

SAFE HAVEN

Sheltering Displaced Persons from Sexual and Gender-Based Violence



CASE STUDY: HAITI

MAY 2013

HUMAN RIGHTS CENTER | SEXUAL VIOLENCE PROGRAM

University of California, Berkeley, School of Law

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This four-country study was conducted as part of the Sexual Violence Program at the Human Rights Center, University of California, Berkeley, School of Law. It was written by Kim Thuy Seelinger, with substantial contribution from Laura Wagner.

The Human Rights Center at the University of California, Berkeley, School of Law conducts research on war crimes and other serious violations of international humanitarian law and human rights. Using evidence-based methods and innovative technologies, we support efforts to hold perpetrators accountable and to protect vulnerable populations. We also train students and advocates to document human rights violations and turn this information into effective action. More information about our projects can be found at <http://hrc.berkeley.edu>

The Sexual Violence Program seeks to improve protection of and support for survivors of conflict-related sexual violence by providing policymakers and practitioners with evidence-based recommendations about accountability and protection mechanisms. This study aims to initiate discussion about the kinds of temporary harbor available to individuals fleeing sexual and gender-based violence in forced displacement settings such as refugee camps and internally displaced communities. The four case-study locations are Kenya, Haiti, Colombia, and Thailand. All fieldwork occurred in 2012.

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Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. Case Study: Thailand, Human Rights Center, University of California, Berkeley (2013).

Safe Haven: Sheltering Displaced Persons from Sexual and Gender-Based Violence. A Comparative Report, Human Rights Center, University of California, Berkeley, in conjunction with the UN High Commissioner for Refugees, Geneva (2013).

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ACRONYMS AND ABBREVIATIONS

BAI	Bureau des Avocats Internationaux
CBO	Community-based organization
GBV	Gender-based violence
IDP	Internally displaced person
IGA	Income-generating activity
IJDH	Institute for Justice and Democracy in Haiti
INGO	International nongovernmental organization
IOM	International Organisation for Migration
IPV	Intimate partner violence
IRC	International Rescue Committee
LGBT	Lesbian, gay, bisexual, transgender
MSF	Médecins Sans Frontières (Doctors without Borders)
MCFDF	Ministère à la Condition Féminine et aux Droits des Femmes (Ministry for the Feminine Condition and Women’s Rights, referred to as “Women’s Ministry”)
MINUSTAH	United Nations Stabilization Mission in Haiti
MSSP	Ministère à la Santé Publique et de la Population (Ministry of Public Health and Population, referred to as “Ministry of Health”)
MTPCTC	Ministère des Travaux Publics, Transports, et Communications (Ministry of Public Works, Transportation, and Communication, referred to as “Ministry of Public Works”)
NGO	Nongovernmental organization
OHCHR	Office of the High Commissioner for Human Rights
SEA	Sexual exploitation and abuse
SGBV	Sexual and gender-based violence
SOP	Standard operating procedures
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WFP	World Food Programme

A Note about Terminology in These Reports

The Human Rights Center has done its best to reconcile sensitivity, clarity, and efficiency in its word choice.

These reports are concerned with protection of various groups of forcibly displaced individuals in Colombia, Haiti, Kenya, and Thailand. In these countries, we find the following categories of displaced persons:

- **Refugees**, defined in the 1951 *Refugee Convention* as a person who, “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.” In summary, a refugee is a person in a foreign land who cannot return to his/her home country for fear of persecution on account of certain characteristics of identity or belief.
- **Internally displaced persons**, defined in the *Guiding Principles on Internal Displacement* (2004) as “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.” The movement is (1) coercive or involuntary, and (2) within national borders. It is not a formal legal status, as refugee status is.
- **Other forced migrants**, defined according to local context in the relevant case study report.

We refer to “sexual and gender-based violence” (SGBV) instead of simply “gender-based violence” (GBV) to include those rare occasions when sexual harm is not necessarily gender-motivated.

We first draw from the World Health Organization’s gender-neutral definition of sexual violence alone: “Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the survivor, in any setting, including but not limited to home and work.”¹

The broader concept of “sexual and gender-based violence” also incorporates the definition of gender-based violence offered in Recommendation 19 by the Committee on the Elimination of Discrimination against Women: “violence that is directed against a woman because she is a woman or that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.” However, we know from increased reporting and empirical data that men and boys all over the world also suffer harm on account of their gender.

As often as the text will allow, we use full phrases rather than acronyms to bring attention and emphasis to violence that is, more often than not, hidden.

When referring to individuals who have sought shelter from such violence, we use *survivors*, *shelter-seekers*, and *shelter residents* instead of *victims* to mark more forward-focused aspects of their experiences

in the English version of this report. However, in the French translation, we use the word *victime* to mirror the Haitian Creole term *viktim*, which does not have the same connotations that may arise in English. Further, many Haitian staff and residents used *viktim* to underscore the legitimacy of their claims.

In light of the fact that the majority of cases handled by the shelter programs we studied involved a female survivor or shelter-seeker, we have opted for feminine pronouns when generally or hypothetically referring to survivors and shelter residents.

With respect to members of sexual minorities, such as gays, lesbians, bisexuals, and transgender or intersex individuals, we have opted to the simpler, more familiar acronym of LGBT, instead of LGBTQI or LGBTI. This is not meant as any disrespect to individuals who identify as queer or intersex. Rather, the Human Rights Center has decided to use the term LGBT to ensure the comprehensibility of this report, and thus to increase its impact and utility among policymakers, shelter providers, and others on the ground. It is our hope that queer and intersex persons will benefit from any increased awareness of the shelter needs of sexual minorities in general.

Finally, by *shelter* or *safe shelter*, we are not necessarily referring to a single physical structure or traditional safe house model. We use the term conceptually; in the context of this study, it refers to any physical space or network of spaces that exclusively or incidentally offers temporary safety to individuals. We focus on those that are available to individuals fleeing sexual and gender-based violence, particularly refugees and people who are displaced within their country.

EXECUTIVE SUMMARY

On January 12, 2010, a 7.0 magnitude earthquake devastated Haiti.² The epicenter lay twenty-five kilometers west of the crowded capital of Port-au-Prince,³ then home to some three million people.⁴ Within minutes, the earthquake rendered between one and two million people homeless and resulted in the death of roughly 230,000 people.⁵ Makeshift “tent cities” sprang up overnight on public and private land throughout the city.

Not only were basic services rendered ineffectual as a result of the destruction, but insecure living conditions and additional economic challenges contributed to an environment in which sexual and gender-based violence increasingly became threats. Eventually reports of rape surfaced from several of these camps—for example, women were attacked in dark latrines or in the tents where they slept. Reliable statistics are hard to come by; however, several service providers indicate that hundreds of rapes were reported in the Port-au-Prince camps between January 2010 and December 2011. Transactional sex within the camps was also documented as individuals struggled to secure limited resources and protection.⁶

Vulnerability to sexual and gender-based violence arises in many displacement contexts, whether related to armed conflict or natural disaster. Those fleeing an emergency situation may be susceptible to rape, sexual exploitation, or trafficking while attempting to secure transport, cross borders, or find lodging. Even once settled—whether in refugee camps, internal displacement camps, or urban centers—vulnerability to harm persists. In fact, displacement is believed to increase insecurity through new and exacerbating conditions, including the breakdown of family and community ties, collapsed gender roles, limited access to resources, insufficient security, and inadequate housing in camp settings.

When refugees or internally displaced persons experience sexual and gender-based violence, their needs can be particularly urgent and complex. They may experience compounded levels of physical or psychological distress resulting from the individual and collective harms they have suffered. Unfortunately, multisectoral service options are often scarce in forced displacement settings.

It is important to better understand the options for immediate physical shelter that exist in these contexts. In addition to providing immediate physical protection, programs that provide shelter to displaced persons fleeing sexual and gender-based violence may help to facilitate access to other critical services in resource-constrained settings.

However, research-based information about shelter-providing programs in these contexts is extremely limited. Evidence-based information about shelter models, client and staff needs, service challenges, and strategies is urgently required to inform policy, programming, and implementation guidance for international, national, and local entities that design or oversee these protection programs.

Research Aims and Objectives

As part of its Sexual Violence Program, the Human Rights Center conducted a one-year study in 2012 to explore and improve understanding of the options for immediate, temporary shelter for refugees, internally displaced persons, and other migrants fleeing sexual and gender-based violence in countries affected by conflict or natural disaster. We define *shelter* flexibly. For example, it may be in the form of a traditional safe house, or a network of community members' homes, or other safe spaces coordinated by a base organization.

Our aim was to generate research-based evidence to inform donors, policymakers, and international and local actors about types of relevant models, priority challenges, and promising practices.⁷ The study focused on three key objectives:

1. Identify and describe shelter models available to refugees, the internally displaced, and migrants fleeing sexual and gender-based violence.
2. Identify unique challenges experienced by staff and residents in these settings and explore strategies to respond to these challenges.
3. Explore protection needs and options for particularly marginalized victim groups, such as male survivors, sexual minorities, sex workers, and people with disabilities.

The aim and objectives were the same across each of the studies, carried out in Colombia, Haiti, Kenya, and Thailand. Our research focused primarily on programs that served communities of refugees, migrants, and internally displaced persons, including those operating in a camp setting. We also studied mainstream shelters to identify protection options and innovations in urban settings.

Study outputs include four country-specific reports and one comparative assessment that contain guiding considerations for the UNHCR and other stakeholders involved in the provision of protection to these populations.

Project Methods

In preparation for the Haiti case study, the Human Rights Center conducted a review of scholarly and NGO literature and primary-source documents on shelter services in Haiti and on sexual and gender-based violence responses both generally and as related to the earthquake of January 12, 2010. This review provided information on the context of sexual and gender-based violence in Haiti, key actors, and available protection mechanisms.

Human Rights Center researchers conducted fieldwork in Haiti over four weeks in February and March 2012. Their work included in-depth, semi-structured interviews with eight staff and five residents from six programs sheltering survivors of sexual and gender-based violence in Port-au-Prince, Cap-Haïtien, and Jacmel. They audiorecorded their interviews with the interviewees' consent. Audio files were transcribed, translated, and coded with the qualitative data analysis software Dedoose.

The researchers in Haiti also interviewed nine key informants from the government, CBOs, NGOs, and UN agencies to gather supplemental, contextual information.

Key study limitations included the limited number of operational shelters in post-earthquake Haiti and the fact that recruitment of shelter resident interviewees relied on shelter staff facilitation.

Ethical approval was provided by the University of California at Berkeley's Committee for the Protection of Human Subjects.

Findings

Shelter Types

The Haitian landscape of shelters for survivors of sexual and gender-based violence changed quickly after the 2010 earthquake. Two major safe houses suddenly ceased to operate. One was the Centre Yvonne Hakim Rimpel, run by the *Ministère à la Condition Féminine et aux Droits des Femmes* (hereinafter Women's Ministry) and funded in part by Eve Ensler's V-Day. The other was a short-term emergency house run by the women's rights organization Kay Fanm. In their place, post-earthquake Haiti saw a proliferation of new shelter efforts supported by international donors, including several of the programs we visited.

Our researchers conducted interviews with staff and residents in six shelter programs, including the following:

- three traditional safe houses run by local women's rights groups;
- one independent living arrangement program funded by a private US-based foundation;
- one LGBT rights group that did *not* run a formal shelter, but which provided ad hoc access to a community host network;
- one hybrid shelter space that consisted of dormitory space downstairs in the office of a women's rights organization.⁸

We also learned of other developing shelter options, such as temporary plywood housing, or "T-shelters," erected by various international groups in certain camps, an IOM project in Croix-des-Bouquets, and a safe house planned by the French Red Cross in conjunction with a local Haitian organization in Petit Goâve. However, these emerging programs were not included in our study sample.

Challenges and Strategies

The shelter staff we met in Haiti exhibited courage, resourcefulness, and tremendous empathy and significant support for their residents. Their dedication, despite severely limited resources, was remarkable. For their part, the shelter residents we interviewed seemed deeply grateful for the security and calm provided by the shelter programs—especially in light of their scant post-earthquake options for safe lodging.

Shelter staff and residents in Haiti identified the various challenges they faced, as well as strategies they used to address some of these difficulties.

1. *Community Relations and Perceptions*

Local misunderstandings about a shelter program or its base organization could have negative implications for a community's willingness to support the shelter's work, residents, or confidentiality. Several shelter staff noted difficulties that might arise when a community does not understand or support the work of a shelter or its base organization. They mentioned possible misconceptions about a provider's objectives, funding, or outreach activities.

The influx of international donors' support for shelter programs in post-earthquake Haiti created a certain degree of visibility for shelter staff and residents. They were seen with *blans* (literally "white people," but meaning "foreigners" generally) who visited the facilities. Or they were identifiable because of their new lodging, clothes, or access to transportation money. This association carried some risk that residents would be harassed or targeted.

Strategies to address these issues included maintaining a robust community presence, even in camps for the internally displaced. Several of these groups have traditionally worked through community-based representatives who raise awareness about their organizations' mandates and services. For example, one group has a network of very small neighborhood offices that provide direct services and consultations throughout its region. Smaller organizations, such as the LGBT rights group in Port-au-Prince, reach out to community leaders before engaging in public health or education activities. If a shelter-providing organization as a whole has strong relationships with the outside community, this is seen as beneficial to all aspects of its work, even apart from its shelter-related activities.

2. *Security*

Both shelter staff and residents had reason to fear harassment or attack from persons ranging from angry partners to families of jailed perpetrators. However, for the most part, it seemed that staff and residents felt safe from perpetrators in the shelters—certainly relative to the insecurity many faced in the camps. We did not hear about attacks or invasions at either the safe houses or private lodging sites.

Nonetheless, security was a common concern among both staff and residents in shelters for individuals fleeing sexual and gender-based violence in post-earthquake Haiti.

Strategies to provide security varied widely, as did the degree to which it was provided at all. Some strategies were structural: gates, guards, isolation. In most cases, the actual lodging sites were kept confidential from general community members. When one program rented private apartments for survivors, it chose neighboring properties so that residents could help one another should the need arise. Other strategies included efforts to maintain confidentiality of shelter location or operations. Codes of conduct and security protocols were also used to enhance safety by regulating resident behavior and outlining safety routines. Finally, strong community relations were understood as contributing to the security of a shelter program by protecting its base organization.

3. *Provision of Medical Care*

An individual's access to immediate medical services after a rape or other form of sexual and gender-based violence can be critical, not only to obtain clinical care and testing, but also to promptly document and secure physical evidence of the crime. In addition, survivors—and their accompanying children in some cases—later had general health-care needs. Several shelter-providing organizations with limited staff or resources struggled to help residents secure emergency and routine medical services.

Strategies to provide access to emergency medical care included staff accompaniment from shelter to hospital. Accompaniment was not always possible for routine health-care appointments in lower-security shelter programs. However, most programs' staff seemed able to assist in scheduling appointments for residents and even helped to administer medications upon their return. The group serving LGBT community members also sought out specific medical care providers who were sensitive to the particular needs of their clients.

4. *Emotional Well-Being*

Psychological support options for residents and staff were limited, with almost no formal support structures for staff.

Both shelter residents and staff felt high levels of stress, though the reasons typically differed. Shelter residents were, for the most part, survivors of sexual or gender-based violence. In many cases, they had also suffered shock and displacement related to the January 2010 earthquake, compounding experiences of poverty and political and structural violence. Their psychological burdens ranged from depression to suicidal thoughts to anxiety about how to transition back into the community or take care of their children. Shelter staff, for their part, experienced a significant degree of strain from facing residents' trauma day in and day out and struggling to provide sufficient care with limited resources.

Strategies to care for shelter residents' emotional well-being took mostly informal shapes. Few programs had partnerships with a certified psychologist or psychiatrist. Most had staff members who provided informal "counseling" through group or individual therapy sessions. They mostly relied on supportive listening, sharing feelings, and using humor to raise residents' spirits. No strategies were detected for the emotional care of shelter staff; they took care of themselves and one another—with humor, wherever possible.

5. *Exit Strategies*

Developing realistic exit strategies with residents—and managing their expectations about how long they could stay in the shelter—was quite difficult for providers in Port-au-Prince. Ensuring safe transition out of any temporary shelter poses particular challenges when there is little housing at all in the outside community. This was a critical challenge in the capital, since an estimated 490,000 people remained displaced in the city at time of fieldwork⁹ and the severe scarcity of apartments has led to skyrocketing rents.

Strategies related to exit plans varied dramatically. One program paid a year of transitional rent if a resident found a suitable, reasonably priced apartment. Another implicitly guaranteed that residents would be lodged until the sponsoring foundation secured their immigration to the United States or Canada. Other programs helped residents choose among simpler options, including staying with family members or returning to the countryside.

Temporary plywood homes, known as T-shelters, were set up by various INGOs around Port-au-Prince, and one shelter program offered them to residents as a transition option. However, while these small houses could last three to five years, no shelter residents had agreed to live in them at the time of our fieldwork.

Some practices that helped enable smooth transition included ongoing preparation for departure, livelihood training, and continued access to certain program services after residents had left the shelter. One program even aimed to create a cooperative warehouse program through which former residents could buy market goods at cost to sell at profit.

6. *Pursuing Justice*

Shelter residents seeking justice through the formal legal system faced stigmatization, weak investigations, failure to arrest or jail perpetrators, corruption, court backlog, and lack of witness protection.

Strategies to assist shelter residents' pursuit of legal accountability included immediate accompaniment to the hospital for treatment and forensic examination, and then to police interviews and court. In addition, a few programs could provide legal representation and court observation to promote accountability—either directly or through partnership with another organization. It was essential that a shelter have a strong relationship with local police.

7. *Resource Limitations*

Resource constraints limited the capacity of many programs to expand staff, provide services, and increase admissions. Specifically, providers were unable to provide residents with sufficient psychosocial support or income-generating activities due to lack of funding for these services. One program was forced to cut its outreach and court accompaniment in the most remote areas of its region.

Strategies to expand resources and capacity often involved partnering with local or international actors to fulfill core functions such as awareness and referral, service provision, and fundraising. These partnerships were developed with entities ranging from the UNHCR to private international donors to other Haitian providers of services for survivors of sexual and gender-based violence. At times, shelter staff paid for residents' needs out of their own pockets.

8. *Addressing "Pull Factors"*

It was a challenge in post-earthquake Haiti to know how benefits offered by certain programs affected residents' desire to enter, or willingness to leave, a shelter. Given the severe shortage of housing in Port-au-Prince, the lodging provided by safe shelter programs was particularly precious to residents—many of whom had been living in tents prior to coming to the shelter.

Additional benefits such as running water, regular meals, access to counseling, and education for one's children may have been otherwise inaccessible to residents before admission. Finally, the generous relocation options offered by some programs (e.g., a year's worth of transitional rent or assistance in securing humanitarian parole to the United States) were extraordinary by any measure. For example, one shelter program funded by the UNHCR provided almost double the relocation cash that other internally displaced people in Haiti could receive from the IOM or the Red Cross. These disparities in benefits gave some stakeholders pause.

This tension was less apparent outside of Port-au-Prince, where general housing had been less devastated by the earthquake.

It was difficult to elicit clear strategies for this issue, possibly because shelter providers' priorities were, first and foremost, to serve those deemed to be in need—regardless of their relative options outside the shelter. However, some staff did acknowledge the desperation for housing in Port-au-Prince, noting that fraudulent or exaggerated claims for shelter admission were a possibility. These staff verified and cross-checked intake narratives as much as possible to detect false claims for protection. Beyond that, there did not appear to be a collective discussion about the vast difference between the benefits offered to shelter residents and what was available to Haiti's at-large community of internally displaced persons—or the possible implications of this disparity.

9. *Defining and Evaluating Success*

Shelter providers were often so busy filling day-to-day needs that they rarely seemed to engage in systematic, long-term evaluation of a program's successes and weaknesses in caring for residents. Certainly, short-term improvements were noted informally among current residents—for example, a survivor seemed less depressed, or she was socializing more with other residents. However, most shelters we visited were relatively new and did not seem to have a formalized way to measure whether they had, in fact, helped to improve their residents' long-term situations after the residents had left the shelter.

Strategies to assess the well-being of current and former residents and general program strengths were difficult to detect. In some cases, programs did track former residents by cell-phone check-ins or home visits; others allowed them to continue participating in shelter-based activities and to stay in touch that way. Only two programs explicitly engaged departing residents in a formal, documented exit interview in which residents were asked to provide feedback about the services they had received at the shelters.

10. *Coordination, Communication, and Inclusion*

Tremendous humanitarian challenges after the 2010 earthquake, combined with an overburdened, strained government and a long history of political diversity among women's rights groups, seem to complicate the coordination of support and shelter for the survivors of sexual and gender-based violence in Haiti. Communication between the Haitian Women's Ministry and international humanitarian entities, both UN-related and INGOs, was generally strong.

However, their communication and engagement with grassroots Haitian groups were not consistently robust. Early failure to engage may have resulted in feelings of exclusion among some local groups, which were not always privy to policy-level decisions and resources that, in theory, applied to their work.

The fact that there was no formal coordination among service and shelter providers led to some degree of confusion and misinformation about one another's programs and made intra-sector referrals difficult.

Finally, dialogue about sexual and gender-based violence support services in Haiti generally did not mention male or LGBT survivors, leading to the wholesale exclusion of these groups from referral, service, and resource systems.

Protection for Marginalized Victim Groups

Human Rights Center researchers observed a few critical protection gaps in providing shelter.

First, technically speaking, there were no longer shelters in Port-au-Prince serving women or girls who had experienced sexual and gender-based violence *unrelated* to the earthquake or displacement. This seemed to be a result of post-earthquake funding priorities and the closure of preexisting shelters.

In practice, one current program would accept “nonearthquake” or “non-internally displaced person” cases, but it did so in spite of contrary funding mandates. Another program was not restricted to taking earthquake-related cases, but it still required residents to meet basic eligibility to apply for humanitarian parole in the United States. Shelter programs outside of Port-au-Prince were less affected by earthquake-related funding priorities and had more traditional, open eligibility requirements.

A second major gap in protection was that for male survivors. Adult males and boys fleeing or fearing sexual and gender-based violence were not eligible for shelter services in any established programs that our researchers could find in Haiti. Male dependent children were often permitted to stay with their mothers in a shelter up to age 12 or 16, depending on the program. However, they could not have gained admission on their own. Sexual and gender-based violence service provision in Haiti seemed generally unprepared to support male victims.

A final gap in shelter provision was that for LGBT individuals. There were no dedicated programs established for their temporary physical protection. However, several program staff noted that they had housed HIV-positive and LGBT women in need of shelter—but these cases seemed rare, and so were not an explicit outreach priority. Formal shelter provision for LGBT men, however, was nonexistent. The closest mechanism that Human Rights Center researchers could find was a well-organized LGBT rights and HIV/AIDS awareness group in Port-au-Prince that had, on an ad hoc basis, assisted a few LGBT men to negotiate emergency living arrangements with friends or other hosts in the community. Stigma and stereotypes about LGBT individuals in Haiti make integration into mainstream service systems challenging.

Conclusion: Observations and Recommendations

On the whole, Human Rights Center researchers observed that remarkable work was being done with limited resources. Shelter programs in Haiti have leveraged creative partnerships to expand their inherent capacities. Staff were phenomenally dedicated, empathetic, and good-humored about their work; residents seemed deeply grateful for the security and services their programs provided. Several operational challenges naturally remain: security, provision of psychosocial and emotional support to both staff and residents, and development of transition and evaluation strategies.

There was some degree of confusion and misinformation about shelters—past and present—among policymakers and providers alike. This may have been due to insufficient coordination among sexual and gender-based violence service provider programs, as well as a long history of political difference among women’s rights groups and an initial disconnect between sexual and gender-based violence policymakers and grassroots service providers. This overall lack of coordination may negatively impact both shelter referrals and consistent, holistic response to sexual and gender-based violence in Haiti.

Finally, the complicated impact of post-earthquake funding in Haiti must be acknowledged. While an infusion of funding has enabled new programs to flourish and to serve tremendously needy cases, gaps in protection persist. Also, fundamental ethical questions about program sustainability, disparate benefits, and creation of reliance may still need to be addressed.

Based on study findings, the Human Rights Center offers the following recommendations to increase access to shelter services for internally displaced persons in post-earthquake Haiti who are also survivors of sexual and gender-based violence.

Recommendations to the Haitian Government and UN Agencies

1. *Create meaningful and regular opportunities for local shelter providers to participate in policy-level dialogue.*

This should include provision of Creole interpretation at meetings, input into agendas, and access to follow-up materials. Shelter providers should be consulted in the development of national guidelines that would govern their operations.

2. *Conduct a nationwide mapping of shelter services for survivors of sexual and gender-based violence to enhance referral.*

This can be done separately or in conjunction with ongoing sexual and gender-based violence service mapping efforts coordinated by the UN’s gender-based violence subcluster.

3. *Protect “invisible” or marginalized victim groups.*

This means including all possible sexual and gender-based violence cases in shelter provision—from victims of violence unrelated to the earthquake or displacement to the protection needs of male and LGBT victims. Sensitization may be required at policy and service provision levels across health, law enforcement, and judicial sectors.

4. *Conduct research to understand shelter residents' perceptions of T-shelters.*
Understanding shelter residents' reluctance to consider this form of transitional shelter would enable INGOs and the UNHCR to explore possible improvements that would make the option more acceptable. T-shelters might become a viable and low-cost transition option for many current shelter residents.

Recommendations to Organizations Providing Shelter

1. *Develop codes of conduct.*
Guidance for both residents and staff can promote security, clarify roles and responsibilities, and manage expectations. These codes of conduct may benefit greatly from both staff and resident input.
2. *Foster strong relationships with local police.*
This can improve security for staff and residents as well as promote efficient referral of emergency cases.
3. *Conduct individualized case assessments and make appropriate referrals where possible.*
An individualized approach to a resident's unique support and security needs can improve her well-being over time and also assist in community reintegration. Individuals at lower risk of immediate harm may benefit from increased mobility and contact with family and friends outside the shelter.
4. *Increase counseling services available to shelter residents, allowing for resident input and choice when possible.*
Choosing from a diversity of psychosocial support options would permit a shelter resident to participate in the activities she feels would be most beneficial. She may also profit from exercising this measure of autonomy and control related to her own care.
5. *Consider providing ongoing access to counseling services to former residents.*
This may serve two helpful functions: (a) providing needed support to individuals as they struggle with community reintegration, and (b) enabling shelter staff to maintain contact with former residents and monitor their well-being as well as the shelter's impact on their lives.
6. *Provide increased counseling training for shelter staff where referral options are limited.*
Haitian and foreign psychologists or therapists may be helpful sources of training to increase staff competence in this critical area. Further specialized training for senior staff members may be desirable in order to provide a higher degree of in-house expertise and staff mentoring.
7. *Devise self-care plans with and for staff.*
It is critical to tend to the emotional health of shelter staff. All staff members should have input on the most helpful forms of support their program can provide, whether this is group counseling, peer mentoring, team-building activities, or regular breaks.

8. *Explore community-based shelter models.*
Short-term stays with community-based hosts may be an appropriate option for individuals with low risk of immediate harm who either decline the restrictions of a formal shelter or wish to maintain full ties with their social networks. This model may also serve as a helpful halfway step for individuals exiting a formal safe-house program and who may need a little support while transitioning back into the community.
9. *Explore short-term solutions in conjunction with ongoing access to services.*
Some individuals fleeing sexual and gender-based violence may need only a few nights of lodging, but this option is not readily available among the Port-au-Prince shelters. Also, some residents may be willing and able to transition out of a shelter sooner if they are guaranteed ongoing access to certain benefits, such as counseling or education for their children.
10. *Develop evaluation strategies to assess areas of efficiency, success, and ongoing challenge.*
Evaluation is key to sustainability and improvement. Programs should develop ways to measure not only the welfare of former residents, but also the strengths and weaknesses of their own service delivery. Simple tools may work best: periodic and exit interviews with residents, tracking of former residents, counting repeat cases, staff evaluations and troubleshooting sessions, and so forth.

Recommendations to Funders

1. *Convene stakeholders to share promising practices and strengthen referral mechanisms.*
Dialogue among all parties involved in shelter provision and sexual and gender-based violence support services generally is critical to improve coordination, share best practices, and address recurring challenges or referral gaps. Such a convening could be local or regional in scope.
2. *Support increased counseling services for residents, enhanced counseling training for staff, and the pursuit of emotional support and self-care measures for staff.*
More investment is needed to ensure even a minimal level of mental health care for those involved in the shelter experience.
3. *Allow flexibility.*
Strict funding requirements have had complicated effects on the ground in Haiti, including skewing official shelter provision according to limited definitions of “displacement.” Flexibility would allow grantees to explore a wider range of needy cases and also to experiment with innovative support and transition options.
4. *Support shelter providers’ efforts to develop appropriate evaluation strategies.*
Funders may be well placed to offer technical assistance or to help grantees engage third-party experts in monitoring and evaluation. Periodic discussion of appropriate measurements of success is encouraged.

I. STUDY INTRODUCTION

Background

Individuals fleeing sexual and gender-based violence often have few options for protection. These options can be even more limited in humanitarian settings. At the same time, displacement is believed to increase vulnerability by exacerbating existing, and creating new, conditions that perpetuate sexual and gender-based violence.

Women's vulnerability increases dramatically in refugee camp settings, where the breakdown of family and community ties, limited access to resources, insufficient security measures, and inadequate housing place them at heightened risk.¹⁰ Literature also suggests that domestic violence in particular increases in displacement contexts.¹¹ It is theorized that psychological strains on men unable to assume normal social, economic, and cultural roles can result in aggressive behavior toward women and children.¹² Women and girls who are forced migrants are believed to experience a disproportionate amount of sexual and gender-based violence compared to men and boys.¹³

Where individuals have been displaced by conflict or natural disaster, the needs of those who also experience sexual and gender-based violence are likely to be urgent and complex. Elevated rates of mental distress, such as post-traumatic stress disorder (PTSD) and depression, have been recorded among diverse groups of refugees and internally displaced persons.¹⁴ Survivors of sexual and gender-based violence are at risk for a range of physical, psychological, and social consequences, including STIs, HIV, unintended pregnancy, unsafe abortion, trauma to the reproductive system, PTSD, depression, social stigma, and rejection by family or community; yet even a minimum level of services is rarely accessible.¹⁵ Since displaced survivors of sexual and gender-based violence have often experienced multiple traumatic events, they may be at greater risk for adverse psychosocial outcomes.¹⁶

Programs that provide temporary emergency shelter to individuals with complex vulnerabilities, such as refugees, internally displaced persons, and forced migrants who have been subjected to sexual and gender-based violence, may also help to increase their access to support services. As such, these programs may facilitate multisectoral approaches that address these people's special needs. Yet, despite this population's enormous vulnerability to harm and significant need for support, surprisingly little is known about emergency shelters available to survivors in refugee or other displacement settings, either globally or within Haiti specifically.

Literature Review

Although reliable information is limited, popular media widely reported on sexual and gender-based violence occurring in Haiti's camps for internally displaced persons after the 2010 earthquake. Vari-

ous INGOs, too, issued reports on rapes being committed in the camps. Perhaps due to the relatively recent nature of the earthquake, a review of peer-reviewed and gray literature identifies little research-generated data on, or guidance about, the provision of temporary shelter from sexual and gender-based violence in Haiti for populations displaced by the quake.

For decades, the women's movement in Haiti has been instrumental in bringing national attention to the issue of sexual and gender-based violence. Frustrated by the lack of options and government inaction, women's organizations established safe shelter and services to address the immediate needs of survivors, including the provision of free medical assistance and counseling.¹⁷ Despite this progress, the number of shelters in Haiti has been woefully inadequate due to the high prevalence of sexual and gender-based violence and the limited resources available to organizations that provide services.¹⁸

Prior to the January 2010 earthquake, very few women's shelters operated in Port-au-Prince.¹⁹ Echoing this finding, a 2009 reproductive health assessment conducted by JSI Research & Training Institute located only two safe houses serving the capital.²⁰ The Women's Ministry was noted as having once run a shelter for up to fifty women, but it reportedly ceased to function following the earthquake.²¹

Women and girls from rural areas are generally unable to access services in urban areas due to long distances, poor communication systems, the cost of transport, and fear of further acts of sexual violence along the way.²² Those who do embark on the journey often reach shelters too late to receive prophylactic treatment for HIV and unwanted pregnancy or to collect medico-legal evidence verifying that a crime has occurred.²³ Furthermore, interviewees from NGOs identified victims' lack of information about shelter and available services as a major obstacle to service provision.²⁴

Much of the gray literature from international organizations highlights the dearth of protection mechanisms for the large number of Haitians displaced by the earthquake, which increases the vulnerability of women and girls to sexual and gender-based violence.²⁵ Amnesty International describes how the lack of alternative shelter or accommodation for survivors means women and girls have no option but to stay in the places where they were attacked and to live under constant threat of future assault.²⁶ The United Nations notes that one local NGO was operating a shelter for child survivors of sexual and gender-based violence who had no other housing options, but it had limited capacity.²⁷ The UN thus highlights the need for new temporary shelters to be created that can offer safe accommodation and other services, including counseling, psychosocial support, childcare, and access to economic empowerment initiatives.²⁸ According to the IOM Transitional Shelter Program, the construction of a safe house facility in the metro area of Port-au-Prince began in December 2011 to address this gap.²⁹

While a few shelters have been operational in Haiti since the earthquake, the need for safe haven from sexual and gender-based violence likely outstrips current capacity. The peer-reviewed and gray literature provides little information regarding the provision of safe shelter to internally displaced persons and others, including shelter models, challenges, and strategies. This gap offers an area for further inquiry.

Study Objectives

This report on safe shelter for displaced sexual and gender-based violence survivors in Haiti is part of a four-country study undertaken by the Human Rights Center, University of California, Berkeley, School of Law. It is part of the Human Rights Center's Sexual Violence Program. The study aimed to improve understanding of the kinds of temporary shelter program models serving displaced individuals, such as refugees, migrants, and internally displaced persons seeking protection from sexual and gender-based violence, and to identify challenges and promising practices. Specifically, it explored the following key questions:

1. What are some models of temporary physical protection serving individuals who are forcibly displaced (e.g., refugees or internally displaced persons) and fleeing sexual or gender-based violence?
2. What are the particular challenges and strategies associated with providing temporary shelter in displacement contexts?
3. What are the protection options and challenges for particularly marginalized sexual and gender-based violence survivors in forced displacement settings?

Based on formative research on shelter models and pilot fieldwork in two refugee camps in Kenya (June 2011), Human Rights Center researchers developed a loose categorization of *types* of shelter programs in order to provide a conceptual framework that can both serve as a theoretical list and enable comparison across case studies.

The six types of shelter programs the Human Rights Center conceptualized are:

1. *Traditional safe houses*: Survivors live together in a common structure, with staff overseeing operation of the accommodation.
2. *Independent living arrangements*: Staff arrange for survivors to be housed in separate accommodations (e.g., independent flats or hotel rooms) that were not built especially for safe shelter purposes. This is also known as “scattered site housing” in some contexts.
3. *Community host systems*: Survivors temporarily live in the homes of selected community members.
4. *Protected areas*: Survivors live in their own homes in a protected, enclosed subsection of a refugee or internally displaced persons camp.
5. *Alternative purpose entities*: Survivors stay in a setting designed to provide services unrelated to safe shelter (e.g., a police station, hospital clinic, or church).
6. *Hybrid models*: Programs that combine some elements of the above models.

This report presents the Human Rights Center's findings about forms of immediate, temporary shelter for internally displaced persons fleeing sexual and gender-based violence in Haiti. It includes a review of shelter programs that can provide shelter to this subgroup of survivors.

The other case study locations where research was conducted as part of this study were Colombia, Kenya, and Thailand. Separate reports document findings for each country.

Methods

Design

Ethical approval was provided by the University of California at Berkeley's Committee for the Protection of Human Subjects.

The Human Rights Center's study team conducted a review of scholarly, NGO-authored, and primary source literature, including NGO reports, assessments, program descriptions, and camp rules and procedures, on shelter services in Haiti and beyond. The review provided information on the context of sexual and gender-based violence in Haiti, the main actors, and the current protection mechanisms for survivors of this violence. This review also informed shelter site selection.

The Human Rights Center team developed semi-structured study questionnaires used to interview shelter staff and shelter residents. Experienced local translators based in Port-au-Prince translated these instruments into Haitian Creole after a focus group discussion with local university students—many of whom were female or had been displaced by the 2010 earthquake.

Interviews were conducted by one Human Rights Center researcher and one locally based consultant fluent in Haitian Creole. Interviews undertaken by the researcher were conducted either directly in French (if appropriate) or with the assistance of a Haitian Creole interpreter. Interviews undertaken by the locally based consultant were conducted directly in Haitian Creole.

Key topics explored included shelter services, security, transitions, shelter rules and procedures, services for marginalized populations, community perceptions, personal challenges experienced by staff and residents, and advice or lessons learned. (See the appendix for study instruments.)

Site Selection and Sample

Researchers conducted interviews in five programs that provided some form of immediate, temporary shelter to individuals fleeing sexual and gender-based violence in three urban areas of Haiti. These sites ranged from traditional safe house models to programs providing either private apartments or placements within community homes.

Only shelters serving adult survivors of sexual and gender-based violence, either exclusively or in addition to children, were included in this study.

Over the course of four weeks in February and March 2012, researchers conducted interviews at six shelter programs (though one was not formally designed as a shelter provider). Eight shelter staff members (six women and two men) were interviewed, including shelter directors, managers, social workers, psychologists, and caretakers. All shelter directors were invited to participate, and, in some cases, shelter directors recruited additional staff or residents to participate in the interview. The majority of interviews were conducted one to one (i.e., only one study participant was present); however, in one interview with staff, two shelter staff members were present.

We interviewed five shelter residents. Residents were all women between the ages of twenty-four and fifty-one. Their reasons for seeking shelter included flight from past or threatened rape by known or unknown perpetrators, domestic violence, and fears of persecution based on sexual orientation.

All study participants were eighteen years old or older. Researchers obtained verbal informed consent in all cases. If consent to audiorecord was obtained, interviews were later transcribed and translated to English for analysis. In the rare instance that consent to audiorecord was not obtained, researchers took detailed interview notes, which were later typed and coded directly.

Our team also conducted nine key informant interviews. Various local stakeholders were interviewed informally to gain a broader understanding of laws, referral mechanisms, and the social and political context and to flag priority issues to include in interviews with staff and residents. Key informants included government representatives and stakeholders from Haitian CBOs, Haitian and international NGOs, the UNHCR field office, and former employees of closed shelters. For a complete list of key informants, see the appendix.

Shelters included in this study are not a comprehensive sample of available shelters in Haiti, but were selected to reflect a range of shelter program models potentially serving survivors of sexual and gender-based violence who were displaced by the 2010 earthquake.

Analysis and Interpretation

A team of five researchers based at the University of California, Berkeley, coded the Haiti transcripts using Dedoose qualitative coding software. The researcher who had conducted the fieldwork with our locally based consultant led the coding. The team carried out thematic coding of the transcripts, which included a series of deductive codes developed to reflect key questions in the interview instruments. In addition, researchers employed an inductive approach to identify patterns in respondent experience. Select transcripts were double-coded by the field researcher to check for intercoder reliability.

Limitations

Resource and time constraints limited both the number of shelter site visits and the interviews that could be conducted. In some cases, shelter policies prohibited interviews with residents, which meant that only five residents could be interviewed. Despite the small sample size, Human Rights Center researchers were able to collect in-depth data that illuminates critical aspects of shelter provision in Haiti today.

The recruitment of study participants by shelter directors may be an important limitation of this study, as not all staff and residents at shelters had the opportunity to participate. Access to shelter residents was dependent on shelter staff facilitation. While Human Rights Center researchers understood that this filtering process was intended to protect shelter residents, the inherent bias in this sampling of residents must be acknowledged.

Also, in one case, the shelter program's director insisted on being present during the interview with a resident, presumably for protective reasons, but this also might have led to biased responses.

We did not explicitly seek out *former* shelter residents who had transitioned back into the outside community, to avoid risk of exposing them. However, this restriction limited our ability to learn more about the experience of transition and longer-term reflections on the shelter stay. This is an area in need of more exploration, if possible.

Time and privacy policies precluded a Human Rights Center researcher visit to view one of the shelter-providing programs noted in this study; however, interviews were conducted off-site. In another case, the organization was not formally a shelter provider, but had assisted individuals with identifying and transitioning into community members' homes. We did not attempt to visit these private dwelling places.

Timing in general was a limitation of this case study. At the time of the Human Rights Center's fieldwork, there were a number of shelter programs in formation that did not operationalize until later in 2012. If we had conducted our fieldwork even seven months later, we would have been able to conduct on-site interviews with these additional programs.

Finally, while data interpretation may have been affected by the cultural perspectives of researchers who were not from the study communities, local providers reviewed initial drafts of the interview instruments and shelter profiles for verification of accuracy. Any factual corrections or feedback were incorporated.

II. COUNTRY BACKGROUND

The Republic of Haiti lies west of the Dominican Republic and makes up one third of the island of Hispaniola, located between the Caribbean Sea and the North Atlantic Ocean.³⁰ It has a population of approximately 10.12 million people,³¹ of which 57 percent are under the age of twenty-five.³² The wealth of the country, largely considered to be the poorest nation in the Western Hemisphere, has long been concentrated in the hands of its mixed-race minority, though 95 percent of the population is predominantly of African descent.³³

Haiti achieved political independence from French colonial administration in 1804 through a bloody civil war.³⁴ Since then, the country has continued to face steep political challenges: occupation by the United States Marines (1915–34), the assassination or execution of three heads of state, and the overthrow of twenty-three others by the military or paramilitary groups.³⁵ The Duvalier dictatorships, which lasted from 1957 to 1986,³⁶ were characterized by serious human rights violations, including arbitrary detentions, rape, extrajudicial killings, torture, forced disappearances, and summary executions.³⁷ Jean-Bertrand Aristide became the first democratically elected president in 1990. Hugely popular with the working class, he was subsequently removed from power in a military coup d'état seven months later.³⁸ As discussed below, rape was used as a tool of political violence and repression throughout both the Duvalier regimes and coup years.

From 1993 to 1996, a UN peacekeeping mission worked to stabilize the country, and in 1994, with United States intervention, Aristide was restored to power.³⁹ He then attempted to demobilize the armed forces, creating the Haitian National Police, which would in time become responsible for successive human rights abuses.⁴⁰ The presidency was successfully transferred to René Prével in 1996, and the UN began its own transition operations a year later.⁴¹ Aristide won a second presidential election in 2000, but widespread corruption and cross-border violence led to his ousting in 2004.⁴² The UN began a new stabilizing operation (MINUSTAH), its sixth in Haiti. However, violence and oppression continued until 2006, when the country again installed Prével in a successful democratic election.⁴³

By 2008, Port-au-Prince had grown to roughly three million people, from 732,000 in the 1980s,⁴⁴ as a result of migration from the countryside driven by a decline in agricultural jobs, subsidies for US companies that crippled local production, and the prospect of low wage factory jobs. Shantytowns sprang up and the government, for its part, did little to invest in city services such as electricity, water, and street cleaning or maintenance.⁴⁵

That year, in addition to food riots, four hurricanes devastated Haiti⁴⁶ and left 150,000 people homeless.⁴⁷

Before the 2010 earthquake, 83 percent of the populations lacked access to adequate sanitation, while 45 percent lacked access to safe water.⁴⁸ NGOs were responsible for much of Haiti's health-care services, with an estimated 250 NGOs operating in Haiti before the earthquake, according to the World Health Organization (WHO).⁴⁹ Three-fourths of the population rented or lived on land they did not own, reflecting the longstanding tension of unequal land distribution and ownership.⁵⁰

Grassroots organizations have estimated that before the earthquake, one in three women in Haiti had already experienced some form of sexual violence.⁵¹ Half of all rape victims in 2008 were under the age of seventeen, according to Amnesty International.⁵²

The Earthquake

On January 12, 2010, a 7.0 magnitude earthquake devastated Haiti.⁵³ The epicenter lay twenty-five kilometers west of the crowded capital, Port-au-Prince.⁵⁴ Within minutes, the earthquake rendered between one and two million people homeless and resulted in the death of roughly 230,000 people.⁵⁵ The destruction totaled US\$7.8 billion, or 120 percent of Haiti's gross domestic product (GDP) in 2009, damaging health centers, schools, homes,⁵⁶ and a third of government infrastructure.⁵⁷

When the earthquake hit Haiti, an estimated 30 percent of the population was unemployed,⁵⁸ while an estimated 67 percent survived on less than US\$2.00 per day.⁵⁹ The aftermath of the earthquake plunged this desperate economic situation into further instability.

Formal and informal camps for internally displaced persons, also known as tent cities, sprang up in the aftermath. They were constructed in open areas throughout Port-au-Prince and surrounding environs as domestic and international actors worked to coordinate efforts to address immediate needs.⁶⁰ Movement between the capital and secondary cities increased as people sought food, shelter, and a source of income.⁶¹

A MINUSTAH vehicle passes by Haiti's National Palace near the Champs Mars in April 2010. The palace, which was built in 1920 and is the official home of the Haitian president, was virtually destroyed in the January 2010 earthquake. Photo credit: Laura Wagner.





Tent community of Claudine St. Fleur Camp at Dadadou, Delmas 3. Photo credit: Laura Wagner.

Meanwhile, millions of aid dollars were channeled to Haiti to pay for food, water, shelter, medical supplies, and volunteers.⁶² Disbursement of promised funds proved challenging however. For example, according to the United Nations Special Envoy to Haiti, the international community pledged some US\$10.3 billion dollars by the end of December 2012—only US\$6.4 billion of which had actually been disbursed.⁶³ It is also unclear how much of the money fed back into the Haitian economy, as opposed to funding international organizations' relief efforts.

Demographics

The Displacement Tracking Matrix (DTM), a monitoring tool designed and implemented by IOM, was developed in order “to provide timely and accurate information on the population and Internally Displaced Person (IDP) sites.”⁶⁴

While figures vary, IOM estimated the number of internally displaced persons was initially 1.3 million,⁶⁵ of which women were more than 50 percent.⁶⁶

Internally displaced persons locations existed in seven communes in the greater Port-au-Prince metropolitan area: Carrefour, Cité Soleil, Croix-des-Bouquets, Delmas, Pétionville, Port-au-Prince itself, and Tabarre. They also existed in five communes in the southern regions, including Léogâne, Petit Goâve, Grand Goâve, and Jacmel.⁶⁷

Within a year of the earthquake, the number of those living in internally displaced persons camps had fallen to an estimated 825,000 individuals.⁶⁸ By September 2011, that number had decreased to 550,560 individuals in 802 internally displaced persons camps,⁶⁹ and as of August 2012, it was down to 369,000 individuals living in 541 internally displaced persons camps.⁷⁰ As of July 2012, the majority of displaced persons remained in sixteen of the largest sites.⁷¹ Sites on private lands closed at a faster rate than those on public lands, with a decrease of 25 percent and 20 percent on private and public lands, respectively, between November 2011 and June 2012.⁷²



Transitional shelters built by Catholic Relief Services are expected to last between three to five years. Photo credit: Niek de Goeij, CRS.

According to the DTM update in August 2012, roughly 52 percent of the internally displaced population was female and 69 percent was below the age of 29,⁷³ correlating to National Statistics Institute estimates about the 2010 urban population.⁷⁴ Eighty-one percent of the internally displaced population were tenants, and 14 percent were homeowners.⁷⁵ Sixty-seven remained in IDP sites within the same commune or section communal where they had lived before the earthquake.⁷⁶ Ninety-one percent of the camps had no “transitional shelters,” also known as “T-Shelters”—small plywood homes constructed by NGOs or USAID, expected to

last for no more than five years. Seven percent had tents, makeshift shelters, and some transitional shelters, and the remaining 2 percent had mostly transitional shelters.⁷⁷

The government’s Ministry of Public Works, Transport and Communications (MTPTC) designated a color scheme to determine whether “surviving” homes were safe to reoccupy: red, yellow, or green.⁷⁸ In its August 2012 update, the DTM found that 59 percent of displaced persons registered between November 2011 and August 2012 reported coming from a house that was “red,” or slated to be demolished. Twenty percent came from a house rated “yellow,” or damaged. Only 3 percent came from a house rated “green,” or safe. The remainder did not provide any information about their previous residence.⁷⁹

As of August 2012, 420 internally displaced persons sites had faced threats of eviction since July 2010, with 60,978 individuals evicted and another 78,175 individuals facing threats of eviction.⁸⁰ Of the 420 cases, 162 were resolved without eviction, through mediation and return assistance.⁸¹

Crisis Management

In Haiti, all eleven area clusters developed by the humanitarian aid forum, the Inter-Agency Standing Committee, were activated to respond to the 2010 earthquake.⁸² Clusters were headed by the following UN and non-UN humanitarian agencies:

- Agriculture (FAO)
- Camp Coordination and Camp Management (IOM)
- Early Recovery (UNDP)
- Education (UNICEF / Save the Children)
- Shelter (IFRC, handed over to UN Habitat)

- Emergency Telecommunications (WFP)
- Health (WHO / Pan American Health Organization)
- Logistics (WFP)
- Nutrition (UNICEF)
- Protection (Office of the High Commissioner for Human Rights, under which UNICEF and UNFPA were responsible for child protection and gender-based violence, respectively)
- Water/Sanitation/Hygiene (UNICEF)⁸³

As of March 2012, these clusters were consolidated, leaving Emergency Shelter / Camp Coordination and Camp Management, Water/Sanitation/Hygiene, Health, and Protection intact.⁸⁴

Less than a year after the earthquake, cholera was identified in the camps,⁸⁵ and it is now widely believed to have spread from the Haitian countryside, almost certainly by faulty waste drainage from a MINUSTAH battalion.⁸⁶ There were 492,000 cases of cholera reported by November 2011.⁸⁷ The UN and NGOs worked to respond, providing oral rehydration kits, water purification tablets, and repairing latrines.⁸⁸

As reported in the *Journal of Humanitarian Assistance* in December 2010, there were major challenges in Haiti’s living conditions with regards to health, sanitation, education, water, and shelter.⁸⁹ Standing pools of water were a common problem in the camps, creating risk of parasitic infection.⁹⁰ In the aftermath of the quake, it was months before some camps received portable toilets or latrines.⁹¹ Some never did.

The most common camp services were latrines, pit toilets, and plastic portable toilets, while a small minority of camps had flush toilets.⁹² Roughly 40 percent of camps lacked a water supply, while 4 percent of the camps got their water from a nearby PVC pipe.⁹³ In October 2011, only 6 percent of the camps for those internally displaced had water services. In November, the Haitian government adopted a policy to stop trucking free water to the camps.⁹⁴

The Journal also reported that 46 percent of aid distribution had stopped by April 2010, and more than 35 percent had stopped before March.⁹⁵

By late 2011, the UN reported “stressed” and “crisis” levels of food insecurity in Port-au-Prince.⁹⁶ Only one in five camps surveyed had an on-site clinic, but not all of those had medicines, first aid supplies, or nurse practitioners available.⁹⁷ Other problems identified in the camps included lack of continuity in managers, rumors of free allocation of land or shelters, false sale of plots of land,



P’tit komes (small business) continues at the Grand Rue market, Port-au-Prince, 2011. Photo credit: Laura Wagner.

and false title deeds that fueled a wave of real estate speculation.⁹⁸ There were reports of women being attacked while “fetching water, waiting for food distributions, in latrines and at bathing sites, as well as in their tents.”⁹⁹

By July 2011, humanitarian partners had distributed 117,200 tents, 1,185,052 tarpaulins, and 2.5 million relief items; 73,000 transitional shelters had been constructed.¹⁰⁰ Later that summer and fall, international nonprofits started to shift focus from funding camps to focus on broader development and recovery.¹⁰¹ According to

OCHA’s Consolidated Appeals Process (CAP) midyear review, released in July 2012, the CAP 2012 was only funded at 19.5 percent, which it attributed to donor fatigue, noting the departure of several humanitarian organizations and an interruption in humanitarian programs.¹⁰² Generally, the living conditions in existing camps deteriorated over the course of 2012.¹⁰³

Meanwhile, Hurricane Tomas, in November 2011, caused severe flooding in the camps,¹⁰⁴ and Tropical Storm Isaac destroyed shelters for six thousand people and another one thousand homes in August 2012.¹⁰⁵



Latrines in Christ-Roi camp, Port-au-Prince, 2010. Photo credit: Laura Wagner.

Throughout 2011 and 2012, camp residents have been facing an additional, entirely manmade threat: forced evictions. While living conditions in the camps are often dire, the residents often have nowhere else to go. In what has been declared by Amnesty International to be a serious violation of human rights, camp residents have been forcibly evicted with little notice from their informal settlements by the Haitian police, private landowners, and sometimes by government officials. Between July 2010 and the end of 2012, 16,104 families were forcibly removed from 175 different tent cities, mostly in the Port-au-Prince metropolitan area; many of these people are now homeless due to the lack of adequate alternative housing.

Amnesty International. “Nowhere To Go: Forced Evictions in Haiti’s Displacement Camps.” January 2013. <http://www.amnestyusa.org/sites/default/files/amr360012013en.pdf>, 20.

III. SEXUAL AND GENDER-BASED VIOLENCE IN HAITI

While sexual and gender-based violence was a problem in Haiti before the 2010 earthquake, it was, like other social issues, exacerbated by factors associated with displacement. Not only were basic services rendered ineffectual as a result of the destruction but insecure living conditions and additional economic challenges contributed to an environment in which sexual violence became an increased threat. Transactional sex within the camps was also documented as individuals struggled to secure limited resources and protection.¹⁰⁶ Already weak medical, law enforcement, and judicial systems were challenged to respond.¹⁰⁷

Gender Roles

In January 2010, women, who made up 52 percent of the Haitian population,¹⁰⁸ had a life expectancy of 54 years, as compared with 51 for men. The Haitian fertility rate was 4.7 children per female.¹⁰⁹

Over the decade before the earthquake, certain gender imbalances existed in Haiti. While both men and women participated in the workforce, women often earned less, were less likely to have schooling, and were more likely to be illiterate.¹¹⁰ Women had difficulty accessing property, and just over 10 percent of women in rural areas worked their own farms; moreover, they had limited access to bank loans.¹¹¹

Male-headed households were four times as likely in 2001 to face extreme food insecurity than female-headed households because women were traditionally engaged in food production.¹¹² Eighty five percent of Haiti's economy was in the informal sector, of which 75 percent of participants were female.¹¹³

In 2004, an estimated 120,000 girls worked as domestic servants, and 67 percent of boys versus 33 percent of girls who attended high school ultimately graduated.¹¹⁴ More than half of the population lives in rural areas, where there may be no nearby schools at all, and where fewer than 2 percent of women have completed secondary school.¹¹⁵ And, according to a Committee on the Elimination of Discrimination Against Women report in April 2009, women made up fewer than 5 percent of parliament members and 20 percent of the public sector.¹¹⁶

Threshold Sexual and Gender-based Violence

Human Rights Watch and other organizations report that rape was used as a political tool during the 1990s against female supporters of the democratic movement during the Cedras and Duvalier regimes, and in the post-coup period.¹¹⁷ In 1996, the Centre Haitien de Recherches et d'Actions pour la Promotion Feminine found that seven out of ten women interviewed had experienced some form of violence of which 37 percent was rape, sexual aggression or sexual harassment.¹¹⁸ Husbands and boy-

friends made up 50 percent of the perpetrators. Sixty-six percent of the victims stated they had not reported the incident for fear of social judgment or reprisal, or for lack of legal redress.¹¹⁹ Eighty percent of the men interviewed in the study believed that violence against women was sometimes justified, such as in cases of adultery or refusal to obey.¹²⁰

In 2000, the report of the Special Rapporteur on Violence against Women in Haiti noted individuals called *zenglendos*, who broke into houses and raped and beat women at any time became active during Cedras's regime as a political weapon. The practice, however, became a common one among gangs.¹²¹

A study in 2002 found that 54 percent of women accessing services at Projet Sante Fanm over a three-month period had experienced forced sex in her lifetime.¹²² Among reported incidents of rape between 2002 and 2005, between 34 and 76 percent involved victims younger than 18.¹²³

Similarly, Kay Fanm's 2006 records show that 65 percent of survivors were girls between the ages of three and eighteen and only 16 percent were survivors over the age of twenty-six.¹²⁴ Another study that took place in the greater Port-au-Prince area in 2005 found that roughly thirty-five thousand individuals had experienced sexual assault within the previous two years.¹²⁵ Over half of those assaulted were younger than eighteen and roughly one in six survivors were under the age of ten.¹²⁶

In 2005, the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections (GHESKIO Center) in Port-au-Prince saw 422 cases of rape; Solidarity of Haitian Women (Solidarité Fanm Ayisyen, SOFA) saw 112; and Kay Fanm saw 188.¹²⁷ Haitian women's health may be compromised by the violence they suffer: before the earthquake, they were being infected with HIV at twice the rate of men.¹²⁸

Based on the Demographic and Health Survey from 2005–2006, researchers found 22 percent of women and 15 percent of men had experienced sexual violence.¹²⁹ The UN estimated that up to 50 percent of girls living in Port-au-Prince conflict zones during the political unrest from 2004 to 2006 experienced rape, including gang rape, or another form of sexual violence.¹³⁰

The Haitian National Police (PNH) reported 284 cases of rape in Port-au-Prince in 2008 and 271 in 2009.¹³¹ Médecins Sans Frontières (MSF) treated 500 rape survivors in Port-au-Prince between January 2005 and June 2007, of which roughly 2 percent were under the age of five, 11 percent were between two and five, and 28 percent were between thirteen and eighteen.¹³² Sixty-seven percent of the survivors did not know their aggressors, 68 percent reported multiple attackers, and 66 percent were threatened with a firearm.¹³³

According to records from organizations such as SOFA and Kay Fanm, general incidents of violence against women doubled between 2006 and 2009.¹³⁴

To respond to the increase in violence against women and girls during the early 2000s, a "Concertation Nationale" had been formed in 2003, consisting of the Women's Ministry, the Ministry of Justice, Kay Fanm, SOFA, ENFOFANM, and some foreign organizations. The Concertation coalition was to set standards for care and referrals for victims of sexual violence. Most of its leaders were university-educated, French-speaking Haitian feminists, many of whom had been educated or had lived abroad and who were of a comparatively high socioeconomic class. Despite its intellectual and political

strengths, Concertation members' practical experience or expertise regarding the operation of shelter programs was reportedly mixed.

The Concertation Nationale developed its five-year National Plan to Fight Violence Against Women (2006–11), lobbied to modify the penal code to make rape a crime, and worked to make medical certificates that could be used in prosecution, accessible at all medical facilities.¹³⁵

Displacement-Related Sexual and Gender-Based Violence

The UN, US Institute of Peace, Human Rights Watch, and others attributed lack of security within camps to increasing women's vulnerability to sexual violence.¹³⁶ Other factors increasing vulnerability include insufficient lighting, insecure housing, isolated bathrooms and showers, limited access to food and water,¹³⁷ flimsy tent doors, separated families, anonymity among people in the camps, "a lack of effective law enforcement, and limited knowledge of and access to health and economic services."¹³⁸

Researchers from New York University Law's Center for Human Rights and Global Justice and Global Justice Clinic found that in 14 percent of camp households surveyed, at least one member had experienced some form of sexual violence, defined as rape or unwanted touching.¹³⁹ Not all reported the gender of the family member, but of those who did, 86 percent were women and girls and 14 percent were men and boys.¹⁴⁰

The majority of female survivors were under the age of twenty-five, with a number of survivors in their late teens.¹⁴¹ Seventy percent reported being more worried about sexual violence after the earthquake, and both males and females reported fear of sexual violence against themselves or members of their households.¹⁴²

A March 2010 survey by the University of Michigan estimated that in Port-au-Prince, 3 percent of all people had been sexually assaulted since the earthquake.¹⁴³

In the five months after the earthquake, Médecins Sans Frontières provided treatment to 212 victims of sexual violence.¹⁴⁴

From July 2009 to June 2011, four member NGOs of the Concertation Nationale recorded 672 incidents of sexual violence, 90 percent involving rape, of which 21 percent of those were gang rapes.¹⁴⁵ Forty-three percent were against women and girls under the age of twenty.¹⁴⁶

Solidarité Fanm Ayisyèn (SOFA), a women's health organization, documented 718 cases of gender-based violence against women and girls in its clinics from January to June 2010.¹⁴⁷ SOFA recorded 246 cases of rape between July 2010 and October 2011, including 35 cases of gang rape.¹⁴⁸ Sixty-two percent were against girls between the ages of three and seventeen, 16 percent of the perpetrators were partners or former partners, and 14 percent were family members.¹⁴⁹



The Camp at Place Fierté in Cité Soleil, Port-au-Prince, 2010. Photo credit: Jean Alexis.

Komisyon Fanm Viktim pou Viktim (KOFVIV), a women’s nonprofit that serves and is run by rape survivors, reported approximately 250 cases of rape within 15 camps as of March, 2010.¹⁵⁰ KOFVIV later reported that 65 percent of rape victims were minors¹⁵¹ and that they received an average of five rape victims a day.¹⁵²

SEROvie and the International Gay and Lesbian Human Rights Commission (IGLHRC) reported that the earthquake “decimated the already limited physical spaces, social networks and support services available to them” and that according to those they interviewed, “violence related to sexual orientation and gender expression significantly increased since the earthquake, particularly within the IDP camps.”¹⁵³

In 2011, a UN representative acknowledged that “[c]ases of rape and sexual violence have increased inside the camps and outside, while protective measures are still in their infancy.”¹⁵⁴ Similarly, a US Department of State report on Haiti’s human rights practices for 2011 pointed out that “rape and other forms of violence were a particular problem in the IDP camps, as they were in urban slums.”¹⁵⁵

Notably, in May 2011, two women’s organizations criticized international organizations’ and media characterization of a “rape epidemic” in Haiti, as well as their alleged focus violence in the camps alone.¹⁵⁶

Response to Post-Earthquake Sexual and Gender-Based Violence

The earthquake devastated southeast Haiti and led to an influx of international aid and intervention that profoundly altered the landscape of women’s rights and the politics of sexual violence and intervention. The sudden availability of funds, coupled with the institutional appetite for safe shelters, led to a proliferation of shelter programs where before there had been few. Even Wyclef Jean’s now-defunct Yele Foundation announced plans for a sexual violence shelter that was never to be.

International popular media largely represented that the women’s movement in Haiti had been destroyed during the earthquake, with the deaths of renowned activists Magalie Marcelin (founder of Kay Fanm), Anne-Marie Coriolan (founder of SOFA), and Myriam Merlet (founder of ENFOFANM).

Key informants noted that some longtime women’s activists in Haiti whose work and programs had survived the quake felt marginalized, erased, and invalidated by such proclamations; they felt that those kinds of news stories were used to justify the funding of new foreign programs rather than existing Haitian programs.

According to one key informant, the UNHCR put pressure on the Concertation to include specific language about the needs of the internally displaced in its revised 2011 guidelines. However, the Concertation did not do so. This may have been because the situation has become politicized post-quake, and that its members, many of whom have been working in women’s rights in Haiti for decades, resented the fact that post-quake resources were suddenly available for organizations that claim to focus on internally displaced persons—whereas their longstanding, general programs that also benefit the internally displaced would not receive dedicated support.

The UN’s GBV subcluster has been the main tool for communication, coordination, and organization among international organizations working on gender-based violence. Some Haitian organiza-

tions also participate. However, early participation by the Haitians was complicated by the cluster meetings taking place at the UN Log Base, and often in English. Some Haitian organizations have refused to attend and cooperate with the cluster, citing “clusterphobie.”

In March 2012, a representative of KOFAVIV, one of the largest women’s rights groups in Port-au-Prince, said the government still had not implemented concrete plans to address sexual violence in the camps and that camp conditions had not changed significantly since the earthquake.¹⁵⁷ According to a US Department of State’s report on Haiti’s human rights practices in 2011, rape was reported regularly in one camp that was home to some 40,000 IDPs, but there was “little or no follow up” by law enforcement.¹⁵⁸

IV. FINDINGS

Shelter History, Contexts, and Types

Any recent study of programs providing temporary shelter to sexual and gender-based violence survivors in Haiti faces the challenge of at once capturing the past, present, and future. There is simply so much in flux—major initiatives disappeared with the earthquake, while several others were born of earthquake-related funding. In this section, we present a summary of past, present, and near-future shelter programs we learned about in Haiti.

Before the Earthquake

The history of women's rights and safe shelters for victims of sexual and gender-based violence in Haiti is fraught with rumor and politics, in addition to the cataclysmic and life-changing events of January 12, 2010.

It is difficult to provide a cohesive discussion of this history without, at times, depending on hearsay and even widely accepted rumor about institutions that no longer exist. Our understanding of this history is gleaned primarily from key informant interviews.

Before the 2010 earthquake, there were several active women's organizations, including KOFA-VIV, Kay Fanm, and ENFOFANM in Port-au-Prince; SOFA nationwide; AFASDA in the north; and Fanm Deside in the area around Jacmel.

Certain grassroots women's organizations were never members of the Concertation Nationale that had developed standards for management of sexual and gender-based violence cases since 2003. (Nonetheless, one would emerge after the earthquake as the largest shelter-providing entity in Port-au-Prince. The reasons for this dramatic growth of capacity are discussed below.)

There were only two formal shelters allegedly serving Port-au-Prince before the 2010 earthquake: one run by the Women's Ministry and one run by Kay Fanm.

Centre Yvonne Hakim Rimpel, run by the Women's Ministry

Pétionville

The Women's Ministry ran a shelter named for Haitian journalist and martyr Yvonne Hakim Rimpel, in the relatively wealthy Péguyville neighborhood of Pétionville (about six kilometers from central Port-au-Prince.) The shelter was created and operated with financial assistance from V-Day, UNICEF, and Oxfam Quebec. It opened in April 2008. It housed ten to twelve women maximum, though it was to have been expanded in the future. It had a nine-month minimum stay. The shelter's relationship with the state remained unclear: in theory it was to be autonomous, yet it was also a state-run project.

It was reported in V-Day’s press releases that the Centre had been physically destroyed in the earthquake. However, sources on the ground in Haiti said that the building was cracked but generally intact after the quake, but that the ministry had not paid rent in the months leading up to the quake, and so the locks were changed by the building’s owner. The building is reportedly now occupied by World Bank offices.

Women’s Shelter, run by Kay Fanm

Port-au-Prince

One of the first well-known women’s organizations in Haiti was Kay Fanm, which was founded in 1984 through the joint efforts of seven smaller women’s organizations. Kay Fanm operated an emergency-basis safe shelter from 1996 to January 2010, which housed women for three days to one week when they were in immediate danger. Other sources expressed uncertainty that Kay Fanm had a “real shelter” even before the quake, and believed that their services consisted mainly of outside referrals and emergency shelter. The safe shelter, along with Kay Fanm’s headquarters, was destroyed in the January 12, 2010, quake. Kay Fanm’s then-director, Magalie Marcelin, was killed that day.

Since the Earthquake: Shelter Contexts and Profiles

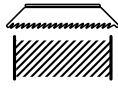
Our researchers visited shelter models in three geographic contexts in Haiti: the capital city of Port-au-Prince, the coastal city of Cap-Haïtien, and the provincial city of Jacmel. Since the January 2010 earthquake, the greatest concentration of internally displaced persons settlement in Haiti remains centered in Port-au-Prince. However, the earthquake reached beyond the capital—including 40 km away in Jacmel, and many internally displaced persons from the capital migrated back into the countryside. Many then migrated *back* to Port-au-Prince when they could not earn a livelihood in the rural areas.¹⁵⁹

In this section, we introduce each context, then present an overview of the shelter programs visited in that context.

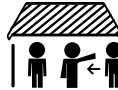
During our fieldwork in Haiti in February and March 2012, Human Rights Center researchers were able to visit the following six examples of the above-mentioned models:

<i>Site Name</i> ¹⁶⁰	<i>Location</i>	<i>Type</i>
PAP A	Port-au-Prince	Traditional safe house
PAP B	Port-au-Prince	Hybrid: traditional safe house + alternative purpose entity in the form of a dormitory room within the organization’s office
PFF	Port-au-Prince	Independent living arrangements
AFASDA	Cap-Haïtien	Traditional safe house
JAC	Jacmel	Traditional safe house
LGBT	Port-au-Prince	<i>Not</i> a formal shelter program, but provides ad hoc community host placement for LGBT individuals

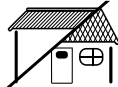
SHELTER TYPES



• TRADITIONAL SAFE HOUSES



• COMMUNITY HOST SYSTEMS

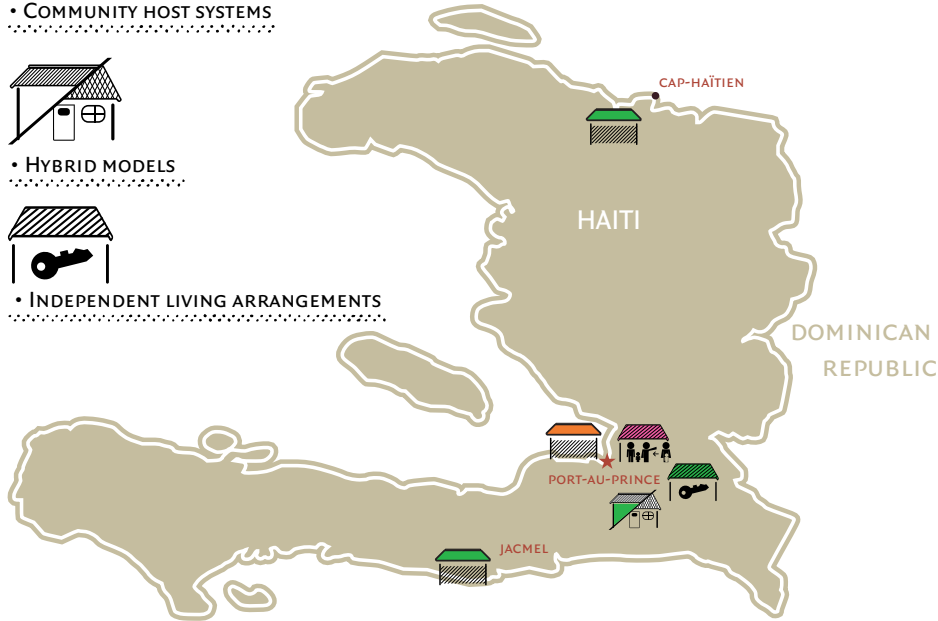


• HYBRID MODELS



• INDEPENDENT LIVING ARRANGEMENTS

SHELTERS STUDIED IN HAITI



POPULATION SERVED

INTERNALLY DISPLACED PERSONS ONLY

MAINSTREAM POPULATION

MARGINALIZED GROUPS

The programs visited were located in three geographic contexts: the capital city of Port-au-Prince, Cap-Haïtien to the north, and Jacmel to the southwest.

1. Port-au-Prince

Port-au-Prince and other towns in the Ouest department, such as Léogâne and Petit-Goâve, were devastated by the 2010 earthquake. The Haitian government estimates that as many as 250,000 to 300,000 people died, though the actual number will never be known. Countless more were physically injured, and the social and emotional impact is incalculable. Upward of 1.5 million people were rendered homeless by the earthquake. Major buildings in Port-au-Prince—including the Presidential Palace, several

government ministries, and most of the Université d'État d'Haïti, as well as private universities, hospitals, primary and secondary schools, the United Nations headquarters, and huge swaths of downtown—collapsed. Public spaces—plazas and playgrounds, schoolyards and soccer fields—were transformed into camps nearly overnight.

We interviewed staff and residents of three shelter providers in Port-au-Prince: one large program that actually consisted of two separate shelter options run by a women's rights organization; one program that provided independent living arrangements; and one informal referral mechanism based at an LGBT rights organization that, on occasion, informally helped LGBT individuals locate temporary shelter through community referral.

The largest program is based out of a large women's rights organization and consists of two distinct entities. First, the organization runs a traditional safe house up the hill from the office, which serves women and girls who are fleeing sexual and gender-based violence. This separate space is simply called the safe house. It is partly funded by the UNHCR now and holds fifteen families at a time, with *family* defined as a primary shelter-seeker and up to three dependent children. Second, the organization also provides temporary lodging inside the organization's actual office space, in a downstairs room reserved for up to twelve women or girls whose lives may be at immediate risk, those who are in or awaiting trial, or whose cases are for one reason or another particularly urgent. There is greater security at the in-office shelter space, as it aims to provide some degree of "witness protection" to high-risk residents.

Because the separate safe-house program up the hill is partly funded by the UNHCR, admission theoretically prioritizes internally displaced persons; its mandate is to serve sexual and gender-based violence victims from the camps. However, in practice, the program also admits survivors of sexual and gender-based violence who are not internally displaced. In theory, there are eligibility differences between the safe house and the shelter. However, in practice, there is overlap in services, socialization, and even admission of their respective residents. The in-office shelter space has occasionally been used by women who are awaiting more permanent placement in the safe house.

The program offering independent living arrangements serves women and their families who survived sexual and gender-based violence. It is run by a private family foundation based in the United States and does not have a specific mandate to serve internally displaced persons, though it does serve them. Unlike the other shelters and organizations we visited, which provide services to recent victims of sexual violence who remain at risk, this organization also serves women who may have experienced violence years ago (in particular, during the coup years), including repeated sexual and political violence. Rather than offering temporary shelter, this organization aims to provide lodging in private apartments until the victims receive temporary or permanent immigration status in the United States. So far, it has succeeded in assisting five residents to come to the United States and thirteen to Canada with their children, via "humanitarian parole" and "resettlement," respectively.¹⁶¹

We also conducted an interview with staff at a local organization that serves LGBT clients (predominantly gay men). While they lack the resources to have an actual safe shelter, they have been known occasionally to help clients who are fleeing sexual and gender-based violence and/or persecution to find housing with other members of the LGBT community.

2. *Cap-Haïtien*

Cap-Haïtien, the capital of the Nord department, is the second-largest city in Haiti, with a population of approximately 200,000 people. Unlike the other cities and towns in which this research was conducted, Cap-Haïtien was not physically affected by the earthquake, given its distance (252 kilometers) from the capital.

We visited one traditional shelter in Cap-Haïtien. It serves women and their children who are fleeing sexual and gender-based violence, but does not have a specific mandate to serve any specific survivor or marginalized population.

Before this organization received funding to construct a safe shelter, they had housed survivors with other members of the organization. As funding from international donors and institutional trends supported the creation of formal safe shelters, many Haitian organizations and INGOs working in Haiti are now opening them.

The shelter is an attractive, well-appointed, and comfortable home on the outskirts of Cap-Haïtien. It has a large garden full of flowers and trees.

3. *Jacmel*

Jacmel is the capital of the Sud-Est department of Haiti and the cultural capital of the country. Within its metro area, Jacmel has a population of approximately 40,000 people, making it one of Haiti's five largest cities. It is located on the southern coast of Haiti and is 39.45 kilometers from Port-au-Prince.

Between three hundred and five hundred people died in Jacmel during the 2010 earthquake, an estimated four thousand people were injured, and there was considerable damage to buildings. As in Port-au-Prince, camps for the internally displaced arose in public spaces, such as the downtown plaza by the damaged town hall. However, the internally displaced persons crisis did not last in Jacmel as long as it has in Port-au-Prince, as it was easier and more feasible for residents of Jacmel to return to the countryside.

We visited a long-established program in Jacmel that for many years had simply sheltered women fleeing sexual and gender-based violence in the group members' own homes. At the time of our visit, the organization had received funding to open a formal, traditional safe house. It was scheduled to open in mid-2012 and would serve any women and their children who are fleeing sexual and gender-based violence, including domestic violence. However, it does not have a specific mandate to serve the internally displaced, LGBT, or any other population.

The house is located in a residential neighborhood on the outskirts of Jacmel, along a dirt road and behind a tall gate. There is a large garden planted with fruit trees and other edible crops. The house consists of four bedrooms, a living room, a play area for children, a kitchen, multiple bathrooms, and an attractive tiled floor.

At the time of our visit, this shelter was under construction and not yet operational, though Human Rights Center researchers have confirmed that it became operational in the summer of 2012.

Shelter Program Profiles

<i>Port-au-Prince 1: PAP A</i>	
Type	Traditional safe house
Location/context	Urban Port-au-Prince
Managing organization	A Haitian women’s rights organization with the UNHCR
History	The organization was founded in 1994 by Haitian victims of sexual and political violence during the coup years. After the earthquake, they were located in a camp on the Champ-de-Mars. In October 2010, they began to function normally again with assistance from the Global Fund for Women. In May 2011, they received funds from the UNHCR. The safe house opened in the summer of 2011.
Mandate	To eliminate every form of violence a women face.
Funding	UNHCR
Description of housing	A large house, a short walk from the organization’s headquarters. Each resident/family generally has her/their own bedroom. The setting is fairly bare, with plastic furniture and a television.
Capacity (maximum, current)	Fifteen families with three children per family, with some flexibility. At the time of our visit (February 2012), there were fifteen women, with eleven or twelve children total.
Eligibility criteria (shelter)	Women who are fleeing sexual violence. According to staff, the safe house was set up specifically for women living in tents, displaced by the earthquake. In practice, however, victims of sexual violence who were not displaced by the quake were also housed. Women must have a medical certificate of rape.
Harms fled	Sexual violence
Internally displaced persons eligible?	Yes
Children housed?	Yes

Staff (number, positions)	Five community agents work directly in the safe house. There is also one full-time nurse and one psychologist.
Length of stay (maximum, average)	Three to six months. The first group of residents stayed for six months, though, according the UNHCR, the maximum time was supposed to be three months. This is due to uncertainties about follow-up housing, IGAs for former residents, and so forth.
Services—in-house	Trainings on health and well-being, self-esteem, sexual violence; individual and group counseling; legal assistance.
Services—by referral	Hospital referral for medical care. Staff accompany them to the General Hospital or l’Hopital La Paix, or MSF for childbirth.
Code of conduct, rules	All residents must sign a code of conduct. Cell phones allowed. Female visitors are permitted; adult males are not. Residents share household responsibilities such as cooking and cleaning.
Security system, issues	There is no security guard at the safe house. The gate is locked at 6 or 7 pm. Residents expressed desire for a security guard but understood it was not financially possible. Safe shelter residents may leave for necessary activities, but must sign out first.
Transition planning, effect	Upon leaving the safe house, residents were given US\$1,000 per year for rent and three months of food rations. This has apparently been reduced to US\$800 per year of rent. Most residents choose to remain in the Christ-Roi area, close to the organization’s office. A community warehouse was in the planning stages (in cooperation with FINCA) for former safe-house residents to purchase and resell goods. It was not yet in effect in spring 2012.
Tracking/Monitoring	Former residents continue to access services at the organization’s office. They remain in contact with staff and agents.

Port-au-Prince 2: PAP B

Type	Hybrid: alternative purpose entity + traditional safe house
Location/context	Urban Port-au-Prince
Managing organization	A Haitian women’s rights organization with the UNHCR
History	The organization was founded in 1994 by Haitian victims of sexual and political violence during the coup years. After the earthquake, they were located in a camp on the Champ-de-Mars. In October 2010, they began to function normally again with assistance from the Global Fund for Women. In May 2011, they received funds from the UNHCR. The shelter space opened in the summer of 2011.
Mandate	To eliminate every form of violence women face.
Funding	UNHCR
Description of housing	A smaller shelter downstairs in the organization’s office. It has two rooms, with two sets of bunk beds in each room.
Capacity (maximum, current)	Eleven-plus (eleven beds plus extra mattresses as needed). At the time, there was one young woman who spent most of her day at the safe house but slept in the office shelter.
Eligibility criteria (shelter)	Women who are fleeing sexual violence and seeking justice through the formal court system, or who have other high security risks. Must have medical certificate of rape.
Harms fled	Sexual violence
Internally displaced persons eligible?	Yes
Children housed?	Yes

Staff (number, positions)	Two community agents are assigned to monitor the in-office residents. There is also one full-time nurse and one psychologist, shared with the residents of the other safe house.
Length of stay (maximum, average)	Depends on duration of court case; usually a few weeks.
Services—in-house	Trainings on health and well-being, self-esteem, sexual violence; individual and group counseling; legal assistance.
Services—by referral	Hospital referral for medical care. Staff accompany them to the General Hospital or l’Hôpital La Paix, or MSF for childbirth.
Code of conduct, rules	All residents must sign a code of conduct. Cell phones are not allowed at the in-office shelter.
Security system, issues	At the in-office shelter, there is a security guard at all times; residents are not permitted to leave except to access the safe house.
Transition planning, effect	Residents may return to community after resolution of court case. Some are eligible to move into the separate safe house.
Tracking/monitoring	Former residents continue to access services at the organization’s office. They remain in contact with staff and agents.

Port-au-Prince 3: PFF

Type	Independent living arrangement
Location/context	Port-au-Prince
Managing organization	Patricia Fleming Foundation
History	Founded in 2010
Mandate	To provide shelter indefinitely to women victims of sexual violence who are awaiting placement in the United States (via humanitarian parole) and Canada (via resettlement).
Funding	Private donors; contribution from the UNHCR.
Description of housing	Private apartments in one- to two-floor buildings, all certified as undamaged in the earthquake according to the Ministry of Public Works.
Capacity (maximum, current)	Ten apartments house ten families with their children. (<i>April 2013 update from staff: fifteen apartments, housing 80 women and children.</i>)
Eligibility criteria (shelter)	Victims of sexual violence, living in camps. The organization has also assisted and renovated houses for people who were victims in 1991 and 1994.
Harms fled	Sexual violence, often politically motivated; retaliatory violence for seeking access to justice.
Internally displaced persons eligible?	Yes
Children housed?	Yes
Staff (number, positions)	One project director is responsible for everything (residents' medical, educational, legal needs, problems with the house, etc.). The founder of the project is located in the United States and visits Haiti regularly; consults with Haitian project director via email or phone. The Haitian project director is not responsible for legal needs. There is also a women's health liaison.
Length of stay (maximum, average)	Indefinite; average is one year.

Services—in-house	There are no in-house services since residents live in private homes rented by the foundation. The foundation does arrange for psychological counseling with United States–based practitioners via Skype. Medical accompaniment on an emergency-only basis, due to limited funds; the program provides subsistence needs (food, water) and pays for school for residents’ children.
Services—by referral	Healthcare through specific medical clinics.
Code of conduct, rules	Minimal. Residents live in private homes, of which they are in charge. They may come and go and have visitors as they wish.
Security system, issues	The apartments are in stable areas and have gates. But residents determine their own visitors and visiting hours; they are also free to come and go as they wish.
Transition planning, effect	Women and their families are housed on a long-term basis, until they receive humanitarian parole or resettlement abroad.
Tracking/monitoring	Since residents remain in the apartments until they relocate abroad, at which point local case-managers are engaged to assist with follow-up until family is stabilized.

Port-au-Prince 4: LGBT

Note: This is not a formal shelter program, but an LGBT / HIV+ rights advocacy group that has, on occasion, been able to assist individuals fleeing sexual and gender-based violence in securing safe living arrangements.

Type	Community host
Location/context	Port-au-Prince
Organization name	Identity protected
Organization history	Founded over 10 years ago.
Organization mandate	To promote the prevention and reduction of HIV/AIDS through behavior change, acceptance of LGBT rights, and education.
Description of housing assistance	The organization has assisted LGBT individuals fleeing harm, including sexual and gender-based violence, in finding safe lodging with community members on an ad hoc basis. A few times, staff have learned of an LGBT individual in need of safe shelter and worked with that individual to identify possible resources and potential hosts. The organization members also help suggest arrangements. This may be family members, romantic partners, or other members of the LGBT community. This counseling and placement support has occurred mainly on an as-needed basis; it is not a formal shelter program or a funded activity.
Harms fled	Homophobic violence (especially beatings), HIV-related discrimination or abuse, sexual violence.
Eligibility criteria	Self-identification as LGBT; must be over eighteen. Open to LGBT men and women, both.
Internally displaced persons eligible?	Yes
Length of stay (maximum, average)	Indefinite

Services—in house	There are no in-house services, since residents live in private homes of community members.
Services—by referral	Referral to specific private medical care providers, who are sensitized to LGBT and HIV-related health issues. Larger hospitals are avoided, due to fear of prejudice or exposure.
Code of Conduct, rules	N/A
Security system, issues	N/A
Transition planning, effect	N/A

Cap-Haïtien 1: AFASDA

Type	Traditional safe house
Location/context	Outskirts of Cap-Haïtien
Managing organization	AFASDA, a local non-profit women's rights organization.
History	The safe house opened in March 2011, though the organization has existed for many years.
Mandate	The organization's mission is the defense and promotion of women's rights.
Funding	UN Women (for shelter)
Description of housing	A house with garden, artwork, and nice furniture. Each bedroom is named for a Haitian women's activist who died in the earthquake. At time of visit, each resident had a bedroom (with her children, if relevant).
Capacity (maximum, current)	Maximum capacity is 10 people. At the time of the researcher's visit (March 2012), there were three women, plus children.
Eligibility criteria (shelter)	Victims of violence (sexual or domestic) who have nowhere else to go. Includes underage girls, if necessary.
Harms fled	Domestic violence, rape.
Internally displaced persons eligible?	Yes (though most people in this area of the country were not displaced by the earthquake. Also, individuals fleeing Port-au-Prince after the earthquake would also be welcome).
Children housed?	Yes
Staff (number, positions)	Four <i>entèvenant</i> (agents) who work in shifts, 24/7; one manager, one housekeeper, one security guard
Length of stay (maximum, average)	Five months maximum, with some flexibility based on individual need. Three months on average.

Services—in-house	Professionals come to the shelter to offer legal assistance, medical assistance and counseling.
Services—by referral	Residents are referred to the hospital to acquire a rape certificate and “72-hour medication.”
Code of conduct, rules	Unclear.
Security system, issues	The grounds have a tall metal gate and a security guard. Visitors are not permitted. A sign saying “Jardin de Paradis” has led some community members to think it is a flower shop.
Transition planning, effect	Generally people are discharged when they feel safe, and the aggressor is in prison.
Tracking/monitoring	Staff remain in contact with former residents, for participation in other projects. Follow-up is conducted through the organization’s <i>sant dekout</i> , or drop-in/referral center.

Jacmel 1: JAC

Type	Traditional safe house
Location/context	Outskirts of Jacmel
Managing organization	Local non-profit women’s rights organization
History	Safe house opened in July 2012
Mandate	To respect women’s rights and collaborate with other organizations to change the situation of the country. The organization provides training and awareness/education, advocacy and leadership activities (such as income generating activities) for women and girls who are victims of violence.
Funding	UN Women (safe house only)
Description of housing	A newly built and pleasant house behind a gate. There is a large garden with fruit trees and vegetables and a play space for the children.
Capacity (maximum, current)	Maximum capacity: twenty (plus children). At the time of the Human Rights Center’s visit (October 2012), there were seven residents.
Eligibility criteria (shelter)	Female victims of sexual or domestic violence. Minors are permitted. Residents must be willing to follow the internal rules.
Harms fled	Sexual violence, domestic violence.
Internally displaced persons eligible?	Yes (not specifically for internally displaced persons, but serves anyone who needs it.)
Children housed?	Yes
Staff (number, positions)	Eleven people working full-time within the organization, including office personnel. It was unclear if there are organization staff specifically assigned to the safe house.
Length of stay (maximum, average)	The official length of stay is three months, but it can be as long as it takes for the women to become “autonomous.”
Services—in-house	Mediation between men and women (or victim and aggressor); psychosocial support; children’s school is paid for while their mother is in safe house.

Services—by referral	Staff accompany residents for legal assistance and medical care.
Code of conduct, rules	Residents must be responsible for domestic tasks. There are restrictions on coming and going. Residents cannot have telephones. At the time of the visit, there were not yet standard operating procedures, because they are waiting for the issuance of national standards.
Security system, issues	High fence and two security guards. There are restrictions on residents' movement. No visitors are allowed (but family members may come see the residents in the organization's office with the resident's approval, but not at the house).
Transition planning, effect	Trainings on money management and microcredit. Residents are encouraged to return to their family when feasible. No funds are available to rent houses for former residents.
Tracking/monitoring	Residents continue psychosocial follow-up and participate in the organization's programs

Unconfirmed and Future Options

At the time of our fieldwork in February and March 2012, the following additional shelter options were underway or being planned.

International Organization for Migration (IOM), Croix-des-Bouquets

As of February 2012, the IOM had purchased land and was to have opened a safe shelter in Croix-des-Bouquets in April 2012, in cooperation with a local Haitian women's organization called OFAVA. It would be more temporary than some of the other shelters, with a 1–1.5 month maximum stay, and be focused on relocation. It would have space for 17–18 women, and be reserved, at least at the beginning, for internally displaced persons from camps.

Originally, in June 2011, the IOM had intended to cooperate with the Women's Ministry and build the shelter in Port-au-Prince. However, these plans fell through, and the IOM ultimately collaborated with OFAVA.

Attempts to reach the representative of the IOM in October 2012 for follow-up were unsuccessful; it is unclear whether this shelter has come to fruition.

French Red Cross and Espoir des Femmes Haïtiennes, Petit-Goâve

On March 8, 2012, the French Red Cross, in cooperation with a local organization called Espoir des Femmes Haïtiennes, reportedly opened a small safe house in Petit-Goâve, a small community about forty-two miles from Port-au-Prince. It was said to have four rooms and space for seventeen to eighteen people.

It is funded by the UNHCR. The UNHCR does not work directly in Petit-Goâve, but funds the French Red Cross.

The UNHCR seemed to be encouraging the French Red Cross and *Espoir des Femmes Haïtiennes* to learn from the large Port-au-Prince shelter it funds and adopt their community agent model. However, they also acknowledged the differences in working in a relatively small community a) where victims and beneficiaries cannot easily remain anonymous, b) where most victims are fleeing domestic violence rather than rape, and c) in a rural community where the situation for the internally displaced is unlike the one in Port-au-Prince. It may be used principally for women who are in the process of seeking legal retribution.

Other grassroots women's organizations in Port-au-Prince, Jacmel, and Cap-Haïtien had never heard of *Espoir des Femmes Haïtiennes*.

As of October 2012, both the UNHCR's associate protection officer and the French Red Cross's protection officer had left Haiti and moved on to other positions, highlighting the difficulty of professional continuity in humanitarian fields in which there is high turnover.

The Ministère à la Condition Féminine et aux Droits des Femmes (Women's Ministry), Port-au-Prince

The Women's Ministry has tentative plans to open a new safe shelter within Port-au-Prince. The new plan is to rent a house, because either buying a house or buying land and building a house are prohibitively expensive. It is seeking funding, but owing to a "change in administration" and a shift in priorities, its next steps are unclear.

Challenges and Strategies

"We have a woman with a [sexually transmitted infection], and we don't look at her like she's different, we treat her the same as anyone else. Because she's a person, you can treat her normally, we let her know she's a person just like us. Whenever the [agents] have a little extra, [we] give her a little extra money because she's still in school. She needs things like clothes, so we agents ourselves, we work together to perform that gesture, to bring her clothes ourselves."

Researchers from the Human Rights Center were struck by the tremendous degree of empathy and compassion with which shelter staff in Haiti approached their work. Several staff were themselves sexual and gender-based violence survivors. Others had lost their homes in the 2010 earthquake and were living in camps alongside their clients. And yet, despite—or perhaps because of—extraordinary personal and structural challenge, these staff members undertook the difficult task of providing for the myriad physical, psychological, and legal needs of the survivors of sexual and gender-based violence with astounding patience, courage, and good humor.

One notable feature of the shelter programs we encountered in Haiti was the degree to which they were rooted in the community. A number of the shelters visited were actually run by women's rights groups that were based in both urban and rural communities. Over the years, the groups included women from a spectrum of political, historical, and even socioeconomic backgrounds. A few employ

“community agents” in all aspects of their outreach, advocacy, and legal aid work—so shelter services are often delivered by this same corps of women members from the local community.

One organization, based in Cap-Haïtien, uses its network of small rural offices to assist with resident transport and support at the local level. At times, it can briefly house survivors in a local office.

Perhaps because of this community-rooted nature, a number of the programs we visited were also well situated to conduct advocacy and awareness-raising activities about sexual and gender-based violence in local neighborhoods—engaging men and men’s groups at times.

Finally, it was notable that, in many cases, the shelter programs provided survivors with something profound that had been lost in the 2010 earthquake: community. The camps that developed around Port-au-Prince after January 12, 2010, were largely ad hoc, and their populations did not always correspond to preexisting neighborhoods. Family members were sometimes separated due to lack of tent space; camp living was often unstable and insecure. For several shelter residents, the shelter programs provided a degree of peace of mind that had seemed unimaginable before their admission.

CHALLENGES

1. Community Relations and Perceptions
2. Security
3. Provision of Medical Care
4. Emotional Well-Being
5. Exit Strategies
6. Pursuing Justice
7. Resource Limitations
8. Addressing “Pull Factors”
9. Defining and Evaluating Success
10. Coordination, Communication, and Inclusion

1. Community Relations and Perceptions

“Our security depends on the outside community’s understanding and appreciation.”

A shelter’s relationship with the surrounding community is important for its own security, preservation of confidentiality, and service delivery. Several organizations providing shelter have long worked at the community level, even before providing temporary shelter—with grassroots networks of “agents” and other representatives actively providing outreach in the local community. This ground-based presence seems to have served Haitian women’s rights organizations well in their general advocacy work and legal, educational, and health service delivery.

However, organizations’ more recent provision of physical shelter has raised interesting complications in some cases. The researchers from the Human Rights Center were surprised by a few negative community perceptions about shelter programs or their residents that had potential implications for security and cooperation.

Lack of information about the shelter program in Cap-Haïtien, for example, may have caused misunderstanding about how its services were funded: one resident explained that community members had negative feelings toward the shelter because they believed her children’s father would be billed for her lodging and food expenses.

In Port-au-Prince, the influx of post-earthquake humanitarian aid created a different set of assumptions. This was particularly true where international funding was funneled into new shelter programs. Some residents were easily associated with these funders, either because of *blans* (foreigners) visiting the shelter or because program participants' fortunes had suddenly and dramatically changed: they were out of the camps, they wore new clothes, they had transportation money.

At times, the benefits were misinterpreted, particularly when a program rented individual apartments for survivors of sexual and gender-based violence.

“[People don’t know it’s a program.] They think it’s just a blan [white person, or foreigner] buying me a house. As soon as they see you with a blan, they think you have money. One day I left here with my purse and wearing high heels, so everyone said I must be doing well.”

At worst, residents or their family members were targeted for extortion or threat of violence.

“I feel safe in Christ-Roi. But there is a problem with my daughter who is fifteen and in school in Martissant. People try to get money from her, tell her, ‘Give me \$200 because we know a blan bought a house for your mother.’ They aren’t men with guns, but . . .”

Strategies

Some shelter programs had remarkable levels of integration into the outside community. Those that were affiliated with a women’s rights organizations seemed better able to secure community support and avoid misunderstandings than those that were not.

Two major shelter providers were actually women’s rights organizations—emergency housing was simply a component of their service to women fleeing sexual and gender-based violence. Their grassroots-level presence took various forms and enabled each organization to deliver other services in addition to emergency lodging, such as legal aid support, case referral or follow-up, and engagement for advocacy.

The first, the largest shelter program in Port-au-Prince was run by an organization whose presence throughout the capital was ensured by dozens of “community agents.” These community agents were organization members, all sexual and gender-based violence survivors who had gone through the organization’s support and activism training program over the years. They were often leaders in their neighborhoods even before the 2010 earthquake; afterward, they were frequently the first to learn of rapes occurring with the camps. Community agents provided critical follow-up once an attack was detected: they brought survivors to the office for care and legal assistance. They also worked as peer educators and trainers to organization members and shelter residents.

The second, a sheltering organization in Cap-Haïtien, utilized *sant dekouts*, local branch offices through which the group delivered legal aid assistance and collected reports of violence at the neighborhood level. These ground-level networks allowed for door-to-door communication about issues relevant to local women’s lives, including sexual and gender-based violence and what to do about it.

Presence of staff in a local community enabled the organization to develop relationships with law enforcement and judicial authorities in more remote areas, enhancing chances for accountability when

cases of sexual and gender-based violence were reported. On occasion, these local offices also served as emergency shelters for survivors of such violence who could not immediately travel to the organization's main shelter in Cap-Haïtien.

Even at smaller shelter programs, staff noted that the ability to roll out support for survivors depended on developing partnerships in the host community first. This seemed particularly critical in the case of the LGBT support organization, whose staff emphasized the need to reach out to community leaders before distributing literature, kits, or condoms there.

However, it remains unclear to Center researchers whether some level of community engagement is advisable, or even feasible, in cases such as the independent living arrangement model supported by one United States-based family foundation. Because the program is single-focused and not based within a Haitian grassroots organization, it may not have reason or means to develop a broader community presence.

2. Security

The safety of both shelter residents and staff was of great importance to all interviewees. However, not all programs had fully developed security protocols. Safety measures were often based more on available resources and shelter type than on individual case considerations. And yet resident needs may be different: some may be at greater risk of immediate harm than others; some in less dangerous situations may benefit from more mobility and contact with the outside community.

Certain fears expressed by shelter residents in Haiti seemed to surprise shelter staff. Residents from different programs in Port-au-Prince, for example, admitted that their first night in the safe house or new apartment was terrifying—not because they were in a new place or because they feared their abusers would somehow find them, but because the buildings were made of concrete. These residents had also survived the January 2010 earthquake, when concrete walls had fallen down and crushed people beneath them. In that sense, it had been unsettling for several residents to move from light plastic tarp tents in the camps to a room in a concrete building.

Aside from the in-office shelter in Port-au-Prince, staff and residents acknowledged that security measures may not have been absolute. Residents frequently commented that their safety was ultimately up to God.

“There is no security guard at the safe house. Jesus of Nazareth is the security system; we always pray, and then we lock our gate.”

“Who protects the house? God and [director's name] . . .”

Shelter staff we interviewed generally felt safe doing their work. However, some—particularly those also providing legal assistance or other forms of accompaniment—occasionally face security concerns. For example, one provider noted that she had been threatened by a perpetrator or the perpetrator's family members when accompanying a resident to court. Shelter staff also noted that the lawyers representing their residents—even male lawyers—faced similar threats.¹⁶²

Strategies

Aside from counting on the Divine, shelter programs in Haiti do attempt to secure their premises through structural features, practical strategies, rules governing conduct, and building community support.

- *Structural Strategies*

Structural features differed depending on the shelter model. First, locations were kept largely secret; none of the shelter spaces in our sample were marked. One interesting exception was a traditional safe house whose space had formerly held a flower shop. It was still believed to be a nursery by many in the area.

In terms of affirmative security measures, one traditional safe house in Port-au-Prince relied simply on a locked gate and its location in a quiet residential area. The shelter space located within a women's rights office, on the other hand, was staffed at all hours with two community agents who had three-day, three-night shifts.

The safe house to be established in Jacmel will have a fence and two security guards. The independent-living arrangement program that placed sexual and gender-based violence survivors in private apartments scattered around Port-au-Prince simply made sure to rent apartments that have some sort of physical barrier, such as a gate. It also sought to rent apartments in some proximity to one another, presumably to make staff visits easier and to put residents near one another in case of emergency.

- *Practical, Operational Strategies*

The programs we studied also engaged a variety of practical and operational strategies to ensure the safety of residents inside and outside the shelter space. For example, to maintain anonymity of location, knowledge of safe house locations in particular was restricted to staff, police, and critical medical personnel. Three of the shelter programs in our Haiti sample were run by a separate women's rights or legal aid organization.¹⁶³ In these cases, intake and referral to the shelter takes place at the main office. Only then is someone sent, and typically escorted, to the shelter space.

An interesting case was posed by the shelter program in Cap-Haïtien, which was made to look like a defunct flower shop from the exterior. Staff mentioned a case in which a woman from the shelter's immediate neighborhood came to the gate, asking to speak to a female police officer. Some community members had noticed that police officers would occasionally visit the grounds, but it was unclear for what purpose. Shelter staff met the woman at the gate and referred her to their local office for assistance, without mentioning the shelter's nature or relationship to that office. Staff mentioned that, had this woman needed immediate shelter, the office would have referred her to a different shelter location—perhaps in one of their branch offices, if necessary—to avoid disclosing the nature of the shelter to an immediate neighbor.

Shelter programs employed various evasion tactics outside of the shelter space as well. For example, when asked by media about specific cases gaining local attention, shelter staff at the Cap-Haïtien program never acknowledge familiarity with the parties—even if they are housing the victim. Also, to avoid detection by perpetrators who may be following residents to and from court or the hospital, staff often arrange for unusual travel times or varying routes.

- *Rule-Based Strategies*

Finally, programs aim to maintain security by implementing a set of rules. These rules typically address behaviors and expectations related to resident mobility, seeing visitors, and communicating with people outside of the shelter. In fixed safe house structures where staff and residents are collectively located, these rules can be implemented with some oversight by program management. In more decentralized independent living or community host models, program staff tend to work informally with heads of household to ensure that rules are understood—but enforcement may be more difficult.

In terms of rules about visitors, the traditional safe houses did not permit adult male guests—even family members. This could have difficult consequences for residents in longterm stays, such as the case of a resident whose elderly father could not visit her. However, there seemed to be consensus among providers that this measure was necessary to protect other women and girls living in that same space.

“Men do not enter the center because we have young girls—sisters who have been raped by their brothers—you don’t want to do like the proverb says, ‘Run from the rain and fall into the river.’ Do you understand?”

In any case, shelter spaces run by a separate women’s rights or legal aid organization often required visits to be arranged at the office—away from the actual residence itself. This precaution was intended to preserve anonymity of location, as well as immediate safety to other residents.

Other shelter programs, such as the independent living model and the LGBT community-host network, had no such restrictions. Residents there had more autonomy to entertain visitors on their own terms. However, with the independent living program in which residents stay in privately rented apartments scattered throughout Port-au-Prince, visitors are not technically permitted after 6 pm.

Rules regarding mobility differed, depending on the model and security level of a given shelter program. Of all the programs studied, only residents of the in-office space based within the women’s rights organization were restricted in terms of personal movement in and out of the shelter. Due to their higher risk of harm (they were there because of pending court cases, imminent threats of harm, etc.), these residents are only permitted to leave the shelter space for essential appointments related to health care or their court cases. They are escorted by staff for every trip. In reality, it seems that there is some flexibility here, with these in-office residents occasionally visiting the sister safe house up the street—but this movement is not officially sanctioned. It may, however, have positive effect and minimize feelings of isolation for these more restricted residents.

Residents of the other, lower-security shelters examined had much more mobility.

“A shelter is not a jail.”

There were certainly some measures of control or oversight: one safe house permitted residents to travel to certain appointments in town on their own, but only after first being accompanied by staff, who could observe whether the resident took personal precautions, knew her way about, etc. Most programs did still require that a resident sign out with estimated return time; if she ran late, staff called to check on her. Others also required a resident to call to when she had arrived at her destination. Another

rule applied to residents of the independent living model in Port-au-Prince: “Go where you want, but be back by 8 pm.”

Rules regarding communication also varied by model and security level of each program. For example, residents in the higher security program located within the women’s rights office are not officially permitted to keep their personal cell phones. On the other end of the spectrum, the sister safe house up the hill from the office and the independent living program have no restrictions on cell phone possession or use. In between both extremes, both safe house programs outside of Port-au-Prince would allow residents to make personal calls from the office, or through a staff member.

- *Community Support*

Staff noted that they take general personal precautions, in addition to the structures and rules established by the program itself. However, one woman shared an observation that may hold true for many: true security derives from the organization’s relationship in the community. As noted above, having support from, and respect of, local community members may be the best insurance against harm—either to staff members or residents.

“We take some measures of precaution, but security depends on the comprehension of people and the credit the population gives us.”

3. *Provision of Medical Care*

Access to immediate medical services after a rape or other form of sexual and gender-based violence is critical, not only to obtain clinical care and testing, but also to promptly document and secure forensic evidence of the crime.

Most service providers we interviewed in Haiti were aware of a survivor’s need to be seen by health professional within seventy-two hours of the attack. However, their programs are not able to provide emergency or forensic medical services in-house. So they have, for the most part, developed referral mechanisms to help residents access emergency care elsewhere—both immediately after the specific incident of the violence, and as needed during their stay at the shelter.

The challenge remains: How can a shelter ensure that a survivor successfully and safely navigates the healthcare system to obtain, and to follow through with, necessary medical services?

In addition, as compared to access to emergency care, access to more routine healthcare for survivors and their dependent children was limited, due to funding constraints. In one case, a medical doctor used to make regular visits to the shelter. However, when the contract expired, there was not enough funding to renew it.

Strategies

Most of the shelters examined in Haiti had employed some type of “individual guide” support to assist residents in obtaining necessary medical care; this often consists of a staff companion—an *akonpanyatris*—who physically accompanies the resident from the shelter to the hospital. For nonemergency

visits or in lower security cases, staff members may make appointments for residents but only track them from the office. In addition, some staff keep track of residents' medication schedules—and perhaps hold the medicines in the office.

In some cases, including the program serving LGBT survivors in Port-au-Prince, shelter staff channel residents toward specific doctors and clinics known to provide sensitive services and sexual and gender-based violence-related expertise. For example, the LGBT group that assists individuals in locating temporary housing also refers them to specific doctors who can provide HIV-related care and sensitive examination of anal injury, where relevant.

4. Emotional Well-Being

Both residents and staff expressed emotional strain related to stay or work in shelter programs. Residents could often access a limited degree of psychosocial support in the form of basic individual or group counseling sessions—though much was provided by staff without formal training. On the other hand, staff received little formal support at all to address their job-related stress. The reasons for each limitation are different: most programs attempted to provide some form of emotional support program for residents, offering it either in-house or through referral to the extent that resources would allow. However, implementation of support measures for shelter *staff* was not part of most shelter programs' operations. Staff seemed trusted to take care of themselves and each other informally, as best they could.

Residents

Managing and improving the emotional fragility of new residents posed a near-universal challenge to safe shelter providers in Haiti. Shelter staff explained that survivors who have recently experienced a rape or other severe form of sexual and gender-based violence are often brought to a shelter while still in shock from the incident. They may be unwilling or unable to talk about their experience or needs, which can impede staff efforts to develop a care or transition plan. They may struggle with fears of stigma and be reluctant to discuss their ordeal or its consequences. Some staff report that new residents can also be angry about their experience and channel their frustration at the shelter staff themselves. The restrictions on movement and communication, on top of isolation from customary support networks and lack of relocation options may exacerbate residents' feelings of sadness, despair, or frustration.

Staff note that there are not enough trained psychiatrists who can provide clinical management of residents' mental health needs. Access to prescription medication for depression, PTSD, and other relevant psychological states is extremely limited.

Strategies

All but one of the shelter programs we reviewed sought to offer residents some type of onsite counseling and psychosocial support. Even if a certified psychiatrist or psychologist was unavailable, some staff members were trained to provide a minimal amount of counseling or therapy. Sometimes, staff members specialized in helping residents overcome the impacts of domestic violence in particular.

Other times, outside specialists would visit and provide general counseling support in individual and group sessions.

In the hybrid program in Port-au-Prince, which has the in-office shelter space for higher-security cases plus a traditional safe house up the street, group counseling and support meetings are offered for both sets of residents together. This is believed to foster a broader network of support and camaraderie for the residents—particularly for those staying in the office space, who are typically fewer in number and who have less personal freedom to go outside.

One program has undertaken a very interesting, but perhaps controversial, initiative in light of the dearth of local experts available to serve the shelter residents in Haiti. The program arranges for appointments with US-based volunteer psychologists over Skype, an Internet-based video-conference program. This model is far from ideal due to the need for interpreters, discomfort with technology for many residents, possible lack of cultural competence by US-based professionals. Staff explain that participation is optional. The program offers this service simply to provide some degree of psychological support because it believes that local access to appropriate expertise is slim to none.

In any case, shelter staff—trained and untrained—are actively engaged in the process of bringing a resident “back to herself.” One common approach employed by staff members at nearly every program? Joking.

“Sometimes when the person arrives, she doesn’t want to talk. You make her comfortable, you tell her jokes, you make her understand that I’m your sister, and all the while you’re telling jokes. And she herself, she starts to come back to herself.”

Joking may not constitute a formal “strategy” per se, but it was frequently noted by shelter staff in Haiti as one way to help keep shelter residents’ spirits up in the face of tremendous stress, depression, and uncertainty. It appears to be an approach that residents appreciate.

“I tell jokes, but when I had just gotten to the shelter, you know, when you’ve just left your house, the problems weren’t yet erased, you’re chagrined. But after I started living at the shelter, I realized I wasn’t living those problems anymore, and I stopped being chagrined. The interveners talk with us normally, tell us jokes to take our stress away.”

Another resident mentioned finding comfort in prayer and listening to evangelical songs on the radio.

Notably, a few of the Haitian shelters offer ongoing access to counseling sessions to ex-residents, as well. This may enhance psychological well-being for those who have transitioned back into the community, as well as help shelter staff monitor former residents’ welfare.

Staff

Shelter programs in Haiti face the tremendous challenge of ensuring that their staffs are physically and psychically able to have impact and longevity in their work, despite significant resource and structural limitations.

The psychological or emotional impact of working with sexual and gender-based violence survivors is certainly not limited to shelter staff, or shelter staff working in forced displacement settings. However, the strains of limited resources, long hours, and short-staffing found in many forms of direct service provision were clearly expressed by shelter staff we interviewed.

“The hardest thing? There is never a vacation because there is so much work. And besides, the work we are doing has no break.”

Given their roles as caretakers, the emotional weight borne by shelter staff day in and day out is unsurprising. Several spoke of needing to “be strong” for the shelter residents despite feelings of shock or sadness, which may itself take a toll on staff members.

“It’s difficult to encounter one of these women for first time; she’s often very shaken up, needs time. This affects us on staff—we have to act courageous for her, but we suffer deep in our hearts.”

In addition, a few staff members indicated that they, themselves, were either survivors of sexual and gender-based violence or had been displaced by the 2010 earthquake and were now living in camps. The solidarity many shelter providers in Haiti have with their clients is striking.

Strategies

One program was able to offer some initial trainings to help staff process the events of the January 2010 earthquake; a staff member interviewed noted that this was helpful.

Unfortunately, counseling support for staff members was not frequently available. More often than not, staff seemed to seek solace in each other’s camaraderie. Humor again seemed to be the tool of choice.

“What do you do if you feel like crying, but shouldn’t cry? You just tell a joke! Even if you feel that tears are about to run down, for what she’s telling you, you don’t cry. If you cry, you show your weakness truly, truly you’re showing that what she’s telling you is hitting you, but you’re not supposed to let her see you cry, because she’s crying herself.”

5. Exit Strategies

“While we’re in the safe shelter, we know we can’t be there for a long time... before we’ll have to leave. If we leave the center, we should have somewhere to go afterward, to rent a room or a house to stay in, but what happens if they tell us to leave . . . and we don’t have the money yet to rent a house to stay in?”

Safely transitioning residents out of a temporary shelter is a major challenge for programs all over the world—more so in Port-au-Prince, where little residential space has been reconstructed after the earthquake and where an estimated 420,000 people were still living in camps at the time of our fieldwork.¹⁶⁴ Apartments are scarce, putting rents at a premium.

For shelters outside of Port-au-Prince, the challenge seems to be less about the limited supply and availability of apartments than about lack of resources to rent them.

Programs also face the challenge of managing residents' expectations. For example, a resident in a program run by private US-based funders held a steadfast belief that even if she could not stay at the shelter at some point, the founder would personally rent her a small house. Staff attempted strenuously to clarify, but it was difficult to disabuse the resident of this notion.

Shelter programs did not always have clear exit strategies in place for residents, since housing options in Port-au-Prince had diminished dramatically after the earthquake. While one program is able to provide a year's worth of transitional rent to exiting residents, this is not possible for most programs, who are then forced to either house residents indefinitely or enforce departures without clear transition options.

Strategies

Strategies related to safe transition of a resident out of a shelter program can be discussed in terms of: options, planning and preparation, and access to ongoing support.

- *Options*

Possibilities for post-shelter lodging differed dramatically among the programs we visited. Some programs had a more established menu of options to offer; others seemed to take a more ad hoc approach to transition possibilities. Options can be roughly characterized as go home, go somewhere else in town, or leave your town or country.

Programs do not offer specific lodging options, but work with residents to determine where they should go upon leaving the shelter. Options include returning home, staying with relatives elsewhere, or staking out on one's own. A few programs in Port-au-Prince provide transport money to assist a resident in returning to her hometown in the countryside. Conversely, one of the programs outside of Port-au-Prince provided transport for residents seeking to move away from town and to the capital.

One Port-au-Prince safe house established after the earthquake had fixed "classes" of residents who are admitted and transitioned out at the same time each year. (As of the time of our research, the shelter was housing its second "class" of residents.) This program is run in partnership with the UNHCR, so residents deemed to be internally displaced were eligible for options provided by the agency. This includes qualifying for a year of rent toward a private apartment for residents of the longer-term safe house or free placement in a UNHCR T-shelter for other clients of the organization who are not admitted to the safe-house "class."¹⁶⁵

The staff noted that with the ongoing increase in rent prices, the fixed stipend was not always enough to secure a whole year of lodging for former shelter residents. One might also anticipate a risk of expectation among former residents who hope for additional rent support even after their first year away from the shelter is over. However, no former residents had yet reached that stage of transition. One former resident interviewed did assure us, however, that, she had no expectation of additional support.

Higher risk residents who had briefer stays in the organization's in-office shelter space move out after their cause of immediate harm has been extinguished (e.g., the perpetrator is convicted and im-



Transitional shelter (“T-Shelter”), Port-au-Prince, summer 2012. Photo credit: Laura Wagner.

Temporary shelters (“T-Shelters”) were erected around Port-au-Prince by INGOs and the UNHCR. These simple, two-room plywood houses were designed to last three to five years and could easily house a small family. They were made available to several internally displaced persons, including residents of a major Port-au-Prince shelter. However, at the time of the Human Rights Center’s research, no residents had agreed to live in them. Reasons for residents’ reluctance are unclear and had not been examined by local stakeholders.

prisoned.) They are not eligible to receive a year of rent; however, they are eligible to take advantage of the T-shelters if they so wish. Some are able to move into the longer-term shelter up the hill.

Another program is entirely geared at lodging its residents until their applications for humanitarian parole in the United States are adjudicated. Because of the tremendous difficulty in obtaining this form of immigration relief, and because success is far from guaranteed, it is unclear what the organization’s long-term strategy is for its residents who are not granted parole. However, in the short term at least, they do not face pressure to transition out to other housing. In some cases, it appears that residents also have the option of leaving the program; if they do, they can receive the equivalent of US\$500 and be referred to a microcredit training by Entrepreneurs of the World.

- *Planning and Preparation*

Most programs offered some flexibility regarding length of stay, regardless of whether they had formal cut-off days for shelter residence. Transition plans often depended on the facts of a case, and what family or community-based options the resident identified for herself.

Some try to equip their residents with basic skills for independent living. This may include financial management trainings or some vocational skills or craftmaking. At least one program referred residents to microcredit trainings offered by other organizations.

- *Ongoing Support*

One element that may contribute to successful transition of shelter residents back into their community is having the continued access to supportive services. The belief expressed by staff members at a large Port-au-Prince shelter program is that access to ongoing counseling support and skills trainings helps former residents manage better when they are on their own, and it diminishes anxiety around, and resistance to, leaving the shelter in the first place. Finally, the promise of continuing to see other

former residents with whom one lived for many months can provide a lasting sense of community in a context where communities literally fell through the cracks.

Another program, based in Cap-Haïtien, frequently assists residents who wish to transfer to Port-au-Prince in order to move away from a local perpetrator. The organization is able to track her through its own local agents in the capital; it also can refer her to larger Port-au-Prince organizations for additional support or housing assistance.

6. Pursuing Justice

In post-earthquake Haiti, justice in its many forms is often thwarted. This seems especially so for survivors of sexual and gender-based violence, for a number of reasons.

First, specific social perceptions surrounding intimate violence sometimes conspired against the imprisonment of most of the perpetrators. In one case, the perpetrator was recently apprehended and jailed, but his family was pressuring the resident to have him released or they would kill her. In another case, a resident was reluctant to testify against the father of her children.

“My children said, ‘Mama, we won’t testify against our father.’ If it weren’t for the children, even if my family were saying not to take him to court, I’d still take him to court. But the children say they’re not part of it, and they have to go first.”

These social perceptions seem to bleed into institutional response to sexual offenses in Haiti. Staff and residents noted that stereotypes about what constitutes an act of rape can impact police officers’ willingness to investigate a case.

“Times . . . you find more physical violence, it is these times you file charge. . . . In their mentality, for a victim of rape, you must be a virgin, you must have blood flowing. . . .”

In addition, general obstacles to accountability for sexual and gender-based violence in Haiti impact shelter provision for providers, who might either attempt to house a survivor for the duration of a trial or at least until the perpetrator is put in jail. Also, the programs that assist survivors in navigating the legal process can share in their residents’ challenges and frustrations.

What’s more, the desire for justice varied among survivors. Of the residents we interviewed, one woman, referring to the man who raped her and the one who beat her father as he protested, wanted to “have them all killed.” Another forgave the family who had abused her when she was a *restavek*, but wanted to jail the various men who had raped her, her daughter, and her granddaughter. Another wanted her rapists to be put in prison, but with some chance to speak with them.

“Have me talk to them. I want to say, ‘Why did you do this? Aren’t we all brothers and sisters?’”

Similarly, LGBT program staff noted that their community members would never report a rape to the police, for fear of stigma or ridicule.

At times, cases faced evidentiary and investigatory limitations. In one case, he had simply run away and could not be found. Evidence gathering and preservation is also extremely difficult, requiring sur-

vivors to reach a hospital within seventy-two hours in order to undergo a post-rape care examination and forensic evidence collection.

One shelter staff member noted the challenges posed by corruption in the Haitian courts, where a wealthier or more powerful perpetrator could wield more influence on the adjudicator than most survivors.

“To get a judge to do his job, you need to have money. When they are for you, you must have a lot of money.”

In addition, inefficient court process can waylay those few claims that actually make it to trial. Shelter staff noted that the slowness of process can create time for perpetrators’ families to pressure a survivor to withdraw her case, or not return her lawyers’ calls.

Finally, shelter staff noted some structural challenges—especially in the rural areas. In one of the programs outside of Port-au-Prince, staff noted that merely getting a survivor to the courthouse for a hearing was a massive process:

“[This is] how it is in the Southeast: A person can leave Ansapit. First, she tries to find a boat so she can get [to the court]. She can have an appointment at the court on Thursday, but it is Tuesday that the boat comes. So she must wait until Tuesday before she can leave. We always try to give a person lodging so they can stay a little and wait . . . A member will go get the person and put her in the house for a little time . . . The police bring a person to us, we can’t send them away.”

Strategies

The majority of shelters visited provided some form of support to residents seeking to enter the formal justice system. This can include reporting to the police, going to the hospital for post-rape care, and even attending court proceedings should the case progress that far. Larger programs provided an *akonpanyatris*, or accompanier, to act as an individual guide or victim’s advocate. This person would go with the resident to appointments and ensure that they take all steps required for clinical care, evidence collection and preservation, and trial preparation. Other programs worked in partnership with legal aid organizations, such as the Bureau des Avocats Internationaux in Port-au-Prince, which provide this “navigating” support.

Some programs assist residents in navigating the legal process by developing and maintaining healthy relationships with the local police, through regular meetings and trainings to increase sensitization about residents’ protection needs. They could also enlist police to escort residents when moving to and from the shelter, as when returning home to gather their things or attending a court case.

Similarly, some shelter staff proactively work to hold government services accountable. They accompany residents to appointments to ensure appropriate treatment from police, healthcare providers, lawyers, judges. Some even openly “denounce” actors for impropriety, such as charging illegal fees, failing to file documents in court, etc. These groups believe that their presence alone helps to keep the authorities accountable.

7. Resource Limitations

Perhaps the least surprising challenge of all is the limited resources with which shelter programs must do tremendous work day in and day out. One or two programs have been able to grow due to post-earthquake funding and attention, but most remain modest and unable to expand services. They all note the challenge of having to constantly scrounge together piecemeal grants for small initiatives here and there, where what is needed is long-term, sustained support for core shelter operations.

Funding limits mean program limits. One shelter's attempts to create a program to assist residents with income-generating activities was thwarted by its primary funder's view that such an activity constitutes an entirely separate program, so would be outside the bounds of the existing grant. Another shelter organization lost funding for its work reunifying *restaveks* with their families, so that service is not generally possible anymore.

Funding limits, or even cuts, have also impacted shelter programs' geographic reach. One organization operating outside of Port-au-Prince was forced to severely curtail its outreach and presence in the more rural areas of its province because funding for these satellite branches and efforts disappeared. Staff can no longer escort survivors of sexual and gender-based violence there to the local clinics or courts, much less provide them with temporary lodging.

Strategies

One resource-building strategy employed by the Haiti shelter programs we visited was to secure close partnerships with local or international-based entities, or both. These partnerships could bring about linkages to groups providing services a shelter may not be able to provide on-site, such as counseling or vocational training. Or partnerships could provide other assistance—such as in-kind support and supplies, or technical support and training of shelter staff. Some of the main partnerships shelters entered were focused on expanding capacity related to services, security, and funding.

Services. In order to expand capacity and meet residents' myriad needs, most programs engaged in partnerships that provided supportive services. These included counseling, legal aid, and micro-credit loans. In one program, the UNHCR assisted with documentation needed for humanitarian parole applications for survivors deemed eligible.

Staff at one program solicit school fee waivers directly from the local education system so that children at the shelter can receive an education while housed there. They also approach local vendors and merchants for other forms of in-kind support for residents, such as food and supplies. (In many cases, however, shelter staff still find themselves needing to buy resident children's school supplies and uniforms with their own money.)

Security. More than one shelter noted the importance of partnering with the local police to ensure the security of residents and staff alike.

Funding. The largest shelter in Port-au-Prince presumably became so due to a partnership with a New York City-based women's rights organization, which provided grant-writing assistance and technical support to increase capacity. The program grew exponentially as a result, though its responsibili-

ties to its funders—as well as the operational and relationship adjustments that came with the new budget—seem to have created some initial growing pains. The same organization also began receiving UNHCR funding in mid-2011, which focused shelter provision more on camp residents and also led to some degree of shared management of operations.

Awareness and Referral. Several shelter programs sought partnerships with local police and authorities in order to deliver trainings and share information about sexual and gender-based violence and shelter services. The largest Port-au-Prince program conducted trainings and awareness-raising activities at local police stations and with other women’s groups; it also engaged men’s community groups. Another program, outside of the capital, partnered with local authorities, pastors, and male community leaders to provide trainings about such violence. And a rural shelter program enlisted the help of local TV and radio stations to raise awareness about the issue.

The major shelter program in Port-au-Prince indicated that it would be open to inviting other shelter providers to its in-house trainings.

At the same time, the LGBT rights group in Port-au-Prince indicated that it would welcome exchanges with other organizations that focus on women survivors, in order to share learning about victim protection and support generally. Its staff mentioned wanting to be more engaged with the Women’s Ministry, despite its focus on women and girls.

Referral systems were sometimes the product of formal partnerships and sometimes they were not. The more formal relationships aimed at facilitating referral to and from the shelters included agreements with the police, the Women’s Ministry, the Ministry of Health, the Ministry of Justice, other women’s groups, an organization’s own branch offices, the UNHCR, IOM, and even MINUSTAH. Hospitals referred cases in some cases, as well. Telephone hotlines were also used.

Less formalized referral systems were equally important. One rural city presented a remarkable dynamic in which taxi drivers who noticed, or were called about, a woman in distress would arrive on the scene and offer to bring the victim directly to the office for intake. Rural shelter staff seemed familiar with the major Port-au-Prince programs and referred cases accordingly when the individual needed to relocate to the capital. Ironically, there seemed to be less coordination and referral among the Port-au-Prince shelters themselves.

Finally, there was a reported difference between how referrals were made in Port-au-Prince versus in rural Haiti. Shelter staff in Jacmel felt that the area was smaller and more coordinated than the capital: instead of more formal outreach or partnerships, awareness of services and referrals to the shelter is often based on door-to-door outreach and community members’ personal effort.

8. Addressing “Pull Factors”

In post-earthquake Haiti, shelter programs provided benefits—a roof, running water and indoor toilets, three meals a day, education for survivors’ children—that would have been otherwise inaccessible to many Haitians. Several shelter residents remarked that, before coming to the shelter, they had never had their own room before. This included pre-earthquake living situations for some.

There was also a significant difference between the relocation options available to safe house residents and camp residents. Where certain camp residents were offered “relocation packages” of US\$500 from organizations such as the Red Cross and IOM to leave the camps in 2011 and 2012, this was a fraction of the rent value of housing provided by the longer term shelter programs for survivors of sexual and gender-based violence.

The apartments secured for survivors of such violence by the “independent living” program are rented indefinitely by the US-based family foundation; the aggregate rent value far outstrips the basic camp relocation package. Apart from the market value of the actual shelter stay, the major safe house program in Port-au-Prince run by the women’s rights organization also strives to provides a year’s worth of rent to safe-house residents as they transfer out of the program and find their own places to live.

Lodging in post-earthquake Port-au-Prince is scarce. It would seem an entirely rational decision for anyone, including a survivor of sexual and gender-based violence, to do everything possible to meet the eligibility requirements of a shelter program that provides medium- to long-term housing. One challenge this presents to shelter providers is the need to prioritize cases, or even screen out fraud or exaggeration. This can be particularly difficult when an individual may have survived sexual violence prior to, or unrelated to, the earthquake, but is trying desperately (and rationally) to gain access to a shelter which is funded to assist only survivors who were attacked after the quake or in the camps for the internally displaced.

Key informants who fund shelter programs reflected upon other paradoxical challenges related to the provision of certain benefits: Is it ethical to provide a shelter resident’s children with education, or does that breed reliance on the program and impede willingness to transition back into the community? And if they are provided education, how *good* does that education have to be? Where does one draw the line around “derivative beneficiaries”—where a survivor may be responsible for looking after not just her own biological children, but also the nieces and nephews she inherited from her sister who died in the earthquake? If one provides a roof, must one also provide clothing, food, and cooking oil? What if resources spent on these things could have supported housing for one more survivor?

Strategies

The reality of these pull factors seemed to be one of the most important challenges faced by post-earthquake Haiti’s shelter providers. However, strategies to address them were difficult to identify.

On a basic level, the Port-au-Prince shelter providers noted various measures taken to detect and weed out “fraud” or exaggerated claims. The major women’s rights organization maintains a vast database of cases, which it cross-checks with referring partners to make sure accounts of violence documented at intake are consistent with initial reporting. Staff at another program stated that they engage in in-depth questioning of applicants whose narratives of violence seem suspicious in some way—though it was unclear to the researchers which methods were employed or how effectiveness could be ascertained.

9. Defining and Evaluating Success

Assessing the impact or success of one's work is a widespread challenge faced by most shelter programs, whose ability to put a resident in a better place—physically, psychologically, legally—can be hard to measure.

Despite the tremendous work shelter programs are undertaking, there was relatively little objective monitoring and evaluation of impact—either upon residents while in the program, or of their well-being once they had left. Some programs conducted cell-phone check-ins or home visits for former residents. However, an overall assessment of areas in which a program was succeeding or struggling was rare to find.

Strategies

A few shelter programs visited in Haiti have developed ways to track former residents once they transition back into their homes or communities. Some conduct varying degrees of affirmative outreach through phone calls or home visits. This is more easily done by shelters run out of broader women's rights organizations, whose members work as community agents, beyond the four walls of the program. Other programs invite exiting residents to continue to participate in counseling sessions and trainings held at the shelter or women's organization. For the organization outside of Port-au-Prince that works through numerous small, local branch offices (*sant dekouts*) spread throughout the rural community, these decentralized staff members follow up with exresidents in the same way it currently follows up with its other legal aid clients.

Only two of the programs we studied seemed to conduct a more formal evaluation of its services. In one case, partners from the UNHCR occasionally stop by to check in on operations and ask questions of both staff and residents about current operations, challenges, needs. In another case, a program in northern Haiti solicits direct feedback from departing residents: a staff member whom the resident does not know very well is responsible for interviewing the resident and asking for positive and negative feedback about her shelter stay. The form they use is basic: two sides of a page—one “sunny” side for positive comments and one “cloudy” side, for negative.

10. Coordination, Communication, and Inclusion

The coordination of humanitarian response has been a complex endeavor in post-earthquake Haiti, with the UN subcluster system taking on several coordinating responsibilities including response to sexual and gender-based violence. However, the degree to which grassroots women's rights groups—including those providing temporary protection from such violence—are meaningfully engaged has varied over time. For example, key informants reported that early GBV subcluster meetings were not conducted with Creole interpretation, leaving many local groups unable to participate in the dialogue. This gap in communication has created gaps in knowledge: Human Rights Center researchers noted a significant degree of confusion and misinformation about available shelter services among policy makers and service providers alike.

Also, the influx of international aid after the earthquake may have destabilized some preexisting relationships among service providers in Haiti. For example, one key informant felt that international organizations had exploited the earthquake-related deaths of prominent women's rights activists to take over the women's movement in Haiti. She stated that since January 2010, Haiti has become a *marché humanitaire*, or a humanitarian market, and that so-called local organizations are now being driven by foreign money and foreign agendas. She felt as though her organization, as well as other Haitian-founded and Haitian-run organizations, had been ignored and bankrupted by international NGOs that would rather begin new programs than reinforce existing local capacity.

Further, the government of Haiti has a potential leadership role in the coordination of prevention and protection efforts related to sexual and gender-based violence in Haiti. However, the extent of its current influence at the service provision level is unclear. For example, the Women's Ministry has developed a "standard operating procedure" to govern all sexual and gender-based violence shelters in the country. At the time of our fieldwork, though, the document was unavailable and no shelter providers had seen it or had the chance to provide feedback.

Finally, government and UN GBV subcluster focus on women's rights has precluded dialogue about male and LGBT survivors of sexual and gender-based violence in Haiti. A key informant explained that LGBT vulnerabilities are seen as completely separate from issues of sexual or gender-based violence. Groups working to protect those communities thus have difficulty joining government-initiated dialogues regarding prevention and protection.

Protection for Marginalized Victim Groups

In all four of our case study countries, Human Rights Center researchers also explored the availability of temporary, immediate protection for members of specific groups that may frequently be marginalized from shelter services for sexual and gender-based violence. This may include groups such as men and boys, LGBT individuals, people with HIV/AIDS, and people with disabilities.

In Haiti, we noted an exceptional dearth of access to shelter protection for individuals from the following groups:

- Women and girls who had suffered or were fleeing sexual and gender-based violence unrelated to the January 2010 earthquake, displacement, or camp residence;
- Men and teenaged boys fleeing sexual and gender-based violence;
- LGBT individuals fleeing sexual and gender-based violence, particularly LGBT males;
- HIV-positive individuals.

Our findings also indicate a surprising degree of openness to housing LGBT females and HIV-positive shelter-seekers at some shelter programs. However, there was no specific outreach to these groups; protection and support strategies seemed conducted largely on an ad hoc basis.

Women and Girls: Violence Unrelated to the Earthquake or Displacement

As a threshold matter, all shelter programs we visited in Haiti were open to displaced women and girls fleeing sexual and gender-based violence, though few of them specifically identified residents on the basis of their displacement. Ironically, at the time of our fieldwork in Haiti,¹⁶⁶ there were no guaranteed options available in Port-au-Prince for women and girls who had suffered such violence that was *not* related to displacement from the 2010 earthquake.

For example, the largest and most well-funded safe house in Port-au-Prince was mandated to house women who had both suffered *post-earthquake* sexual and gender-based violence and were living in the camps for the internally displaced. This admission criteria may have resulted from funding collaboration with the UNHCR, due to the agency's focus on those who were displaced by the 2010 earthquake in Haiti. However, criteria such as this may also have the unintended consequence of excluding women who had suffered the sexual and gender-based violence *before* January 10, 2010, along with displaced women who had found noncamp lodging.¹⁶⁷ It should be noted that, as a practical matter, these admission criteria may not have been strictly or consistently enforced, thus allowing for shelter of some otherwise serious cases.

At the time of the fieldwork in Haiti, the only other functional shelter programs in Port-au-Prince still had eligibility criteria that could technically exclude many women and girls fleeing sexual and gender-based violence. First, the same organization running the traditional safe house with the UNHCR also had separate shelter program that offered bedspace in its actual office building; however, these beds were reserved for high-security cases such as those requiring witness protection during trial. Second, the independent living model run by the private family foundation based in the United States had no fixed-time or displacement-related criteria. Its funding was flexible enough to provide shelter to women who suffered sequelae related due to election-related rape in 1991–94. However, inclusion was based on first being deemed eligible to apply for humanitarian parole in the United States.

Center researchers learned of no other “general access” shelters for women and girls in Port-au-Prince in operation at the time of its fieldwork. The two shelters we visited *outside* of Port-au-Prince would serve women and girls fleeing sexual and gender-based violence, without earthquake- or displacement-related requirements.

Men and Teenaged Boys

Notably, adult and teenaged males were not generally eligible for housing at the shelter programs visited—either as eligible residents themselves, or as dependent family members of a female resident. Female residents were permitted to bring their young sons to live with them in most cases. However, older male children (usually defined as over twelve years old) were not permitted to stay in any of the shelters visited.

No shelter programs visited would admit male adults who were fleeing sexual and gender-based violence. One program outside of Port-au-Prince, however, did provide referral services for a young boy. Staff noted that funding restrictions prohibited them from actually providing legal assistance to the boy; they could only formally represent female survivors.

LGBT Community Members

A staff member of an LGBT support organization in Port-au-Prince explained that several misconceptions about LGBT individuals persist in Haiti—particularly about homosexual men. He explained that most Haitians believe gay men, known as *masisis*,¹⁶⁸ are engaged in commercial sex—and so they are both stigmatized as sex workers and assumed to carry money. This may put them at heightened risk of violence in the street.

In addition, the staff member noted that cultural beliefs about male-on-male intercourse include the assumption that only the penetrated individual is a *masisi*—this stereotype may affect even heterosexual males’ willingness to report rape or even seek shelter services, since a victim of sodomy would automatically be considered homosexual.

Finally, he also explained that displacement into internally displaced persons’ camps after the 2010 earthquake exacerbated the challenges faced by LGBT individuals in Port-au-Prince, given the lack of privacy of camps. Camps also took over spaces that had previously been meeting places for gay Haitian men, restricting their abilities to gather after the earthquake.

In terms of shelter options, there did appear to be quiet acceptance of LGBT women in certain mainstream programs—with shelter staff commenting that lesbians would be eligible because they are women. One provider noted that, as a practical matter, the program would not likely have a problem admitting a LGBT person into housing because any LGBT shelter-seeker would most likely be a woman; she commented that men in Haiti—LGBT or not—would simply never come forward for this kind of assistance. If anything, the organization would provide an LGBT male with referral support and, if necessary, assist him in contacting the authorities.

The only observed exception with respect to emergency shelter from sexual and gender-based violence for adult males was through the LGBT support organization in Port-au-Prince, which did, on a purely ad hoc basis, help LGBT individuals fearing harm to find safe accommodation with a member of the local LGBT community.¹⁶⁹ It did so by brainstorming with the shelter-seeker to identify possible hosts and sources of security within that person’s existing network in the LGBT community. Shelter-seekers then moved into the homes of these friends, contacts, or partners to escape the threatened violence. Where needed, the LGBT support organization would assist with rent; it did not provide other housing-related aid.

Interestingly, the LGBT support organization could not serve LGBT minors. Despite the fact that young gay males in Haiti are understood to be sexually active, the organization feared the political fallout that could occur if it were found to be providing LGBT minors with condoms or otherwise seen as “supporting” their sexual activity.

Otherwise, there was a dearth of emergency housing for openly gay, bisexual, or transgender individuals in Haiti.

HIV-Positive Individuals

Human Rights Center researchers did not find any specific exclusions of HIV-positive persons among the shelter programs visited. In fact, one major shelter had knowingly admitted an HIV-positive resi-

dent before. Staff had not isolated her or disclosed her status to her fellow-residents; they had simply advised her to be careful around others and had connected her to an HIV advocacy and support group, which provided her with more education and counseling about her health condition. Staff at that shelter also paid special attention to the HIV-positive resident's case, in order to detect whether her status were to suddenly become known and upset other residents.

Another shelter visited planned to include education and training about HIV, to sensitize staff and residents alike to the virus and its implications.

VII. CONCLUSION: OBSERVATIONS AND RECOMMENDATIONS

Researchers from the Human Rights Center observed remarkable work being done with limited resources in Haiti. Shelter programs have leveraged creative partnerships to expand their inherent capacities. Staff were phenomenally dedicated, empathetic, and good humored about their work; residents seemed deeply grateful for the security and services their programs provided. Several operational challenges naturally remain: security, provision of psychosocial and emotional support to both staff and residents, and development of transition and evaluation strategies.

There was some degree of confusion and misinformation about shelters—past and present—among policymakers and providers alike. This may be due to insufficient coordination among service provider programs for survivors of sexual and gender-based violence, as well as a long history of political division among women’s rights groups and an initial disconnect between policymakers and grassroots service providers. In addition, foreign aid seems to have complicated relationships among some groups. This overall lack of coordination may negatively impact shelter referrals and consistent, holistic response to sexual and gender-based violence in Haiti.

The coordination of humanitarian response remains complicated in post-earthquake Haiti. The increased engagement of grassroots women’s rights groups in the UN GBV subcluster meetings has been heartening, though still not optimal. It is unclear what has been done to reach out to the women’s rights groups that have operated in Haiti for years before the quake but that do not currently identify themselves as serving internally displaced persons specifically. They remain a critical partner in response and referral.

The government of Haiti, through its Women’s Ministry, has apparently given a good deal of thought to the provision of shelter for individuals fleeing sexual and gender-based violence in Haiti. However, communication of its efforts and the degree of its consultation with service-providing groups on the ground is unclear.

In addition, government and UN GBV subcluster focus on women’s rights continues to preclude dialogue about male and LGBT survivors of sexual and gender-based violence in Haiti.

Finally, the complicated impact of post-earthquake funding in Haiti must be acknowledged. While an infusion of funding has enabled new programs to flourish and serve tremendously needy cases, gaps in protection persist. Also, fundamental ethical questions about program sustainability, disparate benefit, and creation of reliance may still require address.

In conclusion, we offer the following recommendations related to the provision of safe, temporary shelter to individuals fleeing sexual and gender-based violence in Haiti.

Recommendations to the Haitian Government and UN agencies

1. *Create meaningful and regular opportunities for local shelter providers to participate in policy-level dialogue.*
2. *Conduct a nationwide mapping of sexual and gender-based violence shelters to enhance referral.*
3. *Protect “invisible” or marginalized victim groups.*
4. *Conduct research to understand shelter residents’ perceptions of T-shelters.*

Recommendations to Organizations Providing Shelter

1. *Develop codes of conduct.*
2. *Foster strong relationships with local police.*
3. *Conduct individualized case assessments and make appropriate referral where possible.*
4. *Increase counseling services available to shelter residents, allowing for resident input and choice where possible.*
5. *Consider providing ongoing access to counseling services to former residents.*
6. *Provide increased counseling training for shelter staff where referral options are limited.*
7. *Devise self-care plans with and for staff.*
8. *Explore community-based models.*
9. *Explore short-term solutions, in conjunction with ongoing access to services.*
10. *Develop evaluation strategies to assess areas of efficiency, success, and ongoing challenge.*

Recommendations to Funders

1. *Convene stakeholders to share promising practices and strengthen referral mechanisms.*
2. *Support increased counseling services for residents, enhanced counseling training for staff, and the pursuit of emotional support and self-care measures for staff.*
3. *Allow for flexibility.*
4. *Support shelter-providers’ efforts to develop appropriate evaluation strategies.*

Recommendations to the Haitian Government and UN Agencies

- i. *Create meaningful and regular opportunities for local shelter providers to participate in policy-level dialogue.*

Sexual and gender-based violence shelter providers are a critical part of protection and accountability response in Haiti. They should be part of regular consultation and strategic planning for response in general, since they can facilitate survivors’ access to necessary services and also increase understanding of the nature and prevalence of sexual and gender-based violence occurring in the local community. Appropriate Creole interpretation should be available for all discussion. Notice, follow-up, and records regarding each meeting should ideally be disseminated in Creole by methods accessible to groups that may not have reliable Internet access.

To maximize impact, input, and buy-in, government guidance regarding sexual and gender-based violence shelter provision should be developed in consultation with service providers and finalized after an appropriate feedback and validation process.

2. *Conduct a nationwide mapping of sexual and gender-based violence shelters to enhance referral.*

Though the GBV subcluster has conducted various mapping exercises to capture the range of relevant services for sexual and gender-based violence in Port-au-Prince, it would be instructive to thoroughly catalogue active sexual and gender-based violence *shelters* within and beyond the capital city. Current, correct information about program services and mandates would enable improved referral. Such a mapping exercise could be conducted while keeping critical information such as location or even personal contact information confidential. Organizations providing general sexual and gender-based violence support services, including those that do not specifically identify as serving internally displaced persons, should be involved in these discussions to ensure full capture of programs and to strengthen referral mechanisms.
3. *Protect “invisible” or marginalized victim groups.*

Service and shelter provision for those fleeing or fearing sexual and gender-based violence should be expanded to anyone who can suffer rape, sexual abuse, or intimidation by perpetrators. This includes men and boys, as well as LGBT individuals. Expansion of understanding requires sensitization of policymakers and providers alike as to the ways in which members of these marginalized victim groups can be harmed, as well as what their specific healthcare or psychosocial needs might be. Government and GBV subcluster members should engage groups working in the area of LGBT or HIV/AIDS awareness-raising to learn about specific needs and protection opportunities.
4. *Conduct research to understand shelter residents’ perceptions of transitional shelters or “T-shelters.”*

The underutilization of this housing option by shelter residents warrants careful, objective study. Better understanding of their reservations may assist in addressing their concerns and improving T-shelter placement, security, or connection to services. This could result in a successful new exit strategy for those transitioning out of shelter programs.

Recommendations to Organizations Providing Shelter

1. *Develop codes of conduct.*

Clear codes of conduct for both staff and residents is a critical part not just of overall shelter management, but also of an effective security strategy. Codes of conduct should include security-related considerations related to freedom of movement, communication with family and friends, and discussion of shelter location or affairs. Ideally, codes of conduct should be developed with all shelter staff and then clearly outlined for prospective residents. Periodic refinement or flexibility may be necessary, with feedback from staff and residents alike.
2. *Foster strong relationships with local police.*

Developing a strong relationship with the local police department can improve protection for a shelter’s staff and residents. This is particularly important in cases where residents are under active threat of harm from perpetrators, or where they must travel back and forth to court in

cases against their abusers. Police awareness about program operations can alleviate the need for shelter staff to bear the sole source of protection for residents (and themselves).

3. *Conduct individualized case assessments and make appropriate referral where possible.*

Individual security needs should be considered when conducting an overall needs assessment for potential residents. Ideally, if a shelter-seeker needs more or less security than a shelter program can offer, a provider could refer her to a more appropriate kind of shelter. However, considering Haiti's limited shelter options, shelter staff might explore ways to balance security and personal freedom on a case-by-case basis in a single program. For example, in a case where a resident's father or adult son poses no threat to her or other residents, he might be permitted to visit during certain hours despite a general "no male visitors" rule. Individual security plans could evolve over time as risk of harm changes.

4. *Increase counseling services available to shelter residents, allowing for resident input and choice where possible.*

Shelters should aim to provide residents with regular access to diverse counseling and psychosocial support options. Group therapy sessions should be supplemented with some form of individualized counseling for residents wishing for a more private space to process their fears, anxieties, and personal histories. Staff might consider polling residents for feedback as to what forms of emotional and psychosocial support would be most helpful, to whom—there may be surprising and creative suggestions that would be possible to implement. Having a voice in their own healing process may have beneficial impacts for residents.

5. *Consider providing ongoing access to counseling services to former residents.*

Shelter program management should consider whether it may be beneficial to permit former residents to continue to access shelter-based counseling activities, particularly group therapy. There are possible advantages and disadvantages to evaluate in any given shelter's case.

One obvious benefit is to the former residents themselves, who may find it helpful to have ongoing access to support while they transition back into their communities. Another benefit would be to the shelter staff, since they could better track former residents' welfare through ongoing interaction. A final benefit might be to the current shelter residents, who would be exposed to the progress made by former residents who are a step ahead of them and facing the challenges and victories of reintegration into their communities. This exposure may help current residents refine their own exit strategies and control expectations of staying in the shelter indefinitely.

Disadvantages could include the increased resources needed to provide time and support for a group larger than the current resident population. It is also possible that some former residents' transition experiences are unsuccessful or otherwise frighten current residents. Finally, extra efforts would be necessary to ensure confidentiality among former residents, who would become privy to the details of current residents while also moving freely in the outside community.

One compromise that would insulate current residents from both the advantages and disadvantages of exposure to former residents' transition experiences would be to offer separate

group therapy sessions. Or, should resources permit, former residents could access individual therapy—perhaps for a limited period of time.

6. *Provide increased counseling training for shelter staff where referral options are limited.*

Since shelter staff provide the bulk of counseling support and emotional caretaking for residents, it is important to build their skills in this critical area. Basic training from local experts is advised, with the possibility of increased specialization over time. Improved competence may benefit both residents and the staff. Residents would receive more refined counseling support. Staff could reduce the stress they experience when trying to provide psychosocial care without proper training.

7. *Devise self-care plans with and for staff.*

Similarly, formal self-care measures for staff should be pursued. It may be helpful to seek staff feedback regarding the types and frequency of interventions that would be most useful. Some possibilities include group discussion, mentoring relationships between older and newer staff, team-building exercises, staff appreciation measures, and provision of regular breaks during the day. All staff members should be engaged in developing and participating in these activities, since everyone involved in the protection of residents is likely impacted by the work.

8. *Explore community-based models.*

More creativity is necessary to serve the shelter needs of individuals fleeing sexual and gender-based violence in Haiti. Despite some excellent programming and tremendously resourceful staff, current shelter services are skewed towards longer term safe house or independent living models which may ultimately create reliance or hinder successful and timely transition back into the community.

Community-host programs were not utilized except for on an ad hoc basis by an LGBT rights organization. However, there may be potential benefit to developing community-based housing options, which can provide less isolated housing for lower-risk cases.

Community-based shelter systems, through which individuals fearing sexual and gender-based violence can be placed in the homes of neighborhood leaders or other volunteers, provide a less isolating though less secure and structured housing option. Community hosts would be selected, vetted, and supported by a base organization—perhaps one also running a more formal safe house. Such a placement may be appropriate where a shelter seeker is in little risk of immediate harm, or does not want to move into a restrictive safe house environment, or has strong social networks that can help her navigate a temporary emergency.

Given the dearth of solid housing in Port-au-Prince today, however, it may be difficult to find sufficient community hosts who can take residents into their homes. However, we still recommend exploration of this possibility in light of the reliance and expectations that can arise with placement in long-term safe house or independent living programs that cannot offer effective exit strategies.

Community hosts might also act as a half-way step for residents transitioning *out* of a longer-term shelter.

9. *Explore short-term solutions, in conjunction with ongoing access to services.*

One option in addition to a brief stay with a community host may be to build short-term residencies into safe house programs currently set up to provide several weeks or months of lodging. Residents with more transition options could be placed on a shorter in-house shelter term. However, they could be permitted to continue accessing supportive services along with the longer-term residents to ensure psychosocial well-being and access to legal aid or healthcare services as needed.

10. *Develop evaluation strategies to assess areas of efficiency, success, and ongoing challenge.*

Evaluation strategies can be multifaceted and uncomplicated. For example, entry, mid-term, and exit interviews with shelter residents can be immensely instructive when assessing the impact of service provided. It is possible that these interviews should be conducted by someone uninvolved in direct care of residents, to increase likelihood of objectivity and frankness. Another evaluation tool might include a survey of shelter staff and also representatives of other service providers who interact with or refer individuals to a shelter program.

Strategies should be devised with full staff input to ensure that all critical service areas are included. Results from periodic accountings should also be shared with full staff to enable collective congratulations and troubleshooting, as appropriate.

Recommendations to Funders

1. *Convene stakeholders to share promising practices and strengthen referral mechanisms.*

A national level convening would promote the cross-pollination of promising practices and collective brainstorming about urgent challenges that arise in the provision of shelter to individuals fleeing sexual and gender-based violence in Haiti. Shelter providers could compare intake procedures, codes of conduct, and security strategies. Organizations providing non-shelter services to sexual and gender-based violence survivors should also be invited, to improve referral pathways as well as identify ways to co-serve survivors without unnecessary repetition of questioning or redundancy in case management.

2. *Support increased counseling services for residents, enhanced counseling training for staff, and the pursuit of emotional support and self-care measures for staff.*

Funding for the protection of individuals fleeing sexual and gender-based violence, particularly those who may experience compounded mental health issues due to experience of conflict or disaster, should prioritize access to meaningful psychosocial care. Similarly, funders should support the mental health of shelter staff to promote the quality and longevity of their service and well-being.

3. *Allow for flexibility.*

In order to allow for creativity and evolution of shelter provision in Haiti, shelter providers must be permitted to explore diverse protection, service, and transition options for their residents. Funders should thus allow for modification or diversification of systems where careful evaluation and design of a new initiative seems feasible and promising.

4. *Support shelter-providers' efforts to develop appropriate evaluation strategies.*

Funding entities should support shelter-providers' development of evaluation strategies by (a) providing technical assistance if requested, and (b) taking evaluation priorities, methods, and results fairly into account when measuring project outcomes.

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- 161 Humanitarian parole provides temporary permission to come to the United States, as bestowed by the United States Citizenship and Immigration Services agency. It is granted to applicants who have successfully demonstrated a compelling reason to come into the United States due to a serious emergency or significant public benefit. Grantees must also show that they have financial support for the duration of their stay in the United States. <http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnnextoid=acc3e4d77d73210VgnVCM100000082ca60aRCRD&vgnnextchannel=acc3e4d77d73210VgnVCM100000082ca60aRCRD>
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- 166 Mid-February to mid-March 2012.
- 167 The shelter’s admission criteria may have induced certain prospective residents to adjust either the chronology or the geography of events suffered in order to be eligible for entry into the safe house. Such adjustments would seem to Human Rights Center researchers to be entirely rational decisions in light of survivors’ desperate need to overcome funding-based eligibility parameters in order to access scant resources.
- 168 More vocal LGBT community members in Port-au-Prince have appropriated the slightly derogatory terms *masisi* (referring to homosexual males) and “madivin” (referring to homosexual women) as a political statement, using it with some defiance to describe themselves. We thus use the term “masisi” in this report to echo the terminology used by the LGBT advocates we interviewed.
- 169 For the purposes of this report, we describe this organization as a “hybrid” model, as it is an alternative-purpose entity (a general LGBT rights grassroots organization) that occasionally helps to place individuals fleeing sexual and gender-based violence into safe households among LGBT community hosts.

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APPENDIX 1: LIST OF KEY INFORMANTS

Key Informant Interviews (individuals' names omitted, as per confidentiality agreement)

1. Beyond Borders
2. Bureau des Avocats Internationaux / Institute for Justice and Democracy in Haiti
3. Centre Yvonne Hakim Rimpel (former management staff)
4. HaitiVox / PotoFanm+Fi
5. International Organisation on Migration (IOM)
6. International Rescue Committee (IRC)
7. Kay Fanm
8. Ministry of the Feminine Condition and Women's Rights
9. UNHCR Country Office

APPENDIX 2: INTERVIEW INSTRUMENTS

Safe Shelter Interview Questions

Group 1: Safe Shelter Providers (Administrators, Staff, Volunteers)

Prior to or after interview, the following should be noted on interview form:

- Interview date, start / end times, location
- Interviewer name and contact information
- Interviewee assigned identifier (i.e. KE / Main St. / Group 1 / Respondent 1)
- Position (administrator, direct service staff, volunteer, etc.)
- Name of shelter / organization / group providing assistance (for use by HRC staff in data analysis stage only; not to be included in reports unless otherwise requested by the organization)
- Notation as to whether refugee camp, IDP camp, or urban / rural non-camp setting
- Informant gender
- Interpreter name, if applicable
- Others present
- Note any documents / records provided

Pre-Interview Checklist:

- Informed Consent
 - Emphasize that any / all participation is voluntary
 - Explain that the respondent should feel free to choose to skip any question for any reason, or to pause or leave the interview at any time
- Informal introduction
 - Ask for the informant's name, shelter name, and location
 - Do not record the informant's name, but assign identifier (ex. respondent 3)
- Confidentiality:
 - Explain how confidentiality will be maintained, specifically: the respondent's name will not be documented anywhere, the name of the shelter will be recorded for the purposes of data analysis by HRC staff only, and specific shelters will not be referred to by name in the report unless otherwise requested by the organization.
- Check interpretation and comfort with interpreter
- Check comfort with location
- Turn on digital recorder, if interviewee consents

Interview Questions

A. Informant Profile

1. What is your position?
2. What are your primary responsibilities?
3. How long have you worked / volunteered in this position?

B. General Program Information (for shelter administrators / managers only¹)

4. What is the mandate of this program?
5. Who established it? When? Why?
6. Did the local community have any role or input in its design / establishment? Please explain.
7. Who is the managing organization? Is there a separate parent organization?
8. Who funds the shelter program?
9. Do any rules or guidelines govern the operation of this shelter program? If so, please explain.
 - a. Do you have any Standard Operating Procedures (SOPs)? (Ask for a copy later.)
 - b. Is there a Code of Conduct for individuals who stay here? (Ask for a copy later.)
10. How many staff work here? What are their positions?
11. What is the maximum capacity of the shelter / shelter space at any one time?
12. How many people are housed here right now (accounting separately for resident staff)?
13. What do you do when someone comes for shelter but you cannot provide it?
14. What coordination, if any, exists between this shelter and other shelters in the community?

C. Population Served

15. How do shelter-seekers learn about this program?
16. Are there formal eligibility criteria for who can stay here? If so, please explain.
(Probe for whether principle resident's children can also stay; gender / age criteria.)
17. Are there any types of people you do *not* house here? (Probe men, boys, LGBTIs, HIV+, elderly, disabled, etc.).
 - a. Is that exclusion an explicit rule, or just a matter of practice?
 - b. For members of groups you do not serve, are you able to refer them anywhere else? If so, where?
18. Of the people staying here right now, how many are fleeing SGBV and how many are fleeing some other kind of harm?
19. Of the people staying here right now, what is the breakdown according to:
 - a. Gender?
 - b. Age? (Under 18, 18–50, over 50)
 - c. Marital status?
 - d. Refugee / IDP status?

¹ These questions are only for shelter managers or administrators only. However, depending on the level of knowledge and experience of direct service/line staff, they may also be able to provide some of the general shelter data. Therefore, questions from Section B can be administered to direct service providers at the discretion of the interviewer.

- 20. For those fleeing or fearing SGBV, what were the most common forms of SGBV fled / feared?
- 21. Who are the most common perpetrators in these SGBV cases? Any trends?
 - a. Probe male / female, known / unknown to survivor, members of same community, persons of authority, camp workers, etc.
- 22. What, if any, alternate protective measures have people tried before coming here?

D. Operation of Shelters / Alternative Mechanisms of Protection

- 23. Once someone comes here for help, what happens? Can you please briefly explain the process from A to Z? (Probe intake procedure, emergency needs-assessment, admission & transition decisions, medical / police visits, etc.)
- 24. What is the average length of time a person stays here? Is there a limit?
- 25. About the shelter space itself: Please describe where your residents stay.

E. Services Provided

- 26. Please tell me about the services the program provides:
 - a. Housing (Probe shared rooms / beds, assignment to adults v. children, etc.)
 - b. Food
 - c. Medical Care
 - i. How would you describe the physical condition of those seeking shelter when they first arrive here?
 - ii. What, if any, medical care is provided in-house? (Probe pregnancy test, HIV, etc.)
 - iii. What medical care needs are referred out? To where?
 - iv. Do you think it's possible that some medical needs are not being addressed either in-house or through referral? If so, please explain.
 - d. Counseling
 - i. How would you describe the mental health condition of those seeking shelter upon arrival here? How is this assessed?
 - ii. What, if any, psychosocial support and counseling is available to people staying here? Please describe it.
 - iii. How long can an individual receive counseling?
 - iv. Are there options for people to continue to access counseling after they leave here? (i.e. access to program counselors here after they leave, referrals to community-based counselors, etc.)
 - e. Education for Children
 - i. What percentage of the housed children were attending school before coming to stay here?
 - ii. Are children able to access educational services while staying here? If so, please describe.
 - f. Education / Vocational Training / Income Generating Activities for Adults

- g. Movement / mobility
 - i. Please describe any restrictions on residents' movement outside the shelter space.
 - h. Communication
 - i. Are there any specific rules regarding residents' communication with people outside the shelter? If so, what are they?
 - ii. Probe use of cell phones, what information is confidential, etc.
27. Is the shelter/organization connected to other supportive services or resources? If so, how?
28. What are the most common challenges that for people staying in this shelter? How do you help them deal with these challenges?
29. What do those who stay here need most that you cannot currently provide?

F. Security

30. Do you feel residents are safe here? Please explain safety measures and remaining risks.
31. Does the general community know that this building / space is being used to provide safe shelter to survivors of SGBV (and possibly others?)
- a. Is there any attempt to hide its existence or location? Please describe.
32. How do you manage visitors? Are there rules specific to visitors? What steps are taken to make sure only safe visits take place?
33. Have you had any security breaches? Please explain what happened and how you dealt with them.
34. Please describe the shelter's relationship / experiences with the police.

G. Refugee / IDP camp specific

35. How do the services or provisions your residents receive here compare to what other camp residents receive?
36. What is the relationship between someone's admission here and their chances of resettlement? What do camp residents believe about this relationship? (Probe for concerns about fraudulent claims.)
37. Are there any aspects of this shelter program that feel unique to the refugee / IDP camp context?

H. Transition, Solutions

38. Let's talk about helping someone transition out. How does this work? Please describe the process.
39. What kind of transition plans are generally attempted?
- a. Probe: Mediation, integration into family / community, referrals to police & legal aid efforts.
 - b. Probe: transfer to other shelters / refugee resettlement
40. What generally happens to someone when they leave this shelter program? How do you know?

- a. Is anything done to track an individual's safety once he / she has left here? If so, what?
 - b. How are you able to evaluate the program's success?
41. Do you ever have "repeat" residents who return here again after leaving the shelter? Please describe typical scenarios and how you handle those cases.

H. Experience as a Shelter Provider

- 42. What are the primary challenges *you* face as a provider?
- 43. How have you (and your colleagues) attempted to overcome these challenges?
- 44. Do you and your colleagues feel safe doing this work? Why or why not?
- 45. Does your job impact you psychologically / emotionally? How do you deal with this?
- 46. Is there any kind of support that would help you do your job better?
 - a. Probe: psychosocial support
 - b. Probe: hiring staff with any specific expertise
- 47. What is the hardest thing about your job?
- 48. What is the best thing about your job?

I. Other

- 49. Is there anything else about your experience as a provider that you would like us to know?
- 50. Is there anyone else you would recommend we interview to learn more about providing safe shelter to people fearing SGBV?
- 51. Are there any lessons you've learned that you would like to share with other groups / organizations involved in providing protection and support to survivors of SGBV?

Post-Interview Checklist

- Thank interviewee; Check how he / she is feeling (if upset or unwell, follow protocol)
- If appropriate to do so, review any questions that remain / need clarification
- Turn off recorder, if applicable (let interviewee know you are doing so)
- Explain next steps
- Remind of confidentiality, no names used, etc.
- Thank you, goodbye

Safe Shelter Interview Questions

Group 2: Shelter Residents / Program Participants / Beneficiaries

Prior to or after interview, the following should be marked in notes:

- Interview date, start / end times, location
- Interviewer name and contact information
- Interviewee assigned identifier (i.e. Group B, Respondent 4)
- Name of shelter / organization / group providing assistance (for use by HRC staff in data analysis stage only; not to be included in reports unless otherwise requested by the organization)
- Notation as to whether refugee camp, IDP camp, or urban/rural non-camp setting
- Informant gender
- Language of interview
- Interpreter name and contact information, if applicable
- Others present
- Other impressions: demeanor, unsolicited information, etc.
- Diagrams, maps

Pre-Interview Checklist:

- Informed Consent
 - Emphasize that any / all participation is voluntary
 - Explain that the respondent should feel free to choose to skip any question for any reason, or to pause or leave the interview at any time
- Informal introduction
 - Ask for the informant's name, shelter name, and location
 - Do not record the informant's name, but assign identifier (ex. respondent 3)
- Confidentiality:
 - Explain how confidentiality will be maintained, specifically: the respondent's name will not be documented anywhere, the name of the shelter will be recorded for the purposes of data analysis by HRC staff only, and specific shelters will not be discussed by name in the report unless otherwise requested by the organization.
- Check interpretation and comfort with interpreter
- Check comfort with location
- Turn on digital recorder, if interviewee consents

Interview Questions

A. Informant Profile

1. How old are you?
2. Where are you from?
3. Are you part of a particular ethnic group? Which one?
4. Do you practice a religion? If so, which one?
5. Aside from the one we are using now, what languages can you speak?

B. Family Background

6. Are you married?
 - a. *If in camp:* Is your spouse living here in the camp, too?
7. Do you have children? (*If yes, establish number, ages, gender, and whether any are physically in his / her care at present.*)
 - a. Are you responsible for taking care of anyone else, as well? If so, who / where are they?
8. *If in camp:*
 - a. When did you come to the camp?
 - b. Where were you living before you came to this camp?
 - c. Which of your family members live in this camp now?

C. Reason for seeking shelter / protection:

(Preface gently, follow-up as necessary. Keep in mind that subject may have left home / sought shelter on multiple occasions—so note this if it becomes apparent, but focus first on this last resort to shelter.)

9. Seeking shelter / protection this time:
 - a. When did you leave home? Why? (*Probe form of harm; known or unknown abuser, how long suffered harm*)
 - b. When did you come here? (*Probe steps if gap between home and shelter; modify below as appropriate.*)
 - c. What did you fear would happen to you if you stayed [at your home]?
10. Is this the first time you have left [home] because of [xxxx]? If not:
 - a. How many times before have you left before this time?
 - b. Where did you go those times?
 - c. Did you try those options again this time? If so, what happened? If not, why not?
11. Have you ever gone to the police for help? If yes, what happened? If no, why not?
12. How did you hear about *this* place?
13. What did you know about it before you came here? How did you know these things?
14. How far from your home is this place?
15. Why did you finally decide to come here? (*Probe especially in cases of ongoing SGBV—what was the final straw?*)
16. How long will you be able to stay here?

D. The Shelter Experience—Basic Services

17. Let's talk about what it's like to be here. How do you feel about the support services you are receiving? (For each, probe for *unmet needs / suggestions / comparison to what resident was receiving before coming to shelter*)
 - a. Housing / Accommodation
 - b. Food
 - c. Medical care
 - d. Counseling
 - e. Education for children
 - f. Adult education / Vocational training
 - g. Religious Practice
 - h. Are you receiving any other kind of service or support while staying here? Please explain.
18. What are the rules about staying here?
19. How do you feel about the rules here? (*Refer to specific rules, if known.*)
 - a. Probe: Visitors
 - b. Probe: Movement
 - c. Probe: Communication
20. Is there anything you need that you cannot have or do here? If so, what?

E. Security, Transitions, Solutions

21. Does anyone in your family or community know where you are? Please explain. (*Note that this may include abuser, especially in domestic violence situations.*)
22. Does the person who (might) hurt you know where you are? (*Pluralize and use conditional tense as appropriate.*)
 - a. If yes, how does he / she know?
 - b. Has he / she attempted to contact or find you? If so, how? What happened?
23. Do you feel safe here from the person who (might) hurt you?
 - a. If yes, what things here make you feel safe?
 - b. If no, why not?
 - a. Have you told staff / volunteers here that you feel afraid?
 1. If yes, what was their response?
 2. If no, why not?
24. Aside from that person who (might) hurt you before you came here, do you feel safe here?
 - a. If yes, what things here make you feel safe?
 - b. If no, why not? What do you fear? (*Probe: Has anything bad happened to you here?*)
 - a. Have you mentioned your fear to staff / volunteers here?
 1. If yes, what was their response?
 2. If no, why not?

25. Ideally, where would you want to go when you leave here?
 - a. Is that possible? Why / Why not?
26. In reality, what do you think you will do when you have to leave this shelter?
27. What can staff / program volunteers do to help you be safe when you leave?
28. If you ended up in danger again after leaving here, what would you do?
29. What do you want to happen to the person who wants to hurt you?
30. Please explain how the members of your community feel.
 - a. How do they feel about people coming to shelters like this?
 - b. What would they expect someone in your situation to do?
 - c. How do you feel about their expectations?

F. Other

31. What is the best thing about being here?
32. What is the hardest thing about being here?
33. Do you think coming here was a good idea? If no, what would you do differently if you are ever in danger again?
34. Is there anything else you would like to share about your experience staying here?
35. Do you have any suggestions or advice for organizations providing shelter or support to survivors of SGBV? (*Probe: What aspects / services are most important to you? What improvements can be made?*)

Post-Interview Checklist

- Thank interviewee; Check how he / she is feeling (if upset or unwell, follow protocol)
- If appropriate to do so, review any questions that remain / need clarification
- Turn off recorder, if applicable (let interviewee know you are doing so)
- Provide information re: supportive services, shelters, etc., if appropriate
- Explain next steps
- Remind of confidentiality, no names used, etc.
- Thank you, goodbye

