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Advisory Committee Co-Interpreation℠ Workshop Report and Year 1 Research Findings

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I. INTRODUCTION

Co-Intepretation℠: Creating a Roadmap for Change and Improvement

On July 18th and 19th, 2017, American Institutes for Research conducted a Co-Intepretation℠ workshop in Pétion-Ville, Haiti with key stakeholders in the Alliance pour la Protection des Enfants project. By definition, Co-Intepretation℠ is a process by which data is co-interpreted and co-developed with a shared understanding to create meaning. In other words, it is a collaborative process to make meaning out of data.

Most importantly, Co-Intepretation℠ allows the people closest to the work to bring their perspectives to the interpretation of the data. Research shows that when stakeholders and community members are involved in data collection and interpretation processes, project interventions are more likely to succeed for several reasons. First, concerns held by local stakeholders and community members are given greater consideration through processes such as Co-Intepretation,℠ because participants maintain complete ownership over the process. Therefore, the concerns participants have related to issues affecting their communities are prioritized and discussed, rather than focusing on pre-determined issues by outside actors.[1] Second, project uptake is higher in community-inclusive interventions because participants have cultivated an investment in both the evidence base and the outcome of the project and its sustainability through their involvement in the project from the very beginning.[2] Third, community-inclusive processes such as Co-Intepretation℠ have shown to improve data interpretation, as the meaning of the data is provided by participants—rather than by outside parties—thereby providing greater insight and guidance as to how an intervention should be designed in order to be effective in a particular community.[3]

The three key objectives of Co-Intepretation℠ are as follows:

1. Analyze and interpret data collaboratively.
2. Develop meaningful findings.
3. Prioritize key findings to inform interventions.

As such, this report will provide a summary of the Co-Intepretation℠ workshop that was held as part of July's Advisory Committee meeting for the project, outlining the processes that took place, the outcomes from the workshop, and the recommendations moving forward into the next phase of the Alliance pour la Protection des Enfants project. This document is specifically

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[1] Meredith Minkler, Analilia P. Garcia, Victor Rubin, and Nina Wallerstein, "Community-Based Participatory Research: A Strategy for Building Healthy Communities and Promoting Health through Policy Change," PolicyLink 2012, http://www.policylink.org/sites/default/files/CBPR.pdf, 11.

[2] Lynne C. Manzo and Douglas D. Perkins, "Finding Common Ground: The Importance of Place Attachment to Community Participation and Planning," *Journal of Planning Literature* 20 (2006): 340-341, doi: 10.1177/0885412205286160.

[3] Carolina L. Balazs and Rachel Morello-Frosch, "The Three R's: How Community Based Participatory Research Strengthens the Rigor, Relevance and Reach of Science," *Environmental Justice* 6 (2013): 10-11, doi: 10.1089/env.2012.0017.

designed to serve as the conclusory deliverable to the research of year one of the project. Finding from all five streams of research are attached in the Annex Section.

The Co-Intepretation[SM] Workshop

The Co-Intepretation[SM] workshop was developed as an Advisory Committee meeting activity that was envisioned to engage stakeholders in substantive discussion of research findings from year 1 activities and allow for wider stakeholder thinking and feedback on the prioritization of pilot interventions for years 2 and 3 of the project. As such, Advisory Committee standing and participating members were invited to participate in the meeting, as well as a wider group of government, international and local non-governmental organizations, and community leaders. The workshop was conducted at the conclusion of the five research streams implemented as part of year 1 activities for the Alliance pour la Protection des Enfants project. During year one, research was conducted by AIR and its partners (both research and local implementation specialists), and data and findings were developed into five key reports that were reviewed throughout the workshop. The five reports developed as part of year 1 project research activities are: (1) systematic review, (2) positive deviance, (3) cultural models, (4) broadcast and social media, and (5) rapid qualitative assessment.

The two-day workshop was attended by twenty-nine representatives of key stakeholders in the project.[4] Key stakeholders that attended the workshop were community leaders from project target communities in each of the four departments selected by the Advisory Committee: Northeast, Southeast, West, and Artibonite; NGOs and Government members from La Brigade de Protection des Mineurs (BPM), Institut du Bien Etre Social et des Recherches (IBESR), International Organization for Migration (IOM), Save the Children, Groupe d'Appui au Rapatriés et Refugiés (GARR), Jesuit Service for Migrants (SJM), and Chapitre Haïtien de l'Association Internationale des Femmes Juges (CHAIFEJ); standing and participating members from the United States Agency for International Development (USAID), American Institutes for Research (AIR), Lumos, IBESR, United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), Zanmi Lasante (ZL), Combite pour la Paix et le Développement (CPD), and Restavèk Freedom. In addition, four representatives from the Mayor's Office of Port-au-Prince came to observe the workshop; one of whom was engaged as a participant in the workshop.

The first day of the workshop was designed for participants to read through the reports, identify findings,[5] review the findings with the group, and record the findings on a post-it note, labeled with the source and page number for use on day two of the workshop. As participants arrived at the workshop, each attendee received a name badge with a color-coded dot, along

[4] Please see Appendix A for the list of attendees that were present at the Advisory Committee Meeting July 18-19, 2017.

[5] A key finding according to AIR's Co-Interpretation[SM] process is defined as, "a single idea built from multiple data points. It may represent a theme that is important to consider when developing interventions."

with a corresponding letter that identified the group that they would be a part of for the second half of the afternoon of day one. Groups were split up according to reports in the morning, and in the afternoon, groups were split up by topic areas: *individuals & families*, *systems*, *interventions*, and *communities*.

The second day of the workshop was designed for participants to develop key findings based on the findings that were identified and agreed upon as relevant from the reports on day one. Each supporting point was attached to the key finding, written on a new post-it note, and reviewed by the facilitator and project director to ensure it met the definition of a key finding and was written in a way that could be understood by anyone. Then, each key finding was written on chart paper and hung on the wall along with its supporting points.

Once each group finished compiling their key findings, participants were able to utilize the second afternoon of the workshop to review the key findings collectively. After the key findings were reviewed by the entire group and written in a way that satisfied everyone, each participant received five green dots for voting. Participants were directed to place one dot on each of five key findings that they believed were important to consider when developing an intervention. Section III will provide greater detail and insight of the voting process and outcomes during the Co-Intepretation[SM] workshop.

II. CONTEXT

Phase 1: Research

Interventions targeting the abuse, neglect, exploitation and violence against children in Haiti must be based on solid foundational research. The methodology and approach to research proposed as part of year 1 project activities intended to ensure that the design and implementation of any pilot intervention would be contextually-relevant, evidence-based and owned by the communities involved. The research proposed in year 1 covered individual, family, community and system level attitudes, behaviors and responses to violence against children and identified those factors that were mitigating or perpetuating cycles of violence.

In Year 1, the Team gathered evidence by conducting five different streams of research.[6] First, a systematic review was conducted of existing child protection models and behavior change communications literature globally. In addition, the Team conducted four different streams of community-based research: rapid qualitative assessment of existing child protection activities in target communities, ethnographic/anthropological cultural models and positive deviance (PD) research, and a scan of influencers/followers of social and broadcast media. Together, the five streams of research provided the evidence-base for working with stakeholders to identify and prioritize pilot interventions for roll-out in Years 2 and 3 of the project.

[6] AIR submitted all relevant protocols to AIR's IRB process, and when not exempted as in the case of Cultural Models Research, the protocols were submitted to the Comité d'Ethique which is Haiti's internal IRB system.

The research conducted in year one reflects two fundamental elements of the project – 1) leveraging local assets within Haiti and 2) building the capacity of local organizations by strengthening existing work or processes. AIR worked with the Universite d'Etat d'Haiti (UEH) and three local subaward partners (ZL, CPD and Restavek Freedom) to design research protocols and implement the research. AIR provided several trainings with partners on research theory, protocol development, data collection procedures according to the protection of human subjects, and facilitation of the co-interpretation process. The following deliverables were implemented and achieved with partners:

1. Identification of cultural models through in-depth interviews and analysis
2. Determination of the presence of any existing PD practices
3. Mapping of the influencers and followers of broadcast and social media
4. Assessing the existence of existing child protection activities through a rapid qualitative assessment

Research Design

The Team followed a research design that included a systematic review of existing literature, community-based anthropological and ethnographic research for cultural models and positive deviance, mapping of broadcast and social media followers and influencers, and a rapid assessment of existing child protection activities in target areas. Three key questions were at the core of AIR's research design:

(Q1) What are the shared implicit cultural patterns of thinking in Haiti that structure understandings, beliefs, and actions regarding the rights, development, and protection of a child?

- Are there causal factors or predictors that guide who or what perpetuates or influences violence (including, abuse, neglect, exploitation) or the separation of children from families and who or what does not?

- Are there causal factors or predictors that guide who or what prevents, protects or responds to violence against children or their separation from families (examples of positive deviance)?

(Q2) Which larger societal, economic, political, and contextual factors are most ripe for change; what are the most promising strategies for initiating such change; and which options are most feasible and confer the greatest benefit in reducing violence against children and increasing alternative care, support and protection options?

- Which larger societal, economic, political, and contextual factors are barriers to change? Understanding these, what are the most relevant and feasible prevention or protection system strategies that need to be developed and implemented for the greatest impact (i.e., for large numbers of children, most vulnerable children)?

(Q3) What is the existing evidence regarding small- and large-scale interventions that prevent or respond to any form of violence against children in Haiti or in similar developing country contexts?

- Engage in a rapid evaluation in select locations in Haiti of existing child protection activities, including work done to prevent separation of children from their families, work to remove children from residential institutions, work to extract children from harmful child labor or trafficking contexts, and/or work to support children in displaced or abandoned settings.

The cultural models research and to some extent the social and broadcast media mapping focused on answering the first series of questions. The series of questions under Q2 were addressed by the rapid qualitative assessment, positive deviance and systematic review. And the series of questions under Q3 were addressed by the systematic review and rapid qualitative assessment work. These findings appear in the Annex Section at the end of this report.

Data Collection

In addition to the systematic review, the AIR and partner research team developed data collection procedures for each area (positive deviance, rapid qualitative assessment, social broadcast media, and cultural models) in order to answer the research questions.

Rapid Qualitative Assessment Data Collection:

A period of one week each in Artibonite, West, Northeast and Southeast departments for data collection was scheduled between early January and mid-February 2017. RQA activities included a minimum of fifteen interviews to be conducted by each NGO partner using several tools approved by the IRB: a survey for key NGOs or associations; a key informant guide for local leaders, state representatives, or other public service leaders (for example, teachers); and a mapping exercise to identify what child protection/violence reduction activities were taking place in the vicinity of the three most vulnerable communities selected by the Advisory Committee in each department. The objective of the RQA was to learn about existing actors in child protection, their activities in the community, and any perceptions or experiences that could be identified in the communities related to violence, abuse, neglect, and exploitation.

With the support of project staff and our NGO partners, we were able to schedule, complete, and record more than the forty-five interviews initially planned, including the four mapping exercises in each department. A debrief was held with NGO partners who conducted the data collection on February 10, 2017. Experiences, achievements, challenges, and lessons learned were shared with the group and documented as part of project quarterly reports.

Cultural Models Data Collection:

UEH led this data collection process with support from AIR. CM interviews were individual and semi-structured. Most interviews lasted around one hour and thirty minutes, with some as short as forty-five minutes and others lasting about two hours. Forty-one interviews were held in nine communities across the four target departments of the project. Six UEH researchers, including the two lead research assistants, travelled to the different regions to conduct the data collection. Twelve interviews were conducted in West, twelve interviews were conducted in Artibonite, eight interviews were conducted in Northeast, and nine interviews were conducted in Southeast. Data were collected between January 9, 2017 and March 10, 2017. Weekly meetings were held with AIR and UEH to address any issues with data collection and discuss progress. A debrief and initial data analysis training was held with UEH the first week of May 2017 so as to identify initial findings and formulate the presentation of these cultural model frameworks.

Positive Deviance Data Collection:

The rapid qualitative assessment (RQA) research that was conducted during the first quarter of 2017 (January-March) was a pre-requisite to the positive deviance (PD) research. All project partners in Haiti met to discuss their observations from the findings of the RQA, as well as to compare the D.C. research team's findings with their own experiences and observations in the field during the RQA. There was consensus between both groups, and together, both groups began to identify what cases could be considered to be examples of positive deviance. The project partners agreed on selection of Northeast and Southeast departments and a comparison between local responses to the unaccompanied mobility of minors and a lack of coordination of child protection actors that were cited as two critical challenges along the border. Semi-structured interview protocols for the positive deviance research were developed at a partner workshop in early May 2017.

The research team comprised of NGO and UEH partners reached out to participants who took part in the RQA research to schedule interviews. A total of 30 interviews were scheduled and took place over a two-week period in May and June 2017. A total of 15 interviews were scheduled in the northeast region and a total of 15 interviews were scheduled in the southeast region. Researchers were divided into two teams of six people: two people from ZL and four people from UEH were assigned to the Northeast department and two people from RF, two people from CPD and two people from UEH were assigned to Southeast department.

Social Broadcast Media Data Collection:

For the social media research, the research team comprised of two UEH students and AIR survey methodologists focused on using Twitter and Facebook to collect data. The team collected data from Twitter by developing a comprehensive list of keywords from which to search, collecting tweets containing those keywords, and then filtering the resulting data to find

the tweets that were most relevant. All keywords were translated into English, French and Creole. The research team then used Twitter's search and streaming APIs to gather tweets that contained identified keywords. The team also used a geographic filter for tweets from users who set their location as "Haiti" and also conducted a targeted search of Twitter users within a ten-mile radius of Port au Prince, Ferrier, Ouanaminthe, Anse a Pitre, Marchand-Dessalines, Gonaives and Saint Marc. Data were collected between January 30, 2017 and June 9, 2017.

In addition to the data collected on Twitter, the team also collected data on Facebook. Facebook data collection began by using the list of NGOs (605 organizations in total) that was provided by the Ministry of Planning for the previous RQA research. Using this list, researchers then collected Facebook web links and associated page identifiers (static numeric identifier used to locate each organization page). Of the 605 organizations, the research team identified 97 local Haitian organizations and 130 international organizations with a Facebook page. The AIR team then used the list of Facebook page identifiers to extract all the associated post and response data associated with the identifier, collecting the 100 most recent posts from each organization. For the Facebook social media data, the research team found that of 2,704 posts, fewer than 20 posts related to the topics of interest. Therefore, data analysis for Facebook information was halted, as there was insufficient data.

In order to examine and analyze broadcast media the AIR and UEH research teams decided to collect data exclusively from radio station programming, as radio is the most popular information source in rural and urban Haiti. The research team began data collection by obtaining a list of all radio stations in the four target departments (Artibonite, Northeast, West, and Southeast). This information was obtained from the State Office of Communications (CONATEL). During the data collection process, the research team found seven additional radio stations, which were added to the initial list. In all, there were 106 radio stations identified across the four target departments. Of the 106 total radio stations, researchers collected information from 30 stations, and of those 30 stations, 16 had relevant child protection programming.

III. INPUTS

Data Consolidation

Each of the five streams of research resulted in a report finalized for the purposes of the Co-Interpretation workshop:

1. Systematic Review report: *A Systematic Research Review and Meta-Analysis*.

2. Rapid Qualitative Assessment report: *Findings From a Rapid Qualitative Assessment on Child Protection*.

3. Cultural Models report: *A Report on Haitian Cultural Models of Children, Family, Violence, and Protection*.

4. Positive Deviance report: *Child Protection: A Search for Locally Led Positive Deviance*.

5. Social and Broadcast Media report: *Broadcast and Social Media Narratives on Violence Against Children in Haiti*.

Each of these reports is available in Appendices B-F. Aside from the systematic review, each of the four community-based research reports were presented in a comparable way to frame the Co-Interpretation[SM] process.

During the Co-Intepretation[SM] process, participants analyzed reports (data sets) and identified findings. Participants then grouped the individual findings from across the data sets into five broad categories:

1. Individuals and Families

2. Systems

3. Interventions

4. Community

5. Miscellaneous

Participants then worked together to synthesize the data within these categories and develop key findings. Finally, the group prioritized those key findings they deemed most significant. The following key findings represent the key findings that received the highest number of votes at the end of the Co-Intepretation[SM] workshop.

Voting Procedure

Similar to the data interpretation components of the Co-Intepretation[SM] workshop, the voting procedures that took place during the workshop were just as critical to the process because voting re-ensured participant ownership of the process. Before voting took place, participants reviewed and discussed the language and wording of each key finding to ensure that it was correct, and to make any edits or adjustments as needed. There was lively discussion among all participants on each of the findings during the voting process. In total, there were 24 key findings.

Each participant received five green dots to place on each key finding that they believed should be considered for an intervention. Participants were informed to place their votes on the key findings they believed represented a current theme **most important to consider** when developing interventions.

There were also six key voting guidelines that were reviewed and agreed upon before the voting commenced. The voting guidelines were as follows:

- You cannot buy and sell dots.

- You cannot lobby or bribe a colleague to mark a key finding.
- You cannot use more than one dot per key finding (or vote more than once on a particular finding).
- You cannot ridicule someone for a dot placement.
- You cannot trade colors with a colleague.
- You do not have to use all your dots, but you cannot give any away.

The Results

Below are the top six key findings that received the most votes from the workshop participants. Each key finding is listed, with a discussion and inclusion of the individual supporting findings from the various data sources.

(1) People most vulnerable to violence are stateless children or children at risk of being stateless, street children, children not in school, restavèk and, in a period post-disaster, girls.

6 votes

People most vulnerable to violence are stateless children or children at risk of being stateless, street children, children not in school, restavèk and, in a period of post-disaster girls. This key finding was supported by the Positive Deviance and Systematic Review reports, as identified by the workshop participants. According to the Positive Deviance report, informants found that the most vulnerable children included stateless children who cross back and forth over the Haitian-Dominican border, street children, and restavèk children.[7] Informants also stated that out of school children are often exposed to violence,[8] and when restavèk leave their homes at night, they sleep in the street or engage in risky behaviors to feed themselves, and are often confused with and are identified with street kids.[9] The Positive Deviance report further indicated that several informants believed that the number of street children has increased over the years.[10] In addition, the Systematic Review found that young women and girls after the earthquake (2010) both faced increased risk of becoming victims of trafficking,[11] which was identified as a critical finding by workshop participants. Lastly, according to the Systematic Review, about 1/4 of young women and 1/5 of young men living in Haiti were sexually abused in their childhood. Vulnerability is largely determined by citizenship status, familial stability, and gender.

(2) The State, in particular IBESR and BPM, has a critical role in the sustainable protection of children and must share this with local and international NGOs.

[7] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 9.
[8] Findings From a Rapid Qualitative Assessment on Child Protection, June 2017, 6.
[9] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 8.
[10] Ibid., 8.
[11] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 5.

5 votes

Workshop participants identified a duality of beliefs that surround the responsibility of the protection of children in Haiti: it is a critical responsibility of the state but some of this role should be shared by local and international NGOs. For example, the Rapid Qualitative Assessment and Positive Deviance reports found that informants believe that the State must accept responsibility and play a key role in systematizing and ensuring adequate protection of children in Haiti.[12] Knowing that certain entities have a mandate to care for street children and restavèk, a number of respondents in the Rapid Qualitative Assessment report said that BPM and IBESR were the entities most responsible.[13] According to the Cultural Models report, informants believed that the State must be responsible for the development and protection of children through education, security, monitoring, and identification of services, as well as health and justice.[14] Notably, in this same report, community leaders and community members underscored the weakness of the state, citing a lack of services for children and families as a key factor in weak monitoring and thus the potential need to rely on international and local NGOs.[15] These were the findings that workshop participants found most critical when reviewing the research.

Workshop participants identified a finding from the Systematic Review that was relevant to their context: Lots of children [who have been] separated from their parents or who live in orphanages were abandoned and now live without food or care.[16] Respondents in the Rapid Qualitative Assessment report stated that the work of child protection is a permanent work,[17] and believed that local and international NGOs were responsible for taking care of children [as well].[18] NGO leaders cited their own weakness in that NGOs were obstacles in the protection of children in the Rapid Qualitative Assessment Report as well.[19] Dependence on foreign aid has resulted in increased NGO actions on the ground, [20] and according to workshop participants, the protection of children in Haiti is the responsibility of many actors as evidenced by the research.

(3) Community intervention models (at the community level and by the community) are useful social transformation tools – they contribute to a reduction in violence and protection of children against domestic labor and facilitate access to using social services. For example, the Bony community is seen as a positive model for child protection: despite funding difficulties,

[12] Findings From a Rapid Qualitative Assessment on Child Protection, June 2017, 5.
[13] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 7.
[14] A Report on Haitian Cultural Models of Children, Family, Violence, and Protection, June 2017, 19.
[15] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 5.
[16] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 5.
[17] Findings From a Rapid Qualitative Assessment on Child Protection, June 2017, 12
[18] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 7.
[19] Findings From a Rapid Qualitative Assessment on Child Protection, June 2017, 15.
[20] Ibid., 15.

the community has created a structure to document abuse and identify children who enter or leave the community.

5 votes

Workshop participants identified that community intervention models, such as the example of Bony's identification and tracking model, are useful social transformation tools because they contribute to a reduction in violence and protection of children against the supply and demand of trafficking and domestic labor, as well as other forms of abuse, neglect and exploitation. In addition, understanding who the children in a community are at any given time and what they are doing can facilitate the beginning steps to increasing access to critical social services for children. Workshop participants supported the key finding by identifying critical data points from the Systematic Research Review and Positive Deviance reports. Community approaches can reduce the rate of violence to which severe discipline moves to homicide.[21] For example, in Bony, the Positive Deviance report stressed the need to be able to better identify children[22] as a first and fundamental step in child protection that has been overlooked. In response to this need, the Bony Human Rights Committee has identified a process of identifying, monitoring, and tracking the movements and needs of children.[23] As a result of their efforts, the Bony Human Rights Committee created an observable reduction in child abuse, neglect, exploitation, and violence in these areas;[24] and the model has even started to spread to neighboring communities. This case demonstrates that community models can reduce the number of families who enslave their children or put them in other dangerous work environments,[25] and that community models can strengthen advocacy in favor of children's (and women's) rights in the face of community violence.[26] While Bony informants described enormous constraints in funding activities in the region, including even a reduction in support for education and health services[27] compared to previous years,[28] community approaches in an environment with weak resources can effectively reduce the violence rate and promote the health/well-being of the overall population.[29]

(4) Psychosocial interventions can be effective in any setting – they can be of short duration and anyone can apply these if trained.

4 votes

[21] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 17.

[22] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 8.

[23] Ibid., 9.

[24] Ibid., 10.

[25] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 17.

[26] Ibid., 17.

[27] Vocational training and life skills programs enabled participants to feel secure after training and more accountable and respected by the community. This finding was identified by workshop participants in Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 27.

[28] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 9.

[29] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 27.

Psychosocial programs can be applied effectively by trained members of the community.[30] This key finding was supported by the Systematic Research Review report. [The] inclusion of lay professionals helps create and build up a critical work force and communities have an opportunity to work more effectively with victims of violence, with their parents, and others.[31] Psychosocial interventions, including group therapy, role playing, theatre, art, music, sport/movement or yoga can be effective in schools, communities, children's homes, displaced camps, community centers, and foster care.[32] Workshop participants identified that group therapy can be as effective as individual interventions[33]when thinking about community-level interventions. Programs based on psychosocial therapy (whether cognitive, behavioral, or mental) were successful, evidenced in the Systematic Research Review report,[34] and psychosocial programs have demonstrated the feasibility of scaling-up short-term intervention strategies.[35] Notably, psychosocial interventions can be used in many contexts among many different types of populations; psychosocial interventions can be utilized with child soldiers or armed youth implicated in violence, victims of violence, and with neglected and displaced persons.[36] Lastly, as identified by workshop participants as a critical finding from the Systematic Research Review, psychosocial interventions have had more of an impact than professional training programs in life skills, but the latter seem to have more effect on the prevention of violence and abuse.[37]

(5) Parents are principally responsible for the protection, monitoring, control and security of children.

4 votes

Parents are solely responsible for the development and protection of a child.[38] Workshop participants underscored this as a key finding based on the research pulled from the Cultural Models and Positive Deviance reports. Parents were described as more capable of protecting their children, holding the totality of responsibility for their children.[39] Respondents in the Cultural Models report seemed to agree that reducing violence against children must 'begin with the parents' above all, stating, "before public awareness, we must begin with the parents."[40] One respondent in the Cultural Models report reiterated this sentiment stating that parents were [ultimately] responsible for child protection.[41] Identifying and monitoring children

[30] Ibid., 3.
[31] Ibid., 16.
[32] Ibid., 15.
[33] Ibid., 16.
[34] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 7.
[35] Ibid., 3.
[36] Ibid., 3.
[37] Ibid., 24.
[38] A Report on Haitian Cultural Models of Children, Family, Violence, and Protection, June 2017, 18.
[39] Ibid., 7.
[40] Findings From a Rapid Qualitative Assessment on Child Protection, June 2017, 7.
[41] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 7.

according to a number of respondents was the responsibility of a parent.[42] Further, respondents thought that all adults, particularly teachers, should be considered responsible for the development and protection of children.[43] The majority of workshop participants believe that a key factor in the lack of monitoring of children rests in holding parents responsible.

While parental choices were considered determinants of a child's outcome and well-being, respondents in the Cultural Models report also stated that parents' inability to respond to the needs of their children creates poor child development in health, education, and nutrition.[44] Notably, the vulnerabilities associated with displaced and unaccompanied children living between communities and the Haitian-Dominican border are related to perceived parental irresponsibility, the lack of services provided by the state for families and children, as well as a lack of coordination among state actors and non-state actors, according to respondents.[45] Even though service gaps were identified among respondents occasionally throughout the reports, attention was often directed toward parents. Respondents in the Cultural Models report considered bad parents as those who make poor decisions regarding their children, who don't prioritize their children, and who put their children in inappropriate situations;[46] parents' actions decide the behavior of a child.[47] Workshop participants also noted that respondents in the Cultural Models report stated that losing control of a child will mean [that the child] will inherit bad behavior.[48] A bad child can fall into drug abuse and juvenile delinquency.[49] From this perspective, a child's trajectory is inextricably linked with the actions of their parents.

(6) Inequalities, negligence and abuse in the environment and in the family, affect the development of a child.

4 votes

Inequalities, negligence, and abuse in the environment and in the family, affect the development of a child. This key finding was developed by workshop participants based on research from the Cultural Models and Systematic Research Review reports. According to respondents in the Cultural Models report, a child's development depends on the environment; abandonment and negligence have grave consequences on the development of a child.[50] Respondents also stated negligence and abuse are a derogation of responsibility and that the unequal of treatment of children in the same house is a problem.[51] In addition, respondents in the Systematic Research Review identified that abuse and negligence towards children have

[42] Ibid., 5.
[43] A Report on Haitian Cultural Models of Children, Family, Violence, and Protection, June 2017, 18.
[44] Ibid., 11.
[45] Child Protection: A Search for Locally Led Positive Deviance, June 2017, 5.
[46] A Report on Haitian Cultural Models of Children, Family, Violence, and Protection, June 2017, 12.
[47] Ibid., 9.
[48] A Report on Haitian Cultural Models of Children, Family, Violence, and Protection, June 2017, 9.
[49] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 4.
[50] A Report on Haitian Cultural Models of Children, Family, Violence, and Protection, June 2017, 10.
[51] Ibid., 8.

social and economic costs.[52]This reality is partly reflected by the dynamic that boys have more opportunities than girls.[53]Based on this information, workshop participants identified that in order to reduce the rate of mistreatment of children, it's necessary to attempt to diagnose children in need of health care, mental health care, and social services.[54] Workshop participants also identified that a majority of respondents in the Cultural Models report do not consider corporal punishment as an act of violence but rather a necessary part of parenting.[55] However, workshop participants agreed that, "an environment in which there is a general reduction of tension and conflict influences the positive development of a child."[56]

IV. OUTCOMES

Main Key Findings

The closing of the Co-Intepretation[SM] workshop included collectively reviewing the six key priority findings and asking the workshop participants if they were surprised by these findings and if they agreed with these findings. There was consensus that these six seemed to be the most critical priority findings. The aforementioned key findings represent several critical themes. First, two of the key findings related to parental responsibility and family environment. Key finding five states that ‘‘parents are principally responsible for the protection, monitoring, control and security of children," and key finding six states that, "inequalities, negligence, and abuse in the environment and in the family, affect the development of a child." The second key theme that emerges among the priority findings is the identification of vulnerable children and who is responsible for upholding their protection. Key finding one states that, "people most vulnerable to violence are stateless children or children at risk of being stateless, street children, children not in school, restavèk and, in a period post-disaster, girls," and key finding two states that, "the State, in particular IBESR and BPM, has a critical role in the sustainable protection of children and must share this with local and international NGOs." Notably, the third key theme centralizes around successful community-based intervention models. Key finding four states that, "psychosocial interventions can be effective in any setting – they can be of short duration and anyone can apply these if trained." In addition, key finding three states, "community intervention models (at the community level and by the community) are useful social transformation tools – they contribute to a reduction in violence and protection of children against domestic labor and facilitate access to using social services. For example, the Bony community is seen as a positive model for child protection: despite funding difficulties, the community has created a structure to document the abuse and identify the children who return or leave the community." These six main key findings serve as informative and critical pieces of information for designing the pilot interventions for years 2 and 3 of the Alliance pour la Protection des Enfants project.

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[52] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 4.
[53] A Report on Haitian Cultural Models of Children, Family, Violence, and Protection, June 2017, 14.
[54] Yael Kidron and Quita Keller, A Systematic Research Review and Meta-Analysis, March 2017, 26.
[55] A Report on Haitian Cultural Models of Children, Family, Violence, and Protection, June 2017, 16.
[56] Ibid., 10.

V. RECOMMENDATIONS

AIR proposes to use the outcomes from the Co-Intepretation[SM] workshop to inform the start of Phase II of the project: design of pilot-interventions with local communities. Using the evidence base from research activities conducted in year 1, the initial dialogue with a wide variety of stakeholders who interpreted and discussed the research findings together, and the experience of working in nine communities in four different departments, we believe there are several recommendations to consider:

- **Pilot interventions should target stateless children or children at risk of being stateless, street children, children not in school, and restavèk with a focus on girls being most at risk.** The research indicates that many of the most vulnerable communities are citing street children, restavèk, and stateless children as most at risk for abuse, neglect, exploitation, or violence. Many of these children are out of school, at-risk children. While there are many other categories of vulnerable children, looking at these three vulnerable child populations helps to focus the types of interventions the project could support with local community leaders and partners. In each instance, there are three local community-based partners that would be relevant as subawardees: Zanmi Lasante, Restavèk Freedom and GARR (with support from UNHCR).

- **Communities most engaged and that have demonstrated support for the project's research work are those in Artibonite and Southeast departments.** The communities in Northeast and West department had a few security issues[57] during research activities or were non-responsive to community mapping, interviews, and even attendance at the July workshop. Conversely, the target communities in Artibonite and Southeast were very responsive, are not saturated by numerous international or local NGOs working on child protection (especially in comparison to Northeast and West), and they have strong community leaders highly interested in supporting child protection efforts.

- **Community intervention models are useful social transformation tools and the example of Bony community is an example of a positive deviance model for child protection that is essential to child protection, cost-effective and can be scaled up.** In keeping with the project, the Bony model provides a way to leverage local assets in critical and cost-effective ways. The Bony model is one that is locally-owned and sustainable - it identifies children entering and leaving a community a fundamental step in child protection that can be strengthened and rolled out to other communities, led by the leaders in Bony and supported by other child protection actors. This model should be one of the interventions strengthened and scaled up across years 2 and 3.

[57] In one case, the researchers were threatened when conducting interviews in West department. In Northeast department, the community leaders were looking for money and not interested in engaging in the mapping exercise of interviews without some form of payment over and above what AIR provided in terms of travel compensation or the provision of snacks when interviews were of long duration. A few of those invited to the July workshop requested payment for their households during the three days of absence to attend the meeting.

- **Psychosocial interventions can be effective in any setting – they can be of short duration and anyone can apply these if trained**. Given the lack of mental health support in Haiti and the identification of mental health interventions as part of best practices in child protection, one of the pilot interventions in years 2 and 3 should support a mental health approach that looks at training community mental health workers to work with vulnerable children and deepen relationships between these children and community leaders and first responders (health workers, police, IBESR, *et al*). This would help bring in the role of the State as well as the role of local and international NGOs to support the psychosocial well-being of the child, while looking at a community-led mental health model that does not depend on State or NGO resources over time.

- **Parents are principally responsible for a child's development and protection**. Workshop participants emphasized that parents are critically important and should be held accountable for a child's behavior. Teachers were mentioned within this category as having a role to play. If AIR is to effectively work with respect to the notion that more needs to be done to change the behaviors and attitudes of parents towards their children and children in general, this would be an essential focus for a behavior change communication strategy (that would tackle preconceived ideas of responsibility and the role of adults in a community as well as parents towards children) and possibly an intervention developed by parents after the behavior change communication strategy has taken root. As such, year 2 could focus on behavior change communications in target communities related to the role of parents in child protection.[58] At the end of year 2, communities would have the opportunity to compete for a grant that would support a pilot intervention end of year 2 and in year 3 that demonstrates a group of parents changing their attitudes and behaviors around child protection and implementing an activity that reduces violence against children in their community.

[58] AIR would look at the critical work of Promundo which has tackled behavior change and especially with a focus on the role and responsibility of men.

BIBLIOGRAPHY

Balazs, Carolina L., and Rachel Morello-Frosch, "The Three R's: How Community Based Participatory Research Strengthens the Rigor, Relevance and Reach of Science," *Environmental Justice* 6 (2013): 9-16, doi: 10.1089/env.2012.0017.

Manzo, Lynne C., and Douglas D. Perkins. "Finding Common Ground: The Importance of Place Attachment to Community Participation and Planning." *Journal of Planning Literature* 20 (2006): 335-350. doi: 10.1177/0885412205286160.

Minkler, Meredith, Analilia P. Garcia, Victor Rubin, and Nina Wallerstein. "Community-Based Participatory Research: A Strategy for Building Healthy Communities and Promoting Health through Policy Change." PolicyLink. 2012. http://www.policylink.org/sites/default/files/CBPR.pdf.

APPENDIX A

Co-Interpretation[SM] Workshop Participants

Georges Revolus (USAID)
Jerrold Keilson (AIR)
Eugène Guillaume (Lumos)
Corinne Raess-Slavkovic (UNHCR)
Claude Mane Das (UNICEF)
Wesler Lambert (Zanmi Lasante)
Fritznel Pierre (CPD)
Adeline Bien-Aimé (Restavek Freedom)
Abner Guerrier (BPM – Southeast)
Jean Cinedais (IBESR – Artibonite)
Yves Bernard Remarais (Save the Children – Artibonite)
Anghie Lee Gardy Petit (GARR)
Alexis Alphonse (SJM – Northeast)
Norah Jean-François (CHAIFEJ)
Nerline Monpremier (Northeast community leader)
Augustin Julie (Artibonite community leader)
Jean Isaac Jeudi (Southeast community leader)
Alcinot Annuel (Southeast community leader)
Marcelène Humane (Southeast community leader)
Payen Jocelyn (West community leader)
Bony Georges (West community leader)
Sergo Louis (UEH)
Hervé Volcy (IBESR)
Junior Joseph (IOM)
Gustave Wilgens (Port-au-Prince Mayor's Office)
Kettyna Bellehuve (Observer-Port-au-Prince Mayor's Office)
Eddy Bellehuve (Observer-Port-au-Prince Mayor's Office)
Jean Waliner (BPM)

Co-Interpretation[SM] Workshop Facilitators

Caroline Durena (AIR)
Claire Nowlin (AIR)
Rolinx Augustin (UEH)
Samuel Jean Baptiste (Restavek Freedom)
Reginald Fils-Aime (Zanmi Lasante)
Lesly Grandin (AIR)

Co-Interpretation℠ Workshop Operational Support

Cary Cuiccio (AIR, Co-Interpretation℠ Facilitator)
Amy West (APC Project Director)
Viviane Boulos (Interpreter)
Cedrick Lafond (Interpreter)
Michael Baran (Research Lead)
Elmire Petit De Brice (Operations Support)
Sarah McCool (Technical Support)
Lauren Reeves (Technical Support)
Nixon Mondesir (Driver)

APPENDICES B-F:

Research Reports

APPENDIX B

ALLIANCE FOR THE PROTECTION OF CHILDREN PROJECT

A Systematic Research Review and Meta-Analysis

March 2017

Yael Kidron

Quita Keller



USAID
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Abstract

Objective

This report provides findings from a systematic research review and meta-analysis that aimed to synthesize evidence on the effectiveness of prevention and intervention programs designed to eliminate violence against children and adolescents and provide the necessary supports to victims of abuse, neglect or exploitation. The experience of abuse, neglect or exploitation can cause severe, long-term health and mental health problems. Violence prevention programs are important in Haiti, where abuse, neglect and exploitation is endemic and perpetuated by poverty, hardships caused by natural disasters, and societal norms. To support decision making on investing in potentially promising interventions, this report summarizes the existing literature on relevant programs implemented in Haiti and other Latin American and Caribbean countries, as well as countries in Africa with similar human development conditions.

Methodology

A systematic review of studies was conducted. The quality of the studies was evaluated with a systematic review guide that captured details on the sample, outcome measures, program implementation, data collection, and study design. The research team screened more than 3,000 studies and identified 144 unique studies for which full text was reviewed. The advanced screening yielded 41 studies that met the review inclusion criteria. Of these 41 studies, eight randomized controlled trials and four quasi-experimental design studies met the criteria for inclusion in a meta-analysis. The results were analyzed by the type of program and outcome, country, gender, and study design.

Findings

The literature provides an evidence base for five types of programs designed to reduce violence against children and youth: psychosocial interventions, communitywide models, vocational and life skills training programs, parent/caregiver education, and safe spaces programs. More studies of psychosocial interventions used a rigorous study design (i.e., experimental or quasi-experimental design) than studies of other types of programs. Eleven studies of psychosocial interventions used a rigorous design. In contrast, the systematic review identified only two rigorous design studies for three of the other intervention categories – community-wide models, vocational and life skills programs, and parent/caregiver education. The reviewers did not find any rigorous design studies evaluating the effects of safe spaces programs. A small number of rigorous studies reduces our ability to make conclusive statements about the effectiveness of the interventions.

The review of the research included a 2-step process. In the first step, all quantitative and qualitative studies that met relevance and research design criteria were reviewed. In the second step, quantitative studies that used an experimental or quasi-experimental research design and reported effect size information were included in a statistical meta-analysis.

Results of the first step of the review, based on a total of 41 studies, showed multiple positive intervention effects, as follows:

- **Psychosocial Interventions** (17 studies). Positive effects on improved mental and physical well-being and reduced trauma and depression symptoms of victims of violence
- **Communitywide Programs** (11 studies). Positive effects on increased awareness of the prevalence of violence in communities and the role that community members can play in preventing abuse, neglect or exploitation; a reduction in the number of violent incidents; increased access to and use of health and social services by vulnerable populations; reduced child exploitation and increased re-integration of children into families and communities
- **Vocational and Life Skills Programs** (5 studies). Positive effects on a reduced number of violent incidents, increased participation in the workforce and integration into the community as a means of reducing vulnerability to further violence, improved parenting skills of young parents, and improved psychological well-being
- **Parent/Caregiver Education** (5 studies). Positive effects on responsive parenting and parent-child relationships; improved social, emotional, and cognitive skills of children; and reduced child maltreatment
- **Safe Spaces Programs** (3 studies). Improved living conditions for children, youth, and young adults; improved physical and mental health of children; and improved children's social and emotional skills and supportive relationships with adults

None of the studies reported negative outcomes or a mix of negative and positive outcomes.

Results of the second step of the review – a statistical meta-analysis with 12 studies – showed that existing programs can be effective in alleviating the harmful effects of violence (e.g., posttraumatic stress disorder symptoms and depression). The overall effect size was high (Hedges' g = .77). The overall effect for the three studies conducted in Haiti also was high (Hedges' g = .81). However, researchers were able to include only psychosocial interventions and vocational training programs in the meta-analysis. Insufficient statistical information was available on the other types of programs to include these programs in the meta-analysis.

Conclusions and Implications for Research and Practice

The findings of this research review are encouraging: Programs implemented in low-resource settings with populations suffering from trauma and social marginalization can effectively improve the physical and mental health of children, youth, and young adults and support their re-integration into their communities. The strong research evidence on psychosocial programs demonstrated the feasibility of scaling up strategies, such as offering short-term interventions, adapting the programs to implementation in group settings rather than as one-to-one therapy, and training lay professionals to deliver the intervention. This research evidence combined with the evidence for communitywide models suggests that these approaches in low-resource settings can effectively reduce violence rates and promote population health. However, none of the experimental and quasi-experimental design studies examined the effects of prevention efforts on children. More research is needed on reducing incidents of abuse, exploitation, and neglect in

communities affected by adversities, including extreme poverty, displacement, and natural disasters.

Introduction

The Importance of Combating Violence Against Children

Child abuse, neglect and exploitation are problems that threaten the physical and mental health of children and adolescents in low- and middle-income countries. Violence against children causes adverse effects on children's short- and long-term development. Children who have been physically abused are at increased risk for several long-term problems, including the following:

- **Physical Health Problems.** In the short term, physical health problems include physical injury, which may result in a permanent disability or health condition (Putnam-Hornstein, Cleves, Licht, & Needell, 2013). Sexual assault and exploitation can lead to sexually transmitted diseases and unwanted pregnancies (Lewis, 2012). Children who are maltreated across a long time period are at greater risk for impaired immune functioning, which increases the chance of illness and can lead to a large range of physical and mental health problems in adulthood (Sachs-Ericsson, Cromer, Hernandez, & Kendall-Tackett, 2009).
- **Risky Behavior.** Aggressive and delinquent behavior and drug abuse, for example, may result from childhood experiences of abuse (Reeve & van Gool, 2013; Springer, Sheridan, Kuo, & Carnes, 2007).
- **Cognitive Problems.** Poor language skills (Lum, Powell, Timms, & Snow, 2015) and numeracy skills (Maguire et al., 2015), lower working memory capacity (Hecker, Hermenau, Salmen, Teicher, & Elbert, 2016), and lower general intelligence (Maguire et al., 2015) are among the cognitive problems that may occur.
- **Impaired Life Skills in Adulthood.** The long term-effects of childhood abuse may include low self-esteem plus alcohol and drug abuse (Longman-Mills et al., 2013), which may impede physical and mental health as well as the employability of young adults (Caribbean Development Bank, 2015).
- **Social and Emotional Problems.** Depression, anxiety, heightened stress, suicide, and low self-esteem are some of the social and emotional problems that may occur (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005; Nemeroff, 2016; Yule, 2001). Other common problems include impulsivity, inattention, and hyperactivity (Maguire et al., 2015). A history of child abuse also increases children's risk of engaging in crime and violent behavior and having dysfunctional relationships when they reach adulthood (Cronley, Jeong, Davis, & Madden, 2015).

Child abuse and neglect have social and economic costs. Immediate costs include treatment costs, such as hospital costs for medical treatment and the cost of residential care for children removed from abusive contexts. Long-term costs can result from the chronic problems discussed earlier. Mental health problems, a lower level of educational attainment, poor employment outcomes, and relationship problems that children who have been maltreated are likely to

experience later in life can increase the likelihood of participating in risky behaviors, such as alcohol and drug abuse, unsafe sex, abusive relationships, aggressive behavior, and crime, which perpetuate the cycle of violence and abuse (Brown, James, & Taylor, 2010; Maxwell, Callahan, Ruggero, & Janis, 2016; Subramanian, 2016).

Prevalence of Violence Against Children in Haiti

Violence against children is endemic in Haiti and perpetuated by numerous socioeconomic factors. A population-based household survey about victimization resulting from physical violence to 13- to 24-year-old Haitians, including those residing in camps or settlements, found that two thirds of respondents experienced physical violence during childhood, and more than one third were victimized in the 12 months before the survey administration (Flynn-O'Brien et al., 2016).

Sexual Violence

The forms of abuse are many and devastating. About one fourth of young female adults and one fifth of young males living in Haiti today have experienced childhood sexual violence (Sumner et al., 2015). Many children have experienced harsh discipline involving physical or emotional pain. Because harsh discipline occasionally harms the child and is a continuous stressor, it is commonly defined as physical or emotional abuse (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008).

Displacement Resulting From Natural Disasters

Many children in Haiti experience different forms of exploitation and neglect caused by poverty, natural disasters, and a lack of enforcement related to children's rights. The conditions of living in Haiti worsened when a 7.1 magnitude earthquake damaged Haiti's capital city, Port-au-Prince, in January 2010. Four years after the earthquake, 400,000 people were still living in camps, and the rates of poverty and hunger were persistently high (Cénat & Derivois, 2015). The increased economic stress reduced the ability of adults to care for their children and exacerbated the rates of violence. Young Haitian women and girls in postearthquake Haiti also face an increased risk of being trafficked (Wooding & Petrozziello, 2013). The recent devastation caused by Hurricane Matthew, which hit Haiti on October 4, 2016, placed thousands of additional children at risk of violence. At least 2,000 children who have been separated from their parents or were living in orphanages have been evacuated, and many children are now living without adequate food and medical care. These children may be at increased risk for maltreatment and child trafficking (Save the Children, 2016; World Vision, 2016).

Worst Forms of Child Labor

An estimated 300,000–500,000 Haitian children live and work away from home as unpaid servants (*restavèks;* Beyond Borders et al., 2014). These children most often come from impoverished rural families and are sent to serve wealthier urban families. In many cases, *restavèk* becomes child trafficking and forced labor, meeting international criteria for slavery (Free the Slaves, 2014). Many *restavèk* children are controlled through violence and cannot escape from the families they serve. They often are abused physically, verbally, emotionally, and

sexually (Cooper, Diego-Rosell, & Gogue, 2012). Most children in domestic servitude are vulnerable to beatings, sexual assaults, and other abuses by individuals in the homes in which they are residing (Embassy of the United States, 2015).

Additional low-income Haitian children work in construction, agriculture, fisheries, and street vending (Embassy of the United States, 2015). A large population of Haitian children as young as 6 years old live and work on the streets. They are exposed to a variety of hazards, such as severe weather, accidents, and crime (Gaity, 2011; Kovats-Bernat, 2006).

Children Living in Institutions

In 2012, Haiti had 430,000 children who were orphaned (UNICEF, 2015). A small percentage of orphans are placed in institution-based care settings. Although these settings have the potential to provide safe spaces and physical care to children, they are frequently associated with social and emotional deprivation (Whetten et al., 2014).

More than 30,000 children in Haiti live in 760 orphanages. Most of these children (80%) have a living parent or a close relative; however, lack of access to schools, health care, and financial and legal support prevent them from reuniting with their families (Lumos, 2012).

Street Gangs and Armed Groups

Street gangs encompass another group of children exposed to violence in Haiti. According to the United Nations (UN) and Save the Children, Haiti is one of several key conflict areas where the problem of armed boys and girls remains acute. Many children are abducted or forcibly recruited into regular and irregular armed groups. Others are lured by the leaders of armed groups with financial and material resources (Peacebuild, 2008). Armed gangs, mostly in Port-au-Prince, have used children as spies and guards to transport weapons and participate in clashes with the police and UN troops (Child Soldiers International, 2008). These children are recruited into combat and servitude, experience sexual violence and exploitation, are exposed to explosives and combat situations, and experience and witness killings (Schauer & Elbert, 2010).

Types of Programs to Combat Violence Against Children

Through the contributions of governments, nongovernmental organizations (NGOs), and foundations during the last two decades, a variety of child protection programs have been implemented to combat violence against children. These child protection or violence reduction programs have been designed to be implemented at the multicountry, national, regional, community, family/caregiver, and individual levels. At the national level, such programs often promote public awareness of the extent of the problem and the available means to protect children. Such programs aim to affect public policy, social norms, and the establishment of child protection systems (Ibarguren, 2007). Some programs aim to reduce harsh discipline and corporal punishment at home and school; improve parent-child relationships; and improve coping skills of children and their caregivers who are at high risk for exposure to violence by domestic partners, family relatives, or community members (Knerr, Gardner, & Cluver, 2013).

Psychosocial therapy-based programs have been implemented in multiple settings, including shelters, clinics, and schools. These programs offer therapies that are designed to alleviate symptoms associated with child abuse and traumatic experiences (Aoto-Sullivan, 2000). For example, victims of abuse often experience maladaptive beliefs and attributions, such as a sense of guilt for their role in the abuse, anger at parents for not knowing about the abuse, feelings of powerlessness, a sense that they are in some way "damaged goods," and a fear of social stigma (Skar, Sherr, Clucas, & von Tetzchner, 2014). An example of a common psychosocial program is cognitive behavioral therapy—a family of therapy techniques designed to help children conquer their posttraumatic stress disorder symptoms. Such therapeutic programs are appropriate for a wide age range, from young children to adolescents and young adults (Leenarts, Diehle, Doreleijers, Jansma, & Lindauer, 2013). Other interventions may combine cognitive, experiential (e.g., art, dance, or drama), and social and emotional learning (e.g., coping with stress skills; Ager et al., 2011).

Purpose of This Systematic Research Review

The aim of this review is to identify studies that have evaluated programs implemented in Haiti and other low-income countries and examine the effectiveness of these programs. The review covers studies that focus on the effectiveness of the programs described previously. Studies that aimed to measure the prevalence of child maltreatment but did not assess program effectiveness were not included in this review. Although some programs are directed solely at children, others target caregivers and the community as conduits for change. This research review was structured to accomplish the following objectives:

- To summarize the existing literature on relevant programs implemented in Haiti or other Latin American and Caribbean countries, as well as countries in Africa with similar human development conditions.
- To identify the main types of interventions with evidence of potentially promising effects.
- To analyze findings from comparative research studies across different interventions and populations and estimate the magnitude of the effects of the interventions.

Methodology

Identification of Studies

This study review was conducted in August–September 2016 as part of a larger USAID-funded project focusing on identifying promising interventions for scale-up in the protection of children in Haiti. We conducted a systematic research review and meta-analysis of the empirical research evidence for the effectiveness of programs, practices, and policies to prevent and reduce the harmful effects of violence against children. The synthesis of the research aimed to identify the extent of the evidence and the types of programs that showed potentially promising positive effects on children and their communities. Eligible studies were identified using a systematic search strategy.

The search included published and unpublished literature that reported on studies conducted between 1990 and 2016. Literature searches were conducted in both English and French. In addition to Google searches, 14 academic databases were searched:

- Academic Search Premier
- CINAHL
- Education Research Complete
- Education Source
- PubMed
- ERIC
- JSTOR
- EconLit
- PsycARTICLES
- PsycEXTRA
- PsycINFO
- Psychology and Behavioral Sciences Collection
- SAGE journals
- SocINDEX With Full Text

The keywords used in the systematic literature search and the countries included are listed in Section A.1 in Appendix A. The search processes aimed to identify studies conducted in Caribbean and Latin American countries plus countries in Africa with a similar Human Development Index as in Haiti.[59] In addition to keyword searches of academic databases, the research team reviewed reference lists in research synthesis articles and evaluation reports and solicited nominations for studies from 10 international experts on research in child abuse and neglect.

We included studies that focused on three age groups: childhood (birth–12 years); adolescence (13–17 years); and young adulthood (18–24 years). The young adult age group was included in this systematic review because many interventions (e.g., interventions for victims of sexual abuse and conflict survivors) that target young adults also include adolescents in their design and target population.

These literature search strategies yielded more than 3,000 reports.[60] The criteria for the initial screening of these records are listed in Section A.2 in Appendix A. Based on a review of report

[59] The Human Development Index is calculated by the Human Development Report Office of the United Nations Development Program (2015), which measures people's level of welfare.

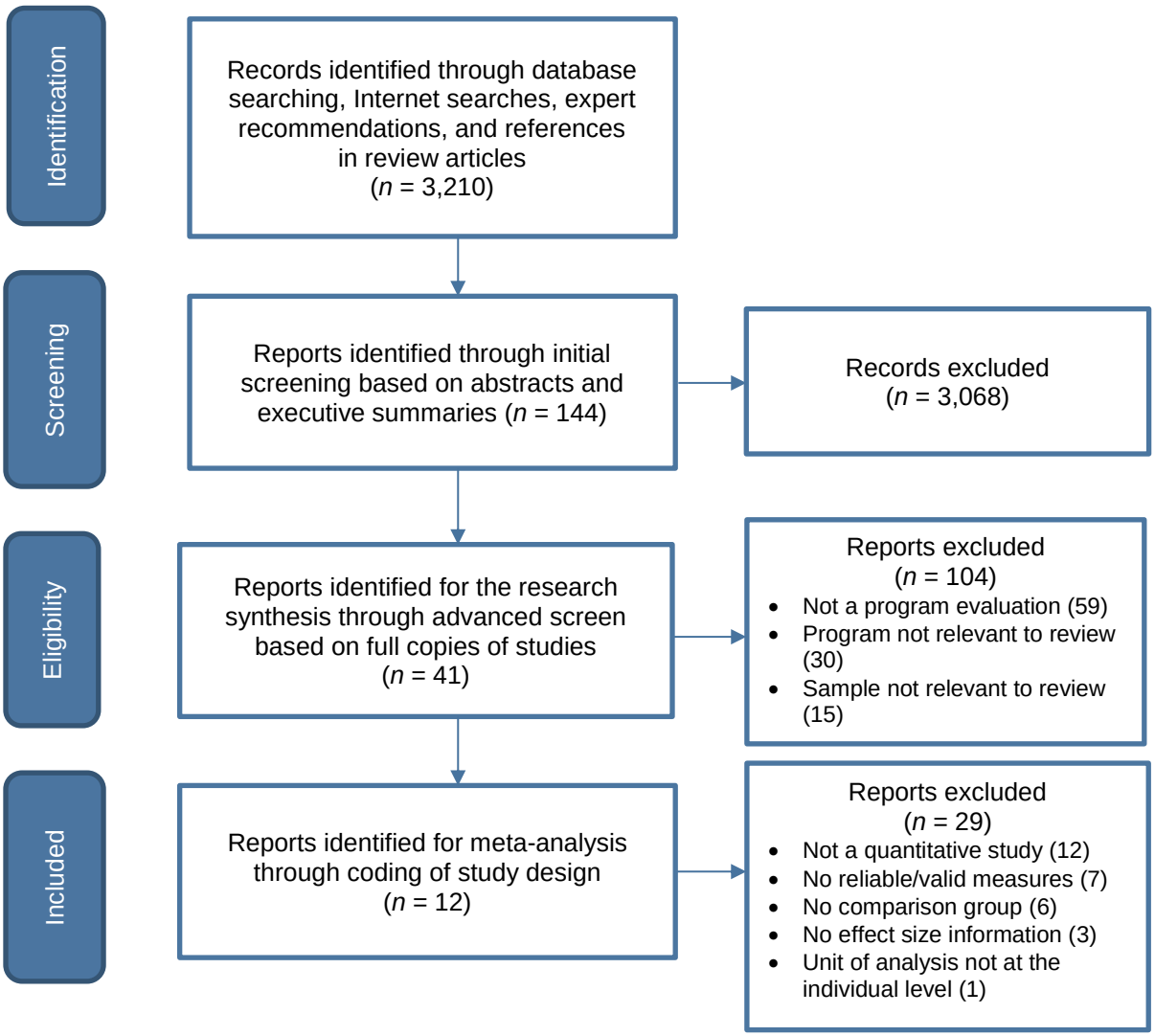
[60] The exact number of unique reports is difficult to determine given the numerous duplicates that appeared in multiple databases and the practice among some researchers to have multiple reports on the same study or multiple reports using the same independent sample.

abstracts and executive summaries, 144 unique studies were identified for further screening based on full text. Two independent researchers reviewed these 144 studies for their eligibility to be included in the review and identified 41 studies that met the inclusion criteria. The criteria for advanced screening for inclusion in the review are listed in Section A.3 in Appendix A.

In addition, the 12 studies that reported findings for an intervention and a nonintervention (comparison) group were included in the meta-analysis. The criteria for inclusion in the meta-analysis are listed in Section A.4 in Appendix A. We exclusively relied on experimental and quasi-experimental studies for the meta-analysis because other types of studies are not able to address counterfactual questions.

Figure 1 summarizes the literature selection process for this review. It shows the number of studies screened and excluded at each step of the screening process.

Figure 1. Study Selection Process for the Systematic Review and Meta-Analysis



Thematic Review

Forty-one studies were included in the thematic review. Appendix B lists the programs examined in these studies by program type, study, and country. The thematic review aimed to identify and describe categories of programs that were evaluated by researchers and the implementation effects across programs within each category. The data extracted included details on the intervention implementers (e.g., professional roles and training received), participants (e.g., whether parents and community members participated in the programs), characteristics of children and adolescents benefitting from the intervention (e.g., number of participants, age, gender, history of victimization, and residence at the time of the program), sample inclusion and exclusion criteria and recruitment procedures, and implementation process (e.g., duration and intensity, supplies and materials needed for implementation, and program components and activities). Common themes of implementation within the context of program goals and targeted populations were extracted in an iterative review process. The review process culminated in the identification of program categories that share common characteristics to which the positive change may be attributed. Using thematic analysis, the research team classified the interventions in the research studies into five main types: psychosocial interventions, communitywide models, vocational and life skills training programs, parent/caregiver education, and safe spaces programs.

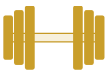
Level of Evidence

The methodological quality of each study was appraised using the framework depicted in Table 1. For each program type, the level of research evidence was determined as strong, moderate, or limited based on two types of validity of the research (Shadish, Cook, & Campbell, 2002):

- **Internal Validity.** The extent to which a study is able to establish a cause-and-effect relationship between the intervention and the outcomes measured. Internal validity is concerned with the rigor of the study design—the degree of controlling for potentially confounding variables, such as other events that may impact individuals, and normative growth of social and emotional abilities across time. In this systematic research review, researchers used a three-level classification of the internal validity of studies: high, moderate, and low. Experimental and quasi-experimental design studies are considered rigorous research designs with high internal validity. High internal validity is required to regard findings as conclusive and reliable. Quantitative studies that used other designs with some reference data (e.g., comparison of outcomes to baseline without a comparison group) were classified as demonstrating moderate internal validity. Moderate internal validity indicates that the findings are suggestive: The study has minor flaws or insufficient reliability data but can demonstrate the potential effectiveness of programs or practices. Other study designs were rated as low quality. These studies were not able to establish a cause-and-effect relationship between the program and youth outcomes.
- **External Validity.** The extent and manner in which the results of a study can be generalized to different people and settings. In this systematic research review, researchers used a two-level classification: adequate or nonadequate level of external validity. Studies classified as having an adequate level of external validity matched the

generalizability criteria of country, age group, and risk factors. These studies were conducted in Haiti and included children, adolescents, or young adults who had experienced or were at risk for one or more of abuse, neglect or exploitation described in the introduction to this report.

Table 1. Rating Criteria for Level of Evidence

Level	Rating Criteria
 **Limited Evidence Base**	1. None of the studies meet the criteria for moderate or high internal validity.
 **Moderate Evidence Base**	2. The research includes evidence from at least one study with high internal validity. OR The research includes evidence from at least one study with moderate internal validity and two or more studies that have adequate external validity.
 **Strong Evidence Base** Same as moderate and	3. The research includes evidence from at least one study with high internal validity. AND The research includes evidence from two or more studies that have adequate external validity.

All 41 studies, regardless of their level of evidence, were included in the thematic analysis. Only 12 studies that had high internal validity and sufficient statistical information were included in the meta-analysis in this report. The following section describes the procedures for the statistical meta-analysis.

Statistical Meta-Analysis

Meta-analysis increases the power of statistical analyses by detecting intervention effects in a set of studies that could not detect effects individually (Cohn & Becker, 2003). The meta-analysis was performed using Comprehensive Meta-Analysis (CMA), Version 3 (Borenstein, Hedges, Higgins, & Rothstein, 2009). For each study, the outcome was transformed into an effect size, also called the standardized mean difference (SMD). Study effect sizes indicate postintervention differences on child maltreatment between the intervention and control groups. Positive effect sizes indicate better outcomes for the intervention group participants. No outliers were found for the study effect sizes. All effect sizes used statistical data based on individuals, not higher units of analysis such as households or community groups. Combined effect sizes were computed using CMA. Commonly, the SMD is calculated as Cohen's *d*. However, Cohen's *d* has a slight bias in small samples. Because some of the studies reviewed included small samples, we used an unbiased estimate called Hedges' *g* (Hedges, 1981).

To interpret the magnitude of the effect size, we used the threshold of 0.25 as a benchmark of meaningful impact as recommended by Hill, Bloom, Black, and Lipsey (2008). This threshold has been applied to both educational and behavioral research (What Works Clearinghouse, 2007). Cohen (1988) offered different guidelines for interpreting the magnitude of effect size in

the social sciences: small effect size = 0.20; medium effect size = 0.50; and large effect size = 0.80. However, more recent expert recommendations (e.g., Durlak, 2009) make a case for regarding effect sizes at a magnitude of 0.20 or 0.25 as having high practical and clinical significance based on the nature of the outcomes (e.g., mental health and behavioral outcomes).

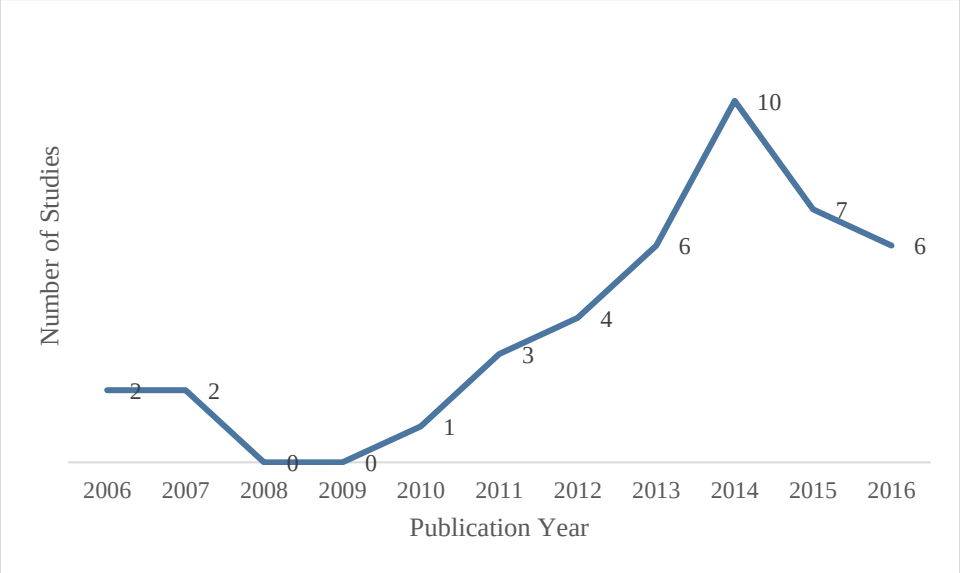
Although both fixed-effects and random-effects analyses results are reported, the discussion of findings focuses on random-effects models, which allow for the possibility that random differences exist between studies that are not associated with sampling error and thus take into account differences in study populations and intervention characteristics (Borenstein, Hedges, Higgins, & Rothstein, 2010; Lipsey & Wilson, 2001). Q statistics were computed to test the heterogeneity across studies. In addition, we computed 95% confidence intervals (CIs) for the point estimate of each set of effect sizes.

Overview of the Studies Reviewed

The programs evaluated addressed a wide range of ages. The majority of the evaluations (20 reports) examined programs for adolescents; nine reports addressed programs for children, three evaluations examined programs for young adults, and eight evaluations examined programs that covered all ages.

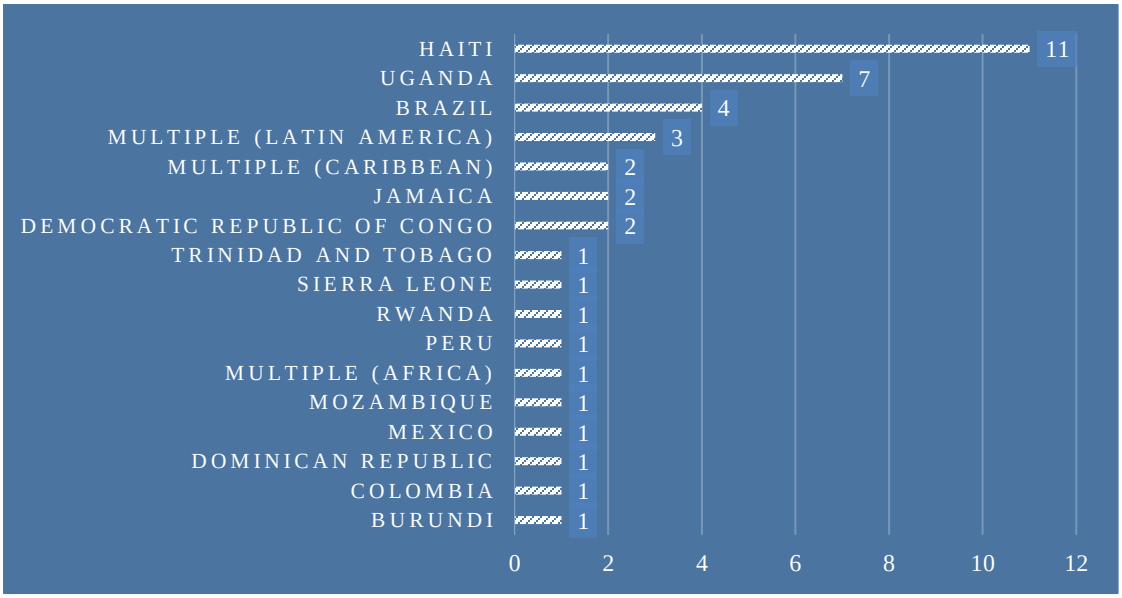
Most of the existing research evidence is recent. All 41 studies identified through the systematic literature searches were published within the last decade (2006–2016). Figure 2 shows the distribution of studies by publication year.

Figure 2. Number of Studies by Publication Year



As Figure 3 shows, 11 studies on child abuse and neglect were conducted in Haiti. In total, 17 of the studies reviewed were conducted in Caribbean countries, 10 studies were conducted in Latin America, and 14 were conducted in Africa.

Figure 3. Number of Studies Reviewed by Country



Findings From the Thematic Review

The research team categorized the interventions in the 41 studies for this systematic review into five categories: (1) psychosocial interventions to promote coping skills, (2) child protection policies and campaigns, (3) vocational and life skills training, (4) parent/caregiver education, and (5) safe spaces programs. These categories are further described in the following sections.

1. Psychosocial Interventions

Level of Evidence: Strong Evidence

Of the 41 studies reviewed, 17 studies examined the effects of psychosocial programs. These programs are described in Appendix B, Table B1. The 17 studies reviewed reported positive effects in three main outcome categories:

- Reduced trauma symptoms (11 studies; 61%)
- Reduced depression symptoms (5 studies; 29%)
- Improved mental and physical wellness (7 studies; 41%)

The evidence base is strong because of the number of studies that used a rigorous study design (i.e., experimental or quasi-experimental; 11 studies; 61%).[61] The remainder of the studies reported on changes from baseline to posttest but did not use a comparison group. External validity of the evidence base under this category is high. Three studies with a rigorous design were conducted in Haiti. In total, six studies were conducted in the Caribbean (Haiti and

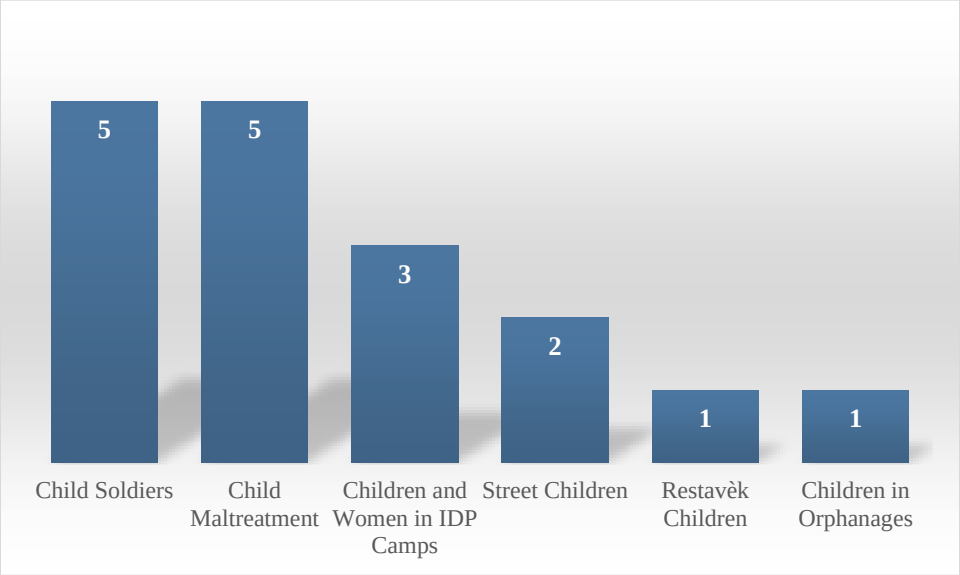
[61] Only nine of the 11 studies reported effect size information and were included in the meta-analysis in this report.

Jamaica), five studies were conducted in Latin America (Brazil, Colombia, and Peru), and six studies were conducted in Africa (Burundi, Democratic Republic of Congo, and Uganda).

Program Participants and Settings

Nearly one third of the studies (5 studies; 29%) reported on the results of psychosocial programs for former child soldiers who were victims of violence or witnessed violence in war-afflicted areas. Another one third of the studies (5 studies; 29%) examined outcomes of victims of child maltreatment, including neglect, sexual abuse, and harsh discipline. Three studies examined the effects of programs delivered in internally displaced persons (IDP) camps. Of these studies, one was conducted in postearthquake Haiti (Bastien, 2014). Figure 4 shows the distribution of studies by program participants.

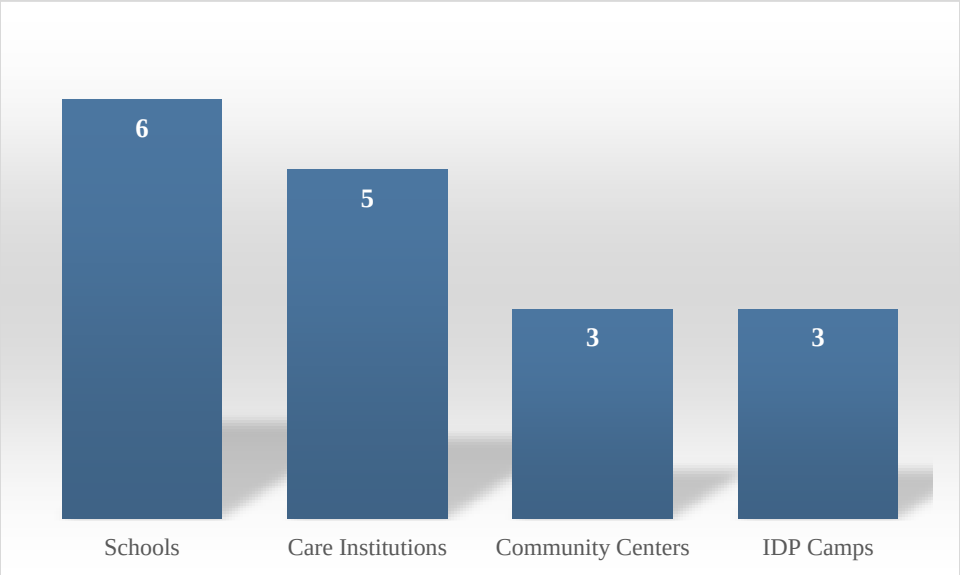
Figure 4. Number of Studies by Program Participants



Psychosocial interventions address the prevalence and salience of trauma-related symptoms among children who were victimized or have witnessed violence. The interventions in the studies reviewed were implemented in schools, care institutions, community centers, and IDP camps (Figure 5). One third of the studies (six studies) reported on interventions implemented in school buildings with children and youth identified as needing intervention because of their exposure to violence or a history of being victimized by adults. The interventions included both students enrolled in the school and youth from nearby neighborhoods. An additional five studies reported on interventions implemented in care institutions, defined as residential institutions where children and youth do not live with their biological or alternative families but under the supervision of care authorities. Two types of care institutions were included in the studies: residential facilities for recovery from trauma and orphanages. Three studies reported on interventions located in community centers. The centers were selected primarily because of their proximity to where children lived and their attractiveness (e.g., a municipal sports club). Finally, in three studies, the intervention was provided in the shelters or homes of displaced families in IDP camps.

Although most of the studies (10 studies; 59%) evaluated interventions delivered by mental health professionals (e.g., psychologists), nearly one half of the studies (seven studies; 41%) reported on interventions delivered by teachers, university students, volunteers, and members of NGOs and community-based organizations who received training and clinical supervision. According to the studies reviewed, the inclusion of lay professionals enabled the implementers to build on a larger workforce. But more importantly, it was perceived by communities as an opportunity to build capacity to more effectively work with children, parents, and primary caregivers and better understand the behavior of children, identify their problems, and communicate with victims of violence in a trauma-sensitive manner.

Figure 5. Number of Studies by Program Setting



Implementation Components

The studies demonstrated the feasibility of group therapy (versus one-on-one interventions), which can increase the number of individuals who can benefit from treatment. Of the 17 studies reviewed, 15 studies (88%) reported on programs created for or adapted to be delivered in small groups.

All programs were manualized, and most programs (88%) were short term (ranging from five to 15 sessions). The programs tended to use progressively structured sessions. Some sessions included discussions about safety and control, self-awareness, self-efficacy, self-esteem, and personal narratives of traumatic events. All sessions included relaxation and calming techniques and strategies for adaptive coping with stress. Activities varied and included discussions as well as creative expression through play therapy, role-play, drama, art, music, movement, and yoga. Several programs used a train-the-trainer approach to enable local lay mental health workers to deliver a structured curriculum and teach basic coping skills.

A common example of a psychosocial intervention was trauma-focused cognitive behavioral therapy, which is designed to reduce negative emotional and behavioral responses associated with child sexual abuse, domestic violence, traumatic loss, other traumatic events, and other

affective disorders (e.g., depression and anxiety) and cognitive and behavioral problems. Such therapy—based on learning and cognitive theories—addresses distorted beliefs and attributions related to the abuse and provides a supportive environment in which children are encouraged to talk about their traumatic experiences. In some of the studies reviewed, the intervention was delivered by trained mental health personnel, such as social workers, and at times was integrated into another intervention, such as vocational training courses. This program type also often included sessions with parents/caregivers who were not abusive to improve the supportive environment at home.

2. Communitywide Models

Level of Evidence: Moderate Evidence

Of the 41 studies reviewed, 11 studies evaluated communitywide models for violence prevention (Appendix B, Table B2). The 11 studies reviewed reported positive effects in four main outcome categories:

- Improved advocacy for children and women's rights and increased public awareness of the scope of local violence problems and the role that community members can play in preventing domestic violence, neighborhood violence, and child exploitation (four studies; 36%)
- Reduced rates of violence, ranging from harsh discipline to homicide (three studies; 27%)
- Increased access to and use of health and social services by vulnerable populations (three studies; 27%)
- Reduction in the number of families that send their children into *Restavèk* slavery or other forms of hazardous work and an increase in the number of children rescued from labor that involved violence or abuse who are then rehabilitated and integrated into their families and society (two studies; 18%).

The level of evidence was rated as moderate because of a lack of studies with Haitians that used a rigorous study design (e.g., experimental or quasi-experimental design). One randomized controlled trial of the effects of a community mobilization intervention in Uganda to prevent violence against women provided evidence of effectiveness for using a communitywide model. A second randomized controlled trial is an impact evaluation of USAID's community-based crime and violence prevention approach in Central America. This study showed positive effects of a communitywide model on reduced violence (e.g., murder, unsafe streets, and gang fights) and increased community participation in creating safe neighborhoods. The other eight studies reported case studies and descriptive statistics of the implementation results. Of these eight studies, three were conducted in Haiti.

Targeted Groups and Settings

Of the 11 studies, five reported on implementation models that sought to benefit all members of the community, three studies evaluated programs that targeted women and girls, and two studies evaluated interventions for children and youth. The settings for implementation included agency offices, health clinics, churches, and participants' homes.

Implementation Components

Communitywide implementation models include components directed at individuals, families, and the community. For individuals and families, communitywide models offered skill building workshops and access to resources and services. Examples of activities for vulnerable individuals and families included the following:

- Skill-building workshops to promote life skills (e.g., assertiveness, problem solving, employability skills, and coping techniques) and knowledge of one's rights
- Improved access to information on how to obtain health, mental health, and social services
- Support groups, such as parenting support groups and groups for rape survivors
- Free health services, including health screening and wellness workshops

At the community level, such models equipped community leaders and volunteers with tools for identifying vulnerable populations, monitoring and reporting on violence, and intervening directly or indirectly in the prevention of and response to child and woman exploitation and abuse and the negative consequences associated with those experiences. They also aimed to promote public awareness of the problem, change social norms, and increase the participation of community members in prevention and rehabilitation work. Examples of community actions included the following:

- Community agencies collect and analyze data (e.g., using household surveys) to identify areas with high rates of vulnerability and violence.
- Community leaders work closely with the police to report domestic violence, street violence, and other situations of exploitation and abuse.
- Employers and community agencies collaborate to monitor and collect data on child labor.
- Community members (both teens and adults) participate in events and campaigns to increase public awareness of the scope and severity of the problem. The campaigns included activities such as walks, flyer distribution, artistic presentations, and television and radio programming on the topic of human rights.
- Trained community members, police officers, health care providers, institutional leaders, and local governmental and cultural leaders lead conversations about gender-related power with their constituencies; in their own social networks; and among their families, friends, colleagues, and neighbors.
- Adults in the community (including survivors of violence and abuse) receive training to work as outreach workers, peer educators and counselors, and human rights monitors.
- Adults in the community volunteer as street monitors, interpreters, and intermediaries to make their neighborhoods safer and facilitate interactions of law enforcement and child protection agencies with families and individuals.

3. Vocational and Life Skills Training

Level of Evidence: Moderate Evidence

Of the 41 studies reviewed, five studies examined the effects of programs focusing on vocational and life skills training (Appendix B, Table B3). The five studies reviewed reported positive effects in five main outcome categories:

- Reduced rates of violence (two studies; 40%)
- Increased job skills, labor force participation, earnings, and financial literacy (five studies; 100%)
- Increased emotional well-being and reduced psychological problems, such as depression, anxiety, and grief (two studies; 40%)
- Improved parenting and reduced child neglect (one study; 20%)
- Improved relationships with the community (one study; 20%)

The level of evidence was rated as moderate because of a lack of studies with Haitians that used a rigorous study design (e.g., experimental or quasi-experimental design). The five studies were conducted in Liberia, Sierra Leone, Uganda, and Rwanda. One randomized controlled trial randomly assigned youth clubs into participation and no participation in vocational and life skill building programs (Bandiera et al., 2015). A second study used a quasi-experimental design to compare young women who received savings accounts only to women who received savings accounts as well as health and financial education (Austrian & Muthengi, 2014).

Targeted Groups and Settings

Of the five studies reviewed, three evaluated programs designed to promote and support women and girls, and two studies evaluated programs for youth who had been marginalized, including street children and orphans. The vocational training workshops and mentoring took place in local businesses and nonprofit agencies, youth clubs, and homes and were implemented by trained community members.

Implementation Components

All programs were delivered in group settings and taught participants how to make healthy decisions and use specific strategies to obtain jobs and safe housing. The workshops often included lessons about healthy decision making, leadership skills training, spiritual and psychological outlets to support coping and self-expression, literacy classes, and vocational training courses (e.g., elderly care, child care, and establishing small businesses). Some vocational training courses provided supplies and materials as well as job placement services. In addition, some vocational training programs included brief psychosocial interventions. According to qualitative and quantitative data, after the programs ended, the participants felt more responsible and respected by their communities, had greater self-confidence in their parenting skills and ability to reintegrate into the community, and felt safer in their communities after participating in these programs.

4. Parent/Caregiver Education

Level of Evidence: Moderate Evidence

Of the 41 studies reviewed, five studies examined the effects of parent/caregiver education programs aimed at preventing child abuse and neglect by promoting positive child-rearing skills, increasing parental knowledge of child development, and encouraging positive discipline rather than corporal punishment (Appendix B, Table B4). The five studies reviewed reported positive effects in four main outcome categories:

- More sensitive and responsive parenting style (three studies; 60%)
- Improved social-emotional and cognitive skills of children (two studies; 40%)
- Reduced child maltreatment (two studies; 40%)
- Improved parent-child relationships (one study; 20%)

The level of evidence was rated as moderate because of a lack of studies with Haitians that used a rigorous study design (e.g., experimental or quasi-experimental design). Two quasi-experimental design studies, one pre-post study without a comparison group, and two qualitative studies examined the effects of parenting programs. One case study reported on comprehensive supports to Haitian families to promote mental health and reduce parental stress as a way to reduce domestic violence and child abuse.

Targeted Groups and Settings

In four of the five studies, the workshop participants were primarily mothers. In two studies, the participants included other caregivers, such as health care providers and teachers, who sought to improve their interactions with children. The workshops were facilitated by community members trained for the purpose of the projects evaluated.

Implementation Components

Two studies focused on parents of young children and included home visits in addition to the workshops. The workshops in all programs focused on the importance of and strategies for meeting the physical, emotional, and cognitive needs of children. In addition, the workshops emphasized the benefits of positive discipline and the long-term physical and psychological harm to children that can result from corporal punishment.

5. Safe Spaces Programs

Level of Evidence: Limited Evidence

Of the 41 studies reviewed, three studies examined the effects of programs aimed at providing physical shelter to victims of violence (Appendix B, Table B5). The three studies reviewed reported positive effects in three main outcome categories:

- Improved living conditions of children, youth, and adults (three studies; 100%)

- Improved emotional and physical health of children (three studies; 100%)
- Improved social and emotional skills and relationships with caring adults (two studies; 67%)

The level of evidence was rated as limited because none of the studies used a rigorous study design (i.e., experimental or quasi-experimental design), and only one study took place in Haiti. The program implemented in Haiti by Save the Children aimed to protect children living in shelters and IDP camps by providing a safe designated area where caring adults supervise daily and structured activities. The participating children were identified as those at highest risk to be deeply affected by the destruction of their homes and the violence and abuse experienced by their families. The project took place after tropical storm Noel struck Haiti in 2007 (Madfis, Martyris, & Triplehorn, 2010).

Targeted Groups and Settings

Each study evaluated a different model of safe spaces. In one study, the program made available shelters to displaced individuals fleeing sexual and gender-based violence. At the shelters, victims of violence received psychosocial support, medical care, legal aid, vocational training, and employment assistance (Feldman, Freccero, & Seelinger, 2013). A second study reported on supports to families with young children who desired to build new homes or enhance existing homes (Esper & London, 2013). A third study reported on safe spaces managed by social workers and parents, which provided children with a place to spend 8 hours per day engaging in structured games; psychosocial, recreational, and educational activities, including arts and crafts; self-esteem games; and drama and role-play (Madfis et al., 2010).

Findings of the Meta-Analysis

This section details the findings from the 12 studies that were analyzed as part of the meta-analysis. Of these 12 studies, eight were randomized controlled trials, and four used a comparison group without random assignment to groups. Nine evaluations examined the effects of psychosocial interventions. Two studies evaluated programs that provided vocational and life skills training, and one study examined a communitywide model.

Notably, all the studies focused on individuals living in temporary residential programs, such as orphanages, IDP camps, and residential treatment centers. One study included urban and rural locations, whereas the other 11 studies were conducted in urban and semiurban areas.

The results of the meta-analysis are summarized in Table 2. The effects of 34 outcomes from 12 studies were combined to arrive at a single estimate of the size of the effect (the combined effect). The effect size was large (0.77), suggesting that the programs tested can be effective at reducing violence and promoting the health and well-being of children, adolescents, and young adults. Appendix C shows a forest plot—a graphical display of the estimated summary effects across all outcomes per study.

Table 2. Effectiveness of Programs in the Studies Reviewed[a]

Grouping Variable	Number of Studies	Random-Effects SMD[b] (Standard Error)	Random-Effects CI[c]	Q[d] Statistic	I^{2e}
All Studies	12	0.77 (0.16)	0.45–1.09	154.43*	92.88
Program Type					
Psychosocial intervention	9	1.13 (0.28)	0.58–1.68	92.04*	91.31
Vocational and life skills training	2	0.11 (0.04)	0.03–0.19	0.83	0.00
Outcomes					
Depression symptoms	3	0.87 (0.46)	-0.03–1.77	20.32*	90.16
Trauma symptoms	7	1.34 (0.34)	0.66–2.01	47.16*	87.28
Violence experience	3	0.35 (0.21)	-0.07–0.77	14.99*	86.66
Well-being	5	0.28 (0.09)	0.10–0.46	8.40	52.37
Country					
Haiti	3	0.81 (0.22)	0.38–1.25	3.98	49.74
Uganda	6	0.26 (0.11)	0.07–0.48	28.22*	82.28
Democratic Republic of the Congo	2	2.34 (0.38)	1.58–3.09	2.13	53.13
Gender					
Females	4	0.51 (0.19)	0.13–0.89	45.26*	93.37
Males	2	4.66 (2.09)	0.57–8.74	9.15*	89.08
Mixed	6	0.52 (0.19)	0.16–0.89	24.87*	79.90
Study Design					
Experimental	8	1.07 (0.26)	0.57–1.57	115.97*	93.96
Quasi-experimental	4	0.44 (0.26)	-0.07–0.95	38.18*	92.14

Note. [a]The meta-analysis results are presented for categories with at least two studies. [b]SMD is the standardized mean difference (Hedge's adjusted *g*). [c]CI is the 95% confidence interval. [d]The Q statistic is a test for homogeneity of the results. When the Q statistic is statistically significant at $p < .05$ (indicated by *), the random-effects model is preferred over the fixed-effects model. [e]I^2 describes percentage of variability caused by heterogeneity other than sampling error.

For the purpose of examining effects by the type of outcome, the research team classified the outcome measures into four categories:

- **Depression.** All measures of symptoms of depression (e.g., major depression, depression-related symptoms, and suicide risk) were included under this category.
- **Trauma.** All measures of posttraumatic stress symptoms that were regarded by the study authors as symptoms of trauma (e.g., overall stress, intrusive thoughts, avoidance behavior, and spiritual struggle) were included under this category.
- **Violence Experience.** All different types of violence experience (e.g., the number of sexual violence incidents in the last year and verbal aggression) were included under this category.
- **Well-being.** All factors related to well-being (e.g., overall psychological well-being, self-efficacy, and feeling empowered) were included under this category.

In all cases, the researchers measured symptom levels. Typically, the measures addressed both severity (i.e., intensity) and the frequency of symptoms. The most frequently measured outcome

was symptoms of trauma. This construct was assessed using well-established measures of posttraumatic stress or specific indicators of trauma, such as avoidance behavior and intrusive thoughts. Under both the fixed-effects and random-effects models, the combined effect was large. This finding has particular importance in light of two strategies used to make the programs feasible. First, the programs were short term. Because of the high rates of mobility of displaced people and people seeking jobs, it was important to provide programs that can equip children and youth with coping skills within a short time period. Second, the programs trained local people, some of them with no clinical experience, to deliver the programs. Therefore, as a whole, the research evidence shows that it is possible to build local capacity to successfully and effectively implement psychosocial programs.

The three studies conducted in Haiti showed promising results. The effect size was large for both the fixed-effects and random-effects models. All three studies examined psychosocial programs. Two of the programs addressed IDPs, and one program targeted children living in orphanages. Together, these studies examined both reductions in negative symptoms (e.g., depression and trauma) and increases in overall psychological well-being. For all types of outcomes, the interventions showed positive effects.

The average effect size for effects of programs on male participants (4.66) was much larger than the average effect size for female participants (0.51), suggesting that, despite the growing efforts to reduce violence against women and girls, there is a need for further program development and research to promote the safety and well-being of women and girls.

Notably, experimental design studies (i.e., randomized controlled trials) reported larger effects than quasi-experimental design studies. This finding suggests that the inclusion of weaker designs in the meta-analysis does not appear to have upwardly biased the overall results. This further increases our confidence in the promise of the interventions assessed.

Psychosocial interventions also showed a larger effect size than vocational and life skills training programs. In fact, psychosocial interventions showed an average effect size of 1.13 SMDs, whereas vocational and life skill training programs showed an effect size of 0.11 SMDs. This finding should be interpreted with caution because of the small number (n = 2) of studies that focused on vocational and life skill training programs. In addition, although psychosocial programs were designed specifically to reduce the negative outcomes of victimization and exposure to violence, vocational and life skills programs attempted to prevent further involvement in violence and abuse—outcomes that are harder to measure.

Summary and Discussion

This research review provides evidence that five types of programs can be effectively implemented with highly vulnerable populations and achieve positive outcomes in low- and middle-income countries. These programs include psychosocial interventions, communitywide models, vocational and life skills training, parent/caregiver education, and safe spaces. Ecological factors, such as social norms, informed both the implementation of some programs (Abramsky et al., 2016; Austrian & Muthengi, 2014) and strategies to gain buy-in from community leaders and stakeholders to enhance the infrastructure required for adequate delivery

of services, including policies, resources, and collaboration with health care providers and police officers.

One promising finding from this review was the use of local volunteers and nonclinical professionals to deliver a wide array of services, including psychosocial programs. Notably, some interventions recruited individuals who had been victims of violence. The range of programs demonstrated a balanced approach between reducing negative behaviors and mental health problems and promoting positive expectations, a sense of empowerment, individual rights, and psychological well-being. The inclusion of structured courses to promote life skills, vocational skills, coping skills, and social connection and support demonstrates the understanding that to stop violence, a society should build on its strengths (e.g., employment opportunities and understanding of one's rights), not just address its weaknesses (Bandiera et al., 2015; Bastien, 2014).

The strongest evidence emerging from this review concerns mental health interventions. Initiatives that promoted access to mental health services for children and adolescents were created based on data showing that children who were neglected, orphaned, or abandoned often do not receive health care services and are at risk for mental disorders (Culver, Whetten, Boyd, & O'Donnell; 2015). These disorders further perpetuate the cycle of poverty and violence. Mental health interventions were typically of short duration (e.g., 15 weekly sessions) and involved a cultural adaptation of a manualized psychotherapy program with trained nonclinical professionals, such as lay counselors, social workers, and schoolteachers (Ager et al., 2011; Bolton et al., 2007; Church, Pina, Reategui, & Brooks, 2012; Ertl, Pfeiffer, Schauer, Elbert, & Neuner, 2011). Typically, these interventions taught participants how to identify and cope with their emotions; how to process and control intrusive thoughts; and how to engage in relaxation strategies through controlled breathing, movement, art, and other forms of self-expression. Allowing victims to describe their personal traumatic experiences and become part of social support groups also was a component of programs that showed positive effects.

Vocational and life skills training programs show smaller effects than psychosocial support interventions. However, more research will be needed to examine the effectiveness of vocational and life skills training programs in more detail. We only found two experimental or quasi-experimental studies that examined the effects of vocational and life skills training programs on violence and the health and wellbeing of children, adolescents, and young adults.

In addition, we found evidence that programs with an emphasis on men are more effective than programs with an emphasis on women. This finding is concerning considering the strong need to further improve gender equality in low-income countries, such as Haiti. It will be important to focus more research on gender equality and the barriers toward achieving this goal.

In contrast to the growing number of studies on psychosocial interventions, little research evidence exists for programs that aim to identify the mental health needs of a local population. An important part of reducing the rates of child maltreatment is diagnosing children in need of health, mental health, and welfare services (Harrison, Pierre, Gordon-Strachan, Campbell-Forrester, & Leslie, 2011; Miller & Toombs, 2014). Mental health needs assessments were a component of several large-scale initiatives to promote child protection policies and practices, with little correlation to positive outcomes derived from these.

None of the experimental and quasi-experimental design studies examined the effects of prevention efforts on children. Our findings are in agreement with other researchers (e.g., Sumner et al., 2015) who concluded that more research is needed on the prevention of violence against children and the promotion of safe, stable, and nurturing relationships and environments for children.

This review had several limitations. First, although the databases searched covered some non-English language sources, the inclusion of further non-English language databases might have identified additional reviews. Second, the meta-analysis included only three studies that did not assess psychosocial interventions, thus limiting our ability to draw conclusions about the effectiveness of these other types of programs. In particular, a need for rigorous research exists on the effectiveness of safe spaces programs. Third, outcomes that were not at the individual level (e.g., community-level outcomes) were not assessed because of a lack of valid measures and comparative research design methods. Overall, these limitations are unlikely to undermine our conclusion about the promise of using interventions effectively to combat violence against children and adolescents in Haiti. However, the limited number of rigorous comparative studies assessing outcomes in children in rural areas and children outside temporary shelters reduces our ability to determine the generalizability of the research findings. In this review, researchers used a lenient definition of adequate external validity—the extent of applicability of the findings to different populations and settings. Only country, age group, and risk factors were used to determine the extent to which the findings can be generalized to Haitians. However, additional factors may be used as more research become available, including locale and specific types of violence or exploitation. Further research is needed to explore program effectiveness in rural areas of Haiti and other low-income countries and determine the potential promise of prevention and intervention programs conducted with children in different settings, including migrant populations versus nontemporary housing, children living with their families, and children returning from *restavèk* or care institutions. More studies are needed to provide information about the role of context on implementation success, implementation strategies including provider education, and the long-term sustainability of the program.

Implications for Research and Practice

The strong research evidence on psychosocial programs demonstrated the feasibility of scaling up strategies, such as offering short-term interventions, adapting the programs to implementation in group settings rather than as one-on-one therapy, and training lay professionals to deliver the intervention. This research evidence combined with the evidence for communitywide models suggests that communitywide approaches in low-resource settings can effectively reduce violence rates and promote population health. Experts have suggested that communitywide models can include creative solutions to scaling up psychosocial interventions. For example, health care providers can match multiple levels, techniques, and formats of interventions with the types of needs and create a stepped-care system, where simpler and cheaper interventions are used initially, whereas more elaborate and expensive treatments are saved for those in greatest need (Parikh, 2015).

In addition, the research summarized in this report presented evidence for the feasibility and effectiveness of training of general health workers and social services providers in providing

mental health services. At the end of the project, local lay professionals had improved capacity for delivering interventions as well as referring individuals to services. The lessons learned from evaluations of communitywide models included the importance of coordination and joint planning between NGOs and community leaders and the importance of including community stakeholders in identifying violence concerns in the community, planning and forming support groups and services for vulnerable populations, and planning for local capacity building of health centers and institutions. Together, these studies suggest that it is possible to scale up psychosocial interventions as part of a systemic approach to violence prevention. This conclusion is aligned with the recommendations of other experts based on studies in Haiti and other low-income countries (Baingana & Mangen, 2011; Belkin et al., 2011). These recommendations should be further evaluated by additional research. Specifically, this review found no longitudinal studies of the effects of capacity-building efforts at the community level or agency level after several years. In addition, more studies are needed to examine the effects of scaling up efforts on violence prevention in communities affected by adversities, including extreme poverty, displacement, and natural disasters.

Conflict of Interest

The authors declare that they have no conflicts of interest relevant to this systematic review and meta-analysis.

References[62]

Abramsky, T., Devries, K. M., Michau, L., Nakuti, J., Musuya, T., Kyegombe, N., & Watts, C. (2016). The impact of SASA!, a community mobilisation intervention, on women's experiences of intimate partner violence: Secondary findings from a cluster randomised trial in Kampala, Uganda. *Journal of Epidemiology and Community Health*. Advance online publication. doi:10.1136/jech-2015-206665*

Ager, A., Akesson, B., Stark, L., Flouri, E., Okot, B., McCollister, F., & Boothby, N. (2011). The impact of the school-based Psychosocial Structured Activities (PSSA) program on conflict-affected children in northern Uganda. *Journal of Child Psychology & Psychiatry, 52*(11), 1124–1133.*

Aoto-Sullivan, S. Y. (2000). *The efficacy of short- and long-term therapy in the treatment of childhood sexual abuse: A review of the literature*. Doctoral dissertation. Biola University, La Mira, CA.

Arata, C. M., Langhinrichsen-Rohling, J., Bowers, D., & O'Farrill-Swails, L. (2005). Single versus multi-type maltreatment: An examination of the long-term effects of child abuse. *Journal of Aggression, Maltreatment & Trauma, 11*(4), 29–52. doi:10.1300/J146v11n04n02

Austrian, K., & Muthengi, E. (2014). Can economic assets increase girls' risk of sexual harassment? Evaluation results from a social, health and economic asset-building intervention for vulnerable adolescent girls in Uganda. *Children & Youth Services Review, 47,* 168–175. doi:10.1016/j.childyouth.2014.08.012*

Baingana, F., & Mangen, P. O. (2011). Scaling up of mental health and trauma support among war affected communities in northern Uganda: Lessons learned. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict, 9*(3), 291–303.

Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I., & Sulaiman, M. (2014). *Women's empowerment in action: Evidence from a randomized control trial in Africa* (No. 50). London, UK: London School of Economics and Political Science, Suntory and Toyota International Centres for Economics and Related Disciplines. Retrieved from http://sticerd.lse.ac.uk/dps/eopp/eopp50.pdf*

Bastien, G. (2014). Empowering communities from the ground up: Perspectives on a lay mental health project in post-earthquake Haiti. *Dissertation Abstracts International, 75*.

Belkin, G. S., Unützer, J., Kessler, R. C., Verdeli, H., Raviola, G. J., Sachs, K., . . . Eustache, E. (2011). Scaling up for the "bottom billion": "5×5" implementation of community mental health care in low-income regions. *Psychiatric Services, 62*(12), 1494–1502. doi:10.1176/appi.ps.000012011

[62] Asterisks (*) denote inclusion in the meta-analysis.

Berk-Seligson, S., Orcés, D., Pizzolitto, G., Seligson, M. A., & Wilson, C. J. (2014). *Impact evaluation of USAID's community-based crime and violence prevention approach in Central America: Regional report for El Salvador, Guatemala, Honduras and Panama*. Nashville, TN: Vanderbilt University. Retrieved from http://www.vanderbilt.edu/lapop/carsi/Regional_Report_v12d_final_W_120814.pdf

Beyond Borders, Boston College Law School, Bureau des Avocates Internationaux, Institute for Justice and Democracy in Haiti, LiLiLi! Read, Universite de la Fondation Dr. Aristide, & University of Miami School of Law Human Rights Clinic. (2014). *The plight of Restavèk (Child Domestic Servants)*. Submission for the 112th Session of the United Nations Human Rights Committee, October 8 & 9, 2014 Review of Haiti's Report under the International Covenant on Civil and Political Rights. Retrieved from http://www.ijdh.org/wp-content/uploads/2014/09/HRC_Restavek-Sept-12.pdf

Bolton, P., Bass, J., Betancourt, T., Speelman, L., Onyango, G., Clougherty, K., . . . Verdeli, H. (2007). Interventions for depression symptoms among adolescent survivors of war and displacement in northern Uganda: A randomized controlled trial. *Journal of the American Medical Association, 298*, 519–527.*

Borenstein, M., Hedges, L., Higgins, J., & Rothstein, H., (2009). Comprehensive Meta-Analysis, Version 3.0. Englewood, NJ: Biostat, Inc. Retrieved from https://www.meta-analysis.com/downloads/Meta-Analysis%20Manual%20V3.pdf

Borenstein, M., Hedges, L. V., Higgins, J. P. T., & Rothstein, H. R. (2010). A basic introduction to fixed-effect and random-effects models for meta-analysis. *Research Synthesis Methods, 1*(2), 97–111.

Brito-Navarrete, D., Lozano-Gutiérrez, A., Ostrosky-Shejet, F., González-Osornio, G., & Aguilera-Lázaro, E. (2015). Primary preventive programs for risk behavior: Results from a study in high poverty areas of Mexico. *Revista Medica del Hospital General de México, 78*(1), 36-42. doi:10.1016/j.hgmx.2015.04.002

Brown, J., James, K., & Taylor, A. (2010). Caught in the rejection–abuse cycle: Are we really treating perpetrators of domestic abuse effectively? *Journal of Family Therapy, 32*(3), 280–307. doi:10.1111/j.1467-6427.2010.00494.x

Brown, L., Thurman, T. R., Rice, J., Boris, N. W., Ntaganira, J., Nyirazinyoye, L., . . . Snider, L. (2009). Impact of a mentoring program on psychosocial wellbeing of youth in Rwanda: Results of a quasi-experimental study. *Vulnerable Children & Youth Studies, 4*(4), 288–299. doi:10.1080/17450120903193915

Budosan, B., O'Hanlon, K. P., & Aziz, S. (2016). Improving access to community-based mental health care and psychosocial support within a disaster context: A case study from Haiti. *Disaster Health, 2*(1), 25–34.

Caribbean Development Bank. (2015). *Youth are the future.* Wildey, St. Michael, Barbados: Author.

Cénat, J. M., & Derivois, D. (2015). Long-term outcomes among child and adolescent survivors of the 2010 Haitian earthquake. *Depression & Anxiety (1091-4269), 32*(1), 57–63.

Child Soldiers International. (2008). *Child soldiers global report 2008.* London, UK: Author. Retrieved from http://www.refworld.org/docid/486cb10528.html

Church, D., Piña, O., Reategui, C., & Brooks, A. (2012). Single-session reduction of the intensity of traumatic memories in abused adolescents after EFT: A randomized controlled pilot study. *Traumatology, 18*(3), 73–79. doi:10.1177/1534765611426788*

Cohen, J. (1988). Statistical power analysis for the behavioral sciences (2nd edition). Hillsdale, NJ: Erlbaum.

Cohn, L. D., & Becker, B. J. (2003). How meta-analysis increases statistical power. *Psychological Methods, 8*(3), 243–253.

Cooper, A., Diego-Rosell, P., & Gogue, C. (2012). *Child labor in domestic service (Restavèks) in Port-au-Prince, Haiti: Mixed methods research on child labor and forced child labor in the production of goods.* Calverton, MD: ICF International Inc. Retrieved from https://www.dol.gov/ilab/reports/pdf/2012RestavekHaiti.pdf

Crombach, A., & Elbert, T. (2015). Controlling offensive behavior using narrative exposure therapy: A randomized controlled trial of former street children. *Clinical Psychological Science, 3*(2), 270–282.

Cronley, C., Jeong, S., Davis, J. B., & Madden, E. (2015). Effects of homelessness and child maltreatment on the likelihood of engaging in property and violent crime during adulthood. *Journal of Human Behavior in the Social Environment, 25*(3), 192–203. doi:10.1080/10911359.2014.966219

Culver, K. A., Whetten, K., Boyd, D. L., & O'Donnell, J. K. (2015). Yoga to reduce trauma-related distress and 24 emotional and behavioral difficulties among children living in orphanages in Haiti: A pilot study. *Journal of Alternative & Complementary Medicine, 21*(9), 539–545. doi:10.1089/acm.2015.0017*

Daniel, P., Evelyn, V., & Wood, J. (2012). *Evaluation of the impact of the child-friendly school approach in the eastern Caribbean: Final report.* London, UK: Education for Change Ltd. Retrieved from http://www.unicef.org/evaldatabase/files/Evaluation_of_the_Impact_of_the_CFS_approach_in_the_Eastern_Caribbean.pdf

Durlak, J. A. (2009). How to select, calculate, and interpret effect sizes. *Journal of Pediatric Psychology, 34*(9), 917–928.

Embassy of the United States. (2015). *Trafficking in persons report: Haiti.* Port-au-Prince, Haiti: Author.

Ertl, V., Pfeiffer, A., Schauer, E., Elbert, T., & Neuner, F. (2011). Community-implemented trauma therapy for former child soldiers in Northern Uganda: A randomized controlled trial. *Journal of the American Medical Association, 306*(5), 503–512.*

Esper, H., & London, T. (2013). *Improved housing and its impact on children: An exploration of CEMEX's Patrimonio Hoy* (Impact Case Study No. 1). Ann Arbor, MI: The William Davidson Institute. Retrieved from http://wdi.umich.edu/wp-content/uploads/Child-Impact-Case-Study-1-Improved-Housing-Patrimonio-Hoy.pdf

Feldman, S., Freccero, J., & Seelinger, K. T. (2013). *Safe haven: Sheltering displaced persons from sexual and gender-based violence. Case study: Colombia*. Berkeley: University of California, Haiti Human Rights Center.

Flynn-O'Brien, K. T., Rivara, F. P., Weiss, N. S., Lea, V. A., Marcelin, L. H., Vertefeuille, J., & Mercy, J. A. (2016). Prevalence of physical violence against children in Haiti: A national population-based cross-sectional survey. *Child Abuse & Neglect, 51*, 154–162. doi:10.1016/j.chiabu.2015.10.021

Free the Slaves. (2014). *Haiti's model communities ending Restavèk child domestic servitude: Monitoring & evaluation project report: Best practices and lessons learned*. Washington, DC: Author. Retrieved from https://www.haiti-now.org/wp-content/uploads/2016/08/info_final.pdf

Gaity, D. (2011). The forgotten ones: Living conditions and social functioning of street children in Port-au-Prince, Haiti. *NACSW Convention Proceedings*, 1–8.

Gilbert, S., Benjamin, F., Da, J. L., Toussaint, J. M., & Lecomte, Y. (2015). Perspectives sur la résilience…collective: Créer un réseau communautaire en santé mentale à Grand-Goâve, Haïti. *Revue Haïtienne de Santé Mentale, 4*, 85–106.

Guzder, J., Paisley, V., Robertson-Hickling, H., & Hickling, F. W. (2013). Promoting resilience in high-risk children in Jamaica: A pilot study of a multimodal intervention. *Journal of the Canadian Academy of Child and Adolescent Psychiatry / Journal de L'académie Canadienne de Psychiatrie de L'enfant et de L'adolescent, 22*(2), 125–130.

Habigzang, L. F., Pizarro de Freitas, C. P., Von Hohendorff, J., & Koller, S. H. (2016). Cognitive-behavioral group therapy for girl victims of sexual violence in Brazil: Are there differences in effectiveness when applied by different groups of psychologists? *Anales de Psicología, 32*(2), 433–440.

Harrison, A., Pierre, R., Gordon-Strachan, G., Campbell-Forrester, S., & Leslie, K. (2011). Adolescent health screening practices by physicians in Jamaica. *Revista Panamericana de Salud Publica, 29*(4), 252–258.

Hecker, T., Hermenau, K., Salmen, C., Teicher, M., & Elbert, T. (2016). Harsh discipline relates to internalizing problems and cognitive functioning: Findings from a cross-sectional study with school children in Tanzania. *BMC Psychiatry, 16*(118), 1–9. doi:10.1186/s12888-016-0828-3

Hedges, L. V. (1981). Distribution theory for Glass's estimator of effect size and related estimators. *Journal of Educational Statistics, 6*(2), 107–128.

Hill, C. J., Bloom, H. S., Black, A. R., & Lipsey, M. W. (2008). Empirical benchmarks for interpreting effect sizes in research. *Child Development Perspectives, 2*(3), 172–177.

Ibarguren, C. (2007). *IPEC evaluation: Combating the worst forms of child labour in the Dominican Republic: Supporting the time-bound programme in the elimination of the worst forms of child labour in the Dominican Republic.* Geneva, Switzerland: International Labour Organization, International Programme on the Elimination of Child Labour. Retrieved from https://www.dol.gov/ilab/projects/summaries/dr_tbp_phases1and2_feval.pdf

Jarero, I., Roque-López, S., Gómez, J., Givaudán, M. (2014). Third research study on the provision of the EMDR Integrative Group Treatment Protocol with child victims of severe interpersonal violence. *Revista Iberoamericana de Psicotraumatología y Disociación, 6*(2), 1–22.

Kovats-Bernat, C. (2006). *Sleeping rough in Port-au-Prince: An ethnography of street children and violence in Haiti*. Gainesville: University of Florida Press.

Knerr, W., Gardner, F., & Cluver, L. (2013). Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review. *Prevention Science, 14*(4), 352–363.

Leeb, R. T., Paulozzi, L., Melanson, C., Simon, T., & Arias, I. (2008). *Child maltreatment surveillance: Uniform definitions for public health and recommended data elements (Version 1.0).* Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from http://www.cdc.gov/violenceprevention/pdf/CM_Surveillance-a.pdf

Leenarts, L., Diehle, J., Doreleijers, T., Jansma, E., & Lindauer, R. (2013). Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: A systematic review. *European Child & Adolescent Psychiatry, 22*(5), 269–283.

Lewis, I. I. (2012). At risk: The relationship between experiences of child sexual abuse and women's HIV status in Papua New Guinea. *Journal of Child Sexual Abuse, 21*(3), 273–294. doi:10.1080/10538712.2012.668265

Lipsey, M. W., & Wilson, D. B. (2001). *Practical meta-analysis.* Thousand Oaks, CA: Sage.

Longman-Mills, S., González, W. Y., Meléndez, M. O., García, M. R., Gómez, J. D., Juárez, C. G., . . . Mann, R. E. (2013). Exploring child maltreatment and its relationship to alcohol and cannabis use in selected Latin American and Caribbean countries. *Child Abuse & Neglect, 37*(1), 77-85. doi:10.1016/j.chiabu.2012.11.002

Lum, J. G., Powell, M., Timms, L., & Snow, P. (2015). A meta-analysis of cross sectional studies investigating language in maltreated children. *Journal of Speech, Language, and Hearing Research, 58*(3), 961–976.

Lumos. (2012). *Children in institutions: The global picture.* Stratford, UK: Author.

Lumos. (2015). *The beginning of the end for orphanage 'care' in Haiti*. Stratford, UK: Author.

Maalouf, W., & Campello, G. (2014). The influence of family skills programmes on violence indicators: Experience from a multi-site project of the United Nations Office on Drugs and Crime in low and middle income countries. Aggression and Violent Behavior, 19(6), 616–624. http://dx.doi.org/10.1016/j.avb.2014.09.012

Madfis, J., Martyris, D., & Triplehorn, C. (2010). Emergency safe spaces in Haiti and the Solomon Islands. *Disasters, 34*(3), 845–864.

Maguire, S. A., Williams, B., Naughton, A. M., Cowley, L. E., Tempest, V., Mann, M. K., . . . Kemp, A. M. (2015). A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse. *Child: Care, Health & Development, 41*(5), 641–653. doi:10.1111/cch.12227

Marques, A. H., Oliveira, P. A., Scomparini, L. B., Rêgo e Silva, U. M., Silva, A. C., Doretto, V., . . . Scivoletto, S. (2015). Community-based global health program for maltreated children and adolescents in Brazil: The equilibrium program. *Frontiers in Psychiatry, 6*. Advance online publication. Retrieved from https://doi.org/10.3389/fpsyt.2015.00102

Maxwell, K., Callahan, J., Ruggero, C., & Janis, B. (2016). Breaking the cycle: Association of attending therapy following childhood abuse and subsequent perpetration of violence. *Journal of Family Violence, 31*(2), 251–258.

McKay, S., Veale, A., Worthen, M., & Wessells, M. (2011). Building meaningful participation in reintegration among war-affected young mothers in Liberia, Sierra Leone and northern Uganda. *Intervention*, *9*(2), 108–124.

McMullen, J., O'Callaghan, P., Shannon, C., Black, A., & Eakin, J. (2013). Group trauma focused cognitive-behavioral therapy with former child soldiers and other war affected boys in the DR Congo: A randomized controlled trial. *Journal of Child Psychology and Psychiatry, 54*(11), 1231–1241.*

Miller, A. J., & Toombs, K. B. (2014). Educating physicians internationally in the diagnosis of child sexual abuse: Evaluation of a brief educational intervention in Malawi. *Journal of Child Sexual Abuse, 23*, 247–255.

Mitsopoulou, L., & Derivois, D. (2014). Les effets thérapeutiques des groupes de parole auprès d'enfants victimes de catastrophes naturelles en Haïti [The therapeutic effects of focus groups with children affected by natural disasters in Haiti]. *Neuropsychiatrie de L'enfance et de L'adolescence, 62*(6), 342–348. doi:10.1016/j.neurenf.2014.04.002

Nemeroff, C. B. (2016). Paradise lost: The neurobiological and clinical consequences of child abuse and neglect. *Neuron, 89*(5), 892–909. doi:10.1016/j.neuron.2016.01.019

Neptune, R. E. (2016). Sexual exploitation of children and adolescents, human trafficking and mega sporting events: A case study from Brazil. *Transformation, 33*(3), 218–224. doi:10.1177/0265378816636795

O'Callaghan, P., McMullen, J., Shannon, C., Rafferty, H., & Black, A. (2013). A randomized controlled trial of trauma-focused cognitive behavioral therapy for sexually exploited, war-affected Congolese girls. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(4), 359–69.*

Parikh, S. V. (2015). Improving access to psychosocial treatments—Integrating patient, provider, and systems approaches. *The Canadian Journal of Psychiatry / La Revue Canadienne de Psychiatrie, 60*(6), 242–244.

Peacebuild. (2008). *The impact of armed violence on children in Haiti*. Ottawa, Ontario, Canada: Author. Retrieved from https://www.monroecollege.edu/uploadedFiles/_Site_Assets/PDF/Haiti-%20Peace%20Build%20Forum.pdf

Pluim, G. W. (2012). Multi-level research on youth participation in the Haitian reconstruction. *Research in Comparative and International Education, 7*(2), 160–175.

Putnam-Hornstein, E., Cleves, M. A., Licht, R., & Needell, B. (2013). Risk of fatal injury in young children following abuse allegations: Evidence from a prospective, population-based study. *American Journal of Public Health, 103*(10), e39–e44. doi:10.2105/AJPH.2013.301516

Raissouni, M., Langeard, A. Y., & Tudela, J. C. A. (2014). *Asanm kout vyolans sou timoun!: ensemble contre la violence à l'égard des enfants* (Plan UK. Eropeaid/131259/L/ACT/HT).

Reeve, R., & van Gool, K. (2013). Modelling the relationship between child abuse and long-term health care costs and wellbeing: Results from an Australian community-based survey. *Economic Record, 89*(286), 300–318.

Reid, S. D., Reddock, R., & Nickenig, T. (2014). Breaking the silence of child sexual abuse in the Caribbean: A community-based action research intervention model. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 23*(3), 256–277. doi:10.1080/10538712.2014.888118

Royes, H., Samiel, S., Tate, V., Fox, K. (2006). *Evaluation of the impact of gender-based interventions in Jamaica: Final report.* Kingston, Jamaica: Intermedia Associates, Ltd.

Sachs-Ericsson, N., Cromer, K., Hernandez, A. & Kendall-Tackett, K. (2009). A review of childhood abuse, health, and pain-related problems: The role of psychiatric disorders and current life stress. *Journal of Trauma & Dissociation, 10*, 170–188.

Save the Children. (2016). *Children exceptionally vulnerable in the wake of Hurricane Matthew in Haiti.* Fairfield, CT: Author. Retrieved from http://www.savethechildren.org/site/apps/nlnet/content2.aspx?c=8rKLIXMGIpI4E&b=9357111&ct=14926499&notoc=1

Schauer, E., & Elbert, T. (2010). The psychological impact of child soldiering. In E. Martz (Ed.), *Trauma rehabilitation after war and conflict: Community and individual perspectives* (pp. 311–360), New York, NY: Springer.

Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference.* Boston, MA: Houghton Mifflin.

Skar, A. S., Sherr, L., Clucas, C., & von Tetzchner, S. (2014). Evaluation of follow-up effects of the international child development programme on caregivers in Mozambique. *Infants and Young Children, 27*(2), 120–135.

Springer, K. W., Sheridan, J., Kuo, D., & Carnes, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: results from a large population-based sample of men and women. *Child Abuse & Neglect, 31*, 517–530.

Stefanovics, E. A., Filho, M. M., Rosenheck, R. A., & Scivoletto, S. (2014). Functional outcomes of maltreated children and adolescents in a community-based rehabilitation program in Brazil: Six-month improvement and baseline predictors. *Child Abuse & Neglect, 38*(7), 1231–1237. doi:10.1016/j.chiabu.2013.10.025

Subramanian, S. (2016). Victims of sexual assault in childhood face a higher risk of future abuse: Research is suggesting ways of breaking the cycle. *Scientific American Mind, 27*(1), 58–61.

Sumner, S. A., Mercy, A. A., Saul, J., Motsa-Nzuza, N., Kwesigabo, G., Buluma, R., . . . Hillis, S. D. (2015). Prevalence of sexual violence against children and use of social services—seven countries, 2007–2013. *MMWR: Morbidity & Mortality Weekly Report, 64*(21), 565–569.

United Nations Development Program. (2015). *Human development report.* New York, NY: Author. Retrieved from http://hdr.undp.org/en/2015-report

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2006). *Non-formal education and livelihood skills for marginalised street and slum youth in Uganda: Project report.* Paris, France: Author.

UNICEF. (2015). *At a glance: Haiti.* New York, NY: United Nations International Children's Emergency Fund. Retrieved from http://www.unicef.org/infobycountry/haiti_statistics.html

Wang, D. C., Aten, J. D., Boan, D., Jean-Charles, W., Griff, K. P., Valcin, V. C., . . . Wang, A. (2016). Culturally adapted spiritually oriented trauma-focused cognitive–behavioral therapy for child survivors of Restavèk. *Spirituality in Clinical Practice, 6,* 102–112. *doi*:*10.1037*/a0033638*

Wessells, M. G. (2015). Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center. *Child Abuse & Neglect, 43,* 8–21. doi:10.1016/j.chiabu.2015.04.006

What Works Clearinghouse. (2007). *Character education topic report.* Washington, DC: U.S. Department of Education. Retrieved from https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=WWCtrce07

Whetten, K., Ostermann, J., Pence, B. W., Whetten, R. A., Messer, L. C., Ariely, S., . . . Thielman, N. M. (2014). Three-year change in the wellbeing of orphaned and separated children in institutional and family-based care settings in five low- and middle-income countries. *Plos ONE, 9*(8), 1–10. doi:10.1371/journal.pone.0104872

Wooding, B., & Petrozziello, A. J. (2013). New challenges for the realisation of migrants' rights following the Haiti 2010 earthquake: Haitian women on the borderlands. *Bulletin of Latin American Research, 32*(4), 407–420. doi:10.1111/blar.12073

World Bank. (2013). *Women and girls in Haiti and reconstruction: Addressing and preventing gender based violence—evaluation report*. Washington, DC: Author. Retrieved from http://documents.worldbank.org/curated/en/293211468033604222/pdf/AUS26450ESW0P10e0cover00PUBLIC00ACS.pdf

World Vision. (2016). *Hurricane Matthew: Responding to Haiti devastation.* Federal Way, WA: Author. Retrieved from https://www.worldvision.org/disaster-response-news-stories/haiti-hurricane-matthew-response

Yule, W. (2001). Post-traumatic stress disorder in children and adolescents. *International Review of Psychiatry, 13,* 194–200.

Appendix A. Search Strategy

A.1. Keyword Search

The research team conducted systematic keyword searches of electronic academic databases as well as Google. The keywords used in the academic database and Internet searches were as follows:

- **Age Groups.** Children or adolescents or youth or child or teenager or teens or young people
- **Adversities**
  - *Violence:* Violence or aggression or corporal punishment or physical punishment or spanking or discipline
  - *Sexual Violence:* Sexual violence or sexual assault or rape or domestic violence or intimate partner violence
  - *Abuse:* Abuse or neglect or maltreatment or mistreatment or exploited
  - *Trauma:* Trauma or PTSD or posttraumatic stress disorder; and disaster or emergency
  - *Restavèk: Restavèk* or trafficking or slaves or exploitation or child labor or abduction
  - *Housing/Shelter:* Street or homeless or homelessness or abandoned or displaced or orphans or foster care or shelter or camp
  - *War:* Child soldiers or war or armed conflict
- **Interventions.** Child protection or safeguarding or child welfare or social services; therapy; children's rights; and child safety
- **Regions/Countries**
  - *Caribbean.* Haiti, Jamaica, Dominican Republic, Cuba, Puerto Rico (U.S.), Trinidad and Tobago, Guadeloupe (France), Martinique (France), Bahamas, Barbados, and Saint Lucia
  - *Oceania.* Papua New Guinea
  - *Middle East.* Yemen
  - *Africa.* Comoros, Tanzania (United Republic of), Congo (Democratic Republic of), Rwanda, Lesotho, Togo, Uganda, Benin, Republic of Burundi, and Sudan
  - *Central America.* El Salvador, Honduras, Nicaragua, Mexico, Guatemala, and Panama
  - *South America.* Brazil, Argentina, Colombia, Peru, Chile, and Venezuela
- **Research Methods.** Study, effects, effectiveness, ethnographic, case study, control group, comparison group, analysis, experimental, randomized, program, and intervention

A.2. Initial Screening of Studies

The initial screening was conducted with the abstracts and executive summaries of the studies. If study abstracts or executive summaries were not available, then the initial screening was done based on the introduction and methods sections of the studies. To meet the initial screening criteria, a study had to meet the following relevancy criteria:

- **Topic Relevance.** The report had to focus on preventing or reducing the harmful effects of violence or trauma.
- **Time Frame Relevance.** The time frame of the review was 1990 through 2016.
- **Publication Language.** The review included studies in English and French.
- **Publication Status.** To be reviewed, a study report could be published or unpublished.[63]
- **Design Relevance.** Both quantitative and qualitative studies were included in the review.
- **Full Reports.** Only full reports of studies were eligible for review (i.e., shortened Web versions of research reports were not included).

Initial screening of the research yielded 144 studies.[64]

A.3. Advanced Screening of Studies

Advanced screening was conducted on full copies of the studies. To be included in the review, a study had to meet the following relevancy criteria:

- **Topic Relevance.** The study had to focus on preventing violence and maltreatment or methods to reduce the harmful effects of maltreatment and exposure to violence. All types of maltreatment were included, including **physical** abuse, emotional abuse, sexual abuse, **physical neglect**, and emotional **neglect**. This report focused on violence and maltreatment by adults. Aggression among peers was not included in this review. For example, school-based programs to reduce conduct problems were excluded in this screening phase.
- **Evaluation of a Program, Policy, or Practice.** To be included in this review, the study had to assess the effects of a program, policy, or practice. Studies that described the prevalence or characteristics of a problem without assessing an intervention were excluded from the review.
- **Implementation Information.** The report had to provide information about the characteristics of the study sample (e.g., age, location, and sample selection criteria). In addition, the report had to provide at least one of the following types of information about the program, policy, or practice: components; duration and intensity; training; materials,

[63] "Published" is defined as made available through a publication vehicle that is mass disseminated, such as a book, a book chapter, an academic journal, a newspaper, a magazine, or collateral material widely disseminated by foundations or professional organizations. Unpublished reports are those that summarize a research study but have not been submitted to one of the above-mentioned publication vehicles (e.g., doctoral dissertations, conference presentations, reports on organizations' websites, or reports written by researchers but never submitted for publication).
[64] A full list of the 144 studies is available from the authors on request.

assets, and resources required for implementation; or reference to another report that describes the program.

- **Sample Relevance.** The study had to satisfy several sample-related criteria:
  - *Age in Years.* The study must address violence against children, adolescents, or young adults. The studies included in the review covered age groups between 0 and 24 years old.
  - *Location of the Intervention*. Eligible studies included studies in the Caribbean and Latin American countries as well as low-income countries in Africa with a similar Human Development Index.

A.4. Inclusion Criteria

The studies included in the meta-analysis represent a subset of those detailed in Appendix B. To be included, a study had to meet the following criteria:

- **Study Design.** The study used a comparison group evaluation methodology, including nonequivalent comparison group research designs, and the comparison group was a no-treatment or minimal treatment condition.
- **Outcome Measures.** The study measured at least one outcome of interest to this review. Outcomes of interest were collected and analyzed at the child level and pertained to reducing or preventing violence against children and adolescents or reducing the negative impact of violence and trauma. The outcome had to show internal reliability (e.g., Cronbach's α at least .60) or face validity (i.e., the description of items or sample items demonstrates operationalization of the construct). The outcomes of interest included indicators of violence experience, trauma symptoms, depression, psychological and physical well-being, and life skills that support rehabilitation and reintegration.
- **Effect Size Information.** The study reported sufficient information to calculate and determine the direction of the effect for at least one outcome.

A total of 12 studies met these criteria. Ten of the 12 studies were published in peer-reviewed journals, one study was published online as a technical report, and one study was a doctoral dissertation.

A.5. Coding Intervention Characteristics

A study review guide was developed to capture information regarding the specific nature of each program, sample characteristics, research methodology, and statistical analysis results. The nature of the program participants and the implementation characteristics were captured using an open-ended narrative, often taken verbatim from the report. In addition, a set of coding items was completed for each study, including sample size; age; gender; location of participants; length and frequency of participation; characteristics of the providers; training of the providers; and materials, resources, and assets.

A.6. Program Effects

The effectiveness of each program was coded using the SMD effect size for each outcome measured in the study. The SMD is a measure of the difference between the program and the comparison groups relative to the standard deviation of the measure employed. Effect sizes were coded such that positive values always meant that the treatment group had a more desirable outcome than the comparison group, independent of the direction of the original scale reported in the study. The SMD can be computed from a wide variety of data configurations reported by study authors. For further information about the calculation of the SMD, see Lipsey and Wilson (2001). The effect sizes and meta-analysis computations were conducted using Comprehensive Meta-Analysis, Version 3 (Borenstein et al., 2009). For this review, 33 effect sizes from 12 studies were computed. Of those effect sizes, 27 were calculated using independent group means and standard deviations, and six effect sizes were calculated using binary data (the number of events).

Appendix B. List of Studies Reviewed

Table B1. Psychosocial Interventions

Study	Country	Program	Implementers	Participants
Ager et al. (2011)	Uganda	The "Child Resilience" curriculum project, which involved deployment of the Psychosocial Structured Activities intervention, was a school-based program for children exposed to conflict. The sessions included drama, movement, music, and art. In addition, the program had workshops for parents and community involvement components.	Schoolteachers trained in the methodology and parents	Children attending government schools among those most severely affected by conflict-induced displacement
Bastien (2014)	Haiti	The group-level, mental health intervention program titled Soulaje Lespri Moun (Relief for the Spirit) aimed to promote recovery and resiliency through better coping with stress. The core components of the program included disaster and safety education, psychoeducation on responses to stress and trauma, coping skills training (e.g., relaxation), and religiosity and meaning making.	Trained Haitian university students, trained community lay mental health workers, a field manager, a staff supervisor, and a project psychologist	Young and older adults displaced by the 2010 Haitian earthquake residing in IDP camps
Bolton et al. (2007)	Uganda	A psychotherapy-based intervention (interpersonal psychotherapy for groups) that focused on improving depressive symptoms and functioning by identifying the interpersonal problem(s) most relevant to the current depression and then assisting the individual in building skills to manage those problems. This short-term intervention was delivered in a group setting.	Trained World Vision Uganda staff serving as facilitators and supervisors	Adolescent survivors of war living in IDP camps
Budosan, O'Hanlon, & Aziz (2016)	Haiti	A community-based integrated mental health and psychosocial support intervention of service delivery and capacity building for providers. It was designed to improve the well-being of the earthquake-affected population by reducing levels of distress and enhancing resilience in the targeted communities, in part by ensuring the provision of mental health and psychosocial support services for individuals with relatively severe mental health illnesses.	European Community Humanitarian Office and local NGO partners, community psychosocial workers, nonspecialized health care providers (general practitioners, nurses, psychologists, social workers and nonmental health specialists), and senior local consultants (psychiatrists, general practitioners,	Haitian men, women, and children belonging to a population affected by the 2010 earthquake in need of mental health care and psychosocial support services

			psychologists, and social workers)	
Church, Piña, Reategui, & Brooks (2012)	Peru	Single therapy sessions using emotional freedom techniques were provided to adolescents who had been physically or psychologically abused and were experiencing posttraumatic stress disorder and related symptoms.	Cesar Vallejo University and licensed professional counselors	Institutionalized male youth found by a judge to be physically or psychologically abused at home
Culver, Whetten, Boyd, & O'Donnell (2015)	Haiti	An 8-week yoga intervention, including yoga postures, breathing exercises, and meditation, was implemented to reduce trauma-related symptoms and emotional and behavioral difficulties of children and teens living in Haitian orphanages.	Duke University and yoga and aerobic dance instructors	Children living in orphanages in Haiti
Ertl, Pfeiffer, Schauer, Elbert, & Neuner (2011)	Uganda	An 8-week narrative therapy session was conducted with former child soldiers to address their symptoms of posttraumatic stress disorder.	NGO staff and trained local lay counselors	Traumatized former child soldiers living in IDP camps
Crombach & Elbert (2015)	Burundi	A brief forensic offender rehabilitation narrative exposure therapy aimed at eliminating posttraumatic stress and trauma-related symptoms. The intervention integrated tools of different therapeutic approaches, including cognitive behavioral therapy, testimony therapy, interpersonal therapy, and client-centered therapy.	The supervising psychologist for the residential center and two visiting clinical psychologists	Male children and adolescents who had lived either on the streets or in extremely vulnerable conditions before living in a residential center
Guzder, Paisley, Robertson-Hickling, & Hickling (2013)	Jamaica	The *Dream-A-World* project was a multimodal intervention lasting 2.5 years and spanning three grades. The approach included group psychotherapy, creative arts therapies, and remedial academic support adapted for the Jamaican context. It was implemented with Jamaican schoolchildren exhibiting severe disruptive disorders and academic underachievement.	School teachers, artists, master's level clinical psychologists, and a psychiatrist	School-aged children from an impoverished, disadvantaged inner-city community

Habigzang Pizarro de Freitas, Von Hohendorff, & Koller (2016)	Brazil	Short-term, group-based cognitive behavioral therapy includes three components: psychoeducation and cognitive restructuring, stress inoculation training, and relapse prevention.	Trained psychologists from the public social care network	Female children and adolescents who were victims of sexual violence
Jarero, Roque-López, Gómez, & Givaudán (2014)	Colombia	Group-based eye movement desensitization and reprocessing therapy was an integrative eight-phase treatment approach guided by the adaptive information processing model for the treatment of trauma, adverse life experiences, or psychological stressors. The therapy was carried out within the context of a multicomponent phase-based trauma treatment approach during a weeklong trauma recovery camp.	Trained therapists	Children and adolescents who were victims of severe interpersonal trauma (e.g., rape, sexual abuse, physical and emotional violence, neglect, or abandonment).
McMullen, O'Callaghan, Shannon, Black, & Eakin (2013)	Democratic Republic of Congo	Fifteen group-based, culturally adapted, trauma-focused cognitive behavioral therapy sessions were conducted to treat former child soldiers who were psychologically distressed.	Counselors and a local interpreter	Former child soldiers and other war-affected boys
Marques et al. (2015)	Brazil	Under The Equilibrium Program (TEP), children participated in an initial assessment and received an individualized therapeutic intervention plan. The intervention included periodic psychiatric and pediatric assessment and individual or group interventions according to each participant's needs, such as psychotherapy, art and speech therapy, school support, and recreational activities (such as theater, music, and athletics). All activities were integrated within the community center to create a flexible and accepting social environment.	University faculty, service providers (health services; social, educational, justice services; and child welfare agencies), and municipal department staff	Children and adolescents who had been traumatized and neglected and who had behavioral and mental problems and were living in foster centers, such as group shelters, or under vulnerable conditions with their families

Mitsopoulou & Derivois (2014)	Haiti	Group discussions led by trained psychologists and psychology students. Children were invited to discuss the changes in their lives following traumatic events, their coping strategies, and future aspirations.	Psychologists and trained psychology students	Children affected by natural disasters in Haiti who have experienced physical or emotional trauma
O'Callaghan, McMullen, Shannon, Rafferty, & Black (2013)	Democratic Republic of Congo	Culturally modified, short-term, trauma-focused cognitive behavioral therapy included strategies for stress management, emotional expression and regulation, cognitive coping, and changing unhelpful cognitions. The majority of the sessions were delivered in a group setting.	Trained social workers employed by World Vision	War-affected female adolescents who witnessed or had personal experience of sexual abuse
Stefanovics, Filho, Rosenheck, & Scivoletto (2014)	Brazil	Under The Equilibrium Program (TEP), each child received an individualized intervention plan based on a comprehensive diagnosis of needs. The plan typically included psychiatric treatment, individual and group psychotherapy, art and speech therapy, school support, and recreational activity (e.g., theater, music, or athletic activities), all of which were integrated within the community center to create a flexible and accepting social environment. Another study of the same program with a different sample was conducted by Marques et al. (2015).	Academic psychiatrists, case managers, neuropsychologists, occupational therapists, art therapists, social workers, educational therapists, and speech therapists	Children and adolescents living on the streets, in group shelters, or who were referred from child protective services
Wang et al. (2016)	Haiti	A culturally adapted form of spiritually oriented, trauma-focused cognitive behavioral therapy was provided to children with *Restavèk* experiences.	Community-based lay counselors, NGO staff volunteers, and undergraduate students from a local university	*Restavèk* children

Table B2. Communitywide Models

Study	Country	Program	Implementers	Participants
Abramsky et al. (2016)	Uganda	The SASA! Activist Kit for Preventing Violence Against Women and HIV (human immunodeficiency virus) was a community mobilization intervention designed to change community norms and behaviors that lead to gender inequality and violence against women. Participants were asked to think about gender-related power imbalances in their own lives and communities. Then participants were supported to engage their communities in the same critical reflection.	Centre for Domestic Violence Prevention	Trained community activists interested in issues relating to violence, police officers, health care providers, institutional leaders, and local governmental and cultural leaders
Berk-Seligson, Orcés, Pizzolitto, Seligson, & Wilson (2014)	El Salvador, Guatemala, Honduras, and Panama	This initiative focused on USAID's approach to community-based crime and violence prevention and involved multiple interventions, including municipal-level planning committees, crime observatories and data collection, environmental design approaches and activities to prevent crime, programs for youth who were at risk, and community policing. Education and workforce development, economic growth and employment, public health, and governance interventions were integral to the strategy.	Groups of community representatives, community leaders, school administrators and educators, faith-based organizations, and crime prevention committees	Residents of violent communities, including youth who were at risk
Free the Slaves (2014)	Haiti	Freedom for Haiti's Children: Community Action to End Slavery Locally and Nationally had the following components: community-based assessment, open space to empower the community, child rights educational interventions, child protection committees, accelerated education programs for children, advocacy, and economic development. The project's aim was to prevent and reverse the flow of children from Haitian source communities into *Restavèk* slavery, using a holistic method for community development that was one of the first of its kind in Haiti: the Model Communities approach.	Free the Slaves and Fondasyon Limye Lavi, local volunteers, trained community members, and grassroots advocacy groups	Haitian source communities for *Restavèk* children

Ibarguren (2007)	Dominican Republic	The Time Bound Program Project of Support was a set of programs and interagency collaboration efforts that included educational, vocational training, income generation, and capacity-building elements to prevent and eliminate trafficking and the commercial sexual exploitation of children. The project aimed to bring simultaneous changes in several spheres, including access to education, income, public awareness, policy, and legislation.	International Program for the Elimination of Child Labor and multiple organizational, multisectoral partners; range of individual, local, regional, and national multidisciplinary participants	Children in forced labor associated with hazardous agriculture, commercial sexual exploitation, urban informal work, and those trafficked or smuggled
Neptune (2016)	Brazil	A 4-year prevention and awareness campaign organized by an evangelical social action network that mobilized Brazilian local churches to confront the sexual exploitation of children and adolescents.	RENAS, a national evangelical network; churches; and local communities (including children)	Children vulnerable to sexual violence and exploitation
Pluim (2012)	Haiti	Three programs aimed to promote awareness and action to support children's rights: youth enterprise training, debate clubs for youth, and a youth radio program.	Farming for Education (Digicel Haiti Foundation), Debate Competitions (Fondasyon Konesans Ak Libète), Rights Through Radio (Panos Caribbean, a local NGO), and Haitian youth	Haitian youth and their communities
Raissouni, Langeard, & Tudela (2014)	Haiti	The goal of the *Asanm kout Vyolans sou Timoun!* project was to strengthen the role of civil society in the protection of children in Haiti who were vulnerable and create a unified framework for child protection mechanisms. The project included three intervention approaches: enhanced child protective services for children, community mobilization and engagement of children to promote children's rights, and the creation of municipal child protection networks.	Monitors with training in the child protection system (legal framework and institutional mechanisms), community mobilization techniques, and case management for children who were neglected	Community representatives (men, women, and children) who participate in community forums and community leaders

Reid, Reddock, & Nickenig (2014)	Trinidad and Tobago	The Break the Silence initiative was a multipronged approach to protect children against sexual abuse and the risk of HIV. The final model included three types of activities—education, skill building, and service provision—that reflected the general needs identified by all three communities involved in the model design. It also was an advocacy platform directed at policymakers, health workers, and police authorities to create the protection and treatment services needed to support and care for the victims.	Staff members of a local NGO	Victims of child abuse and their families
Royes, Samiel, Tate, & Fox (2006)	Jamaica	This 3-year, multitiered, multiagency campaign implemented several gender-based campaigns to reduce violence and negative health outcomes for Jamaican men and women through such vehicles as consultations and meetings, educational initiatives, and training and outreach activities.	Bureau of Women's Affairs; community agencies, organizations, and members	Women and men vulnerable to gender-based violence and negative health outcomes
Wessells (2015)	Sierra Leone	The Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems, which was formed by UNICEF and its donors, developed a community-based participatory action research approach to support children who were vulnerable. The ten key elements of the intervention process that emerged during the course of the participatory action research effort were collective dialogue; awareness raising and negotiation; collective decision making, empowerment, and responsibility; linkage of communities with health services; the use of culturally relevant media; child leadership and messaging; inclusion and outreach; parent-child discussions; role modeling; and legitimation by authority.	Staff from the Interagency Learning Initiative on Community-Based Child Protection Mechanisms and Child Protection Systems and community members	Children vulnerable to violence, abuse, neglect, and exploitation plus their communities
World Bank (2013)	Haiti	Women and Girls in Haiti's Reconstruction: Assessing and Preventing Gender-Based Violence used a human rights–based approach to prevent and respond to gender-based violence. The components included a public education campaign to promote awareness and prevention of sexual and gender-based violence, institutional strengthening to enhance resources and outreach in relation to sexual and gender-based violence, and efforts to enhance women's civic participation for addressing gender-based violence.	MADRE and KOFAVIV (NGOs), rape survivors who volunteered to work as community outreach workers, peer educators and counselors, and human rights monitors	Women and girls vulnerable to gender-based violence

Table B3. Vocational and Life Skills Training

Study	Country	Program	Implementers	Participants
Austrian & Muthengi (2014)	Uganda	This intervention for girls and adolescents from vulnerable, low-income families had four main components: safe spaces, reproductive health training, financial education, and savings accounts. It was designed to address the root causes of this population's vulnerability to gender-based violence and unprotected, unplanned pregnancy and HIV infection, among other unfavorable outcomes.	Young community women trained as mentors and staff from local financial institutions	Adolescent girls who were vulnerable
Bandiera et al. (2015)	Uganda	The Empowerment and Livelihood for Adolescents program was a policy intervention that addressed vocational and life skills to improve adolescent girls' lives. The afterschool program was led by a female mentor who was only slightly older than the girls so that she could share experiences and model successes of socioeconomic empowerment that were relatable to participants.	BRAC Uganda staff and female community mentors	Adolescent women who were at high risk
Brown et al. (2009)	Rwanda	This mentoring program involved monthly home visits from an adult mentor to help provide participants with a caring and stable relationship with an adult mentor living in their community.	World Vision Rwanda and adults nominated by youth and trained as volunteer mentors	Youth heads of households
McKay, Veale, Worthen, & Wessells (2011)	Liberia, Sierra Leone, and Uganda	This community-based participatory action research project for young mothers who were marginalized and otherwise affected by war combined self-help and psychosocial support to facilitate their reintegration into their communities and address their children's vulnerabilities, including neglect and abuse.	Academic nongovernmental partnership; collaborative process between young mother participants, field staff, NGO partners, academics, and funders	Young mothers who were socially isolated, stigmatized, and marginalized
UNESCO (2006)	Uganda	The Building Capacities for Nonformal Education and Life Skills Programmes project reached Ugandan youth who were vulnerable and at high risk, assessing their educational and vocational skills needs, providing training to meet those needs, and integrating HIV/AIDS information and other life skills training into their project.	Uganda Youth Development Link; social workers, trained research assistants, and local artisans	Marginalized "street and slum" youth

Table B4. Parent/Caregiver Education

Study	Country	Program	Implementers	Participants
Brito-Navarrete, Lozano-Gutiérrez, Ostrosky-Shejet, González-Osornio, & Aguilera-Lázaro (2015)	Mexico	Covering 25 group sessions in a 6-month time period, the early intervention *Programa de Entrenamiento Materno Infantil: Enfoque Neuropsicológico* was designed to prevent later behavior problems in children. During the sessions, mothers living in high-risk environments learned about the importance of how their interactions with their children, as infants and beyond, can affect later violent or addictive behaviors through such group activities as role playing, stories, and discussion.	Neuropsychology and Psychophysiology Laboratory, Faculty of Psychology, National Autonomous University of Mexico. Neuropsychology doctoral students	Mothers of young children living in high-risk environments and their children
Daniel, Evelyn, & Wood (2012)	Barbados and Dominican Republic	UNICEF's Schools Positive Behaviour Management Program was designed to improve children's overall school experience and reduce inappropriate forms of punishment, including authorized corporal punishment and other forms of punishment that infringed on children's rights.	Trained teachers	Parents and primary school students
Gilbert, Benjamin, Da, Toussaint, & Lecomte (2015)	Haiti	As an active community network promoting mental health to counter family violence, the project included a set of services for caregivers and victims of child abuse.	GROSAME of Grand-Goâve citizens group; community associations, teachers, outreach workers, and other community members	Families experiencing or vulnerable to domestic violence
Maalouf & Campello (2014)	Panama, Honduras, Guatemala, Serbia, Kazakhstan, Kyrgyzstan, Turkmenistan, Tajikistan, and Uzbekistan	Families and Schools Together was a multifamily group approach designed to build protective factors for all children; increase parental empowerment, family communication, cohesion, support, and trust; and build family unity and bonds. The program consisted of eight, consecutive, weekly, 2.5-hour sessions that included a family meal, structured family activities, and responsive play with one parent.	A trained, multiagency team of professionals from health, education, and social care.	Parents recruited through local schools

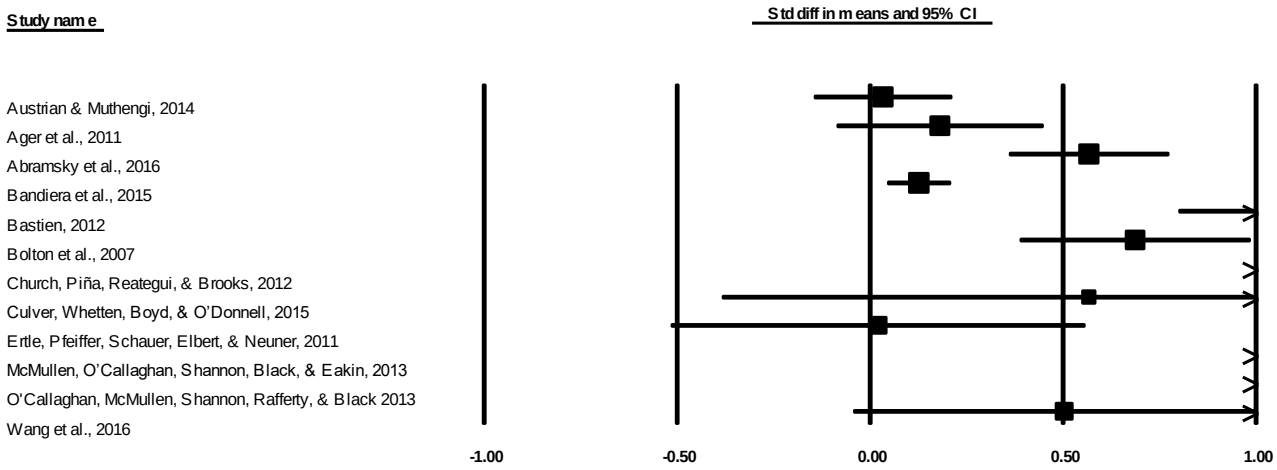
Skar, Sherr, Clucas, & von Tetzchner (2014)	Mozambique	The International Child Development Programme provided 10–12 weekly sessions, educating parents, other caregivers, and child care workers in childhood psychosocial development to strengthen their parenting or caregiving skills and improve their ability to provide social support to children.	International Child Development Programme staff in partnership with universities, local women's organizations, and social welfare agencies	Parents and staff in child institutions in areas where the population is socially and economically deprived

Table B5. Safe Spaces Programs

Study	Country	Program	Implementers	Participants
Esper & London (2013)	Colombia, Dominican Republic, Mexico, and Nicaragua	The *Patrimonio Hoy* initiative was a business-community partnership helping low-income families build new homes or expand their existing homes, creating safe spaces and a secure environment for children to live and develop.	CEMEX, a multinational industrial entity, project staff	Low-income consumers and their families/children and the community at-large
Feldman, Freccero, & Seelinger (2013)	Colombia	Shelter programs, which were available to displaced individuals fleeing sexual and gender-based violence, offered a variety of services both on-site and through referral, including psychosocial support and medical care. Parents and adolescents received legal aid, vocational training, and employment assistance.	Government entities, NGOs, faith-based organizations, and international donors	Refugees and internally displaced children and young adults who have experienced sexual and gender-based violence
Madfis, Martyris, & Triplehorn (2010)	Haiti and the Solomon Islands	The B-SAFE model involved building relationships, cooperation, and respect among peers; screening for children and youth at high risk; providing structured learning and life-saving information; facilitating children's natural resilience and a return to normalcy; and establishing a sense of security and self-esteem in participants.	Teachers, village committees, trained facilitators, and other community members	Displaced children living in camps and shelters

Appendix C. Forest Plot

The forest plot is graphic representation of the meta-analysis. The plot in Figure C1 for the 12 studies included in the meta-analysis has one line representing each study, plotted according to the SMD using the random effects model. Most of the lines fall on the right-hand side of the graph (right of 0.00), indicating that in these studies, the participants who received the intervention had more positive outcomes than the participants who did not receive the intervention.



APPENDIX C

Alliance for the Protection of Children Project

Findings From a Rapid Qualitative Assessment on Child Protection

June 2017



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Appendix A. RQA Mapping Exercise A-16

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Introduction

The Alliance for the Protection of Children (APC) is a 3-year U.S. Agency for International Development (USAID) - supported project implemented by American Institutes for Research (AIR) with a goal to leverage local assets and strengthen the protection of children exposed to all forms of abuse, neglect, exploitation and violence. Lumos Foundation is a resource partner to the project leading efforts that mitigate abuse, neglect, exploitation and violence in residential care institutions. The APC will support strategic objectives on the part of USAID and the Government of Haiti (GoH) to strengthen the protection of vulnerable children. The APC will ensure that its work aligns with the National Child Protection Strategy (SNPE) and contributes to Objectives 3, 4 and 5, as well as existing laws governing the protection of children in Haiti. We will work in partnership with the Institut du Bien-Être Social et de Recherches (IBESR), Université d'Etat d'Haiti (UEH), Zanmi Lasante, Combite pour la paix et le développement (CPD), Restavek Freedom/OPREH in Year 1 to establish a rigorous evidence base on which to build Year 2 and 3 pilot interventions.

The APC will collaborate with other government agencies, ministries, strategic United Nations agencies such as UNICEF and UNHCR, as well as community-based and local non-governmental organizations in Haiti. We will prioritize child protection through this program, specifically pilot evidence-based interventions that reduce violence against children, mitigate the trafficking and forced labor of children, protect unaccompanied and separated migrant, stateless and displaced children, integrate street children into safer learning and care spaces, prevent the separation of children from their families and explore alternative care and protection services. The Alliance for the Protection of Children has four distinct phases: (1) Research; (2) Design of Pilot Interventions; (3) Implementation of Pilot Interventions; and (4) Evaluation and Learning for Scale Up. The Year 1 project plan covers the first and second phases.

Three primary research questions guided the first year of the APC project. The purpose of this report is to present the findings for the rapid qualitative assessment (RQA), which narrowed its focus to addressing one of the three questions: *What is the existing evidence regarding small- and large-scale interventions that reduce or prevent any form of violence against children in Haiti or in similar developing country contexts*? The purpose of the RQA was to consult actors working in child protection in Haiti to understand what kind of activities are currently being implemented to protect children. We gathered NGO and community leaders' opinions about broad strengths and challenges facing child protection interventions occurring in four Haitian departments. The evidence from the RQA will ensure the APC project does not duplicate existing activities. The evidence also will provide context as we refine and inform future interventions focused on child protection in Haiti.

This report identifies common practices and challenges that NGO and community leaders face when working with children, youth, community members, and government stakeholders in child protection. We begin by briefly discussing the methods used to collect and analyze the data. Next, we present the results of our investigation into the causes of violence in Haiti, followed by an overview of leader assessments of child protection-related interventions currently being implemented, their resources, and typical processes (which include community engagement,

monitoring, communication, and coordination). We conclude the Results section by mapping the perceived child protection activities completed by respondents of different local and international NGOs as well as government actors operating in child protection. Finally, we end the report by discussing obstacles to working in child protection in Haiti, as perceived by those NGO and community leaders whom we interviewed.

Methods and Sample

The overall orientation of this study is qualitative. In qualitative research, questions—and the responses they produce—tend to be expansive and descriptive. Qualitative approaches were ideal for this study because they allowed researchers to explore and understand the experiences, opinions, and perspectives of informants in depth. Depicting perspectives on the complex child protection system in Haiti required detailed descriptions of ongoing activities and how people currently engage with one another; therefore, interviews were useful to capture experiences in respondents' own words.

The RQA data collection employed the following three main methods:

1. **Key informant interviews.** A key informant was a person who possesses expert knowledge about ongoing child protection interventions or activities within his or her department. We conducted 44 interviews across all four study departments with key informants who were either NGO or community leaders.
2. **Mapping exercise.** Mapping is a participatory method designed to involve community members in the research process, not simply as respondents but as active stakeholders. In the context of this study, we used this approach to (a) help gather information on spatial knowledge of child protection actors, vulnerability, and access to resources in study departments; (b) understand local and institutional knowledge on the actors and activities of protection of the child; and (c) involve current CP stakeholders in the project's research process to inform the design of the initiatives moving forward. In each study department, we conducted a participatory mapping exercise with representatives from local and international NGOs and community leaders (notables), for a total of four mapping exercises. Please see Appendix B for the final maps produced in each exercise.
3. **Brief open-ended survey.** The purpose of the survey was to collect perspectives regarding CP systems and interventions from a broader range of CP stakeholders. We sent a brief open-ended survey to 171 individuals using a list of NGOs provided by a Ministry of Planning directory. Despite follow ups with these individuals, fewer than 10 responded to the survey query. We then administered the same survey to willing interview respondents, following completion of the interview, for a total of 15 completed surveys.

The project worked in three departments that were decided upon during the first Advisory Committee meeting: West, Artibonite, and the Border area (Northeast and Southeast departments). To select specific communities in each department, we began with a list of communities and narrowed down the options based on the following criteria. Overall, we looked for the most vulnerable communities in terms of precarious economic situations, low access to social and public services, risk of natural disasters, poor housing infrastructure, and high risk of violent incidents.

Community selection was influenced by the current situation of children in these areas. Examples include reported cases of children in domesticity, children living on the streets, children in conflict with the law, armed gangs, numerous cases of sexual exploitation, unwanted pregnancy and abandonment of children, high school drop-out rates, trafficking, "disappeared or sold children," and child labor. We selected and finalized sites at the December 2016 advisory committee meeting in collaboration with IBESR, UNICEF, UEH, and local NGO partners.

Although the initial sampling plan intended to identify respondents using survey responses, when we did not receive completed surveys, we decided to use a snowball sampling approach. We identified NGO and community leaders across the Artibonite, West, Nord-Est, and Sud-Est departments. Please see Appendix B for the list of organizations consulted for this study.

We want to note one limitation to the methodology used to conduct this RQA. The goal was to report on the existing child protection activities, but the methodology only allows us to report on the activities that our informants mentioned. There was no quantitative or independent verification of this information. For example, it is possible that some child protection-related organizations may have been excluded by respondents during the mapping exercise, so the results of this study may not be consistent with the views of those organizations. In addition, because the conversations are semistructured, the content and context of the discussions may have slightly differed from one organization to the other. Finally, the small sample does not allow for the power to report statistical results, though the trends we report are robust.

Results

Questions in interviews focused on several common themes, including perceived causes of violence; a description of the respondent's ongoing child protection activities, resources used to implement child protection interventions, perceived strengths and weaknesses of the activities, community engagement, obstacles faced in child protection programming, communication and coordination with other organizations, and means to measure the efficacy of child protection efforts. The results presented express solely from the viewpoints of the Haitians we interviewed. The sections presented next are illustrative of the majority (or trending) viewpoints discussed by respondents, except as noted, and do not represent only the views of a single person.

Causes of Violence

Across all departments, the most frequently referenced cause of violence was poverty; respondents described poverty by using terms such as misery, economic insecurity, hunger, or unemployment. The following subsections elaborate on additional factors that leaders believed contributed to violence. These include links between violence and attitudes held by community members and parents, weak government systems, culture, education, and a lack of safe play spaces.

Parental Attitudes

Multiple NGO and community leaders linked parental attitudes to violence in Haiti and noted that a lack of parenting experience, a failure to take responsibility for their children, and poverty resulting in an inability to provide inadequate care for their children often result in violence. One respondent in Artibonite explained: « *La question de violence en Haïti est liée aux parents. Les*

parents ont démissionnés à jouer leur rôle dans la vie des enfants. Ces enfants sont livrés à eux même sans aucune surveillance parentale. » Another NGO leader in Artibonite acknowledged that violence is caused by a complex intersection of conditions but placed some of the blame on parents' inability to provide for their children:

> *A mon avis, il y a tout un ensemble de facteurs qui engendrent la violence en Haïti. Et je peux commencer par la situation politique du pays, ensuite la question de l'évolution de l'insécurité total, tant sur le plan économique que sociale. Parce qu'il y a beaucoup de parents qui ne peuvent rien pour leurs enfants, donc tous ces enfants doivent se débrouiller quotidiennement pour se trouver de quoi pour survivre, et ceci de n'importe quelle manière.*

A community leader corroborated this viewpoint, emphasizing that parents who fail to question where money is coming from when their children bring it home perpetuates violence or abuse and explained "why there are a number of children who fall into relationships with older men." One NGO leader in the West department traced problems back to a more general lack of experience and preparation in parenting, « *Le manque de préparation des parents est un facteur important. Les parents ne savent pas ce qu'implique la parentalité avant de vivre l'expérience.* » A community leader in Artibonite underscored the importance of the parent's role in suggesting that reducing violence requires "start(ing) with the parents first of all. In order to raise awareness, we have to start with the parents."

Cultural Norms

Another factor respondents linked to violence was culture, as several individuals described beliefs held by many in Haiti that may contribute to violence. In the West department, an NGO leader explained that the way adults view children rationalizes violence: « *Le problème de la protection de l'enfant est le niveau d'éducation de la population et la perception sociale des enfants, considérés comme des bêtes, des animaux.* » Additionally, a respondent in Artibonite explained that violence is widespread in Haitian society in general, and children grow up witnessing and experiencing violence in multiple environments:

> As soon as we talk about violence against children, the cultural factor is very high. Adults continue to whip children, teachers do it in school also by the fact they were been [sic] whipped by their parents. It is a phenomenon that is repeated at home and at school. Children are subjected to violence. What goes into the popular mind-set as if it were normal. In addition, lack of knowledge of the laws that exist on children protection. And the worst, the government leaders do not communicate them. Sometimes, even the authorities are not aware of certain laws enabling them to protect children against abuse in society.

Weak Government Systems

Several respondents attributed violence to the Haitian government, explaining that the government does not take responsibility or play a role in supporting the needs of its people. In Artibonite, one NGO leader expressed, « *essentiellement c'est l'instabilité politique qui engendre l'insécurité*. » This instability is also cited by an NGO leader in Nord-Est, whose views were echoed by multiple respondents:

> *Disons-nous le premier facteur c'est le gouvernement haïtien, il est le premier malgré qu'il ne garantisse pas sa responsabilité. Celle qu'il a en vers la nation voire en vers les enfants. C'est pourquoi que nous disons qu'aucune ONG ne peut pas résoudre ce problème. Aucune personne, aucune institution ne peut pas le diminuer. Il faut que l'Etat prenne sa responsabilité en vers le pays, en vers la nation pour en fait voir la diminution de ce phénomène, celui qui ronge les enfants. Aujourd'hui nous avons l'acculturation, vous nous voyez perdre notre culture parce que l'état ne rétablit pas les ordres, il n'a rien valorisé en terme de culture nationale.... Donc, aujourd'hui, nous devons mener une bataille, celle qui vise la réorientation de l'état pour qu'en fin il puisse prendre sa responsabilité et même lorsqu'une institution nous vienne en aide mais qu'il sache cette institution n'est pas l'Etat.*

NGO and community leaders in both surveys and interviews suggested that the state should take responsibility and play a bigger role in systemizing and ensuring adequate child protection in Haiti.

Education

Respondents identified problems with school access and resources, demand, and the subsequent level of education attained by many as factors that contribute to violence. Respondents mentioned the lack of school options and the large number of unqualified teachers as central hurdles to accessing a quality education. Several people highlighted the issue of demand for education being low and contributing to violence. They described that youth who choose not to attend school often end up in the streets and are involved in or exposed to violence. One respondent in West department referenced that the low level of education attained by many facilitates violence, « *Le niveau d'éducation a aussi un rôle prépondérant dans la violence. En effet, si une personne est éduquée, elle saura respecter la femme par exemple et elle n'osera pa lever la main sur elle. Il est de même pour la femme, si elle n'a pas une bonne éducation elle ne pourra savoir ses droits et qu'on n'a pas le droit de lever sa main sur elle.* » Participants in the Nord-Est mapping exercise emphasized that focusing policies and child protection strategies on education would be a starting point to improving the system, « *L'éducation des enfants est la chose la plus facile à améliorer. Après l'éducation, nous pouvons ajouter la mise en place d'un centre de loisirs car les enfants peuvent tout apprendre dans la bonne ambiance*. »

Lack of Safe Play Spaces

Finally, some NGO and community leaders believe that out-of-school youth contribute to violence. One respondent in the West department explained, « *Je pense aussi que le manque d'espace de loisirs peut engendrer la violence. Les enfants n'ont pas accès aux espaces de loisirs où ils auraient pu s'epanouir dans d'autres activités comme la danse ou la musique.* » During the mapping exercise in Nord-Est, participants reflected upon the need to address this, recommending that children living on the street receive special attention so that they do not, « *Deviennent plus tard des délinquants et se livrent à toutes sortes de pratiques comme la drogue ou la violence. Ils doivent avoir un centre d'accueil pour les recevoir, c'est une responsabilité de l'Etat envers eux vis-à-vis de la protection de l'enfance*. »

Child Protection Interventions

This study explored how NGOs assess their own work and approach key organizational processes that facilitate child protection activities. In this section, we first present NGO leaders' descriptions of their missions and ongoing activities as well as their perceptions on the resources they use to conduct this work. We then present findings related to community engagement in child protection, approaches to monitoring across the four study departments, and perceptions on communication and coordination among child protection stakeholders in Haiti.

Description of NGO Missions

NGO respondents in interviews and to the survey described in detail the range of activities they conduct that are related to child protection. The most frequently described activities included sensitizations or youth/community-based trainings, followed by legal assistance and advocacy regarding one's rights, and nonformal education programs or sessions. Figure 1 presents the various types of activities or assistance that NGO leaders described providing to Haitian children and youth. The words in larger-sized text indicate that these descriptions were cited more frequently by respondents; conversely, words in smaller-sized text were referenced by fewer respondents to describe their activities.

Figure 1. Word Cloud



The NGOs covered by this study target and include multiple groups and numbers of beneficiaries. The most frequently cited groups of children who participate in their activities were children living in the street, followed by children in institutions and children in domestic servitude, then displaced children and victims of child trafficking and refugees. Although several NGOs targeted and served a small number of children (one listed supporting 26 children), other NGOs served much larger numbers (an NGO whose mission focused on sports had several thousand participants within the past year).

NGO Resources

NGO leaders provided mixed responses about their financial resources when asked about the resources at their disposal. While the majority described receiving external funding from a range of donor sources, several leaders of local NGOs described that they used "*nos propres ressources*," and one leader in the Nord-Est department stated, "*Nous n'avons pas de fonds*

propres." As discussed in a later section, a majority of respondents noted limited financial resources were a significant challenge.

Few respondents discussed guides or reference materials that they consult when conducting child protection activities. In the West department, one NGO leader noted receiving documents on child protection from Save the Children and Terre des Hommes, and another NGO leader described material received by IBESR. In Sud-Est and in Nord-Est, respondents noted receiving materials from UNICEF on child protection, although a respondent in Nord-Est also explained that "*la difficulte reside dans leur application*."

> *Il faut reconnaitre que les organisations accomplissent un travail mais les solutions, les résultats ne sont pas visibles parce que la communauté n'a pas la chance de placer son mot, de dire ce dont elle a besoin, les problèmes auxquels elle fait face. Les organisations viennent souvent avec des idées toutes faites de ce qu'elles vont faire. Pourtant la communauté a ses propres problèmes, s'il y avait une consultation entre les organisations internationales et celles de la communauté, les interventions seraient plus efficaces car on agirait sur les vrais problèmes.*

The most significant resource consistently identified across departments by respondents were each organization's own human resources. One individual stated, « *Nous avons seulement les ressources humaines. Pour les ressources financières n'en parlons pas!* » NGO leaders consistently expressed that their greatest strength was the ongoing participation of children in their activities, "*la persistence de notre presence*," and "*notre volonte, notre amour pour le travail que nous realisons*."

Community Engagement

Leaders consistently described community engagement as critical to the success of their programming. All but one respondent described interacting and forming relationships with members of the community where their child protection activities are taking place. The most frequently mentioned community stakeholders that NGO and community leaders engage with were church or other religious leaders, followed by local authorities, schools, women's organizations, and the mayor. Respondents also mentioned involving political leaders, neighborhood associations, and assorted community organizations. In Nord-Est, one NGO leader noted that « *toutes nos activités sont réalisées avec l'appui de la communauté.* » Another NGO leader in West expressed the same sentiment, mentioning that when entering communities to implement child protection activities, "We see if within the community there are other thing being done, the message is different, it departs from our work.… Whatever we do, we do it together with the community." In Artibonite, an NGO leader explained that when organizing activities, they invite as many community members as possible to attend. Despite this, during the mapping exercise conducted in Sud-Est, participants reflected upon long-term challenges caused by a lack of community engagement and consultation, which could result in more appropriately designed and effective program.

Multiple respondents defined the link between community input and more effective child protection-related activities. One NGO leader in Artibonite emphasized, « *Nous arrivons à gagner la confiance de ces communautés par rapport à notre interaction, notre statut social, et notre intégration dans ces communautés.... Nous avons un discours plus ou moins abordable, qui est également revendicatif. Ils observent toujours l'évolution des choses.* » Respondents described gaining the confidence of communities in which they work as essential not only to their activities but also to their general security. Additionally, one respondent in Artibonite attributed winning future business opportunities with other international NGOs to their "authentic leadership" style, citing that their approach to work causes international NGOs or other potential funders to "Realiz[e] we are well-rooted, realiz[e] we hold a strong base in the community…[see] that we work with several other organizations; [that] said well, in terms of social rallying, if there's a message to convey, we are well-positioned to deliver it."

Monitoring

Although most respondents clearly recognized the importance and value of monitoring and evaluation, most emphasized the "monitoring" and could not describe the use of consistent, systematic monitoring or evaluation methods to track child protection-related activities. Instead, respondents often cited using informal methods to assess their work. In the West department, one leader explained, « *Pour le suivi nous avons la liste de tous les enfants que nous assistons, nous les surveillons dans leurs actions et nous essayons de voir s'ils ont mis en application ce que nous les avons appris et conseillé.* » However, when asked about the type of data collected during these observations, the research team was told, « *Nous ne les avons pas ecrites. Nous les avons de manière verbale! »* In Nord-Est, one respondent described visits every three months to « *écouter les gens*. » Another leader in Artibonite described a similar method, *« Les comptes rendu sont le plus souvent sans documents écrits, mais de manière verbale en raison du constat de l'effectif présent, à travers leur comportement*. » Many other NGO leaders described an approach to monitoring without documentation. In the West department, two leaders stated they had conducted evaluations that were unwritten.

Despite a general lack of formal monitoring and evaluation, a few NGO leaders included in the study described more systematic efforts. In Artibonite, one NGO leader described a set of follow-up tools used to track activities every trimester, as well as evaluations conducted every six months. Two respondents in the Nord-Est department described conducting monthly monitoring of activities and referenced independent, public evaluations. Another in West described that a donor had commissioned an evaluation of their efforts, and a leader in Sud-Est explained that UNICEF had provided assistance in evaluation. A few respondents indicated that they used the data to inform future activities by identifying weaknesses and areas in need of improvement. One respondent mentioned that the data they collect "enable us to make decisions."

Communication and Coordination

Strong communication and coordination processes were described as essential to a functioning child protection system, whether formal or informal. NGO and community leaders emphasized this frequently within interviews, surveys, and mapping exercises. However, although they acknowledged the importance of coordination processes, many were quick to note that communication and coordination processes are in need of strengthening. In this section, we

present respondent opinions on why communication and coordination is important, followed by coordination challenges and perceived solutions.

> *Je pense qu'il y a deux niveaux de communications: l'une avec la communauté qui marche plus ou moins bien. Ce serait impossible, presque impossible de travailler dans une communauté sans le dialogue avec les leaders communautaires, les notables et avec des familles qui habitent la zone. Cela fonctionne plus ou moins. Mais quand nous parlons de la communication entre plusieurs organisations qui travaillent à ce niveau, je pense que ce serait plus important bien qu'on a l'habitude d'avoir des activités conjointes.*

Open Communication and Coordination as a Best Practice. Most NGO and community leaders described a great deal of ongoing communication and coordination among organizations or associations working in child protection, with the exception of a few small, local NGOs that had not engaged in coordination efforts. In the West department, one leader described being a member of a diverse coalition, the Coalition Haitienne de la Défense des Droits de l'Enfant, a network working on child protection. In Artibonite, respondents mentioned working with the Platform des Jeunes and the Groupe de Travail sur la Protection de l'Enfant, and having established a subgroup on child protection, which "consists of representatives of the city hall, Ministry of Justice, National Police, Ministry of Social Affairs—in order to make a synergy in our work in the community." One respondent in Nord-Est department also shared the idea of working in synergy, explaining:

> *Nous ne travaillons jamais seuls et impliquons toutes les organisations dans nos activités. Nous avons un groupe formé de 22 collaborateurs auquel nous faisons toujours appel dans nos activités. Les organisations sont toujours prêtes à nous offrir leur service et à collaborer avec nous, nous pouvons dire que leur participation à nos réalisations nous est d'un grand support.*

Additional organizations or associations listed by respondents are presented in Figure 2.

Respondents provided a range of advantages when discussing collaboration and coordination of child protection work, although several indicated that although de facto activity sharing often takes place, there is not yet a coordinated effort to organize across agencies. After being asked for the names of groups or organizations with whom they work, respondents were asked whether they purposefully avoid working with any organizations in particular, the response to which was consistently "no." One respondent in the West department explained that in terms of coordination, « *L'avantage c'est quand nous travaillons ensemble nous avons plus de chance d'apporter le changement parce que la problématique de l'enfant est grande et que une seule organisation ne peut pas l'aborder toute seule*. »

Coordination Hurdles. Even though several leaders described being members of networks or associations, many others emphasized that the lack of systematic coordination caused serious problems. Participants in the mapping exercise in the West department explained that ongoing

instability is a fundamental challenge for coordination that prevents organizations from effectively functioning as a network of child protection actors. One participant noted:

> *Il y a les problèmes de proximité entre les institutions, de logistique, d'instabilité des bureaux des institutions. Tantôt le bureau est dans telle zone, tantôt il se déplace. Les organisations communautaires ne sont pas en réseaux dans le sens de communiquer facilement entre eux, même les organisations à plus haut niveau ont cette difficulté.*

One respondent implied that the lack of formalized coordination is troubling to the sustainability of child protection efforts:

> *Le niveau de collaboration entre les organisations, agence, et personnes œuvrant dans la protection de l'enfant n'est pas vraiment une collaboration consistante ou permanente c'est quand il y a une situation que ces gens là se réunissent. Nous ne constitutions pas vraiment un réseau et ça fait que nos actions ne sont pas durable, nos réponses ne sont pas solides pour pouvoir résoudre réellement le problème.*

In Artibonite, one respondent agreed with the idea that organizations working in child protection are not operating as a network and suggested that "there should be linkages between all the organizations…so we can work for the same cause."

Need for a Shared Understanding and Strategy. Across all four departments, interview and survey respondents consistently described a need not only for improved coordination processes but also for a long-term child protection strategy that encompasses government and NGO stakeholders as well as child protection policy advocates and parents. In the West department, one respondent described that activities need to be given time to have an impact, and another respondent shared the belief that child protection in Haiti would improve if « *nous serons les rangs afin d'avoir des relations beaucoup plus étroites et de travailler d'un commun accord entant qu'organisation ayant une même mission dans la société*. » In Artibonite, one NGO leader similarly described the need for "us all to share a common understanding (so that) we can reach the targeted objective," and in the Artibonite mapping exercise, participants recommended that improving child protection processes on the ground requires establishing a strong network structure. Respondents in the Nord-Est mapping corroborated this view in part, expressing frustration at the lack of a functioning child protection model to follow in Haiti.

> *Il n'y a pas de modèle en Haiti. Il n'y a rien de concret. Nous ne savons pas s'il y a une institution étant donné que nous travaillons en synergie dont nous pouvons suivre l'exemple. Cet exemple peut être trouvé dans d'autres pays mais pas en Haïti.*
> –Mapping Exercise, Nord-Est

NGO and community leaders provided mixed opinions on the perceived effectiveness of the Institut de Bien-Être Social et de Recherches (IBESR), whose mission under the Ministry of Social Affairs is focused on child protection and welfare in Haiti. In the Nord-Est department, one respondent referenced challenges working with IBESR, explaining « *IBESR par exemple comme entité étatique, d'abord l'état n'est pas trop actif, quand l'IBESR voulait réaliser une intervention elle a pris toute une éternité. C'est pourquoi je dis qu'il n'y a pas vraiment de*

différence entre les organisations, elles sont toutes à même niveau. » Participants in the mapping exercise in the West department shared the opinion that IBESR is not receptive enough when cases emerge related to child protection. One participant explained, « *Le plus incompréhensible à notre avis c'est le fait que l'IBESR ne fonctionne pas en permanence. S'il y a un cas, une situation qui demande l'intervention de l'IBESR vers les 4 heures de l'après-midi, vous n'allez pas trouver personne or le travail de la protection des enfants est un travail en permanence.* » Despite these assertions, numerous respondents referenced working with IBESR to organize and carry out their child protection activities. One respondent in Sud-Est highlighted IBESR's role when discussing collaboration: « *Il y a jamais eu d'acteurs qui ont témoigné la réticence de collaborer avec nous ou bien de travailler surtout en particulier les acteurs les plus classiques qui sont membres du Groupe Thématique Protection de l'Enfance coordonnée par l'IBESR*. » In the mapping exercise in Nord-Est, participants agreed that child protection improvements exist in the department due to the presence of BPM, IBESR, and Solidarite Frontaliere on the border, who « *empêchent la traite des enfants et aussi la migration des enfants en République Dominicaine.* »

Organizations Working in Child Protection

Figure 2 presents the range of local and international NGOs listed by respondents in the mapping exercises, interviews, and surveys. Where possible, they were placed in the departments identified by respondents.

Figure 2. Local and International NGOs

The number of check marks indicates the number of respondents that referenced this organization as working in child protection in their department.

Artibonite	Ouest	Nord-Est	Sud-Est
• IBESR ✓✓✓✓	• IBESR ✓✓✓	• IBESR ✓✓✓	• IBESR ✓✓
• UNICEF ✓✓✓	• UNICEF	• UNICEF	• UNICEF
• Save the Children ✓✓✓	• Save the Children ✓✓✓	• La Mairie	• La Mairie
• BPM ✓✓	• Croix Rouge Américaine & Croix Rouge Haïtienne	• BPM	• BPM
• Croix Rouge	• Réseau ASR	• La Croix Rouge Haitienne	• AFEDEB
• Zanmi Lasante	• Gran Ravin	• Les Sœurs de Saint Jean ✓✓✓	• OJEB
• ESTRELLA	• FEL	• La Solidarité Frontalière x6	• AFAB ✓✓
• SEZAM	• AJIR	• Plan-Haiti	• Organisations des Femmes
• DINEPA	• RACEN	• OIM ✓✓	• OCBD
• Parole et Action	• Fédération des Enfants	• Affaires Sociales	• OTB
• Misyon Posib	• CID	• Police, Justice, Tribunal de Paix	• MAB
• SEV	• Canaan Uni pour le Developpement ✓✓	• Commisaire du Gouvernement	• IDR
• SAVWA DESALIN	• Frenel Lissence	• AJVD	• GAAR x3
• Platform des Jeunes	• AVSI ✓✓	• JADO	• JEANNO SUCCES
• MINUSTAH	• CONCERN ✓✓	• OJPM	• Services Jesuites
• PNH	• KOJEVIS	• OVDM	• Amurtel
• FEFBA (Fédération des Femmes du Bas de l'Artibonite)	• PLASMAGRA (Plateforme des Secteurs Motives pour l'Avancement de Grand Ravine)	• KKPDG	• AFDA
• Les Petites Sœurs de Sainte-Thérèse	• OCB (Organisations Communautaires de Base)	• OFG	• JEPLA
• GTPE	• MINUSTAH	• FANM GAYA	• SEFIK
• INESR	• USAID	• TAKSIMAN	• Droits des Femmes
• Ministère de l'Etat Féminin	• APSI	• FJS ✓✓	• FAES
• GEN OSCDN	• MAPEDH	• RFM ✓✓	• ICDCA
• JEFTA	• COHADDE (Coalition Haïtienne de la Défense des Droits de l'Enfant)	• KFRTBM	• CROSS
	• GRAER (Groupe Réflexion d'Action pour les Enfants des Rues)	• Synergy	
	• Terre des Hommes ✓✓	• Réseau JANOSIKSE ✓✓	
	• ASR	• PAPDA	
	• LUMOS	• GAP (Groupement Agricole Paningo)	
	• TEAM Ka Pe	• OFP Organisation des Femmes Paningo)	
	• CAD	• RFL (Rassemblement des Femmes Lantasse)	
	• Foyer Lakay	• GAM (Groupement des Agriculteurs de Merande)	
	• SOFALAM	• AJPH (Association des Jeunes Paysans Hotte)	
	• GRAPSAK	• GPF (Groupement des Paysans Filibert)	
	• GRAP (Groupe de Recherche et d'Action Pédagogique)	• TKK (Tet Kole des Paysans Bourgeois)	
	• Oxfam	• RFJS	
	• Restavek Freedom	• KPSKBM	
	• OGM	• Jeannot Succès	
	• Organisation des Femmes Victimes de Violences		

Obstacles in Child Protection Work

NGO leaders discussed the many obstacles they encounter when implementing activities related to child protection. Interview and survey respondents often cited structural problems that complicate and prevent them from fully carrying out their work, including a lack of potable

water (as well as generally problematic health system), as well as the lack of electricity, identified as a reason why many children and youth cross to the Dominican Republic regularly and are subsequently exposed, subjected, or more vulnerable to violence at the border. The obstacles discussed next fall under the areas of resource constraints, a reluctance to change behaviors, issues related to sustainability, and a weak Haitian justice system.

Resource Constraints

Funding constraints or limited means were listed by most interview and survey respondents as a major obstacle in implementing any kind of child protection work. In Artibonite, one NGO leader explained, « *Les plus grand défis sont les faibles moyens à notre disposition pour la réalisation de nos projets. Parce que nos initiatives sont en générale très couteux.* » Several respondents stated that they were unable to expand their activities due to a lack of financial resources and equipment, including transportation or cars. One respondent in Sud-Est described that, « *la voiture et la moto que nous utilisions comme moyens de déplacements sont en panne.… Actuellement nous n'avons aucun moyen de transports, nous faisons toutes nos interventions à pied.* » A lack of adequate transportation poses a significant challenge to child protection activities that may take place in rural or remote locations, or in the case of this respondent, along the border. Additionally, when organizations turn to the parents or other community members to support their activities financially, one respondent in West department described resistance: « *lorsque les parents doivent contribuer à une petite cotisation pour quelques-unes de nos activités, il existe une toute petite résistance de leur part, pensant que nous avons déjà assez de ressources pour subvenir à nos exigences*. »

Low Demand for and Resistance to Behavior Change

NGO and community leaders described resistance to attitude and behavior changes on the part of both the beneficiaries of their programming and their parents. – both challenges that limited the program quality and effectiveness. Leaders explained that challenges with youth were related to participation. One respondent in Sud-Est explained that the youth they target "may get angry and not even [pay] attention to you." In Artibonite, one leader described that,

> [T]he youth, well at that age they are more rebellious than anything else, so if you are gathering them to fill their minds with elements so they can live in society and you aren't offering anything, you aren't funding and you aren't feeding them, they are not at all interested in participating.

Respondents in both interviews and survey responses described a reluctance on the part of the parents to change detrimental behaviors. One respondent in the West department attributed an obstacle to parents not owning up to their responsibilities, describing « *une tendance des parents ou toute autre personne responsable à croire que nous sommes là pour résoudre tous leurs problèmes. Ils ont des attentes dans divers aspects de leur vie tandis que souvent nous sommes là que pour la sensibilisation eux ils pensent que nous allons aborder leurs problèmes économiques*. » Another in Artibonite highlighted a key obstacle in their work, which is the entrenched acceptance of violence as a form of discipline. Several others echoed this viewpoint as well: "In the community, we cannot [realize] great progress yet, because some parents are used to going to schools to press the directors and ask them to whip their children."

Finally, multiple respondents noted security concerns as well as the fear of retribution as threats to the effectiveness and reach of their activities. Fear emerged as a key issue: Respondents described fear of repercussions on the part of parents, notables, and children of reporting instances of violence including abuse, abandonment, and neglect. One respondent in Sud-Est described a particular case they had encountered with a child who had become pregnant by someone in their 40s; however, « *quand nous contactons sa mère pour les poursuites judiciares, elle nous dit qu'elle va de préférence se confier à un pasteur, et quand nous persistons, elle prend la fuite.* » In Artibonite, another leader emphasized that "they're sometimes afraid, and do not want to denounce these cases, even when these cases are known they cover it up.… You know, we're in Haiti. People are afraid of certain things, they're afraid due to threats they may have received Haitian-style."

Heavy Reliance on INGOs and NGO Practices

Interestingly, both community leaders and NGO leaders themselves identified weaknesses in the NGOs as an obstacle to effective child protection. In the mapping exercise in Nord-Est, as well as the exercise in West, participants stated multiple times that a central problem is that government agencies and NGO staff spend too much time in their offices and not enough on the ground. In Nord-Est, one mapping participant recommended, « *Ils pourront nous aider à combattre les gens qui maltraitent les enfants parce qu'il y a plus de personnes derrière les bureaux que sur le terrain. Les agents de terrain doivent avoir plus d'attention car ils font le gros du travail*. » In the Nord-Est department one respondent emphasized that the presence of so many NGOs removes the responsibility from Haitians to improve child protection systems:

> *Nous luttons contre les ONG, ces dernières là créent une instabilité dans le pays. Nous nous sommes désengagés de notre responsabilité, nous attentons à ce que ce soient les ONG qui viennent nous aider or elles n'ont jamais laissé quelques choses de sérieux après leur passage dans une communauté de manière à pouvoir résoudre un problème en leur absence. C'est pour cela vous pouvez le constater vous-même, nous n'avons pas envoyé nos documents aux ONG ou aux institutions que nous savons d'avance qui ne vont rien règle autre que désunir la nation à leur propre intérêt.*

Respondents also mentioned that the heavy reliance on external donor funding for activities makes it impossible to sustain a functional child protection system. A leader in Nord-Est stated that, « *Ces organisations sont dépendantes de l'extérieur en terme de financement donc s'ils ne trouvent pas d'aide elles ne peuvent pas fonctionner, elles ne peuvent pas répondre à les desiderata des enfants. Parfois elles se trouvent dans des situations difficiles et ce n'est pas toujours favorable quand ils font une demande de financement pour réaliser une activité. »*

Weak Justice System

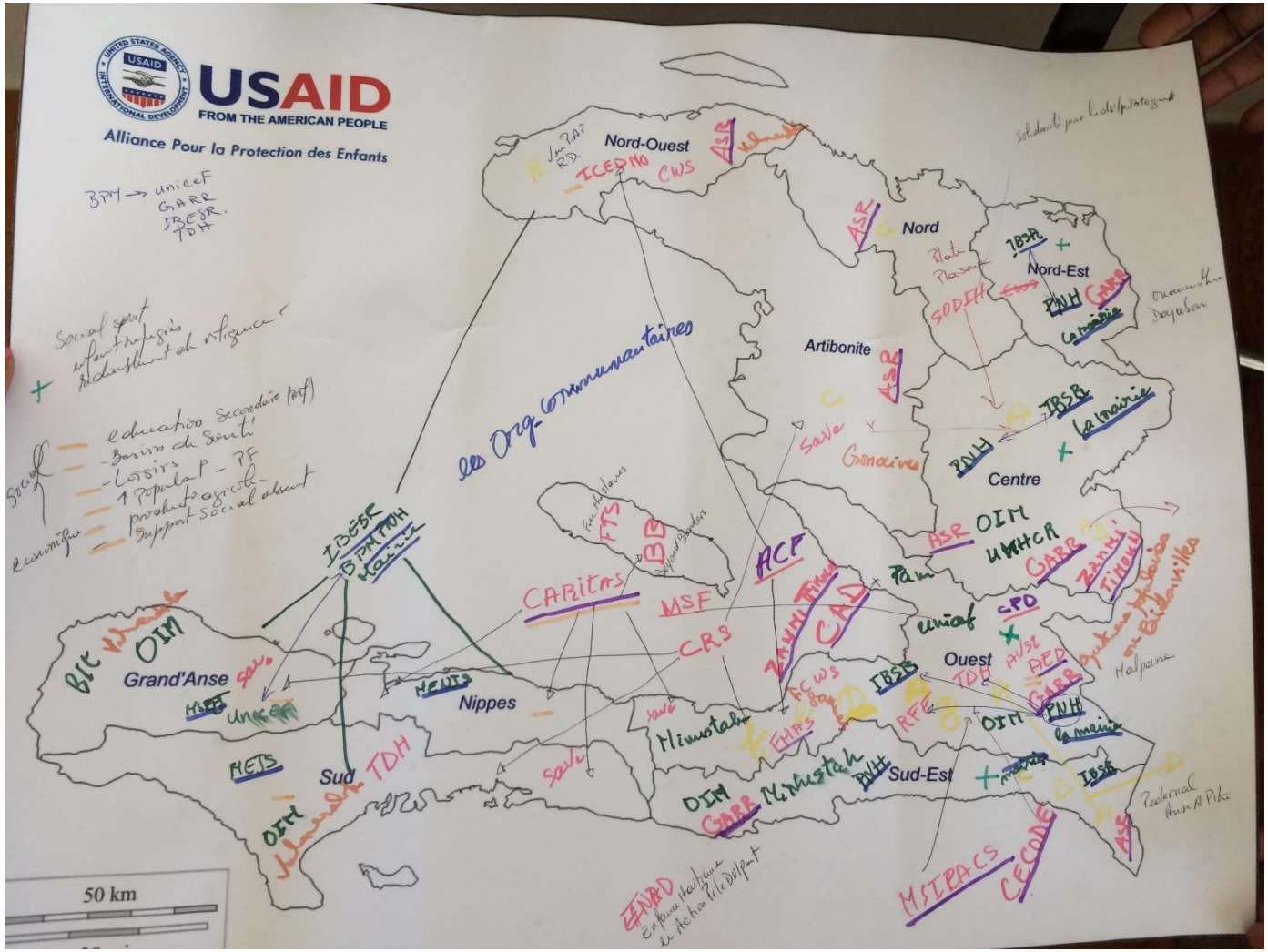
Finally, respondents consistently emphasized the need for the government to play a larger role in strengthening child protection in Haiti and attributed many obstacles they encountered to weak systems and either a lack of awareness or disregard for the law when cases related to child protection emerge. One participant in the Nord-Est mapping exercise reflected on this:

> *Il y a des accords, des traités relatifs à la protection des enfants. C'est aux responsables de les appliquer, les organisations internationales qui déjà apportent beaucoup dans le domaine de la protection des enfants doivent eux aussi se mettre de la partie et inviter les*

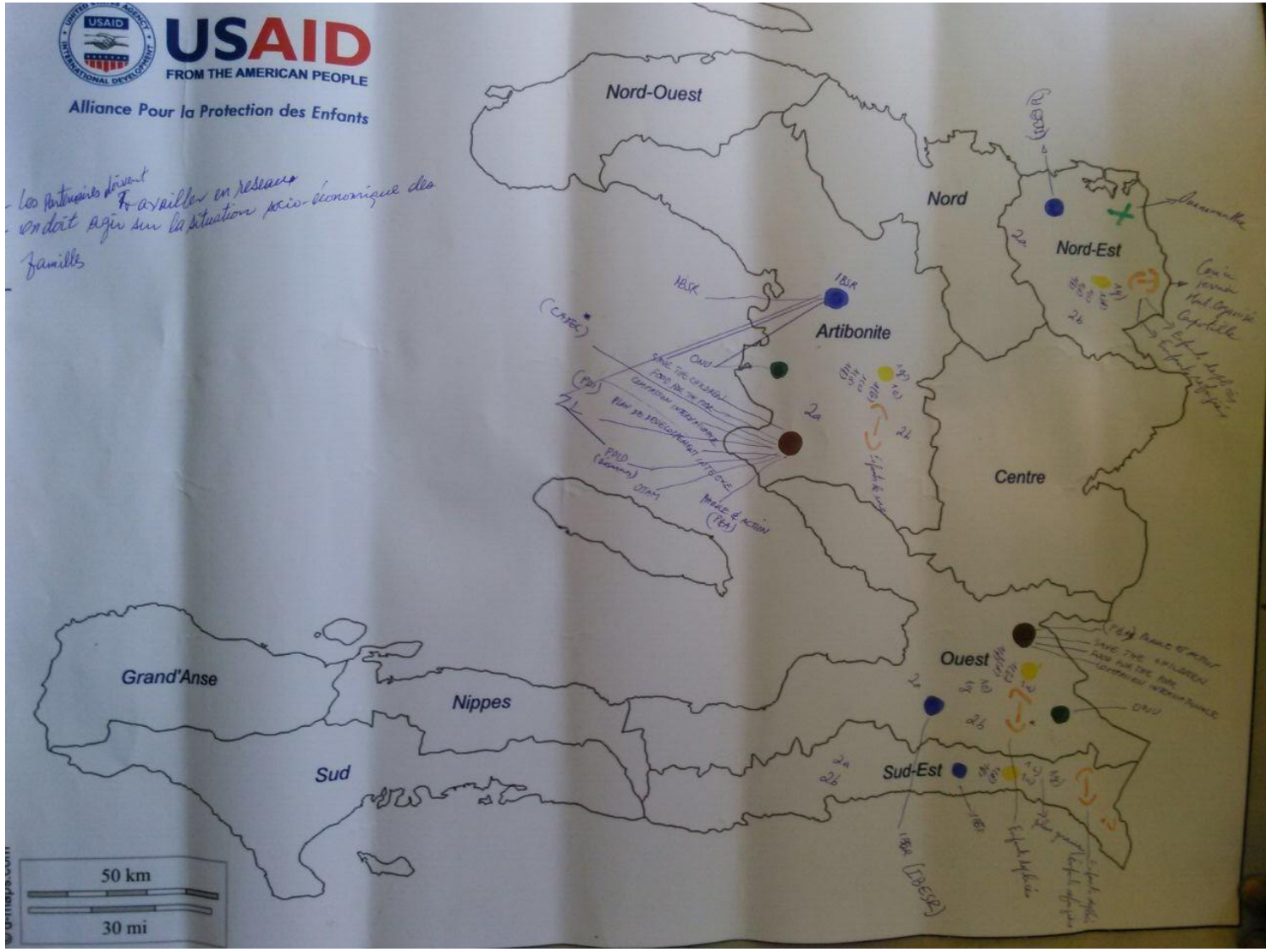
> *responsables à mettre ces traités en application. La justice doit elle aussi punir les coupables de traite d'enfants par exemple.*

Participants in the Artibonite mapping exercise shared this view, with one emphasizing that « *les lois sont là, il faut tout simplement les mettre en application.* » Several survey respondents noted that people lack knowledge of the laws that are in place and that local authorities are sometimes purposefully complicit in the failure to uphold justice.

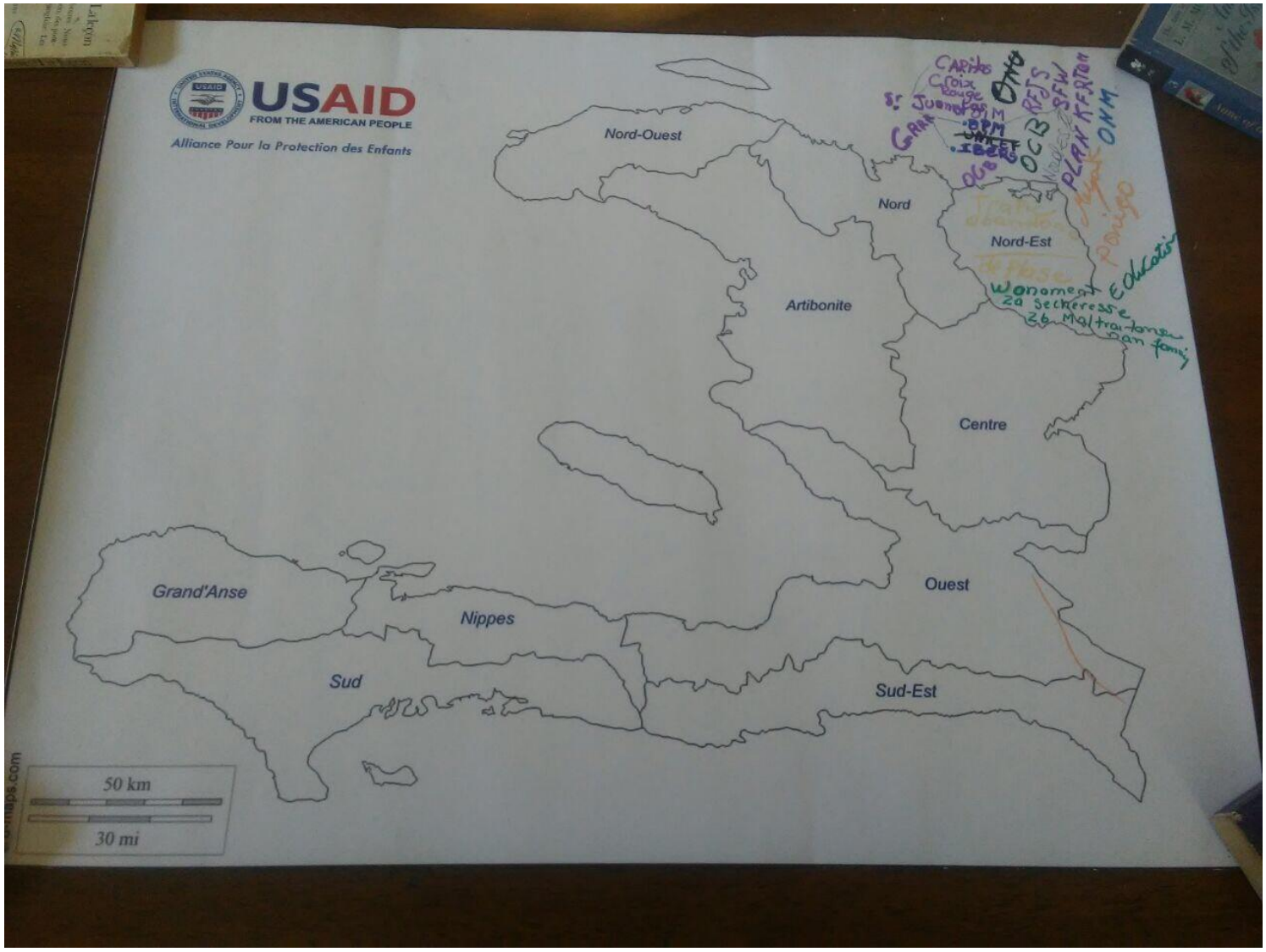
Appendix . RQA Mapping Exercise West Department



Artibonite Department



Nord-Est Department



Sud-Est Department



Appendix B. NGOs Consulted in the RQA

Number	Organization Name
1.	OCDASM
2.	Organisation des Jeunes de l'Avenue Maurepas (OJAM)
3.	Org: Mission Maconique des Freres de St-Jean Baptiste
4.	DENOJE (Dessalines Nouvelle Jeunnesse)
5.	AJABD
6.	Scouts d'Haiti
7.	Save the Children
8.	IBESR
9.	MINUSTAH
10.	PDID (Plateforme de developpement integre de Desarmes)
11.	Organisation de Femmes pour le Développement de Raboteau
12.	OJEB
13.	BPM
14.	ICDCA Initiative Citoyenne pour le Developpement de l' Anse a pitres
15.	UNHCR
16.	Réseau Frontalier Jeannot Succès pour la Promotion et la Défense des Droits Humains Département Nord-Est-Ouanaminthe
17.	Solidarite Frontalier
18.	Klèb Fòmasyon Rekreyativ Timoun Ba Mari Bawo (KFRTBM)
19.	Organisation Rassemblement des Femmes de Merande
20.	KPSKPN
21.	l'Ecole Presbytérale de Saint-Charles
22.	Enfant en Production pour le Developpement
23.	Centre de Sport L'Espoir
24.	Fondation Maurice Sixto
25.	Fondation Emaus
26.	GREDEPH
27.	Orgnization Famm/ Canaan Unie pour le Development
28.	Organisation Caribenne pour la protection social / Movement Fam Coordonatrice
29.	Viva Rio
30.	MSF Medecin sans Frontieres Martissant
31.	OCIDEJEN Organisation des Citoyens pour le Developpement de Jalousie et ses environs
32.	Abasystem Restavek
33.	ACHLA An Chanje Lakay
34.	Centre d' Education Communautaire Alternative CECA
35.	OTB

APPENDIX D

Alliance for the Protection of Children Project

Child Protection: A Search for Locally Led Positive Deviance

June 2017



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Introduction

Project Overview

The Alliance for the Protection of Children (APC) is a 3-year U.S. Agency for International Development-supported project implemented by American Institutes for Research (AIR) with a goal to leverage local assets and strengthen the protection of children exposed to all forms of abuse, neglect, exploitation, and violence. Lumos Foundation is a resource partner to the project leading efforts that mitigate abuse, neglect, exploitation, and violence in residential care institutions. The APC will support strategic objectives on the part of U.S. Agency for International Development and the government of Haiti to strengthen the protection of vulnerable children. The APC will ensure that its work aligns with the National Child Protection Strategy and contributes to Objectives 3, 4, and 5, as well as to existing laws governing the protection of children in Haiti. We will work in partnership with the Institut du Bien-Être Social et de Recherches (IBESR), Université d'Etat d'Haiti, Zanmi Lasante, Combite pour la paix et le développement, and Restavek Freedom/OPREH in Year 1 to establish a rigorous evidence base on which to build Year 2 and 3 pilot interventions.

The APC will collaborate with other government agencies, ministries, strategic United Nations agencies such as UNICEF and the United Nations High Commissioner for Refugees (UNHCR), as well as community-based and local nongovernmental organizations (NGOs) in Haiti. We will prioritize child protection through this program; specifically, we will pilot evidence-based interventions that reduce violence against children; mitigate the trafficking and forced labor of children; protect unaccompanied and separated migrant, stateless, and displaced children; integrate street children into safer learning and care spaces; prevent the separation of children from their families; and explore alternative care and protection services. The APC has four distinct phases: (1) research, (2) design of pilot interventions, (3) implementation of pilot interventions, and (4) evaluation and learning for scale-up. The Year 1 project plan covers the first and second phases.

Report Summary

This report summarizes the findings from key informant interviews (KIIs) conducted as part of a study of community-led child monitoring in the Northeast and Southeast departments of Haiti using a positive deviance approach. Positive deviance theory holds that community transformation around seemingly intractable challenges can be realized by discovering innovations and wisdom that already exist within a community or country.[65] Positive deviants are individuals who live and work under the same constraints as everyone else, yet they find a way to become an observable exception and or achieve positive results.[66] These outliers have "paid attention differently" and "cultivated a skepticism" about who, what, and how, which often

[65] Lapping, K., Marsh, D. R., Rosenbaum, J., Swedberg, E., Sternin, J., Sternin, M., & Schroeder, D. G. (2002). The positive deviance approach: Challenges and opportunities for the future. *Food and Nutrition Bulletin*, *23*(4 suppl2), 128–135.

[66] Pascale, R., Sternin, J., & Sternin, M. (2010). *The power of positive deviance*. Boston, MA: Harvard Business Press.

challenges an existing fatalism about the status quo. If valued, the individual difference then can become a community resource, helping others adapt attitudes, behaviors, and practices over time through scaling up (challenging the innovation or wisdom to greater complexity and variation) and scaling out (distilling select elements of complexity from the solution so that the innovation can be replicated in a variety of settings).[67] Scaling up or scaling out positive deviance is both technical and adaptive, which means that practical tools and strategies *must be* accompanied by behavior change; the latter is the most difficult and requires local awareness, local ownership, and local leadership.

The APC project is focused on the design of evidence-based pilot interventions that will leverage local assets and strengthen child protection efforts in Haiti. To do this, we committed to investigate the problem of abuse, neglect, exploitation, and violence against children using several different research methods; a positive deviance approach is one of several unique lenses for data collection that highlights local innovation and wisdom. We understood from the outset that Haitian communities were weary of research, and rightly so as there have been a multitude of academic studies on Haiti's unique historical, cultural, social, and economic challenges. However, one cannot examine the reported degree of abuse, neglect, exploitation, and violence against children in Haiti without questioning the existing evidence base or questioning the selection and application of this evidence in designing child protection interventions.

This report describes the results from the KIIs conducted with community leaders, community members, and child protection entities in the aforementioned two departments. The goal of the research was to better understand the problem (what), understand those affected by the problem from various perspectives (who), and then examine how the problem is being addressed by different actors in these communities (how) to determine whether we could identify outliers or observable exceptions that challenged the status quo.

After briefly discussing the methods used to collect the data, this report presents the findings related to (1) perspectives on the problem, roles, and responsibilities related to the defined problem; (2) identification of children and the lack thereof as the root cause of sustained patterns of abuse, neglect, exploitation, and violence; (3) an example of positive deviance and fledgling results.

Methods and Sampling

The research team was composed of two representatives each from Université d'Etat d'Haiti, Zanmi Lasante, Combite pour la Paix et le Développement, and Restavek Freedom. We conducted research in two departments in our project's geographic scope that were selected due to known cases of abuse, neglect, exploitation, and violence as well as proximity to the border, which allows a comparison between communities facing similar constraints. The Northeast department (specifically, Ouanaminthe) and the Southeast department (specifically, Anse a Pitre) were chosen to compare behaviors and practices associated with the identification and

[67] McClure, D., & Gray, I. (2015). *Managing the journey to scale up innovation in the humanitarian and development sector*. Submitted for the Transformation through Innovation Theme for the World Humanitarian Summit.

monitoring of children in the area, as well as the coordination of those organizations and personnel perceived as responsible for child protection.

Data were collected through 28 KIIs: 14 in Northeast and 14 in Southeast. Key informants were recruited to represent three broad categories:

4. Public service entities (e.g., teacher, Conseil d'Administration de la Section Communale (CASEC), Brigade de Protection des Mineurs (BPM), IBESR, nurse, and lawyer)
5. International organizations and NGOs (e.g., International Organisation for Migration (IOM, UNHCR, Groupe d'Appui au Rapatriés et Refugiés (GARR), Jésuites, Solidarité Frontalière, Jeannot Succès)
6. Community-based organizations and public opinion leaders (e.g., shop owners, religious leaders, women's association leaders, and community leaders)

Interviews were conducted after the research team underwent an intensive AIR-led workshop to learn about positive deviance theory and develop data collection protocols. The protocols were reviewed by AIR's independent Institutional Review Board to ensure the protection of human subjects. The protocols for this study were exempted based on generalizable data being collected by informants who did not meet the definition of increased vulnerability through exposure to this particular research method or its findings.

Each KII lasted 60–90 minutes. One researcher conducted the interview while a second researcher took detailed notes. Interviews were conducted in either French or Creole, and notes were taken in French. Interview questions were designed to capture explicit thoughts about the problem, those affected or responding to the problem, and how the problem was being addressed, if at all in a particular community.

Researchers typed their interview notes and observations at the end of every day. The notes were then analyzed by AIR staff to uncover patterns in responses and feedback from a variety of actors in the two different research sites, some of whom are engaged in child protection activities, others of whom are key observers of routine social and cultural life within a community. Next, we synthesize the interviews conducted in May 2017 as part of our data collection.

Defining the Problem

The AIR team worked closely with a diversity of national, international, and local stakeholders to identify

- at least one common problem in child protection efforts,
- at least one community in the project's geographic scope where local innovation or wisdom was challenging the status quo, or
- at least one community in the project's geographic scope where better outcomes for child protection seem to be taking root.

First, in keeping with positive deviance theory, we identified common problems in child protection and deeply examined the who, what, and how of these challenges. From our discussions with Haitian government representatives, international organizations, Haitian anthropologists, and ethnographic researchers, as well as local NGO and community-based organizations, we realized that two challenges were expressed more often than others:

1. **Unrestricted mobility of children.** New children who enter a zone from the outside and children born into a zone who then exit it without return represent an unmonitored element of community life.
2. **Lack of coordination.** Children often are not referred to the appropriate people and places for help and there is no interconnected system of understanding roles, responsibilities, and the interstices of these. As such, when children become "invisible" in this way (i.e., not easily identifiable with a particular place or legitimate caregiver, tracked to that place or person, monitored in terms of relevant movements, or referred to the appropriate people or authorities for help), it increases their vulnerability to different forms of abuse, neglect, and exploitation in the form of domestic labor (restavek) or trafficking, as well as other forms of violence.

This basic sensitivity to identifying and monitoring children within a defined area and coordination of actors responsible for the protection of children was considered by stakeholders as fundamental to the success of child protection efforts. Communities that created a system of identification, documentation, and monitoring of children were rare, but a few outliers did exist. In most settings, this basic exercise seemed to be an important step in an improved child protection process.

Findings

Unrestricted Mobility

In this section, we describe the underlying assumptions that government representatives, international organizations and NGOs, community leaders, and community members made with regard to the challenge of unrestricted mobility of children.

For **government representatives** in both Ouanaminthe and Anse a Pitre, the vulnerabilities associated with children moving unaccompanied between communities and across the border squarely rested on the "irresponsibility" of parents. Only one government informant stated that this mobility of children driven by abandonment or exploitation was a failure of both the state and parents. The identification and monitoring of children, according to the overwhelming number of respondents, was the responsibility of parents. The assumption was that "good children" went to school and "bad children" were left to their own devices by parents who had too many children to take care of, had abandoned their children completely, or had left the area to seek work, either permanently or temporarily.

International organizations and NGOs discussed the challenge of mobility by focusing on extreme poverty or a lack of proper and accessible education and health services to stabilize communities, reinforce families, and protect households. They discussed competing priorities and demands that took attention away from a focus on healthy child rearing or development.

In turn, **community leaders and members** pointed to the weakness of the state, citing the lack of services for families and children as a key driver for a lack of monitoring. They also criticized themselves, mentioning the failings of parents and communities in assisting restavek or children in the street. Some respondents reflected a certain acceptance and normalization around the unrestricted mobility of children. A nurse stated simply, "I don't ask new children about their families. I ask if they are living with a parent and leave it at that." A shop owner explained that people tended to stay out of one another's "business," because of mistrust or fear of "witchcraft" befalling them if they meddled. Indeed, a perceptible acceptance of the status quo and a fatalism about improving the situation muted respondents' drive to ask deeper questions about who was coming and going in their communities, even in the cases of seemingly unmonitored children who "looked extremely thin, were dirty, and had no shoes on their feet."

Lack of Coordination

Respondents identified a secondary challenge. They asserted that despite the saturation of organizations and entities working on child protection, there is a striking lack of coordination among these actors. Interview responses emphasize a lack of cross-sector and community-level communication, as well as a lack of information sharing, transparency, and sensitization to community needs and realities. Some clear lines of communication did emerge. The data indicate that international organizations would share information and coordinate with other international organizations and NGOs. This was true for IOM, UNHCR, and UNICEF in the Northeast and Southeast, as well as among organizations such as GARR, SJM, Solidarité Frontalière, and Réseaux Frontalière Jeannot Succès. In addition, IBESR and BPM stated that they communicate with UNHCR and IOM.

There was less interaction, however, between state agencies and communities, according to community informants. Indeed, state agencies did not mention working closely with community leaders. A few government respondents mentioned that community leaders "don't do anything." This communication gap included interactions between levels of government. For example, the mayor's office and local elected officials, including CASECs and Assemblées des Sections Communales (ASECs), did not reference IBESR or BPM when asked with whom they coordinate on cases of abuse, neglect, exploitation, or violence, or when identifying and monitoring children who enter or leave their communities. In addition, community leaders and members could not list any state agencies or organizations that had solicited their help or input related to child protection. One community leader from Ouanaminthe stated that he knew NGOs were prolific in the area:

> NGOs are mostly responsible for the increase in child protection problems. In my opinion, I don't believe NGOs are acting in good faith. It is inexcusable what they are doing—coming with their own agendas and their own interventions. All they produce is increased misery. The state should be controlling this and they do not.

A second community member echoed this sentiment saying that there has been "a lot of ego at play" that has been left unchecked by those working in the sector. Two additional informants stated that the inability to protect children in Haiti is about a "lack of moral conscience," and there is "enough blame" to be spread around.

To explore this lack of coordination, Figure 1 illustrates patterns in how key informants described (a) who is responsible for child protection or the mitigation of abuse, neglect, exploitation and violence, (b) who should be responsible, and (c) who is most critical for the protection of children. Key informants were not asked these direct questions, but in almost every interview these lines were clearly drawn. The number of Xs in each cell indicate the number of respondents who shared this viewpoint.

Figure 1. Opinions of Individuals or Groups Responsible for Child Protection, According to Key Informants

Individual or Entity	Is Responsible	Should be Responsible	Most Critical to Child Protection
Parents	X	XXXXX	
State	X	XXXXXXXXX	XX
Mayor	XXXX	XXXXX	
School leaders		XXXX	
Church (specifically)		XXX	X
Judiciary	XX	XXX	
Police (BPM included)	XXXXXXXXXX	XX	
IBESR	XXXXXXXXXXX	XX	
Community leaders (including local elected officials, religious leaders, CASEC, ASEC)	XX	XXXXXXXXXXX	XXXXXXXXXXX
Community members (not specifically parents or leaders)	X	XXXXXXXX	XX
Local or international NGOs	XXXXXXXXXXXX XXXX	XXXXX	
Media		X	
United Nations agencies	XXXXXXXXX		

Note. The number of Xs will not add up to 28 as KIIs provided multiple answers, sometimes for each category.

As shown in Figure 1, responses varied with regard to who is responsible for child protection. Many respondents said that BPM and IBESR were responsible, knowing that those organizations were mandated to take care of street children and restavek. It was clear that respondents assumed local and international organizations were responsible, although in reality most of the community leaders and members could not name the specific organizations working on child protection. Interestingly, only one informant said that parents were responsible for protecting children. Respondents stated that the children who had parents were most often in school, but restavek and street children were not considered the responsibility of their parents or community members.

With regard to which actors should be responsible for child protection, it is worth noting that United Nations agencies were never cited as having an obligation to protect children; a large responsibility was attributed to community leaders, the state, and parents.

Finally, the starkest contrast to perspectives on child protection are found when examining how informants identified those most critical to success, even if there was acknowledgement that

success had not yet been achieved. Many respondents reported that community leaders are the most critical to effective and impactful child protection—not parents, IBESR, the police or the judiciary, or local and international organizations. Yet, as described, community leaders and members expressed that they were almost never approached or integrated into strategic child protection interventions. Some respondents stated that they were asked by the United Nations or by government representatives (IBESR or BPM) about specific cases, but that they did not feel that they were viewed as having a critical role to play in the prevention of the abuse or exploitation of children.

Identification of Children

Respondents in both Northeast and Southeast departments demonstrated a basic level of awareness of the types of vulnerable children who were in their communities. Community leaders and members provided richer detail about the day and night activities of those supposedly "invisible" children. There was little significant difference between the vulnerabilities described in Ouanaminthe and Anse a Pitre. Children were described in both settings as those who "live with their parents and [thus] are in school during the day" and "those without parents or whose parents have left them to go work on the other side of the border" who are in the street or are restaveks. Some respondents explained that the number of street children had increased over the years, and other respondents explained that identifying children as street children or restavek was difficult, partly because restavek are not visible outside households. If restavek came out of the homes during the night, which several respondents discussed, they often slept in the street or engaged in risky behaviors to find food, thus interacting with and being identified as street children. Many respondents emphasized that they knew little of what happened in the street at night. A few informants described children not in school as "mandan papa, zokiki, or bòdègèt," in other words, young girls with "sugar daddies" or children engaged in night clubs and bars under the influence of drugs or alcohol.

In Anse a Pitre, several respondents talked about the mobility of children back and forth across the border; the border itself especially in the uncontrolled areas was their "street base." In Ouanaminthe, two unique issues were mentioned related to children: Kidnapping of children was described as "frequent," and one informant mentioned that the sale of children's organs occurred there. In both geographic areas, informants stressed the need to be able to better identify children, although they often described the importance of this in terms of decreasing street crime or delinquency rather than protecting those children themselves.

A UNHCR representative interviewed in the Northeast department stated, "L'identification est la porte d'entrée de la protection des enfants." The UNHCR informant indicated that the ability to know which children are from a community, which children are new in a community, and which children have left a community is a critical challenge that often goes unaddressed. The same respondent emphasized that community leaders were essential to identifying and monitoring children in this way. Another respondent in Ouanaminthe stated that to monitor children successfully, community leaders would need to be part of the solution as they are aware of everything that happens locally, who enters and leaves a community, and what the story is behind the mobility. This research suggests that key informants explicitly agree and demonstrate through their answers that community leaders and members could be critical collaborators in the identification and monitoring of children in these areas.

Initial Evidence of Positive Deviance

The data collected for this study build upon additional data from the rapid qualitative assessment and cultural models research conducted under Year 1 project activities. Across these multiple research methods, particular attitudes and practices in Anse a Pitre showed that different efforts were underway in a few communities related to increasing ownership of child protection at the local level.

Within Anse a Pitre, community leaders reported that in response to the overwhelming challenge of abuse, neglect, exploitation, and violence of children in their zones, coupled with the decreased activities of GARR and state actors in recent years, they have engaged in a problem-solving process to change the status quo. More specifically, within the rural municipality of Bony, near the southern coast of Haiti and its border with the Dominican Republic, key informants reported that the most vulnerable children consist of stateless children moving back and forth across the border, street children, and restavek. KIIs detailed high levels of domestic violence, sexual violence, community trauma, and extreme poverty in the community and surrounding communities. These same informants described enormous constraints in funding for organized activities in the area, including even a reduction in support for education and health services as compared with years prior.

According to community leaders and members in Bony, they organized a 'human rights' committee. The committee tried to include in its representation local authorities like the CASEC, as well as teachers and nurses, business leaders, religious leaders, and members of the women's associations as well as at least one representative from each zone. The committee decided that first they needed to identify the children living in their community so they could understand what the vulnerabilities were as well as observe changes in the make-up of this subset of the population over time. The committee devised a registration process for all children in their community with a method for regular updating. These leaders in Bony realized that the process would be stronger if communities in geographic proximity were also identifying and monitoring children, so that information could be shared when children moved between zones, and an interconnected system could be created to track both movements and needs of children across a wider landscape. The Bony human rights committee reached out to the neighboring communities of Thiotte and Grand Gosier. and, as such, the committee has increased its geographic reach and representation. Through this system of identification, Bony, Thiotte, and Grand Gosier have records of children who have died in their communities and know exactly what children have come into or left their communities. As a result, the committee has been able to react more quickly to children moving out of their communities and going across the border (whether of their own will or as a result of force) to try and bring them back or to inform the authorities.

A longer, more detailed study is needed to evaluate the real impact of this local innovation in identifying and monitoring children. The committee and community members reported that this local leadership has made everyone more aware of children. It has increased information sharing between communities about missing children or unaccompanied children, and it has created an observable reduction in the abuse, neglect, exploitation, and violence experienced by children in those areas.

In many ways, the approach matches the problem described in the KIIs—the lack of coordination, the absence of information on monitoring, and not enough involvement by local community members and leaders. This committee positively answers those problems by coordinating information among those most involved locally. And it is of note that it does so seemingly without coordination with any state child protection agency, international or local NGO, or United Nations agency supporting this positive deviance approach.

Despite constraints similar to other geographic areas, initial evidence illustrates that Bony municipality and the communities of Thiotte and Grand Gosier are applying local wisdom and innovation to one of the greatest impediments to mitigating abuse, neglect, exploitation, and violence against children: real-time identification and monitoring of children in their communities. In addition, the scale-up of an innovation in Bony to other communities indicates a distinct level of coordination. Bony municipal leaders as well as community members reported a decrease in violence against children as a result of this positive deviance.

Positive deviance theory assumes that a useful and effective innovation will replicate and solve existing challenges because it is locally owned and led. Change, according to positive deviance experts, is effective when mutations in behavior are incremental and rewarded by small successes. Adaptation occurs more naturally when it is not the intended objective but a result of new understandings born of locally rooted experience.[68] Positive deviation in Bony may seem simple at first, but it is rife with variables that have been considered and learned from when expanding to other communities such as Thiotte and Grand Gosier. If we were to build upon positive deviance practices in Bony, we would need to work closely with local communities to reflect upon the details of the existing approach, as well as what adaptations, if any, occurred when implementing this approach in Thiotte and Grand Gosier. Thus, ensuring scale-up or replication in other communities and departments could happen in a way that would best serve the local context.

[68] Pascale, R., Sternin, J., $ Sternin, M. (2010). *The power of positive deviance*. Boston, MA: Harvard Business Press.

APPENDIX E

Alliance for the Protection of Children Project

A Report on Haitian Cultural Models of Children, Family, Violence, and Protection

June 2017



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Introduction

Project Overview

The Alliance for the Protection of Children (APC) is a 3-year U.S. Agency for International Development (USAID)–supported project implemented by American Institutes for Research (AIR) to leverage local assets and strengthen the protection of children exposed to all forms of abuse, neglect, exploitation, and violence. Lumos Foundation is a resource partner on the project, leading efforts that mitigate abuse, neglect, exploitation, and violence in residential care institutions. The APC will support strategic objectives on the part of USAID and the Government of Haiti to strengthen the protection of vulnerable children. The APC will ensure that its work aligns with the National Child Protection Strategy and contributes to Objectives 3, 4, and 5, as well as to existing laws governing the protection of children in Haiti. In Year 1, we will work in partnership with the Institut du Bien-Être Social et de Recherches, Université d'Etat d'Haiti (UEH), Zanmi Lasante, Combite pour la paix et le développement, and Restavek Freedom/OPREH to establish a rigorous evidence base on which to build Year 2 and 3 pilot interventions.

The APC will collaborate with other government agencies, ministries, strategic United Nations agencies such as UNICEF and UNHCR, as well as community-based and local nongovernmental organizations in Haiti. We will prioritize child protection through this program; specifically, we will pilot evidence-based interventions that reduce violence against children; mitigate the trafficking and forced labor of children; protect unaccompanied and separated migrant, stateless, and displaced children; integrate street children into safer learning and care spaces; prevent the separation of children from their families; and explore alternative care and protection services. The APC has four distinct phases: (1) research, (2) design of pilot interventions, (3) implementation of pilot interventions, and (4) evaluation and learning for scale-up. The Year 1 project plan covers the first and second phases.

Report Summary

This report summarizes the findings from interviews conducted as part of a study of implicit cultural patterns of thinking underlying the way that Haitians understand, reason, and make decisions around issues related to violence against children. Anthropologists call these shared patterns of thinking "cultural models."[69] These cultural models are learned beginning early in life as the brain forms synaptic connections from a child's experience with the physical world, with other living humans and organisms, and with language.[70] Cultural models represent people's most basic "common sense" of the world—in this case, assumptions about concepts such as childhood, families, and violence.

[69] Shore, B. (1996). *Culture in mind: Cognition, culture, and the problem of meaning*. Oxford, UK: Oxford University Press.
[70] Holland, D., & Quinn, N. (Eds.). (1987). *Cultural models in language and thought*. Cambridge, UK: Cambridge University Press.

Cultural models are stable and widely shared patterns of thinking that guide reasoning and decisions that people within a culture make every day. Although aspects of cultural models found in Haiti may be found elsewhere in the world, the particular configuration of models is unique, based on the specific interaction of historical events, structural factors, environmental and political contexts, and deep cultural beliefs in Haiti.[71] A growing number of scientists and practitioners have found that exploring this deep level of cultural understanding can be valuable for designing effective campaigns that change knowledge, attitudes, and behaviors on a variety of issues,[72] including work in Haiti on HIV[73] and health care more generally.[74]

The APC project is focused on the design of evidence-based pilot interventions that will leverage local assets and strengthen child protection efforts in Haiti. To do this, we committed to investigate the problem of abuse, neglect, exploitation, and violence against children using several different research methods; a cultural models approach is one of several unique lenses for data collection that highlights local understandings. We understood from the outset that Haitian communities were weary of research, and rightly so as there are a multitude of academic studies on Haiti's unique historical, cultural, social, and economic challenges. However, this is the first cultural models study that examines the most basic underpinnings of cultural beliefs about violence and children in Haiti in this way.

The goal of this cultural models research was to better understand the underlying patterns of how Haitians think about children and how they develop, children's role(s) within a broader family and community, opportunities for children, violence in all of its forms, and child protection. This research was not intended to direct decisions about the most pressing problems to address with pilot interventions but rather to create effective communications and outreach campaigns once those pressing problems and potential solutions are decided upon by stakeholders using the other research methods from this project. In addition, this map of cultural models will serve as a guide for developing a specific behavior change communications (BCC) pilot intervention following the priorities outlined by the APC and stakeholder partners.

After briefly discussing the methods used to collect the data, the report maps the cultural models as they relate to seven orienting questions. Each cultural model is explained and illustrated with some representative excerpts from interviews. Finally, the report concludes with some notes about how this data can be used for improving communication and outreach in general.

Methods and Sampling

The cultural models findings presented below are based on 41 in-depth interviews conducted by UEH graduate anthropology students who underwent two intensive AIR-led capacity building workshops (September 2016 and January 2017) to learn about cultural model theory and to develop data collection protocols. The protocols were reviewed and approved by AIR's

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[71] Dubois, L. (2012). *Haiti: The aftershocks of hist*ory. New York, NY: Metropolitan Books.
[72] Shonkoff, J., & Bales, S. (2011). Science does not speak for itself: Translating child development research for the public and its policymakers. Child Development, 82(1), 17–32.
[73] Farmer, P. (1994). AIDS-talk and the constitution of cultural models. Social Science & Medicine, 38(6), 801–809.
[74] Brodwin, P. E. (1997). Politics, practical logic, and primary health care in rural Haiti. *Medical Anthropology Quarterly*, *11*(1), 69–88

independent Institutional Review Board as well as Haiti's Comité National de Bioéthique to ensure the protection of human subjects.

The interviews were conducted January–March 2017 in nine localities across four departments in Haiti: West, Nord-est, Sud-est, and Artibonite. Individuals were recruited for interviews to ensure a diversity along the dimensions of geography (rural, remote, peri-urban, and urban), gender (men and women), religion (Catholic, Protestant, and Vodou), age (younger adults, adults, and older adults), being primarily responsible for children or not, and being stateless or not. The interviews were specifically conducted with people who were not experts or key informants on these topics.

Each participant was interviewed in a one-on-one, semistructured session lasting 1 to 2 hours. Interviews were conducted in participants' homes or other quiet locations. Cultural model interviews were designed to elicit ways of thinking and talking about underlying issues—how children and families are defined, how childhood development happens, what opportunities exist for children, how violence and protection are conceptualized, and what could be done to better protect children. As the goal of these interviews was to uncover patterns of thinking rather than to ask participants to respond to predetermined categories and concepts, it was important to give interviewers the freedom to follow topics in the directions they deemed most appropriate. Therefore, the interviewers approached each interview with a set of areas to be covered, but were allowed to follow the order in which they were covered naturally by the participant. All interviews were conducted in Creole, audio recorded, and later transcribed directly into Creole by the interviewer. Approximately one third of the transcriptions were translated into English by professional translators for quality control on the analysis.

Interview questions were designed to elicit a large quantity of "talk" that could then be analyzed using techniques developed in cognitive and linguistic anthropology.[75] Transcripts were analyzed by UEH research leads who were accompanied by experienced AIR analysts. First, relevant excerpts were coded using an open-ended coding scheme to identify the critical topics. Second, excerpts for each topic were analyzed to reveal implicit cultural models—common assumptions, relationships, and causal patterns in thinking across individual responses. Three researchers independently analyzed the transcriptions for cultural models and then collaborated during in-person sessions in May 2017 to unite the analyses and come to agreement on the findings.

Note that as an analysis was conducted, our researchers kept attuned to any systematic differences across the sample. Did people in one group have different cultural models than people in a different group? Did older participants reason differently than younger participants? Although the analysis below notes when any demographic differences were found, for the most part, the cultural models presented below represent patterns of thinking that were shared *across the wide range of demographic variables*. This is intentional, as cultural models theory specifically looks for common cultural patterns at that deep, shared level of cognition. As such, when quotes are presented, they are not specifically identified with respect to the demographic profile of the single participant.

[75] Quinn, N. (Ed.). (2005). *Finding culture in talk: A collection of methods*. New York, NY: Palgrave Macmillan.

Findings

This section maps the cultural models that were identified through analysis. The cultural models are organized by the following guiding questions:

A. How are children defined?

B. How is family defined?

C. How is childhood development conceptualized?

D. What threatens childhood development?

E. How does gender affect development?

F. What constitutes violence, abuse, or neglect?

G. Who is responsible for childhood development and protection?

Oftentimes within the sample or even within an individual's own thinking, we identified conflicting cultural models. This is a normal feature of cognition, as people often have different ways of thinking about the same issue. In those cases, we noted when one model was more robust, and we described that as a **dominant model**—one that is used frequently and in a top-of-mind and automatic way. These are the ways of thinking that are triggered most readily when asked to reason about a topic. As such, if a dominant cultural model is in line with the goals of an intervention (BCC or otherwise), communications campaigns will find it easy to trigger that productive cultural model. **Recessive models**, in contrast, can be thought of as ways of thinking that are accessible to people but less frequently invoked. If the recessive model is more helpful for communicating about a particular intervention, it may require more intentional cueing. These strategies for activating different cultural models based on communications goals will be designed during the development and implementation of the pilot interventions. In the following descriptions, if a model is not described as dominant or recessive, it can be assumed to be dominant.

A. How are *children* defined?

1. **The dominant *Helpless Child* cultural model versus the recessive *Active Child* cultural model.** Haitians define being a child primarily by the inability to take care of oneself. More than a specific age range, it is that passive dependence on others that defines childhood. Children are not only unable to take care of themselves, they are also innocent blank slates without knowledge and unable to make decisions for themselves. This is especially true for babies, who are conceptualized as very young children, from birth until the time they can walk. Youths, however, are considered physically capable but still unable to make decisions for themselves and not responsible enough to take care of themselves.

    > **Participant:** *An adult can do whatever he/she chooses to. But children can't. They have to obey.*

Participant: *I would consider a child as a little angel. It's innocent; it doesn't know anything, get it? Everything it requires, I do for it.*

2. Because children are defined as passive and helpless, participants described the way adults must take care of them and protect them. This pattern of thinking was top-of-mind for participants, who often described the importance of protecting children right from the very first questions in the interview.

   Interviewer: *When a person speaks of children, how could you define a child, what comes to your mind?*

   Participant: *In my opinion, when someone speaks of children, I see them as a baby not knowing what to do. You have to be there to protect it.*

   —

   Participant: *Children aren't capable of reasoning, while old folks aren't capable of working. So, one is obligated to protect both of them. Children and the elderly should be protected.*

   Although the Helpless Child cultural model dominated the way people defined children, there were times when children's initiative came to the foreground. Most importantly, children were seen as active when they took intentional steps to leave a home if things were not going well. In those cases, people explained that children could take matters into their own hands and put themselves in a different living situation.

   Participant: *They leave when they want to. Because the way things are, some kids leave at 10, 7, 8. They just pick up and leave.*

   —

   Participant: *Sometimes they may take responsibility for themselves, and sometimes things have been turning bad for them and they go to the Dominican Republic.*

3. **The *Utilitarian* cultural model.** Participants in our research described children in terms of the utility that they could bring. Most commonly, participants described children as an investment for old age. As parents grow older, they are unable to take care of themselves and their grown adult children take on that responsibility. In addition, children are valued for the work they can do for the household and for taking care of any sick adults; in this way, the model was associated with the Active Child cultural model described above.

   Participant: *You want to have a baby for the future. People struggle to have a child for the future when you can't go on any longer. He/she can go fetch gallons of water for you, and do a lot of other things as well. That is why we have kids, to help us when we are crippled. Someday, your child will get you water so you can bathe, will harvest the potatoes for you to eat. This is important.*

   —

   Participant: *A person wants to have a baby, because you want someone to help you in the future.… A baby is your back-up plan for later on. So, you would like to*

have a baby to replace you in the future, to take care of you, to inherit what you'll leave behind, understand?

4. **The *Children are Joy* cultural model.** Existing alongside the Utilitarian model (both were considered dominant), children were sometimes described simply for the joy that they bring to a family and a home. Children were described as gifts from God who not only were important parts of a family but also were the defining concept of family. In fact, participants often said that it was impossible for a couple to be happy without a child.

   Participant: *If I have a child, I will rejoice, I'll be happy, because having a child is a major gift from God, that is why I'll always be happy, I'll always be…very happy for me.*

   —

   Participant: *There is no joy, no cheerfulness in the house without at least a child.*

B. How is *family* defined?

1. **The *Children Make the Family* cultural model.** Interview participants explicitly and implicitly defined children as the very basis for family. When a man and woman live on their own, they form a home, but it is not considered a family until there is a child. Without a child, there will likely be tension and discord between the couple. Haitians cannot consider family life without children.

   Participant: *Because she needs a baby. If you have a husband and have no children for him then you are not a family; there will be division in your household.*

   —

   Participant: *Once they create the household, then there will be children; the household will become a family.*

2. **The *Nuclear Family* cultural model.** Participants conceptualized the primary unit of a family as a mother, a father, and a child (or children). Extended family with blood ties such as aunts, uncles, grandparents, and cousins only loosely formed part of the family concept. The mother was considered essential, both explicitly and implicitly in the way that people reasoned about the tasks she does and the work she does to hold the family together. The father was described as a key part of the family, although his presence was more complicated as he was often associated with violence and neglect. Parents were described as having ultimate authority and responsibility over their children, and it was assumed that no one else would care for a child the same way that the family would.

   Participant: *Yes cousins, they aren't really part of a family. It's mostly a mother, a father, and children.*

   —

   Participant: *I see sometimes parents passing away and their kids having to live with their aunts or a family member. These children go through so much that it would be preferable for them not to be on this earth. These people usually honor*

their children but treat severely those children that do not have nor a mother, neither a father. That is the reason why I say that the only family members are the mom, the dad, and the children. The others cannot be counted like family; they are not family members.

3. **The *Restavek Is Not Family* cultural model.** When participants considered all the children living in a house, for the most part restavek children were not discussed and were certainly not considered part of the family or household. Occasionally there was explicit talk that children in domesticity were treated more poorly than other children in a home and that this unequal treatment was a problem.

   Participant: *Children in domesticity, in my opinion, are more problematic. They are most miserable. How could one imagine a child living in domesticity somewhere is not properly fed while food is wasting in the house?*

   —

   Participant: *If the parents have the economical capacity and decide to not feed the [restavek] children on time, it is a form of violence. You require the [restavek] child to wake up at 4:00 a.m. to prepare food, put water in the rest room, clean the car. Your son goes to school and he stays at home.*

C. How is childhood development conceptualized?

4. **The *Compartmentalized Stages* cultural model.** Participants largely conceptualized development as happening in compartmentalized stages in which different types of development dominate thinking. In the first stage, before children went to school, physical development of the body was the sole consideration. Participants talked about children learning to crawl, walk, and move their bodies. Once children reached school age, participants focused on learning and going to school. When children reached puberty age, participants once again focused on physical development and its influence on gender and sexual relations. The focus on physical development for young children led participants to prioritize health as a factor for good development in the early years, and because of issues of hunger and malnutrition, this emphasis on the physical carried over as vital into the school years as well.

   Participant: *For example, you have a child at home, a baby, get it? It starts out by crawling on all fours, then it develops. Then it didn't know how to speak, it starts by saying momma, dadda, that also is development. After saying momma and dadda, then you can send the child to school, a daycare, kindergarten, so it can start with its education, do you understand?*

   --

   Participant: *If you don't eat, nothing will happen. Eating is important in life. They might not say school, because eating comes first. If you don't eat, you can't stand on your feet.*

5. **The *Parents Mold Children* cultural model.** Participants explained that children start as blank slates with no knowledge and no reasoning capacity and that adults have to fill them and mold them. The underlying metaphors were of the children as blank canvasses, containers that need to be filled, or recorders of information. It is important to note the child's passivity in this conceptualization of learning.

   > ***Participant:*** *Children are like blank cassette tapes.*
   >
   > —
   >
   > ***Participant:*** *You said that adult has the reasoning capacity, but children don't have any reasoning capacity. Because, anything a child wants to do, they have to help him to do it, they have to teach him how to do it. A child is like a computer; he has to record all the data to improve his future.*

   Participants assumed not only that children start from zero but also that there was direct causality between parent actions and children's behavior. For that reason, children had to be closely monitored and controlled to keep them on a good development track. Freedom of time or action was a direct threat to this control and would inherently lead to misbehavior.

   > ***Participant:*** *If a child misbehaves with an adult, the latter must take action against the former to straighten that child out.*
   >
   > —
   >
   > ***Participant:*** *If a child is well behaved and does as it is told, I don't see a reason why a child would get in trouble with an adult.*

6. **The *School Is the Only Way* cultural model.** Participants saw school as essential for a child's development. School was seen as the only way to learn a profession, be useful in society, and make a life for oneself for the future. Participants saw not going to school as leading to being stuck in the same circumstances—for that child, for that child's family, and even by extension for the country. School was considered expensive, however, and therefore a significant challenge for families. Participants not only discussed the cost of tuition but also mentioned the costs of school uniforms and shoes.

   > ***Participant:*** *If the child doesn't go to school, it won't be able to develop.... You have to help the child's development by sending it to school, to help it with a trade or if it is a girl teach her to sew or anything.*
   >
   > —
   >
   > ***Participant:*** *The difficult choices are such that someone may register a child for school, thinking he will find the money to pay, but when the time comes he doesn't have the money. That creates a problem.... At times, the ladies sell their bodies in order to pay for their children's school.*

School was most top-of-mind when participants talked about possible ways to improve the situation for children in Haiti. They cited examples of people who were able to send children to school as one solution that was actually having a positive effect. The positive effect was considered to be the school itself but also the fact that children were kept busy and not left idle during the day.

> ***Participant:*** *Some children from around here go to school, and the only person who tries to support kids in this department, especially in Marchand Dessalines, is Gracis Delva.*
>
> ***Interviewer:*** *What does he do for the children?*
>
> ***Participant:*** *He has a foundation, where he pays for school for 1,400 children.*
>
> —
>
> ***Participant:*** *The idea of school, church, they often do the same. Pay for the children's school. Give them all what they need. There is a gentleman, the brother of the owner of this house—he lives overseas—since 2006 he's been paying for about 30 kids. He is spending his own money to pay their school, buy their uniforms, pay for the children's formation, all of them.*

7. **The *Environment Matters* cultural model.** Participants considered the general environment to be critical for child development. They emphasized such factors as cleanliness and appropriateness as well as general lack of tension and conflict. Although there was not clear reasoning as to why these factors were important, participants generally associated them with being able to positively or negatively influence development.

> ***Participant:*** *Because, let me tell you, you can't raise a child in an environment that isn't proper, that isn't clean, where people say inappropriate things, and believe that the child will develop well.*
>
> —
>
> ***Participant:*** *His dad and his mom are always fighting at home. One knocking the other with glasses and kicks, stick-strike and calling out insults.… All this will disturb the mind of the child and destroy it.*

8. **The *Basic Needs* cultural model**. When probed about child needs, participants focused on the very basics—a roof over their heads, food to eat, and school. Participants also implicitly assumed that this is also what children want—and that they are sad if these basic needs are not met. Participants did not, however, describe much more complexity with regard to a child's emotional needs or personal growth needs.

> ***Participant:*** *I always see some [children] feeling badly when talking about their parents not being able to pay the tuition. They want to go to school but they can't.*
>
> —
>
> ***Participant:*** *The fundamental needs of a child…put him in school, feed him, give him what he needs. Ensure that he sleeps well; do not let him sleep on the floor. Anytime you let your child sleep on the floor, this is like treating him like an*

animal. For instance, if he visits somebody else, he notices that this other person sleeps on a bed. He will feel bad about sleeping on the ground, you know.

D. What threatens childhood development?

9. **The *Lack of Resources* cultural model.** Parents' inability to provide the appropriate nutrition, health care, and schooling for children threatens good development. Participants described that children simply have needs that the parents cannot meet, leading to malnutrition, lack of hygiene, and lack of schooling. This leads to participants' general assessment of the situation that children do not have opportunities to develop well and thrive.

    Participant: *Well, some people can't take their child to the hospital when he/she is sick. They don't have the means to. They can't even pay for a pill if necessary; they have to administer natural medicine with leaves. Some people just don't have the means for it.*

    —

    Participant: *No, the majority of children have problems finding a place to stay, they have a lack of education, they can't go to school, and their parents can't feed them.*

10. **The *Bad Parents* cultural model.** This specific cultural model is not about parents lacking resources; rather, it is about parents making bad decisions, not prioritizing their children, and placing their children in inappropriate situations. This model is typically invoked to talk about fathers—fathers who drink too much alcohol or abuse other drugs, fathers who bring their children to inappropriate clubs, fathers who may throw children out of the house for economic reasons, or fathers who neglect their children. All these are described as having a negative effect on child development.

    Participant: *Let's take the example of a child who is neglected by his/her father. This affects the child in a lot of ways, especially if that child's mother can't meet all of his/her needs. While both parents should be concerned with the child, the father leaves all of the responsibility to the mother. That affects the child in so many ways.*

    —

    Participant: *I think that the majority of parents in Martissant act violently towards their children. I think most of them beat their children especially; some of them while beating them curse them out. You find that a lot.*

    —

    Participant: *When as a parent you do not take charge of your responsibility and you leave everything, you do not control like a real parent, you drink alcohol in front of your children, this will negatively influence your child's behavior.*

11. **The *Violence Scars the Body and Mind* cultural model.** Participants talked about violence leaving scars on a child's memory, like it leaves scars on their body. These mental scars can make them fearful or mistrust others. The fact that participants clearly see violence as having lasting impacts for all ages of children conflicts somewhat with the idea that parents must physically punish their children as behavior correction. It points to the fine line by which Haitians deem physical punishment acceptable or not—whether it is justified and whether it is excessively harsh.

    Participant: *When you hit a person, it hurts them, they feel it, it stays on their mind. Or if you've wounded them, the scar remains, or you could say something to a person and what you say…they hold it against you because it hurt them, it stays on their mind. I think those are the effects on the person.*

    —

    Participant: *Yes, this may have consequence, for instance, a developing child that an adult beats up so hard that he leaves marks on his skin. He will never forget, but will continue to think that he has been beaten by such-and-such who left marks on his skin.*

12. **The *No Opportunities* cultural model.** Importantly, participants did not see opportunities for children to thrive in Haiti. While participants were hopeful that sending children to school would prepare them to attain a basic level of subsistence, they did not see opportunities for the future beyond that. Many participants were fatalistic that for many children in Haiti, even those basic opportunities to go to school did not exist. Some participants along the border areas considered crossing into the Dominican Republic as one of the only possible opportunities across the bleak landscape of possibilities.

    Participants explained that when parents do not have the ability to economically take care of their children, violent activities and gangs can attract children with the potential of economic gain. When this possibility exists, it threatens the stability of the family because children then have their own economic agency, may not accept the control of their parents, may not respect their parents and other elders, and may even leave the home to live on their own. This cultural model was especially prominent in the interviews from the West and was more associated with border crossing opportunities in the Nord-est and Sud-est. In Canaan, participants specifically expressed the belief that this was a recent problem, when bandits moved to the area after the earthquake.

    Participant: *First of all, I don't see any opportunities for children. The only opportunity that I'm aware of are the efforts made by those children's parents. Aside from that, the only other opportunity for children would have to be some support from the State. The State doesn't support children at all in Haiti.*

    —

    Participant: *I don't see any opportunities, when a child, after attending the second cycle of fundamental school, has only one choice: drive a taxi.*

    —

Participant: *No, there is nothing. Since things turned bad, they have gone to live in the Dominican Republic.*

E. How does gender affect development?

13. **The *Gendered Roles and Opportunities* cultural model.** Many participants first said that there was no difference between boys and girls, aside from the physical differences. Nonetheless, when interviewers began asking about roles for children around the household, participants assumed that boys and girls would be expected to do different types of tasks to help. While girls might do the laundry and dishes, cook, and care for elders, for example, boys would be expected to get wood and water and help with the crops.

    Participant: *Boys can do some things that girls can't and vice versa. If you're going to the fields to water the crops you will most likely tell a boy to come with you. It's the same thing at home, where the girl is able to take care of certain things that a boy can't. To each his/her role.*

    —

    Participant: *But the reason why boys and girls do not have the same roles is because certain chores are maybe… for girls, do you understand? Some chores are just for girls to do.*

    There were different expectations for the future opportunities in life of girls than boys. Participants fantasized that boys could grow up to be any profession, including lofty professions such as President (a hope that was overshadowed by the No Opportunities cultural model). Although some participants also expressed that girls could be anything, others expressed that largely because of pregnancy, their future occupational outcomes were more limited. These participants explicitly and implicitly expressed greater future potential for boys in the world and expectations that girls would be responsible for households.

    Participant: *We were raised with the idea that from the moment the boy appears, he is the leader; he starts things; he does absolutely everything. While they always say that the girls are supposed to perform housekeeping activities, do the laundry and ironing, do this and that.*

14. **The *Girls Need Strict Protection* cultural model.** Participants assumed that girls needed much more strict oversight and protection than boys once they hit puberty. This was related to pregnancy and disease from consensual sex as well as sexual assault, which was considered a serious threat. Participants assumed that once they hit puberty, boys and girls were like "matches and gas" and could not be even left in the same room together. But they also assumed that men were dangerous sexual predators and that young women needed constant protection from assault.

    Participant: *When the girl begins to grow and she turns 12, as a parent, you notice that her breasts are growing. You feel that she may get in trouble any time. Thus, you keep an eye on her, so that she does not talk to boys. So, that the boys do not hurt her too early. You check on her more often.*

—

Participant: *There are even men that have committed violence against your daughter. They are raping girls. So now, you are living in fear, you are afraid for yours.*

F. What constitutes violence, abuse, or neglect?

15. **The *Violence Is Committing Injustice* cultural model.** Participants considered violence to come in many forms—physical violence (including murder), theft, and sexual violence were most top-of-mind, followed by kidnapping, verbal violence, and other examples such as feeding one child less than another child in the household. Violence was a broad term that was defined not only by the act itself but also by whether that act was justified. For that reason, most aggression against children was considered violence, unless its purpose was to correct a child's behavior (see the Physical Correction Is Not Violence cultural model below).

    Participant: *All the violence against children! There are different types of violence like taking a child and hitting his head on the wall to hurt him that is a kind of violence. Take fire and burn him, that is a type of violence.*

    —

    Participant: *When you hear violence, it refers to evil, you are beating up kids, mistreating them, not feeding them, walking around with rags, not sleeping well... This is violence. The men are very evil with them by raping them. This is violence.*

16. **The *Physical Correction Is Not Violence* cultural model.** Physically beating a child as corrective punishment was not considered violence unless it was unfair or unjustified. Most participants considered physical correction to be a necessary part of parenting—molding the child to have proper behavior. Many suggested first verbally warning a child, but said that to ensure that the child obeys physical punishment was necessary.

    Participant: *You must not punish him severely. You must not hate him. But you can whip him.*

    —

    Participant: *I always give a warning. I don't beat them then and there. I talk to them first, I even have a second talk with them. If they misbehave a third time despite my warnings, that's when I give them a beating so they don't continue misbehaving.*

    Although most participants explained that physical punishment was a necessary part of parenting, several participants reacted against this idea, saying that parents should talk with their children to correct their behavior and asserting that parents who beat their children to punish them are committing abuse.

    Participant: *The child must be punished, not spanking or beating the child or speaking badly to him. You punish him by saying, "No, you cannot go out today."*

    —

Participant: *No one is entitled to treat [children] as they please. Some parents treat their child any way they want, they beat them and even burn them. I believe the State should arrest these parents.*

17. **The *Men Are Violent* cultural model.** In discussions about violence and abuse, participants overwhelmingly discussed the perpetrators as males. Males were considered inherently violent and dangerous. This was especially true when discussing sexual assault against women.

    Participant: *The husband sometimes beats the woman, slap her, breaks her teeth, breaks her head. He does not care to know if the woman is able. She may wake up and cannot do house chores, she cannot wash. When he comes back to the house he does not find anything on the table, so he beats up the woman. On top of that, he takes advantage of her. If she does not want, he will still insist and force her to have sex with him. You understand that all that is violence.*

    Men were also described as the primary perpetrators of violence against children, including physical and sexual assault. Men were even considered dangerous toward their own children, including physical beatings or separating children from mothers.

    Participant: *What I consider to be violent is when the man is violent. Sometimes he might beat them terribly, understand? Whenever you break a child's arm, that is violence. If you hit the child in sensitive/vital places, that is violence.*

    —

    Participant: *He took the child who was 2 months old, he took him and gave it away. He went on to say that he found the baby in the woods because a mom abandoned it on a garbage pile. He gave it away in an orphanage. Many children are living in orphanages, their parents are alive, their moms are alive, but the dad, being wicked, does that.*

18. **The *Neglect Is Shirking Responsibility* cultural model.** Slightly differently from the way participants conceptualized violence and abuse, neglect and negligence were considered to be a shirking of an individual's responsibility. With regard to children, it was most often referenced in relation to fathers not paying for their children appropriately or parents in general not putting in the effort to raise children appropriately. In some cases, the neglect was considered directly responsible for violence.

    Participant: *When your son who [was] supposed to come back from school at 7:00 pm came in at 11:00 pm and you never say anything to him, as parent, you are negligent.*

    —

    Participant: *Yes, there are different form of neglect. Many children have been raped because of their parents. There are certain times to ask a child to run errands; there are times not to. Being neglectful can make you forget that.*

Similarly, abandonment was considered a shirking of responsibility, only a more extreme form of negligence that might be a total abdication of responsibility. This was considered to have serious consequences for the child's development.

> **Participant:** *You have a child, and you never provide education, food, nothing. You just leave it up to the woman you impregnated to take care of and raise the child. That is abandoning the child.*
>
> —
>
> **Participant:** *Let's take the case of an abandoned child; that's a big case. That child may grow up to become anything, a delinquent, a thief. When you abandon a child, that child must now direct itself in society and could be led to bad places.*

G. Who is responsible for childhood development and protection?

19. **The dominant *Just the Parents* cultural model versus the recessive *All Adults* cultural model.** Participants emphasized that parents alone are responsible for childhood development and protection. This is logically related to the Nuclear Family cultural model in which the nuclear family of children, mother, and father is considered the primary family unit.

> **Participant:** *The good development of a child is the responsibility of his dad and his mom. If we were in a country where the State is reliable, the State could assist us too, but the State is not reliable. Thus, the mom and the dad are responsible for the development of the child.*

This cultural model also includes thinking that only the parents can be trusted to protect children. When children live with anyone other than the parents, there is skepticism that those people will protect the child. In fact, they may be the primary ones who abuse the child.

> **Participant:** *You may not have the means to take care of your child so you send him to live at someone's house. They may act in a mean way with this kid, mistreating him. Even at the house [where] he stays, he can be mistreated.*
>
> —
>
> **Participant:** *Sometimes, when people take in children that aren't theirs, they tend to abuse those children. They beat them and act differently toward them than toward their own children. They protect theirs but abuse the others.*

Although it was more recessive, participants occasionally expressed that it was really all adults that should be responsible for a child's development and especially for their protection. Among "all adults," teachers were singled out as specifically responsible, but participants considered it to be true of anyone in the locality.

> **Participant:** *There is a park for children to play, but when comes a certain time, you find girls and boys in the park up to their mischief, so through word of mouth we all know that when a certain time comes, we prevent the children from going over there. Everyone is on the same page, if they see a child going over there past*

a certain time, they let that child know that he/she shouldn't be going over there at that time. They are always opposed and so is everyone in the area.

—

Participant: *Everyone protects the children. If, for example, I see a child about to cross a street, even if that child isn't mine, and I see a motorcycle about to hit him/her, I can start shouting to try to prevent it from happening. Same thing would happen if it were my boys. Someone would do the same. Each of us looks out for each other. Everyone.*

20. **The *Skepticism of the State* cultural model.** Participants explicitly and implicitly expressed that the State should be responsible for child development and protection, through education, security, monitoring and identification services, health, and criminal justice. However, participants expressed that the State was not fulfilling this role and that they had little hope that the State would step in to fulfill the role.

    Participant: *The State! The State should play a role, but it doesn't, understand? The State is in the streets 24/7, people are loitering in the streets, they are dirty, cleaning cars; the authorities do not notice them and don't place them somewhere to take care of them. I see them cleaning cars for money, but a child has no business being there. They don't go to school. They say they don't have parents. Their mother has passed away and they have to take to the streets and find something to do to bring home. It's as if they have to assume the role of the adult. In Haiti, the State isn't accountable for the children.*

    —

    Participant: *Even the police, when they pass by, might notice a child getting beaten up and not intervene.… The State has nothing to do with matters of protection.*

APPENDIX F

Alliance for the Protection of Children Project

Broadcast and Social Media Narratives on Violence Against Children in Haiti

June 2017



USAID
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AMERICAN INSTITUTES FOR RESEARCH®

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Introduction

Project Overview

The Alliance for the Protection of Children (APC) is a 3-year U.S. Agency for International Development (USAID)-supported project implemented by American Institutes for Research (AIR) with a goal to leverage local assets and strengthen the protection of children exposed to all forms of abuse, neglect, exploitation, and violence. Lumos Foundation is a resource partner to the project leading efforts that mitigate abuse, neglect, exploitation, and violence in residential care institutions. The APC will support strategic objectives on the part of USAID and the Government of Haiti to strengthen the protection of vulnerable children. The APC will ensure that its work aligns with the National Child Protection Strategy and contributes to Objectives 3, 4, and 5, as well as existing laws governing the protection of children in Haiti. We will work in partnership with the Institut du Bien-Être Social et de Recherches, Université d'Etat d'Haiti (UEH), Zanmi Lasante, Combite pour la paix et le développement, and Restavek Freedom/OPREH in Year 1 to establish a rigorous evidence base on which to build Year 2 and 3 pilot interventions.

The APC will collaborate with other government agencies, ministries, strategic United Nations agencies such as UNICEF and UNHCR, and community-based and local nongovernmental organizations (NGOs) in Haiti. We will prioritize child protection through this program; specifically, we will pilot evidence-based interventions that reduce violence against children; mitigate the trafficking and forced labor of children; protect unaccompanied and separated migrant, stateless, and displaced children; integrate street children into safer learning and care spaces; prevent the separation of children from their families; and explore alternative care and protection services. The APC has four distinct phases: (1) research; (2) design of pilot interventions; (3) implementation of pilot interventions; and (4) evaluation and learning for scale-up. The Year 1 project plan covers the first and second phases.

Report Summary

This report summarizes the collection and analysis of social and broadcast media data in Haiti. This project is part of a larger research project, the APC, designed to collect evidence on individual, family, community and system level attitudes, behaviors and responses to violence against children and identify those factors that mitigate or perpetuate cycles of violence. The scope of the overall project is focused on the design of evidence-based pilot interventions that will leverage local assets and strengthen child protection efforts in Haiti. To do this, the research team is committed to look at the problem of abuse, neglect, exploitation, and violence against children using several different research methods. This report's focus on communications is just one of several unique lenses for data collection explored as part of the overall project. To the extent that future interventions focus on affecting content of radio broadcasts, Twitter posts, and Facebook posts, the results presented in this report can be thought of as "baseline" data for monitoring changes in what people are communicating about and patterns of influence.

Specifically, mapping influencers and followers of social and broadcast media is a significant component of community-based research and gives evidence to support that the Haitian people

and organizations are engaging in discourse around the problem of child violence. This evidence can feed interventions on how and with whom to communicate as well as which people and organizations are particularly influential in their communications. These influential users of social and broadcast media are targets for potential communication strategies through their continued discourse.

This report describes the results from two prongs of research: one conducted using sophisticated data science techniques and approaches based on collected social media data and one conducted using a qualitative review of collected data from radio broadcasting. The goal of this research was to better understand the communication of the problem (what), who is communicating (who), and what venue of communication is used (how) to determine whether we can identify which communications are the most influential and effective.

After briefly discussing the methods used to collect data, this report presents the findings related to (a) which topics within the child violence and protection theme are talked about by whom, (b) which speakers have the most influence, and (c) which topics are being talked about by the most influential speakers.

Broadcast Media

Data Collection Method

To examine and analyze broadcast media to understand how the Haitians are discussing violence against children and to pinpoint how they are influencing the public, the AIR and UEH research teams designed the following data collection process after assessing the feasibility of collecting data from radio station programming and from walkie-talkie broadcasts. The team limited data collection exclusively to radio station programming because radio is the "most popular source of news and information in Haiti,"[76] and unlike walk-talkie broadcasts, radio broadcasts are readily available on the Internet or via smartphone applications.

A media consumption survey taken on behalf of USAID in 2010 showed 83% of Haitians across all departments preferred radio programming to find locally relevant information. According to Internews, which conducted the survey, 375 radio stations aired across Haiti in late 2012. Most radio stations are small and privately owned with limited funding broadcasting on local issues of immediate relevance to their target audiences.[77]

The research team began data collection by obtaining a list of all radio stations in the four target departments (l'Artibonite, the South East, the West, and the Southeast) from the State Office of

[76] Internews. (2012). *Haiti media and telecoms landscape guide.* Retrieved from https://www.internews.org/sites/default/files/resources/haiti_media_guide_final_211012_with_retyped_index_19.12.12.pdf

[77] See footnote 1.

Communications (CONATEL). This included 99[78] legally registered stations. Most of these stations are located in Port-au-Prince or the West department (53 stations), 35 stations are in Artibonite, and two stations apiece in the Northeast and the Southeast, respectively. Through the course of data collection, an additional seven radio stations were found and added to the original list, for a total of 106 radio stations with 57 stations in the West, 37 in Artibonite, 10 in the North East, and 2 stations in the South East.

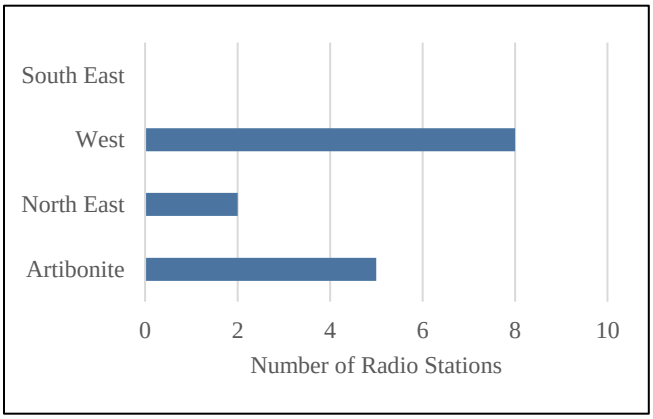
To identify programing related to child violence and protection, the UEH research team contacted and interviewed radio station program managers and other station representatives to identify aired programs that focused on issues on child protection and violence against children. The UEH team asked about station programming with themes on child health, education, schooling, discipline, and homelessness. They also asked station representatives whether they had broadcasted programming specifically about child abuse. Included in the questionnaire was information about what time or day these programs aired and whether the public was allowed to participate.

Collecting these data from each radio station was challenging. Radio stations did not often have working telephones and rural stations were difficult to find.

> *[…] gestured to a dirt trail—banana leaves curled over it to form a tunnel. A few minutes later, he reached a concrete hut, from which an antenna stretched up to the cloud. "C'est la Radio Brillante!" he declared.*[79]

Once the UEH researchers located the radio station, the UEH researchers had to return to the radio station after making an appointment. To obtain information about radio station programming, it took the team more than four contacts (via telephone or in person visits) on average. The UEH research team used local knowledge of the environment to focus on those radio stations that were more likely to have relevant programming. Of the 106 radio stations, the UEH researchers collected information only from 30 stations, and of those, 16 stations had relevant programming.

Figure 1. Total Radio Stations With Child Violence and Protection Programming



[78] The research team assumes that this number is significantly lower than the 375 radio stations reported in 2012 for a few reasons. First, small, rural radio stations are likely not to have survived Hurricane Matthew. Second, radio broadcast infrastructure was planned to switch to a digital format, and it is likely that smaller stations could not afford the cost. Thirdly, this number includes radio stations that are not legally registered with CONATEL. Last, the social, political and financial environment for journalists is unstable, which could make it difficult for stations to have significant longevity.

[79] Cuesta Roca, C. (2016, April 14). Radio in Haiti is heartbeat of the community. *Miami Herald*. Retrieved from http://www.miamiherald.com/news/nation-world/world/americas/haiti/article71931957.html

In addition to soliciting programming data from radio stations directly, the research team asked similar questions of partner NGOs as a means to independently verify and supplement information collected from radio stations. Although the research team requested this information from three project partner NGOs, only the NGO in the West Department had enough knowledge of radio programming to provide the team with any information. The data provided were used to verify the data for one radio station and served as a supplemental, or proxy, data source for an additional **two** radio stations from the West Department outside of Port-au-Prince. Both additional stations had relevant programming.

Of the 106 radio stations, the UEH and AIR teams collected data from 32 radio stations (either directly from the station or via partner NGOs); of those, 18 stations had relevant programming.

The 18 radio stations with relevant programming had 26 programs that dealt with topics in child protection and violence. These programs aired throughout the week; most (18 of 26 programs) aired during the weekend. The programs tended to be broadcasted in the morning (11 of 26) or in the early afternoon (12 of 26) and were unlikely to air in the evening (four of 26 programs).

Given the time and resource constraints, the team recorded and listened to 16 relevant programs. They listened specifically for the following topics in order to complete a broadcast media instrument:

- **Child well-being**: What do children need to develop well? Who is responsible for providing those things? What kinds of things are contributing to child well-being? What kinds of things are barriers to well-being? Why?
- **Opportunities for children**: What opportunities do people see for children in Haiti? Outside Haiti? How do adults help children with these opportunities? What kinds of difficult choices do adults have to make in order to provide opportunities for children?
- **Children living outside of families**: Why do children end up living outside of their family? Where do they go? What is life like for them when they leave? What services are there for them when they go to a new place? How are they protected in those situations? How are they vulnerable in those situations? Who monitors them in those situations and how? Who refers them to services they might need?
- **Violence against children**: What counts as violence (or neglect or abandonment or abuse or exploitation)? Who perpetuates the violence? Why? Who are the victims? Where is it mainly happening?
- **Child protection**: Who protects children? What programs or organizations protect children? What works? What does not work? Why?
- Data collection was designed to target the most important themes and to help the team understand the content of each program. The team specifically looked for topics in youth or children's health, school education, punishment, corporal punishment, development, and discipline, as well as sex education, as well as sexual, physical, and emotional abuse. Topics related to homeless youth, trafficking and services for children were also included.

The following findings are representative of the data collected but cannot be generalized to all radio stations and programming in Haiti.

Appendix A gives a complete list of all radio stations with notations to which radio stations had station and programming data collected.

Findings—What Are People Talking About on Radio Broadcasts?

Radio is the most popular source of news and information in Haiti.[80] In the aftermath of the earthquake in 2010, radio programming emerged as a source of information and to share news.[81][82]

> *"The radio helps me know how to behave in society," he said, his flip phone open on top of his snack cart, playing the weekly science show. "I don't go to school but Brillante helps me learn."*[83]

Radio stations were used following Hurricane Matthew (Nov 2016) to communicate information about World Food Programme (WFP) assistance and allowed people to call in to ask questions or to provide feedback.

> *"Though each disaster is unique, we see that access to vital information in emergencies is an ever-present need and really does mean survival."*
> *Enrica Porcari, Chair of the ETC and WFP Chief Information Officer and Director of IT*[84]

The AIR and UEH researchers found that in addition to communicating to the public information about natural disaster assistance, the Haitian people used radio broadcasts to engage in public conversation about child violence and protection issues, to inform people in how to help those in need avoid violence, and even to incite violence to gain media attention toward this issue. In no particular order, the following types of discourse highlighted with representative samples were found upon review of the collected radio programming.

Using Radio to Engage in Public Conversation About the Issue

Multiple (?) broadcasts sought to broaden public awareness about the problem of violence against children. Some used broadcasts to draw attention to the issue, while others also promoted strategies to increase public discourse. For example :

Program name and radio station: Protégeons les enfants, Radio nationale

[80] See footnote 1.
[81] Maloney, J. (2010, September 2). In post-quake Haiti, radio evolves into powerful mouthpiece. *Public Radio International.* Retrieved from https://www.pri.org/stories/2010-09-02/post-quake-haiti-radio-evolves-powerful-mouthpiece
[82] World Food Programme. (2017, March 16). *Haiti: Community radio stations back on the airwaves in hurricane-affected areas*. Retrieved from https://www.wfp.org/news/news-release/haiti-community-radio-stations-back-airwaves-hurricane-affected-areas
[83] See footnote 4.
[84] See footnote 7.

Summary: This program, focused on child protection against sexual abuse, aired solely to raise public awareness of the problem of violence against children. It talked about educating journalists on how to deal with stories related to child abuse and aggression.

Eviter dans une maison ou vivent de multiples gens, de faire l'amour, en présence des enfants.
Eviter la stigmatisation.
Eduquer les journalistes sur la façon dont ils doivent traiter les problèmes d'agressions que viennent de subir les enfants.

Using Radio to Discuss Measures of Avoiding Violence

A second theme identified was a focus on general actions that might be taken to avoid violence against children. While not describing specific programmatic or community interventions, these programs promoted awareness and avoidance at the personal level. For example :

Program name and radio station: Tou piti on Radio Pacific

Summary: This program spoke about the functioning of the children in daily life. It talked about the impact of domestic violence on children's lives and gave advice on how to avoid violence against girls and women. It also discussed music that incites violence against young people.

Impact de la violence familiale dans la vie des enfants.
La violence n'est pas un bon exemple pour l'enfant qui grandit.
Eviter la violence dans la famille n'est pas une bonne image pour l'avenir des enfants.

Using Radio as a Call to Action

The final group of programs identified the issue of violence against children, and promoted calls to action. These programs differed from those promoting awareness (the first theme) and personal avoidance (the second theme) in that they focused on collective action towards combating the program, including among youth themselves, as this example illustrates :

Program name and radio station: Pale poun jije, Radio Timoun

Summary: This broadcast, designed and followed by youth, uses violent messaging to draw the listener's attention to the possibility of violations occurring to the children who listen to it. On the day of this airing, the messages were directed at the Haitian bourgeoisie who are allegedly mistreating the most vulnerable categories of children.

Il faut que la population se mobilise pour qu'on ne continue pas a le maltraiter.
Soulevons-nous afin de nous débarrasser de ces malfaiteurs.

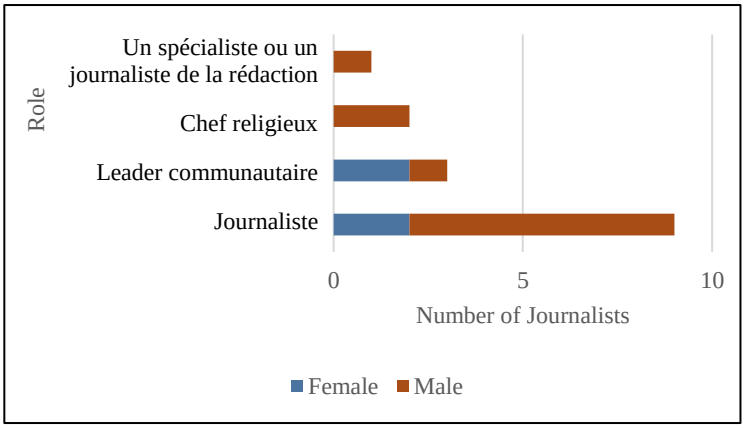
Findings—Who Is Influencing the Discourse on Child Violence?

Understanding the different types of media actors who are active in efforts against child violence is particularly important given the substantial role-based differences in approaches to information dissemination. Although the shift toward online, interactive content can be seen as

eroding[85] the traditional role of the journalist as the gatekeeper of information,[86] radio continues to play a dominant role in Haitian media. Journalists and radio broadcasting continue to have an important role as information-curators. Given this particular role—and the cross-national journalistic norms that accompany it[87]—we expect journalist-moderators to differ from nonjournalist media personality moderators in their approaches. As such, it is important to know the role of the moderator as well as their political affiliation (which has a more obvious direct impact on the way issues are framed[88]). In the media data collected, 80% of the programs had a male moderator. In more than 40% of the cases, the moderator was male and a journalist.

In terms of political affiliation, most (~70%) moderators had no reported affiliation. Three moderators were open about their political affiliation. Two moderators were supportive of the right and one moderator was supportive of the party of the former president Jean Bertrand Aristide.

Figure 2. Role of the Journalist by Gender in Radio Broadcasts



Note. N = 16 programs.

The behavior patterns of the moderator signified that most programs are being used to incite some type of call for action from their listening population in addition to using radio media to inform the public.

The Woule, woule rakontem program airing on Radio Espace FM encouraged the public to take action by helping children go to school.

> *Aider les enfants à aller a l'école, parce que l'éducation c'est de la richesse.*

The Vendredi Famille program airing on Radio Lumière called for protection of specific groups by asking young men to protect their relationships from domestic violence.

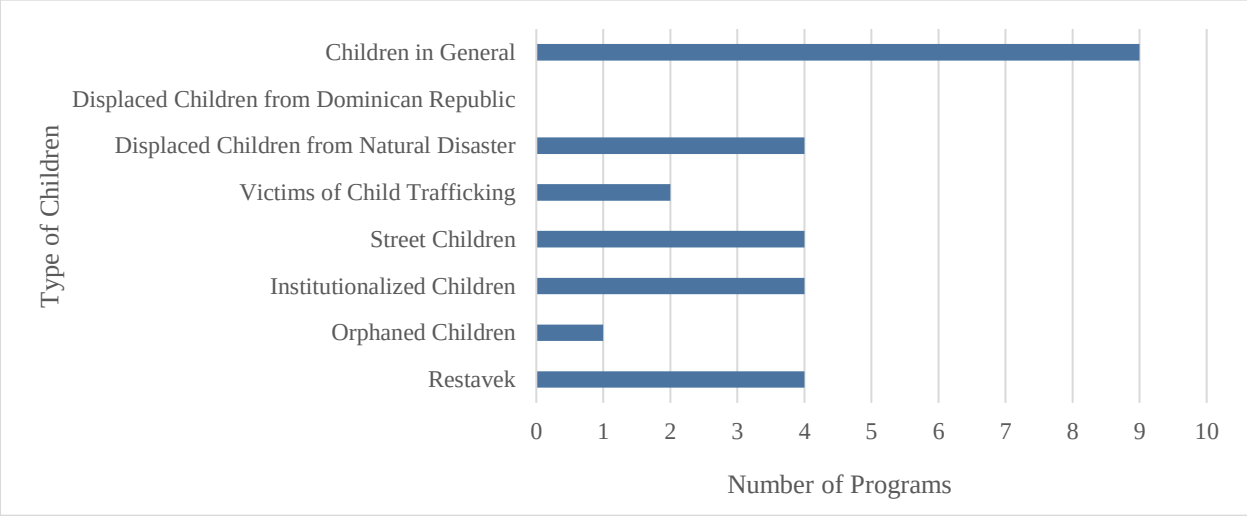
> *Jeune Homme, vous devez protéger cette jeune fille qui est votre compagne.*
> *Ne la frappez pas en cas de jalousie. Protéger votre relation de couple.*

[85] Weaver, D. H., & Wilhoit, G. C. (1996). *The American journalist in the 1990s: U.S. news people at the end of an era.* Mahwah, NJ: Lawrence Erlbaum.
[86] White, D. M. (1950). The "gate keeper": A case study in the selection of news. *Journalism Quarterly*, *27*(3), 383–390.
[87] Hanitzsch, T., Hanusch, F., Mellado, C., Anikina, M., Berganza, R., Cangoz, I., … Yuen, E. K. W. (2011). Mapping journalism cultures across nations: A comparative study of 18 countries. *Journalism Studies*, *12*(3), 273–293.
[88] Scheufele, D. A. (1999). Framing as a theory of media effects. *Journal of Communication*, *49*(1), 103–122.

Findings—Who Are These Programs Talking About?

During most programs (60%), the moderator and call-in participants (if there are any) spoke about children in general. These programs did not target child violence or protection specifically as the main theme for the program, but the topic was encountered in conjunction with the main themes. For programs that centered specifically on the topic of violence, protection, and children, the moderator and participants talked generally about restaveks, orphaned children, street children, and children displaced from natural disasters. It is interesting to note that although likely to be a significant problem affecting many children, no program mentioned specifically the subgroup of those children displaced from the Dominican Republic.

Figure 3. Number of Programs that Spoke About Specific Types of Children



Social Media

Data Collection Methods

To examine and analyze social media to understand how Haitian people discuss violence against children and to pinpoint who and how they are influencing the public discourse, the AIR research team began data collection by assessing which social media sources are available to the Haitian people, which sources are being used, and which sources allow for automated access to the data. Specifically, the team assessed the following data sources: Facebook, Instagram, Twitter, Wordpress, Blogger, Disqus, and WhatsApp. Table 1 describes these data sources. More detailed information is available in Appendix B.

Table 1. Social Media Data Sources and Accessibility for Data Collection

Source	Type of Media	Do People/Organizations in Haiti Use the Application?	Are the Data Accessible?
Facebook	Used for communicating with closed networks	Yes—Organizations and individuals use Facebook.	Yes and no—Per Facebook's data use agreement, only public organization page data can be extracted.
Instagram	Used for posting videos and pictures	Yes—Organizations and individuals use Instagram.	Yes and no—Per Instagram's data use agreement, only public organization page data can be extracted.
Twitter	Used for communication to the wider public	Yes—Organizations and individuals use Twitter.	Yes—Twitter allows for automated extraction of organization and individual data.
Wordpress	Used to create and post online journals	Unclear—Without collecting data, it is difficult to assess the usage of blogger by local Haitian people.	Yes—Wordpress allows for automated extraction of online blog and website data.
Blogger	Used to create and post online journals	Unclear—Without collecting data, it is difficult to assess the usage of blogger by local Haitian people.	Yes—Blogger allows for automated extraction of online blog data.
Disqus	Used on websites for public comments	Yes—Haitian websites and bloggers use Disqus for comment applications.	Yes—Disqus allows for automated extraction of website comments.
WhatsApp	Used for SMS messaging between two or more people	Yes—WhatsApp is a very prolific instant messaging application used in Haiti.	No—WhatsApp is a closed IM.

The research team focused on data collection from Twitter and Facebook. Twitter is particularly suited to this type of data collection and analysis because the Twitter platform is set up to share content publicly and allows users to spread the information wide rather than within dense friendship network like Facebook and Instagram. Twitter allows for public access to their content and user information and supports this access through application programming interfaces[89] (APIs), a web-based system created to filter and display data.

Twitter

The team began data collection from Twitter by developing a comprehensive list of keywords to search for, collecting tweets containing those keywords, and then filtering the resulting data to find those that were most relevant. This keyword list was developed using the final keyword list from the program's systematic review[90] and a brainstorming session with UEH researchers. All

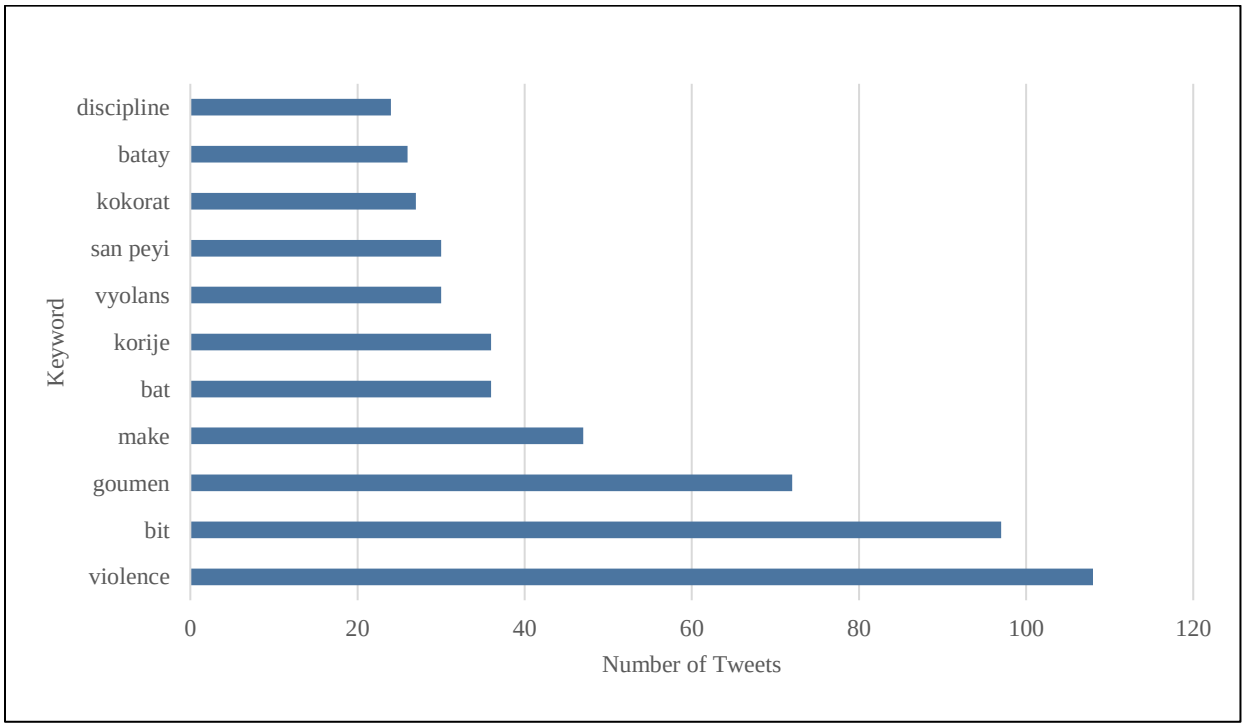
[89] An API is a set of subroutine definitions, protocols and tools for building application software. https://en.wikipedia.org/wiki/Application_programming_interface

[90] Alliance for the Protection of Children Project: A Systematic Research Review and Meta-Analysis, American Institutes for Research, March 2017

keywords were translated to English, French, and Creole. For a complete list of keywords, see Appendix C.

The research team then used the Twitter search and streaming APIs to collect tweets based on the developed keyword list, a geographic filter for tweets from users who set their location as "Haiti" as well as a targeted search of users from within a 10 mile radius of Port-au-Prince, Ferrier, Ouanaminthe, Anse a Pitre, Marchand-Dessalines, Gonaives, and Saint Marc. Most data came from the Port-au-Prince area. Data were collected at intervals beginning January 30, 2017, through June 9, 2017, which yielded a total of 2,557 tweets. Figure 4 displays the top 10 keywords that generated the most tweets. Appendix C gives the total number of collected tweets by keyword.

Figure 4. Frequency of Top 10 Keywords by Number of Tweets



Facebook

In addition to collected data from Twitter, the research team collected data from Facebook. Unlike Twitter, Facebook only allows the collection of public organization data. Data created on individual pages, regardless of their public/private status, are not allowed under the current data use regulations. Data collection from Facebook began by collecting the Facebook web links and associated page identifiers (static numeric identifier used to locate each organization page) for a directory of NGOs obtained from the Ministry of Planification originally provided for the project's Rapid Qualitative Assessment.[91] For example, this list included Haitian nonprofits, such

[91] Alliance for the Protection of Children Project: Findings from a Rapid Qualitative Assessment on Child Protection in Haiti, American Institutes for Research, June 2017

as Action Concertée pour le Développement and Arbo de Vivo Haïti, as well as international NGOs, such as Global Health Action and Christian Aid. This list represented all potentially active NGOs with offices located in the departments of interest in Haiti. The Facebook links and page identifiers were collected manually for all 605 organizations. Of those 605 organizations,[92] the team identified 97 local Haitian organizations and 130 international organizations with a Facebook page. Pages were tagged as "local" if the organization was located inside Haiti.

The AIR team then used the list of Facebook page identifiers to extract all the associated post and response data associated with the identifier collecting the most recent 100 posts (if there were that many) from each organization. This analysis resulted in 1,482 posts from Haitian organizations and 2,704 posts from international organizations operating in Haiti (of which 265 mentioned Haiti specifically).

Unfortunately, upon review of the Facebook data, the AIR team did not find enough relevant Facebook posts to continue. The team manually read through all 2,704 posts, and fewer than 20 of those posts contained text related to the research topic. The Findings section for Facebook data overviews the basic themes that organizations are discussing, but the important finding from this endeavor is that this topic is not discussed on Facebook.

Findings: How Are People Talking on Twitter?

The AIR team used a relevance model (Appendix D) to pinpoint those tweets that were relevant to the project topic. The resulting data set of relevant tweets included 45 tweets in English, 62 tweets in French, and 8 tweets in Creole, for a total of 221 tweets and 115 Twitter users. Appendix C provides samples of relevant tweets.

People and organizations on Twitter who discussed child violence mostly discussed the topic in general terms rather than mentioning specific events witnessed personally, or repeated stories from their local communities. Most tweets related to child violence can be categorized into four broad themes that center around raising awareness of general issues surrounding child violence and protection:

> *32000+ kids in #Haiti live in orphanages 80% aren't orphans*
> *They are used to profit from well-intentioned donors.*

1. Calling attention to address the problem publicly.

> *Au forum #ECWECC nouvelle structure des pouses des Chefs dEtats de la CARICOM pr aider les femmes les enfants*

2. Highlighting efforts being undertaken:

> *@AntonioGuterres calls on Security Council members to come together to work to end human trafficking*

3. Encouraging others to take action.

[92] List of NGO organization offices from Haiti's Ministry of Planification with Facebook links https://docs.google.com/spreadsheets/d/127ee8W97tNIim_VR0RZlYBbVlSh1XH2r4INOSfOkgK4/edit?usp=sharing

session de sensibilisation sur la protection de l'enfance À l'école Méthodiste de Duplan

4. Mentioning specific instances of youth violence that had been in the news.

Nos plus sincres condolances aux familles de ces jeunes gens assassins injustement et lchement CarrefourIls mrite

No Tweets mentioned witnessing, encouraging, or remembering child violence directly, although one highly influential post (i.e., a post that was retweeted many times) did critique an advertising campaign for normalizing child labor.

A lireQuand une publicit normalise la maltraitance des enfants et lesclavage moderne#Haiti

Findings: What Are People Talking About on Twitter?

The AIR research team identified four distinct themes in the data collected from Twitter. These themes were discovered by developing a topic model through Latent Dirichlet Analysis (LDA). LDA is a statistical model that identifies underlying topics in text based on the distribution of words within different documents, or in this case, tweets. The model assumes that the tweets have underlying word patterns that represent topics, and that the distribution of words in these tweets is driven by these underlying topics. For instance, we would expect tweets primarily about sexual violence to have different words than tweets focused on restavek.[93] Thus, the model divides the tweets into different topics based on the distribution of words within the tweets and labels these tweets based on the most common words in that topic.

Figure 5. Word Cloud Generated From All Relevant Tweets



[93] Blei, D. M., Ng, A. Y., Jordan, M. I., & Lafferty, J. (2003). Latent Dirichlet allocation. *Journal of Machine Learning Research*, *3*, 993–1022.

The following four topics emerged from the data. Please note that the labels are intended to characterize the topic and are not generated through automated processes.

1. **Restavek.** Tweets in the "restavek" theme centered on discourse specific to violence against children and the problem of restavek (which was referred to a "restavek" across all three languages). Many of these tweets mention restavek specifically, whereas others refer to "modern slavery" or "child slavery," or focus on violence against children more broadly.

   Distinguishing words include **restavek, child slavery,** and **violence.**

   Example tweets:

   Experiences of Domestic Child Workers in Haiti aka Restavek | Ayiti Now Corp |

   La violence contre les enfants est une grave violation des droits de la personne et un problme majeur …

   An n rasanble pou n konbat sistem restavek la

2. **Child protection.** Tweets in the "child protection" theme focused on actions being taken to help end violence against children. The tweets either encouraged readers to help—by asking for donations, likes, or asking readers to spread anti-child abuse messages—or mentioned an effort being taken to end violence, often celebrating a successful event or campaign.

   Distinguishing words include **child**, **act**, **help**, **children**, **violence,** and **young**.

   Example tweets:

   10ans Rduction Violence Communautaire #Hati = 4 millions bnficiaires ds quartiers vulnrables 450projets 70millions

   85 youth leaders from 3 hoods meet to share analysis and action plans on violence in their area.

   How Ashton Kutcher is building tech to fight child sex traffickers

3. **Violence against girls (women).** Tweets in the "violence against girls (women)" theme focused specifically on violence against women, violence on women and children and sexual violence. Unlike the other tweets focused on violence against children generally, most of these tweets mentioned sexual abuse specifically or referenced gender-based violence.

   Distinguishing words include **sexual, violence, women, abuse, rape, violence,** and **youth**.

   Example tweets:

   #Haiti Violence on women 127 cases recorded in the South

   #Haiti Le Canada considre donner davantage de fond l'ONU pour les victimes d'abus sexuels

4. **Child abuse.** Tweets in theme Child Abuse speak generally about violence against children as a problem in general. Tweets in this theme generally do not specify an event or to take a specific action (in contrast to the child protection theme) but rather describe the scope of the problem more broadly.

   Distinguishing words include **child, children, youth,** and **violence.**

   Example tweets:

Parents first responsibility is to protect children against all forms of abuse, violence and #eksplwatasyon. #Eliminerlaviolence #timoun

Plus de 2 800 enfants dont plusieurs dizaines de fillettes vivent dans la rue

selon lInstitut du Bien-Etre

Trump vows to fight 'epidemic' of human trafficking

Findings: Who Is Talking?

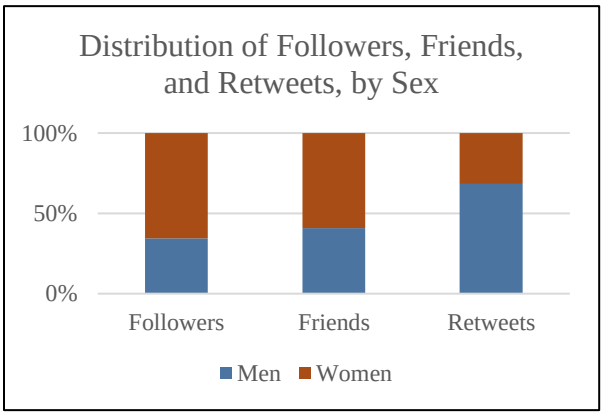
Organizations have more activity but individuals have the most influence

Twitter users in Haiti are a mix of organizations (30.4%) and individuals (63.5%). Organizations tend to be more active (that is, tended to have more tweets about child violence)—organizations have an average of 2.3 relevant tweets per user with an average of 7,319 and 3,147 followers and friends respectively. This is almost 1 tweet per user greater than the average tweets per user for individuals (1.5) and more than double the number of followers and friends (3,561 and 1,403). However, even though organizations are more prolific on Twitter—they post more tweets, they have more followers and they have more friends –, individual users have significantly more influence. In simple terms, influence is based on the rate of re-tweets of a posts[94]. A user is said to have "high influence" if their posts tend to be re-tweeted by other users. The more posts with re-tweets, the more influence. Individuals have an average number of 7.0 re-tweets as compared to the organizations' average of 1.6.

Females have more activity but males have more influence

Most individual Twitter users are male. Of the 73 users in this sample who are individuals, 73% are male and 17% are female. This distribution is similar to—although more extreme than—the distribution of social media users in Haiti, where overall about 60% of social media users are men.[95] Women have a higher average number of followers and friends (5,817 followers and 1,827 friends for women vs. 3,067 followers and 1,255 friends for men); however, male users tend to have more influential posts. Male users have an average of 7.1 retweets, whereas females have a rate of 3.3.

Figure 6. Distribution of Followers, Friends, and Retweets by Sex



[94] Cha, M., Haddadi, H., Benevenuto, F., & Gummadi, K. P. (2010). *Measuring user influence in Twitter: The million follower fallacy*. Paper presented at the Proceedings of the Fourth International Conference on Weblogs and Social Media, ICWSM 2010, Washington, D.C.

[95] Kemp, S. (2016, January 26). *Digital in 2016* [Slide show]. Retrieved from https://www.slideshare.net/wearesocialsg/digital-in-2016

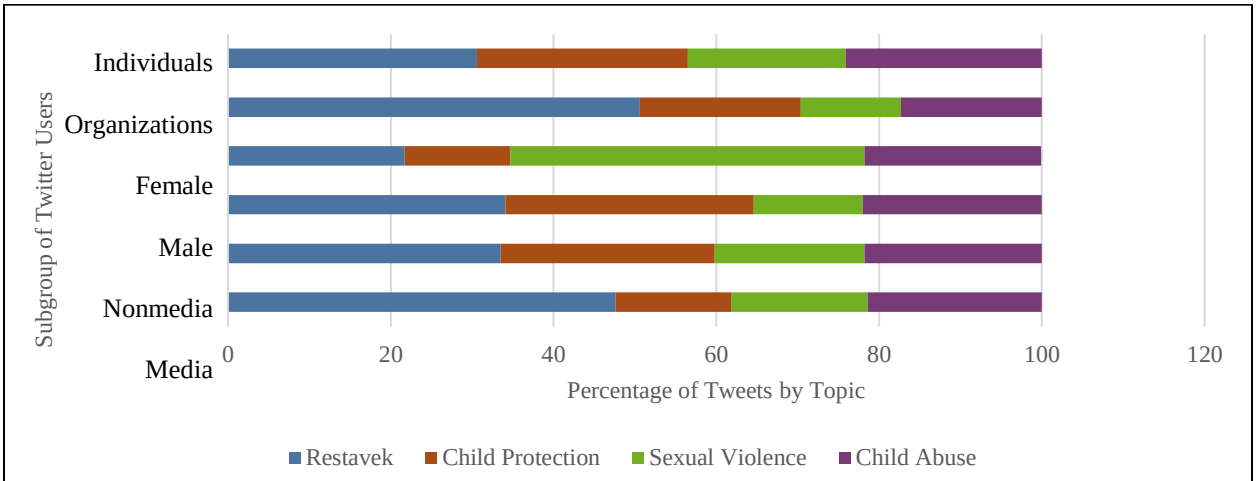
Media organizations have significantly more activity but nonmedia have more influence

Last, most organization users posting to Twitter in Haiti are nonmedia organizations. Of all users, 81.7% are nonmedia and 18.3% are media. Media organizations have a higher number of followers and friends (16,081 and 3,297, respectively) than nonmedia organizations (1,913 and 1,557 followers and friends, respectively). Both nonmedia and media organizations post at about the same rate, with only a 0.1% difference at about an average of two tweets for each organization. However, the nonmedia organizations have significantly more influence (at least in the area of child violence) than media organizations do. Nonmedia organizations have an average of 5.5 retweets for tweets about violence against children compared with an average of 0.8 retweets for media organizations. Nonmedia organizations are not necessarily more influential in general, but they are more influential in the child violence space specifically.

Findings: What Are These People and Organizations Saying?

Based on the top discourse themes developed in topic modeling, (Child Abuse, Sexual Violence, Child Protection, and Restavek), displayed in Figure 8, the distribution comparison between how often individuals and organizations, females and males, and media and nonmedia depicts differences in how individual subgroups are discussing the topic of child violence and protection. In particular, female individuals are more likely to have discourse on "sexual violence" than "child protection" or "restavek" compared with their male counterparts. All subgroups tend to speak about "child abuse" at the same rate and media organizations tend to focus their discourse more on "restavek" topics.

Figure 7. Percentage of Tweets by Topic for Subgroups of Twitter Users



Topic	Media	Nonmedia	Male	Female	Organizations	Individuals
Restavek	47.6	33.5	34.1	21.7	50.6	30.6
Child Protection	14.3	26.3	30.5	13	19.8	25.9
Sexual Violence	16.7	18.4	13.4	43.5	12.3	19.4
Child Abuse	21.4	21.8	22	21.7	17.3	24.1

Findings: If Not Child Violence and Protection, Then What Are Organizations Saying on Facebook?

The AIR research team did not find enough posts relevant to child abuse on Haitian and International NGO Facebook pages to perform analysis similar to that used for the Twitter data. Most Facebook posts revolved around other issues facing Haiti (disaster relief and health issues) and solicitations for donations.

Many focused on recovery from Hurricane Matthew.

> *The dire situation is persisting in Jérémie and the surrounding villages in the wake of #HurricaneMatthew, and the Health Foundation needs donations now more than ever.*

Some posts gave thanks to donors.

> *Un grand merci à Alice Bonhomme-Biais et aux généreux sponsors qui ont permis d'équiper l'école Le Réconfort de Torbeck (Sud d'Haïti) en tableau numérique et en panneaux solaires. Cette école avait beaucoup souffert de l'ouragan Matthew.*
>
> *Dans quelques semaines, Alice refait un triathlon pour équiper/renforcer l'installation solaire d'une école à Fonds Jean Noël.*
>
> *Ce sera la troisième école équipée grâce au triathlon d'Alice aux États-Unis (la première étant une école aux Abricots, dans la Grande Anse).*

Other posts sought donations.

> *We could use some help!*
>
> *Due to all of the generous donations people have poured in, we need some help getting them to !*
>
> *We have filled a container packed full of supplies we desparelty need. This container holds things like food, baby supplies, medicine and so much more. The cost to ship this giant container will be about $2,500. That's a lot of money! So we are prayerfully asking for your support. Please consider donating to help us get supplies to the orphanage.*
>
> *Message us directly or email reachoutto @yahoo.com if you would like to contribute! Your support means the world to us!!*

Still other posts were just short captions of photographs.

> *Nous sommes rentrés d'Haïti. En photos, une partie de la mission. Voyez comment nous avançons*

Overall, these posts focused on the operations of the nonprofits soliciting help, thanked those who have helped, and discussed the success of their projects or efforts. Figure 9, which shows the main words being used in NGO's Facebook posts, demonstrates that children, development, and Haiti were central concerns in these posts.

Figure 8. Word Cloud of Words Used in NGO's Facebook Posts



Appendix A. List of Radio Stations

This table includes the 33 radio stations that were contacted and supplied programming information for this project. The full list can be found: https://docs.google.com/spreadsheets/d/127ee8W97tNIim_VR0RZlYBbVlSh1XH2r4INOSfOkgK4/edit?usp=sharing

Station	Frequence	Ville/Dept	Department	Number of Contacts (Telephone & In-Person)	Population of Audience	Relevant Programming
RADIO LJS	100.3	SAINT MARC	Artibonite	1 contact	Plus de 25,000	Yes
RADIO POWER	104.5	OUANAMINTHE	Nord Est	1 contact	Unknown	Yes
RADIO RAYON FM	98.3	MARCHAND DESSALINES	Artibonite	1 contact	Unknown	Yes
RADIO TÉLÉ DESSALINES	96.7	MARCHAND DESSALINES	Artibonite	1 contact	Plus de 25,000	Yes
RADIO MASSACRE	89.7	OUANAMINTHE	Nord Est	1 contact	Unknown	Yes
RADIO BELVAL	97.1	Leogane	West	2 contacts	Unknown	Yes
RADIO LA VOIX DE L'EVANGILE	95.3	Port-au-Prince	West	2 contacts	Unknown	Yes
RADIO LUMIERE	92.1 / 88.1	Port-au-Prince / GONAIVES	West	2 contacts	Unknown	Yes
RADIO EXPLOSION	96.5	GONAIVES	Artibonite	3 contacts	10,000 - 15,000	Yes
RADIO GAMMA	99.7	FORT-LIBERTE	Nord Est	3 contacts	5,000 - 10,000	Yes
RADIO MELODIE	103.3	Port-au-Prince	West	3 contacts	15,000 - 20,000	Yes
RADIO KYSKEYA	88.5	Port-au-Prince	West	4 contacts	Unknown	Yes
RADIO VISION 2000	99.3 / 98.1	Port-au-Prince ; GONAIVES	West	4 contacts	Unknown	Yes
RADIO SOLEIL	105.7	Port-au-Prince	West	5 contacts	Plus de 25,000	Yes
RADIO TÉLÉ MÉGA MAX	102.3	GONAIVES	Artibonite	5 contacts	10,000 - 15,000	Yes
RADIO SOLIDARITE	107.3	Port-au-Prince	West	7 contacts	Plus de 25,000	Yes

RADIO PACIFIC	101.5	Port-au-Prince	West	NGO Questionnaire	Unknown	Yes
RADIO TIMOUN	90.9 / 89.5	Port-au-Prince / GONAIVES	West	NGO Questionnaire	Unknown	Yes
RADIO NATIONALE	102.1 / 105.3	Port-au-Prince	West	12 contacts	10,000 - 15,000	No
CECOYA	90.7	Leogane	West	3 contacts	Unknown	No
RADIO PLANET KREYOL	97.1	Port-au-Prince	West	3 contacts	Unknown	No
RADIO M5	93.5		West	4 contacts	10,000 - 15,000	No
RADIO CARAIBES FM	94.5	Port-au-Prince	West	5 contacts	Plus de 25,000	No
RADIO GALAXY	104.5	Port-au-Prince	West	5 contacts	10,000 - 15,000	No
SKY FM	96.5	Port-au-Prince	West	5 contacts	Plus de 25,000	No
RADIO ONE	90.1	Port-au-Prince	West	6 contacts	10,000 - 15,000	No
RADIO SIGNAL FM	90.5	Port-au-Prince	West	6 contacts	Plus de 25,000	No
RADIO MAGIK 9	100.9	Port-au-Prince	West	7 contacts	Plus de 25,000	No
RADIO MEGASTAR	97.3	Port-au-Prince	West	7 contacts	Plus de 25,000	No
RCH 2000	96.1	Port-au-Prince	West	8 contacts	15,000 - 20,000	No
RADIO INDEPENDANCE	101.5	GONAIVES	Artibonite	9 contacts	5,000 - 10,000	No
TOUCHE FM	91.9	Leogane	West	3 contacts	Plus de 25,000	No

Appendix B. Social Media Data Collection

The AIR team researched the possibility of using Facebook, Instagram, Twitter, WordPress, Blogger, Disqus, and WhatsApp to collect data from Haitian users to describe the influences and followers of people conducting or speaking about child violence and protection in Haiti. Next, the information gathered about each source of social media data is described.

Facebook

What is Facebook: Facebook is a social media application focused on connections among "friends" (mutually connected users) who share posts, photos, and videos. Friends can privately chat with one another through Facebook messenger. Users can interact with their friend's pages—or with public pages, which generally belong to organizations—by liking, sharing, and commenting on content as well as by tagging users in photographs.

Privacy and security: Individuals can determine whether their posts and photographs are visible to the public or only to their friends on the application. Many organizations have public pages that are viewable by anyone—not just those who have connected to that organization. According to the Facebook terms of service, data from these public pages (including posts, likes, and shares) can be freely collected through the Facebook API, but access to private pages is strictly prohibited.

What this means for data collection: Because of the prohibition on collecting data from private individuals' pages, Facebook data were only collected for nonprofits (both Haitian nonprofits and international nonprofits working in Haiti).

Instagram

What is Instagram: Instagram is a social networking application used to share photos and videos from a smartphone. Similar to Facebook and Twitter, a user creates an Instagram account and upon login has a news feed and a profile. Users can follow other Instagram accounts and interact by commenting, liking, tagging, and private messaging.

Privacy and security: All users of the latest version of Instagram can opt to set their photos and videos to private so they will only be visible to approved followers. The privacy settings work the same for hashtags—the post with a searched hashtag will not appear publicly if it is from a private account. However, if private Instagram accounts share a photo on another social media platform that is not set to private (for example, Facebook), the photo will be publicly accessible by the privacy settings of the other platform.

What this means for data collection: With the current API restrictions, the AIR team concluded that although data can be collected from Instagram, it was too labor intensive for a limited few data points relevant to this project.

Twitter

What is Twitter: Twitter is a social networking platform that enables users to share short messages (around 140 characters)—called tweets—with others. All tweets are publically viewable, and users can follow or friend other users in order to see their tweets regularly in their Twitter feed. Users can also retweet (share with their own followers) a tweet from another users. Twitter is used by both organizations and individuals.

Privacy and security: All Twitter posts are public, as are the likes, shares, and retweets associated with these tweets. Twitter posts are accessible via API based on user-authentication tokens.

What this means for data collection: The AIR research team collected tweets from both organizations and individuals that mentioned violence against children through the free public API.

Wordpress

What is Wordpress: Wordpress is a content management or blog-publishing platform which is mainly used to share longer content in many different media types (text, images, video, etc.)—often called 'blogs'. Users can customize the theme of their own WordPress website by choosing their preferred templates and adding a set of available functionalities. Users can retrieve data on their own websites including posts, pages, comments, categories, tags, custom fields, number of visitors from the WordPress database. Some statistics about the behavior of the visitor might also be collected.

Privacy and security: WordPress.org collects nonidentifying browser and server-supplied information on users who register to host their own WordPress websites, such as browser type, language preference, citing sites, date, and time of each visitor request. IP addresses—potentially identifying information—are also recorded but not disclosed or used to identify users. WordPress.org can publish nonidentifying aggregated data like trends in the usage of its website.

What this means for data collection: With the current API restrictions, the AIR team concluded that although data can be collected from WordPress, it was too labor intensive for a limited few data points relevant to this project.

Blogger

What is Blogger: Blogger (also known as Blogspot) is a blog-publishing platform owned by Google. It is similar to WordPress except for two main differences: Blogger owns users' websites and takes responsibility for maintenance and control. Users also have access to their website statistics including number of visitors and behavior of visitors.

Privacy and security: Since Blogger is often connected to a Google account, it collects users' personal information and data on the usage of services. Blogger may share non-personally identifiable information, such as trends, publicly and with its partners (publishers, advertisers, etc.).

What this means for data collection: With the current API restrictions, the AIR team concluded that although data can be collected from Blogger, it was too labor intensive for a limited few data points relevant to this project.

Disqus

What is Disqus: Disqus is a networked community platform used by websites to allow users to comment on webpages and blogs. It automatically adapts to site designs and colors, and it is supported on mobile and desktop devices.

Privacy and security: All public posts are available for automated data collection using the Disqus API. Data available via the API include topics (identification and name of topic), websites (website comments, threads, and settings), categories (grouped threads), threads (core discussions on Disqus), posts (individual comments within threads), and user information (registration information). Unlimited access to the data is limited to users with a Pro-level subscription, and limited access is tiered based on the types of data queried.

What this means for data collection: It was difficult to assess the quality and relevancy of the potential data to be extracted. As such, the AIR research team concluded that the cost of purchasing API access was cost prohibited in the uncertainty of collecting relevant data.

WhatsApp

What is WhatsApp: WhatsApp is an encrypted endpoint-to-endpoint messaging and calling (voice and video) service that is available on phones worldwide. It is second only to Facebook in messaging usage. With WhatsApp on the web and desktop, users can seamlessly sync all chats to the computer so one can speak with contacts on whichever device is convenient for the user.

Privacy and security: All users of the latest WhatsApp versions have end-to-end encryption that ensures that only those communicating can read what is sent and nobody in-between, not even WhatsApp. Messages are secured with a lock and only the recipient and the sender have the special keys to unlock and read the messages.

What this means for data collection: There is currently no legal way to collect messages via WhatsApp for research purposes.

Appendix C. Twitter Keyword List and Resulting Data

English Keywords

English	Total Tweets Collected	Total Relevant Tweets	Example Relevant Tweet
sexual abuse	25	14	RT @Jacquiecharles United States Ambassador Nikki Haley the first to mention @UN sexual abuse scandal in #Haiti
rape	57	10	Indian Supreme Court upholds death sentences in Delhi gang rape
child/children	53	9	UN expert urges Dominican Republic to place child protection at core of tourism strategy
orphan	7	7	If we want to make a real difference for orphans and other children at risk of becoming orphans, we need to…
trafficking	5	6	How Ashton Kutcher is building tech to fight child sex traffickers
abuse	109	2	How to Find Healing From Sexual Abuse
refugees	29	2	#Refugee women and children fleeing conflict and poverty in Africa face beatings rape & starvation in Libya
bit	349	0	
fight	119	0	
crush	67	0	
child abandonment	39	0	
bother	26	0	
gender based violence	25	0	
stigmatization	24	0	
neglect	18	0	
children on the street	13	0	
whip	11	0	

Nonrelevant keywords that resulted in **fewer than 10** tweets collected: errant (nine tweets), trauma (nine tweets), sexual violence (eight tweets), tame (eight tweets), bullying (seven tweets), youth (seven tweets), homeless (six tweets), beggar (five tweets), intimidate (four tweets), beat (one tweet), child labor (one tweet), child protection (one tweet), corporal punishment (one tweet), distress (one tweet), human trafficking (one tweet), street youth (one tweet), and punish (one tweet).

Keywords that resulted in **zero** tweets collected: discipline, displaced persons, exploitation, gray, maltreatment, offender, paralyze, physical abuse, remonstrance, serving as domestic, stateless persons, street children, tanner, tramp, vagabond, violence, and whip in school.

French Keywords

French	Total Tweets Collected	Total Relevant Tweets	Example Relevant Tweet
violence	167	67	Peer educators ready to better tackle sexual gender based violence in ...
enfants	50	35	Session de sensibilisation sur la protection de l'enfance a l'ecole Methodiste de Duplan
jeunes	64	24	De jeunes #haitiens qui auraient du tre En train d'tudier pour prparer la relve sont esclaves ailleurs
abus	12	4	#Haiti Le Canada considre donner davantage de fond l'ONU pour les victimes d'abus sexuels
battre	42	2	Pour moi un vrai homme ne doit pas battre sa femme mais lui faire battre son cur - Beyonce
enfants dans la rue	19	2	Plus de 2 800 enfants dont plusieurs dizaines de fillettes vivent dans la rue selon lInstitut du Bien-Etre
harcelement	3	1	Ohia USA Victime de harclement un petit garon de 8 ans se suicide
discipline	85	0	
traumatiser	79	0	
exploitation	33	0	
vagabond	23	0	
orphelin	19	0	
discipliner	15	0	
delinquant	13	0	

Nonrelevant keywords that resulted in **fewer than 10** tweets collected: maltraitance (nine tweets), ditresse (seven tweets), refugies (six tweets), Personne déplacée (five tweets), bataille ou combat (three tweets), ecraser (three tweets), intimider (three tweets), jeune de rue (two tweets), negligence (two tweets), protection de l'enfant (two tweets), punir (two tweets), tanner (two tweets), violer (two tweets), agression physique (one tweet), clochard (one tweet), dresser (one tweet), ennuyer (one tweet), and fouet (one tweet).

Keywords that resulted in **zero** tweets collected: apatride, bastonner, battre ou fouetter à l'ecole, chicoter, délinquant, détresse, domesticité, donner une leçon, enfant abandonné, enfants de rue, faire la peau, figer, fouetter, grappilleur, harcèlement, mendicant, mesure coercitive, punition corporelle, refugiés, remontrance, réprimande, réprimander, sans domicile fixe, stigmatization, tétaniser, traffic humain, traumatisme, travail des mineurs, violence basée sur le genre, and violence sexuelle.

Creole Keywords

Creole	Total Tweets Collected	Total Relevant Tweets	Example Relevant Tweet
restavek	56	25	Through the month of March a generous supporter of Restavek Freedom is giving $1 for every Facebook page like
vyolans	32	3	Li ta two fasil pou nou ta ap kritike elev ki ap fe vyolans san nou ap blayi sou delenkans leta a ki apt janm...
bat	82	2	Fi ki aksepte yon nag bat li se fat paran li. #TeamTim
abi	8	2	Manman ak papa se premye #responsab #pwoteksyon pitit yo kont tout fam abi, #eksplwatasyon ak vyolans. #Eliminerlaviolence #timoun
batay	65	1	#fetpititfim #Mesi ou banm + raj pou batay pou Dwa + pase 50 % tifi ki sibi tout fom diskriminasyon epi touyeâ…
goumen	123	0	
make	107	0	
korije	61	0	
kokorat	48	0	
kale	38	0	
san peyi	35	0	
san manman	26	0	
sanzave	26	0	
moun yo leve	11	0	

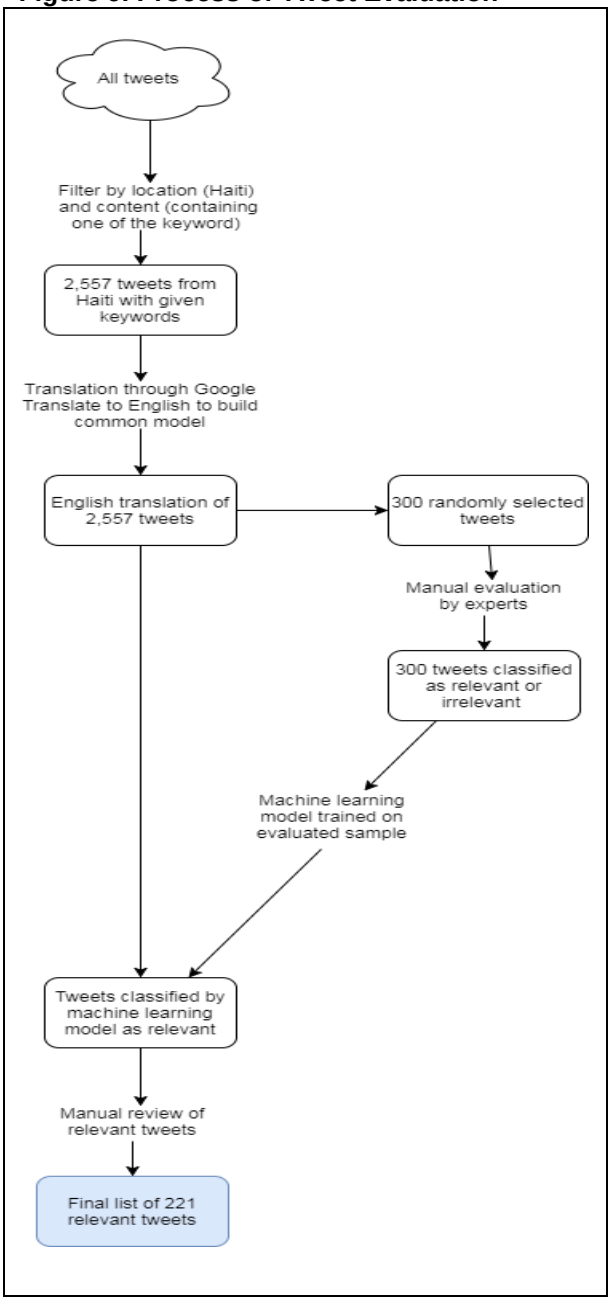
Nonrelevant keywords that resulted in **fewer than 10** tweets collected: rigwaz (nine tweets), sentaniz (nine tweets), travay timoun (nine tweets), vyole (nine tweets), bay leson (eight tweets), bay presyon (eight tweets), anmegde (seven tweets), fwet (five tweets), neglijans (five tweets), san fanmi (five tweets), san papa (five tweets), maspinen (four tweets), san sal (four tweets), atoufe (three tweets), toupizi (three tweets), matinet (two tweets), pini (two tweets), timoun (two tweets), explwate (one tweet), freeze (one tweet), grapiay (one tweet), malmennen (one tweet), move tretman (one tweet), san zabri (one tweet), sou chok (one tweet), ti joel (one tweet), trafik moun (one tweet).

Keywords that resulted in **zero** tweets collected: ak matinet, an detres, sanzespwa, apatrid, bat nan lekol, deplasman fose, discipline, donte, farouch, fe po leve anba baton, fwete, jen nan la ri, karikati timoun, kraponnen, malandrin, maltretans, mandian, maspinay, protection timoun, refijye, tetanize, timoun abandone, timoun la ri, timoun nan la ri, violyans seksyel, vyolans sou fanm, and woule anba baton

Appendix D: Twitter Relevance Model

Although the AIR team was able to collect 2,557 tweets from Twitter, not all of those tweets were relevant to child violence and protection topics. Figure 5 shows the process of identifying relevant tweets. Tweets were selected that contained one of the given keywords and came from Haiti. Then, to classify the collected tweets as relevant or irrelevant, the team developed a supervised machine learning[96] model that used a set of hand-classified relevant and irrelevant tweets to teach the classifying algorithm which of the remaining unclassified tweets were relevant. For the purposes of relevance modeling, all French and Creole tweets were translated to English through Google Translate in order to build a common model. Three research team members assessed a randomly selected sample of 300 tweets (weighted toward more relevant tweets because of the relatively smaller number of relevant tweets) and classified them based on relevancy. Disputes between the three experts were reviewed and decided based on majority vote. The final set of tweets were modified to remove stop words (words like a, the, is, etc.) and then converted to a list of words (referred to as a bag-of-word approach) to serve as input to a Random Forest model (a particular type of machine learning model).[97] The model then predicted whether a tweet was relevant or irrelevant based on the words in the tweet. After classification, all tweets were reviewed manually and the classification

Figure 9. Process of Tweet Evaluation



[96] Mohri, M., Rostamizadeh, A., & Talwalkar, A. (2012). *Foundations of machine learning*. Cambridge, MA: MIT Press.

[97] Harris, Z. S. (1954). Distributional structure. *Word, 10*(2-3), 146–162.

was updated if an error was detected. The final model had a cross-validation accuracy[98] of 93%, precision[99] was 96%, and recall[100] was 89%.

[98] Accuracy is defined as the number of tweets correctly classified divided by the total number of tweets.

[99] Precision is defined as the number of tweets classified as relevant that are actually relevant divided by the total number of tweets classified as relevant. This measure determines how precise the model is in only classifying tweets that are actually relevant as relevant. Our high precision means that the model was rarely classifying irrelevant tweets as relevant. See also Powers, D. M. W. (2011). Evaluation: From precision, recall and *f*-measure to ROC, informedness, markedness & correlation. *Journal of Machine Learning Technologies*, *2*(1), 37–63.

[100] Recall is defined as the number of tweets classified as relevant divided by the total number of tweets that are actually relevant. There is generally a trade-off between precision and relevance. This trade-off is discussed in the previous footnote.

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