: contextual factors, cultural dimensions/nuances, strategies for coping, institutional/clinical practices, suggested solutions, and barriers to solutions.

Results

The data revealed gaps, strengths, and limitations of existing resources and services for internally displaced women and girls in Haiti, and helped us better understand their plight.

Contextual Factors Related to Gender-Based Violence

Focus group responses exposed the milieu of daily living following the earthquake. The intersection of pervasive poverty with a fractured infrastructure resonated in all focus groups.

Pervasiveness of Poverty

Focus group participants spoke of the doubly jeopardizing circumstances of the earthquake's sudden and intense destruction as it was superimposed on their already dismal living conditions. One healthcare provider said, 'Haiti is not like that only after the earthquake. It is 25 years of poverty that made Haiti like that. It is like 25 years of poverty and 25 years of recession—all of these things, and the earthquake just made it bigger, you know.'

In many instances, family support, social capital, and livelihoods were abruptly eliminated; youths were orphaned; and many people, from every spectrum of the population, struggled to survive and meet their most basic needs. Thousands of Haitians—often with meager resources—mobilized to offer shelter and assistance to family members, friends, and strangers to the best of their ability as they tried to come to terms with their own losses. With usual networks dissolved, this altruistic support was offered tentatively and in good faith, though still, many were left to fend for themselves.

More than one participant asserted that the 'poorest of the poor' were the most vulnerable to violence. The plight of displaced women and girls, who had to exist in tent camps, often

dominated the focus group discussions. One NGO administrator commented: Because there are a lot of people living in the camps who are not related, so in the camp it is only a tent and there is a lot of teenagers living by themselves in the tents. There are no doors. There is nothing! Everyone can come and go, and sometimes they rape. Sometimes it is just because they want food because there is a lot of misery in the camps. Because they want some food so they sell their bodies for some food or some other thing. They do not know how to protect themselves and they get pregnant. It is terrible!

Fractured Infrastructure.

One of the youth leaders said, 'Before we can deal with the sexual abuse, we must first take care of their basic needs.' The lack of essentials for daily living was related not only to the aftermath of the disaster, but was also stacked upon a fragile and crumbling infrastructure amidst extreme poverty. Living conditions were bleak and few protective measures were available, particularly for women and girls. Street conditions were perilous. Daily routines were altered because of the confines of the occupants' space. For example, conducting personal hygiene in communal places and dealing with crowding often required occupants to walk a distance in unlit and unfamiliar areas. A severe food shortage added to the distress and despair. Usual ways of acquiring the necessities of daily living, including medical care, were either nonexistent or seriously impeded. Several factors made the women particularly vulnerable: limited or no nearby markets, poor sanitation, and inadequate clean water, lights, and latrines. Security, from a combination of NGO's, government workers, and volunteers, was still woefully lacking throughout the country and particularly in the tent camps.

Cultural Nuances Related to Gender-Based Violence

Denigrating sexual attitudes and related behavior were juxtaposed with the debilitating poverty and shattered infrastructure and set the stage for GBV in Haiti.

According to the women in the tent camp, GBV, as defined by the researchers, was limited during their stay in the camp. However, the participants recounted a rape of one young girl. Also, a murder-suicide resulting from a domestic altercation between a husband and wife was reported. Further, they indicated that most other incidents were 'misunderstandings' between partners and often involved arguing, fighting, and beatings. There was ambiguity about what was viewed as rape and/or GBV. One respondent asserted, 'It is a question of culture and mentality because they are always ready to accuse the woman or the girl in that she is the one who initiated it. She is the one who provoked that. She looked for it.'

Participants from all of the focus groups agreed that sex was a taboo subject in Haiti. A primary concern of the respondents was that often girls were engaged in sexual acts before they understood the functioning of their bodies. Respondents also asserted that girls were not experienced in safely responding to males' requests and demands, particularly when they were hungry or in need.

Strategies for Coping with Gender-Based Violence

Individual, family, and community approaches to GBV were identified, though the lines between these entities often overlapped.

Individual Strategies.—Women and girls were limited in their ability to prevent and cope with GBV when it occurred. When women and girls were violated, they often dealt with the assault alone and did not talk about it. According to focus group participants, this response was related to feelings of self- blame and fear. They were afraid to tell anyone, even a family member, for fear of being shunned or rejected. More seriously, women did not disclose their abuse because of a perceived or actual threat of being harmed or killed by the perpetrator. One respondent in the women and girls' group explained, 'I have been raped. So, I stay in my corner. I do not want anyone to know that I have been raped because I do not want my rapist to kill me if I talk.'

Family Strategies.—Family strategies mirrored individual and societal responses to GBV. If a girl tells her parents of a rape or other forms of GBV, families may be supportive and protective. It was reported that the family may decide to keep the information within the family to avoid adverse reactions and stigma from the community. For that reason the family may not seek outside help. Some families accepted money from the perpetrator in exchange for not reporting the assault to authorities. This choice was made when family members were desperately poor and needed the money for daily expenses. Generally, women and their families were not aware of their options for support if GBV occurred. According to one NGO official, 'The people do not know who to see if they are abused or where to go. They do not know hospitals can take care of them. They do not know that if they are abused, they have the right for justice.'

Community Strategies.—Several community approaches were identified ranging from avoiding and shunning GBV survivors and their families, to advocating on their behalf. At the governmental level, the Ministry of Women's Affairs (MWA) guided women to appropriate health services, including testing for sexually transmitted diseases, and also linked the women with legal services. One NGO program director said that her organization's goal was to 'educate them, make them feel comfortable with themselves, to love themselves and not do violence to themselves and others.' A few community organizations aimed, through education, to prevent women from experiencing violence. One group, *Kay Fanm* ("Women's House") educates women and girls about their bodies and how to protect themselves. Focus group participants identified various international NGOs that offered support through a range of services. For example, a 'Girls' Network' taught strategies to prevent and cope with GBV. This patchwork of community strategies, presented viable and valuable strategies to cope with GBV; however, because of a shortage of staff and finances, the services were not readily available to those who needed them most. The list of casualties from the earthquake included local leaders who headed the most active anti-GBV organizations in Port au Prince prior to the earthquake.

Members of the community youth leaders group described some of their activities, which included going to the tent camps daily to visit with adolescents and children. As stated by one youth leader, their intent was 'just to be with them, listen to them, and gain their confidence.' In the view of the youth leaders, for sustainable change to be maintained, it was essential to establish trust before educating the displaced youth about protecting themselves.

Institutional/Clinical Practices in Caring for GBV Survivors

Because a number of healthcare facilities were seriously damaged during the earthquake, it was not surprising to learn that healthcare services for GBV victims were very limited; indeed, such resources for GBV were sparse even before the earthquake. Women, who came to hospitals for GBV- related conditions, usually received no specialized treatment. In fact, few healthcare professionals had the training to deal with those who had been sexually assaulted. One healthcare provider said, 'The nurse who is taking care of abused persons is the same one who is taking care of the emergency person. We need a nurse for abused persons, another one for emergencies, and another one for someone who is hospitalized.' According to respondents, international NGOs were primary players in forging plans to establish such training related to GBV. Local organizations, such as the Catholic Medical Mission Board, offered mental health counseling and had an emergency fund to provide basic resources to women. However, on-site healthcare in tent camps was described as being minimal and of poor quality. One of the displaced women said: We have the clinic right here, but it functions poorly. You have a headache; they give you a pill. You have a stomach ache; they give you a pill. They do not have a car to take you to the hospital if you are ill. They just dump you at the center or Croix des Bouquets [a northern suburb of Port-au-Prince] If you do not even have a gourde in your hand, you have to find your way back on your own.

Other clinical concerns had to do with inconsistencies related to the issuance of a medical certificate, a legal document verifying that a woman had been raped. Assaulted women were often not taken seriously. Prosecution of perpetrators was thus made difficult when a certificate was not available, because in many cases, such a document was required before legal action could be pursued. Even when proper documentation was available, legal action was not straightforward.

Suggested Solutions for Gender-Based Violence

A number of solutions were proposed by the focus group participants for dealing with GBV. Examples included identifying and listing available services, increasing the provision of mental health counseling, improving communication within the healthcare system and across the community regarding available services, and providing training for health professionals to improve care of women and girls who experience GBV. Participants identified other priorities such as educating Haitians about GBV and eliminating tent camps. Focus group participants emphasized that providing for the basic needs of individuals was a critical first step in preventing GBV.

Barriers to Solutions

Solutions were countered by a number of barriers, particularly as they related to the provision of services. Geographical disparities in healthcare facilities were deterrents to accessing services. In general, most of the health resources, but particularly GBV services, were located in Port-au-Prince. Individuals in rural settings were especially underserved. According to one of the women residing in a tent camp, 'We do not have roads. There are a lot of mountains. It is difficult to get there.' This was the situation prior to the earthquake, but afterwards, debris and destroyed roads made a treacherous trek even worse. The lack of resources, service infrastructure, and prepared professionals to render the appropriate

services were discussed as impediments to combatting GBV. In addition, there was limited capacity to provide continuity of services. These factors delayed and thwarted the implementation of many of the suggested solutions.

Although all participants acknowledged the mounting adversities in the country and the despair of many, the strength and tenacity of the people were also acknowledged. According to one health provider, 'Haitians possess a "can do" attitude and one of optimism. If Haitians do what they say they want to do, they can do it!'

Discussion

A full assessment of factors relating to violence against women was not the goal of this segment of the situational analysis. Rather, we sought to gain rapid and focused exposure to core realities of GBV following the earthquake that could be addressed immediately.

Findings of this study suggested that poverty played a major role in the escalation of GBV following the earthquake. This is consistent with others' assertions that displacement, confounded by other personal losses and abject poverty, makes women more subject to abuse and sexual violence because they were placed in situations of increased risk (Bookey, 2011). Hunger, grief, and despair made them extremely vulnerable to coercion and threats, as well as physical attacks.

Study findings gave important insights into gender roles and perceptions of Haitian women. Examples of male domination, identified as a core dimension of violence against women, were evident in participants' responses and are reflected in the country's Gender Inequality Index (GII). Haiti's GII ranking at 127 out of 148 countries (United Nations Development Programme, 2013) reflects significant gender disparity. The focus group findings underscored the need for appropriate interventions to contend with the intersection of gender inequities, nuances of daily living, and past and recurring disasters.

Findings suggested that the manner in which women and girls reacted to GBV in Haiti, paralleled responses witnessed in other countries (Ahren, 2006; Musalo & Bookey, 2013). Although these reactions are reflected cross-culturally, global interventions must be tailored to address GBV according to issues in each country and locale (Vargas, Nastasi, Moore, & Jayasena, 2005). Haiti has a complex history of slavery, colonization, and dictatorships (Girard, 2010; Farmer, 2011). The convergence of oppression, persistent violence, conflict, economic inertia, and ecological degradation, reflects the multilevel structural violence in Haiti in which GBV is embedded (World Bank, 2013; Farmer, 1996; McClintock, 2003; Bookey, 2011; Gingembre, 2012).

Project findings suggested a number of institutional concerns. Focus group participants noted health needs and related services paralleling the findings of the PAHO Needs Assessment (PAHO, 2010) and the IRC Report (IRC, 2010). The beginnings of constructive change were in progress after the earthquake as NGOs, private foundations, and local health administrators and community leaders initiated plans to address the needs of local women. However, often those most in need had difficulty in accessing the services or were not aware of their options.

Focus group participants discussed solid, feasible, and cost-effective solutions to reduce or eliminate GBV. A major challenge was the need to transform hopelessness into optimism and activism as individuals simultaneously tried to survive from day to day. It seemed that in an attempt to address GBV, the process of recreating social capital, from a shifting and often unpredictable community, was difficult. Despite a number of barriers, the solutions proposed by focus group participants were doable and consistent with central, evidence-based, elements for initiating interventions following disasters and mass traumas as defined by Hobfoll et al (2007). These solutions included achieving a sense of safety, calmness, self-and community efficacy, connectedness, and hope.

Conclusion

Focus group findings provided a window into circumstances related to gender-based violence in Haiti following the 2010 earthquake. The findings provided the base from which to develop a culturally specific survey that was completed by Haitian women throughout the country. Findings from the focus group and survey were subsequently triangulated with other modes of data from the situational analysis to inform the development of an intervention. The dimensions of abuse, strategies to help women and girls talk about their abuse experience, guidelines for seeking help (including health and legal services), and strategies to avoid GBV are among the components of a completed safety/educational intervention program that continue to be used today.

Acknowledgments/Funding Information:

This work was supported by the Caribbean Exploratory (NIMHD) Research Center, University of the Virgin Islands, funded by the National Institute on Minority Health and Health Disparities, NIH Grant #P20MD002286.

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