



**GLOBAL
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AGAINST TRANSNATIONAL
ORGANIZED CRIME

GANG CONTROL AND SECURITY VACUUMS

ASSESSING GENDER-BASED
VIOLENCE IN CITÉ SOLEIL, HAITI

MAY 2023



**PEACEBUILDING
FUND** 



United Nations Entity for Gender Equality
and the Empowerment of Women

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Cover: People displaced by gang violence in Cité Soleil seek refuge in
other neighbourhoods, Port-au-Prince, November 2022. © *Ralph Tedy Erol/*
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SUMMARY

This brief summarizes research conducted in December 2022 on gender-based violence (GBV) in Cité Soleil, an impoverished, high-density commune of Port-au-Prince, Haiti. GBV – and sexual violence, in particular – has escalated dramatically in Port-au-Prince in recent years, as gangs have multiplied and taken greater control over communities, local economies and many aspects of daily life. Clashes between armed gangs, including attempts to take over territory, have severely affected security, particularly for women and girls.

A report by the UN Office of the High Commissioner for Human Rights (OHCHR) and the UN Integrated Office in Haiti (BINUH), published in October 2022, documented how gangs have used rape and other forms of sexual violence in their quest for power and to instill fear in communities.¹ Meanwhile a breakdown in public safety across Port-au-Prince is a risk factor associated with increasing levels of GBV and reduces the ability to respond in an effective way.

This brief focuses on research collected in and around Cité Soleil (in the areas of Brooklyn, Sarthe and Village des Rapatriés), using a questionnaire, focus groups and a round table discussion. The study assesses five aspects of vulnerability: safety, legal protection, mental well-being, economic empowerment and education. This research was undertaken under very difficult conditions, and with a high degree of sensitivity to the subject matter and involvement of participants. While the methodology is further explained below, some of the key findings include:

- **Gender-based violence:** The research found that 80 per cent of the women and girls who participated in the study had been victims of one or more forms of GBV by one or multiple perpetrators. While the research sample is not extensive, this is an alarming rate of GBV experienced by women and girls in the community – far higher than the global average of one-third estimated by UN Women.² Forty-three per cent of GBV victims reported experiencing one or more forms of sexual violence, including from partners and family members, strangers, gang members and kidnappers. This research found that current or former partners were the most cited perpetrator (44 per cent). Alarming, the second highest group was strangers (including gangs, bandits and kidnappers) with 33 per cent of respondents reporting one or more assailant in this category. This contrasts with 17 per cent reporting a family member and 16 per cent reporting a friend or friend of the family.
- The areas with lower levels of gang conflict registered fewer cases of GBV. The results of the research show a concentration of GBV – in particular, sexual violence – in the Brooklyn area, which has seen intense fighting between the G-Pèp and G-9 gang coalitions during 2022.



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While Brooklyn residents represent 39 per cent of the total sample, 48 per cent of those who had experienced GBV were residents of Brooklyn; 54 per cent of the instances of sexual violence happened to residents of Brooklyn; and 69 out of the 89 cases of reported rape occurred in Brooklyn. Nearly 62 per cent of women and girls in Brooklyn who had experienced GBV responded that it had happened in 2022.

- Services for victims of GBV: The research identified a lack of adequate services and responses, including judicial remedies, health responses and psycho-social support, for victims.

This brief not only offers insight into the current state of GBV in Cité Soleil but also identifies potential areas of support for donors and organizations interested in improving the situation. It offers three overarching recommendations, as outlined in the conclusion: building the capacity of institutions that women trust, identifying the ways women organize locally and developing cross-sector cooperation.

Methodology

This research was conducted by a caregiver organization that provides services, including psycho-social support, to women and girls in Port-au-Prince's most vulnerable communities. The data was collected using a questionnaire and through a focus group, with 591 women and girls from the commune of Cité Soleil and its outskirts participating. The questionnaire was written in French, but the questions were asked in Creole to facilitate understanding. Participant involvement in the research was voluntary and answering questions was not mandatory, while others were open-ended.

The research was carried out in collaboration with community actors and as part of offering psycho-social support to communities in Cité Soleil, including identifying people in need of assistance. For instance, in 20 of the most serious cases identified, victims are now receiving long-term trauma counselling and psycho-social care from the organization, with financial support from UN Women and the UN Peacebuilding Fund.

The organization also held a round table with community leaders in the social, education, economic and health sectors to discuss what can be done to better address the safety threat faced by women and girls in vulnerable communities in Haiti, such as Cité Soleil. A summary of the recommendations is given in the conclusion to this report.



BACKGROUND

Cité Soleil is one of Port-au-Prince's largest impoverished settlements, having developed over decades as a result of urbanization and displacement. Despite still lacking basic services, such as amenities and infrastructure, the commune has grown significantly and is now home to almost 300 000 people.³ Over the past several years, as gang numbers have swelled and the quest for territorial control has escalated, violence across Port-au-Prince has risen at an alarming rate. Cité Soleil is frequently the scene of clashes between two warring gang coalitions: G-9 an Fanmi e Alye (G-9 and family) and G-Pèp. G-9 is a federation of gangs led by Jimmy Chérizier (alias Barbecue), while G-Pèp is led by Gabriel Jean-Baptiste (also known as Ti Gabriel or Gabo), head of the Nan Brooklyn gang.⁴

The women and girls who participated in the research were residents of neighbourhoods either totally controlled by gangs or with little police presence. However, it should be noted that there is little police presence across Cité Soleil in general, with many of the commune's substations and police stations burnt down in 2022 during acts of gang violence.

According to BINUH and the OHCHR, the conflicts between G-9 and G-Pèp are 'motivated by the interest of political actors in controlling territories', with G-9 attempting to take control of neighbourhoods under the influence of G-Pèp.⁵ The violence is intense: in the Brooklyn neighbourhood alone, the UN reports that 263 people were killed, 285 injured and four reported missing between July and December 2022.⁶ In this context of gang-driven conflict, sexual violence has risen as a weapon used by gangs, but also as a consequence of the deteriorating security situation in communities. The availability of support services for female victims of violence is limited throughout Port-au-Prince, and victims are reluctant to seek help (where it is accessible), due to social stigma and fear,⁷ making responding to the growing problem a critical issue in its own right.



GENDER-BASED VIOLENCE: FINDINGS

Whereas all Haitian citizens feel the heavy impact of organized crime on a daily basis, women and girls are disproportionately targeted for sexual violence (including rape) by members of armed gangs, and are at increased risk for all forms of GBV, largely due to rising levels of general insecurity in the country. Survivors often lack the support they need to cope with the trauma and the gender-specific medical needs resulting from sexual violence or physical abuse. The violence that women and girls face and its effects are multifaceted. Key findings are shown in the charts and tables in this section.

All of the women and girls who participated in this study lived in neighbourhoods in, or on the outskirts of, Cité Soleil. Out of the total, 84.3 per cent of the sample population were adults (19 or older) and 15.7 per cent were minors (10–18 years of age). Sixty-one per cent of respondents were either single, widowed or divorced, while 39 per cent reported being married or in a domestic partnership.

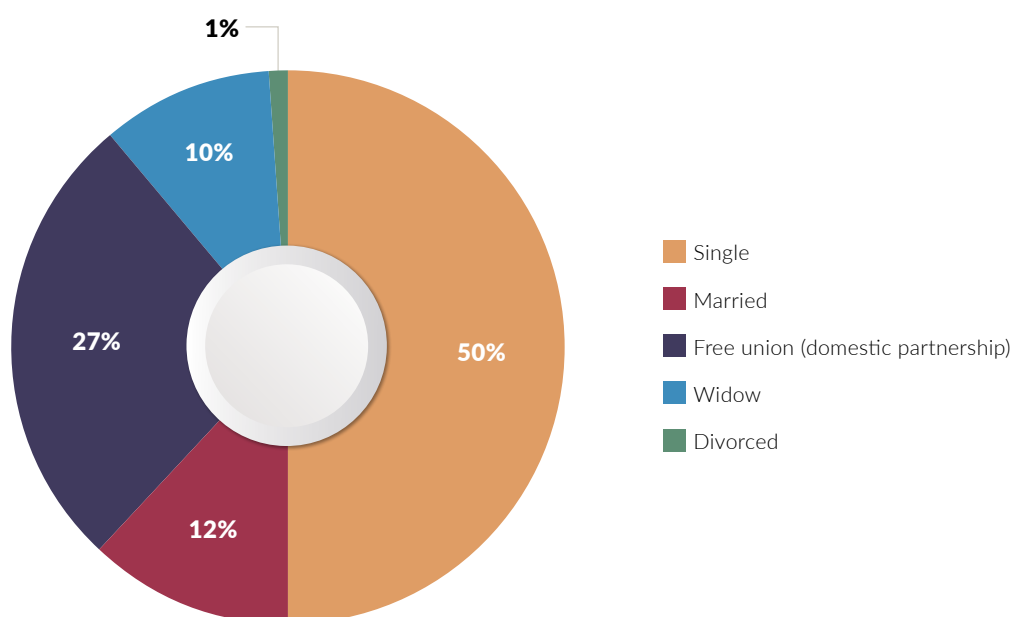


FIGURE 1 Marital status of participants.

The research found an extremely high rate of GBV in the community. Eighty per cent of the women and girls who participated in this research had been victims of one or multiple forms of gender-based violence by one or more perpetrators. Forty-three per cent of those who had experienced GBV had been victims of sexual violence (of one or multiple types). While the research sample is not extensive, it is an alarming rate of GBV experienced by women and girls in the community. This is far higher than the global average of one-third estimated by UN Women.⁸

The most common perpetrator reported was a partner or former partner, at 44 per cent. The second most frequent perpetrator was a stranger (including bandits, gang members and kidnappers) at 33 per cent, followed by a family member and then a friend. There were several instances of GBV carried out by religious leaders, community leaders or teachers (people in positions of power). There were no reported instances of GBV by a state authority, which is a positive sign, though many of these areas lack state presence, so drawing a conclusion from this is difficult.

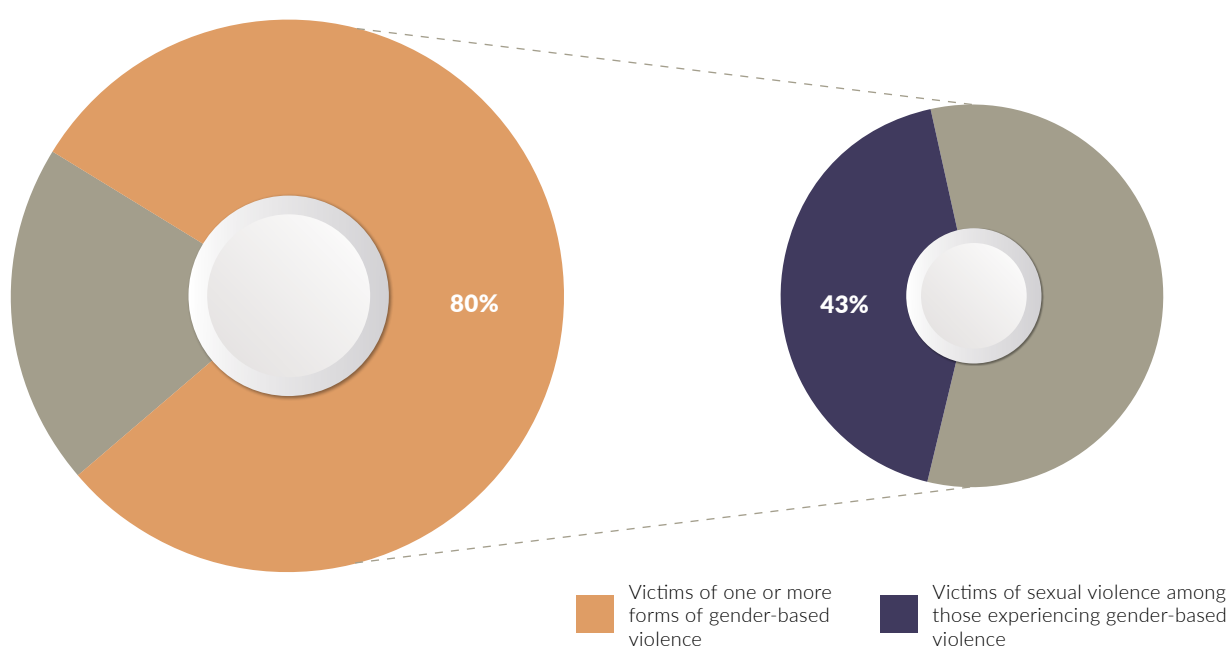


FIGURE 2 Victims of gender-based and sexual violence.

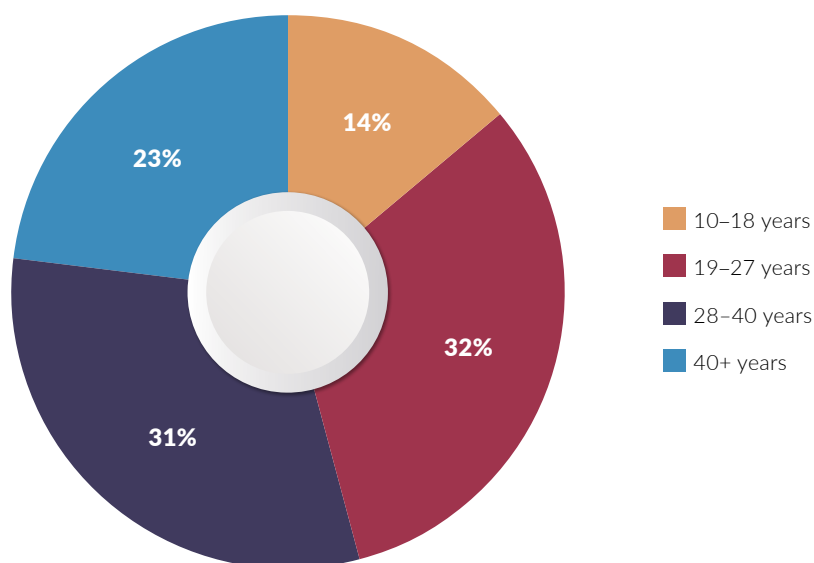


FIGURE 3 Victims of gender-based violence, by age group.

Instances of gender-based violence: non-sexual violence

Physical abuse	Verbal abuse	Psychological abuse	Emotional abuse	Economic violence	Harassment
298	251	116	76	96	50

Instances of gender-based violence: sexual violence

Trafficking in persons	Rape	Sexual harassment	Sexual violence (not specified)	Incest	Forced marriage
19	89	51	79	2	2

FIGURE 4 Breakdown of forms of gender-based violence.

NOTE: Many respondents were victims on multiple occasions with different perpetrators, so the figures do not make up 100 per cent. Some 475 respondents reported experiencing gender-based violence, but two declined to explain further, so the results are totalled out of 473 respondents.

GBV saw a sharp increase between 2015 and 2022, with the most reported instances of GBV occurring in 2022.

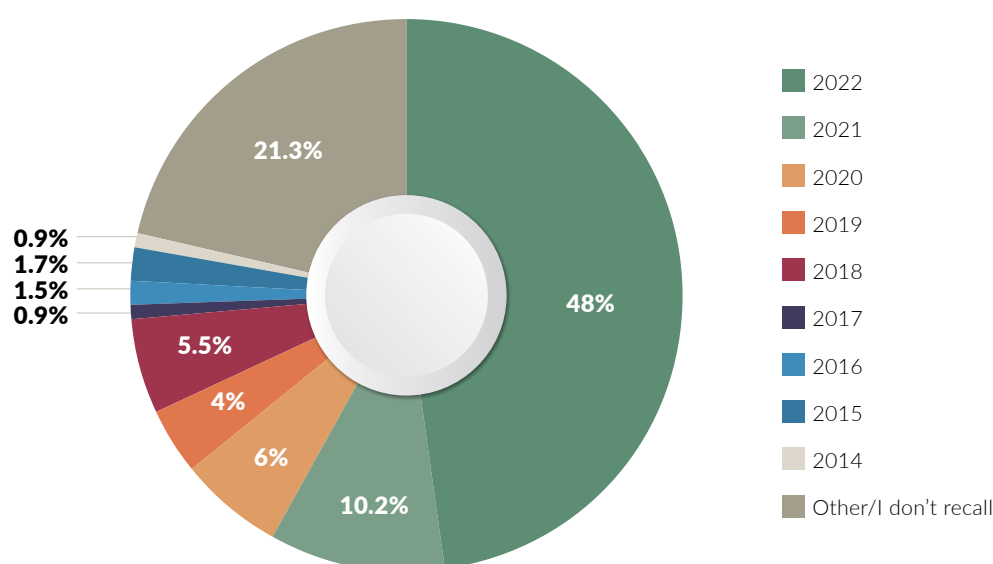


FIGURE 5 Victims of gender-based violence by year, 2014–2022.

Perpetrators

This research found that current or former partners were the most cited perpetrator, with 44 per cent of respondents reporting this. Alarming, the second highest group was strangers (including gangs, bandits and kidnappers) with 33 per cent of respondents reporting one or more assailant in this category. This contrasts with 17 per cent reporting a family member and 16 per cent reporting a friend or friend of the family.

Many respondents had multiple perpetrators, either from one experience or due to multiple experiences of GBV. Due to the sensitivities of the research and care taken for the people involved, respondents were asked questions in a manner that did not specifically link acts of GBV to specific perpetrators, and provided opportunities to not respond if they wished.

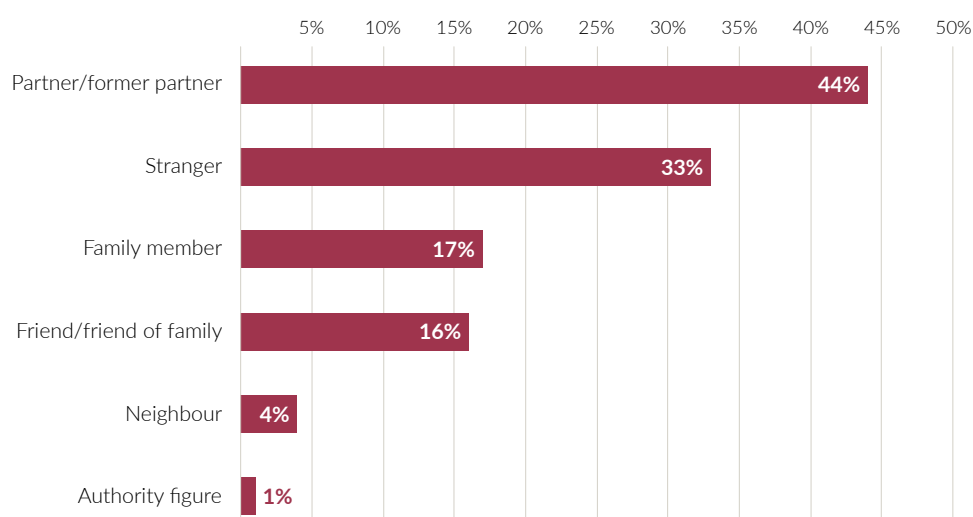


FIGURE 6 Respondents reporting violence, by perpetrator type.

NOTE: Many respondents listed multiple perpetrators. This is not a count of total perpetrators, but percentage of respondents reporting gender-based violence carried out by each group. This does not add up to 100 per cent due to multiple perpetrators listed by respondents. 'Stranger' also includes gang member, kidnapper, bandit and armed group. 'Authority figure' includes boss, religious leader, local leader and professor.

Gender-based violence by partner

Approximately 44 per cent of those who reported experiencing GBV responded that the violence had been perpetrated by their partner or former partner. Within this group of respondents, the most prevalent form of GBV reported was physical violence, followed by verbal abuse and then economic violence, which includes behaviours such as withholding money from a partner or refusing to let them work. Just under 30 per cent of the respondents who exclusively experienced GBV from a partner⁹ reported a form of sexual violence inflicted by that partner.

Gender-based violence by stranger

In trying to assess violence committed by unknown assailants (as opposed to known assailants who were family or friends), the data was grouped to include multiple listed perpetrators for analysis – namely, strangers, gang members, bandits and kidnappers. Approximately 33 per cent of those who experienced a form of GBV reported an aggressor who was one of these types of perpetrators. This was the second highest group of perpetrators; known assailants, such as a friend or friend of family, were reported as constituting 16 per cent and a member of the family, 17 per cent.

Within this group, 65 per cent reported that they had experienced sexual violence, with 39 per cent having experienced rape and 5 per cent reporting human trafficking. In some cases, multiple potential perpetrators were identified, including partners. Women and girls were not asked to assign each act of violence to a specific perpetrator when multiple instances of violence had been experienced, so some information cannot be ascertained.

Fifty per cent of reported acts of GBV carried out by this group of perpetrators occurred in 2022, including 33 reports of rape and six reports of human trafficking. It is likely that this high percentage correlates with elevated levels of gang violence in the neighbourhoods of Cité Soleil in that year, and the use of sexual violence and rape by gangs as an act of collective violence against communities.

Location

The women and girls interviewed came from a number of residential zones within Cité Soleil, broken down into three main areas: Brooklyn, Sarthe and Village des Rapatriés.

The G-Pèp coalition includes the areas of Brooklyn, Norway, Gaderie, Soleil 4, Soleil 17, Nan Boule, Bois Neuf, Projet Linthaud I, Projet Linthaud II, Warf, Projet Drouillard and Ti Haïti.

Within Cité Soleil, G-9, with local coalition gang leaders Iscar and Mathias, covers Pierre 6 (Village des Rapatriés), Boston, Cité Lumière, Première Cité, Deuxième Cité, Bélékou, Warf Jérémie, Terre-Noire, Sarthe, Fontaine, Duvivier and Fort Dimanche.¹⁰

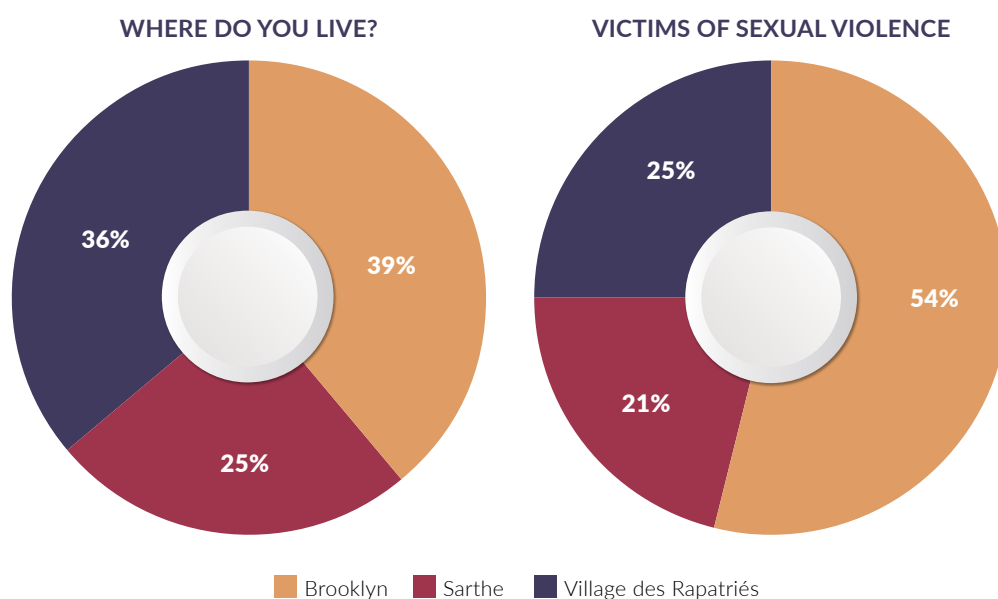


FIGURE 7 Participants' home location and proportion who have experienced sexual violence.

There is little to no police presence in all three areas, but some areas have experienced less gang fighting. G-Pèp retains most territorial control of Brooklyn, which is home to its leader Ti Gabriel. G-9 gangs are dominant in Sarthe and Village des Rapatriés. Fighting between gangs has occurred in different areas of Cité Soleil, but in 2022, for instance, intense fighting was concentrated in the Brooklyn area, as has been documented in the report by BINUH and OHCHR. Sarthe, while under the overall control of G-9, is parcelled among many lesser-known leaders who report directly to Iscar. While conflicts among G-9 and G-Pèp are less intense in the Sarthe area, member of the Sarthe gangs play an important role in supporting G-9 when engaged in conflict with G-Pèp. They can be mobilized quickly and go to ongoing conflict areas.

Village des Rapatriés is near the community hospital of Fontaine, and has some private clinics and schools. For the past three years, the neighborhood has been living under the influence of the G-9 gang coalition. In Village des Rapatriés, Pierre 6 is a community that borders Brooklyn although separated by an area of vegetation. Confrontations between G-Pèp and G-9 often take place at Pierre 6, which is where the population of that area is most affected by the conflicts between Brooklyn-based gangs and Village des Rapatriés-based gangs.



FIGURE 8 Cité Soleil, showing residential zones.

SOURCE: The information presented in the map was developed by a local researcher in March 2023 and confirmed by Port-au-Prince-based experts.

One key finding of the research is that areas with less gang conflict registered fewer cases of GBV overall. The results of the research show a concentration of GBV – in particular, sexual violence – in the Brooklyn area. While Brooklyn residents represent 39 per cent of the total respondents, 48 per cent of those who had experienced GBV were residents of Brooklyn, and 54 per cent of the instances of sexual violence reported happened to residents of Brooklyn (though the questionnaire did not ask where the specific offence took place). Sixty-nine out of the 89 cases of reported rape occurred in Brooklyn. Only one resident of Brooklyn reported not being a victim of GBV at all, whereas 45 respondents in Sarthe and 70 in Village des Rapatriés reported this.

Gender-based and sexual violence in 2022

Looking at 2022 specifically, nearly 62 per cent of women and girls in Brooklyn who had experienced GBV responded that it had happened in 2022. 50 per cent of these respondents reported experiencing one or more forms of sexual violence, with 29 per cent specifying rape and five per cent reporting human trafficking. In 2022, 38 per cent reported that one of their perpetrators was a stranger, gang member, or bandit, while 57 per cent identified their partner as one of their perpetrators (many respondents had multiple perpetrators).

In Sarthe, 45 per cent of respondents reported experiencing GBV in 2022, with 46 per cent of those respondents reporting a form of sexual violence. Thirteen out of 22 respondents in Sarthe experiencing sexual violence reported a stranger as one of their perpetrators in 2022. In Village des Rapatriés, 28 per cent of respondents reported experiencing GBV in 2022, with 32 per cent of those respondents reporting a form of sexual violence. Five out of 13 respondents in Village des Rapatriés experiencing sexual violence reported a stranger as one of their perpetrators in 2022. While the number of people impacted in Sarthe and Village des Rapatriés are lower than Brooklyn, the research shows a high level of reporting of sexual violence by strangers in all three areas.

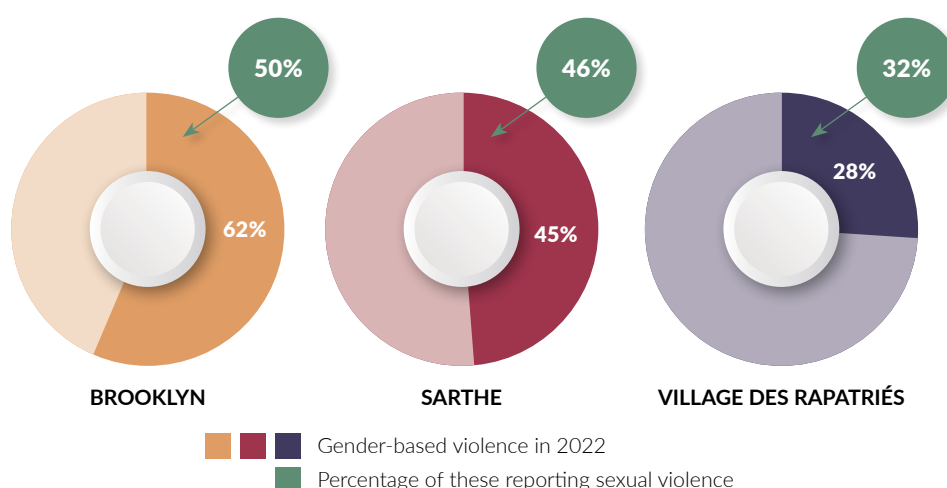


FIGURE 9 Gender-based and sexual violence in 2022, by location.



POTENTIAL MITIGATING FACTORS

Education

The inhabitants of Cité Soleil pay a heavy toll in terms of lost education, health and economic opportunities as a result of ongoing violence. Armed conflicts have forced schools to close for several months at a time. People displaced from their neighbourhoods have had to find new schooling options for their children. Some schools have closed permanently, which has meant a premature end to the schooling of hundreds of children.

In this research, 19 per cent of girls and women reported having no schooling; 27 per cent had primary education; 38 per cent had been to secondary school; 12 per cent had professional or vocational training; and nearly 4 per cent had reached university level education. The sample size becomes smaller as the level of education increases, but the percentages of those who have experienced GBV does indicate that education is a protective factor against GBV.

Have you experienced GBV?	Yes	No	Total	Yes to GBV
No schooling	100	14	114	87%
Primary school	139	23	163	85%
Secondary school	176	48	224	78%
Professional training	47	23	70	67%
University	13	8	21	61%
	475	116	591	

FIGURE 10 Distribution of gender-based violence victims and their level of education.



Girls displaced by gang violence in Cité Soleil take refuge in Hugo Chavez Square in Port-au-Prince, October 2022.
© Ricardo Arduengo/Reuters via Alamy Stock Photo

Employment

Overall, 70 per cent of the women and girls interviewed reported having no job, income or economic activity. Twenty-five per cent of respondents who had experienced GBV reported having income, while 75 per cent reported having no source of income. For those never experiencing GBV, 40 per cent had a source of income whereas 60 per cent did not. While a lack of employment and income was high across the entire group, those with a source of income appear to have less experience of GBV.

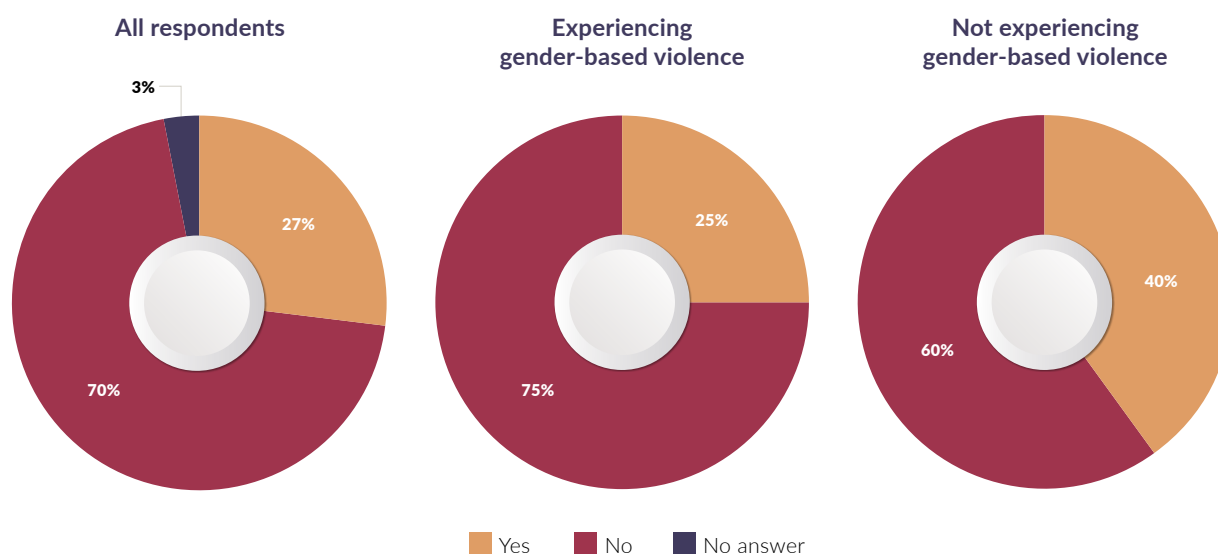


FIGURE 11 Do you have any income-generating activity?



SUPPORT SERVICES

Judicial support

The vast majority of GBV victims did not report the crime(s) to an authority. Alarming, two people reported that they had, in fact, reported the crime to a local gang boss, an indication of who they believed had power to respond. Although not mandatory, there was also an option in the questionnaire for respondents to record why they had not gone to the authorities for support. When the perpetrator was a stranger, most women and girls reported it would put them in danger from the gangs, including risk of death; that they did not trust the local authorities, fearing retaliation; that they did not know where or how to report; or they felt in general that there was no state presence. As one respondent put it, 'There is no justice in Haiti.'

In cases in which the perpetrator was identified as a partner, most women reported they did not go to the authorities because the perpetrator was someone close to them (e.g. their husband or the father of their children) or because they preferred to keep the matter private. Others responded that they did not know where or how to report the incident, that they were in fear of their partner or that there was no authority for them to approach. In cases in which the perpetrator was a family member or a friend, answers were similar, including that the women and girls did not think it was necessary to report the incident or did not want to, or because the perpetrator was someone they knew.

Participants were asked if they had filed a complaint with the competent authorities after being a victim of GBV and/or after being informed of such an act within their community (see Figure 12).

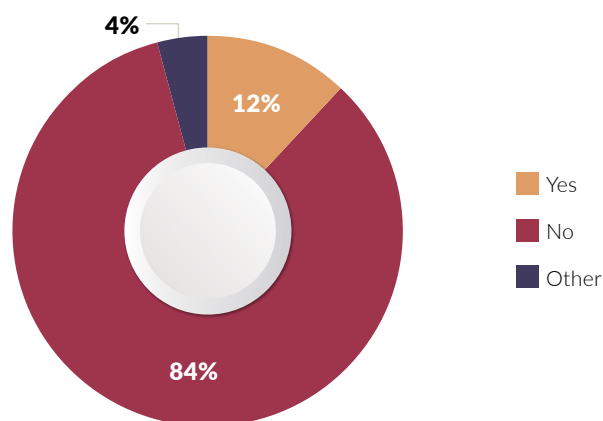


FIGURE 12 Percentage of victims of gender-based violence who had filed a complaint with the authorities.

A small group from those who reported to authorities stated whether they were satisfied with the authorities' decision following their complaint, with slightly more saying that they were satisfied with the response (54 per cent) than those expressing disappointment (36 per cent).

Health support

Seventy-three per cent of respondents reported that there were medical service providers in their communities, while 25 per cent reported there were no services and 2 per cent, that they did not know. Ninety-three per cent of respondents reported that they also did not have access to healthcare outside their communities. Seven per cent responded they were able to pay for health services outside their communities, with most noting that they did this in Port-au-Prince, with some listing specific areas such as Delmas, Croix des bouquets and Tabarre.

When asked who provided these services in their communities, the top response was private organizations (53 per cent), followed by international NGOs (26 per cent), state organizations (14 per cent) and local NGOs (6 per cent), while some respondents listed specific hospitals. When asked if they were able to access these services, 58 per cent responded yes, 40 per cent responded no and the rest responded that they did not know. For women and girls who responded they did not have access, lack of financial means was the primary reason, with other explanations including that there were no personnel, the institutions were too far away, the level of insecurity prevented them from going or they did not want to be identified.

For those who used local services, 83 per cent responded that the care was beneficial to their health. When asked which health professional they would most like access to, 69 per cent of respondents responded a psychologist, psychotherapist or psychiatry, 8 per cent responded general medicine, 4 per cent responded neurology, 2 per cent responded gynecology and the remaining listed other options such as ophthalmology or dentistry.

The main suggestions for improving physical health services in their communities included building more hospitals (in particular, public hospitals), reducing service prices or getting free care, and having access to more medicines and reducing the cost of medicines.

Psycho-social support

Psycho-social support starts in the home, extends to friends and family and the wider community, and also encompasses professional support. Respondents were asked both about family and community support and professional support. Thirty-three per cent of respondents said that they had benefited from support after being a victim of GBV. When asked how they were perceived by the community after their experience (when it was known to others), respondents had very different experiences but broadly these fit into the following two groups: seen as innocent or well treated; or treated poorly, criticized or misunderstood.

Respondents who received support said that it largely came from friends and family in the form of advice, sympathy and general support. Many included being given food as a form of support, as well as being taken in by people they know and provided with financial assistance. Respondents also listed neighbours as providing support, including through bringing people to the hospital, helping people escape, and providing food and general support.

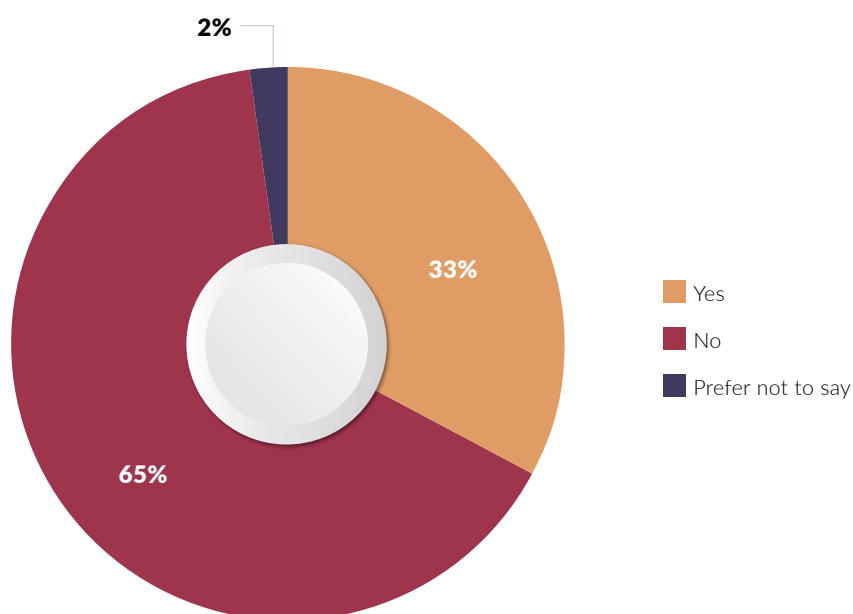


FIGURE 13 Percentage of gender-based violence victims who responded that they had benefited from community support.

Formal psycho-social support

When asked if respondents knew where to go for psycho-social assistance, 92 per cent responded no, just under 7 per cent responded yes and the rest preferred not to say. Roughly 80 per cent responded that there were no mental health support services for women and girls who were victims of GBV in their community, while 18 per cent responded they didn't know if there were services, and just 2 per cent responded that there were services. The 2 per cent who responded yes responded that the services available were psychologists.

Suggestions for improving the situation were resoundingly to bring mental health services into the community by building a centre, a clinic or a hospital, or by bringing in psychologists. Some emphasized that the care should focus specifically on victims of GBV.



COMMUNITY LEADER RECOMMENDATIONS

A round table was held with community leaders from several sectors, including social services, education, and the health and economic sectors. Just under 40 per cent of the community leaders were women. The results of the discussion, summarized in the table below, reflect the value of input from different sectors to approach a problem, as each sector brought a unique perspective. Participants from all sectors highlighted the need for raising awareness about GBV within communities and instituting training for a broad spectrum of society, including parents, teachers and local professionals on the issues. They voiced the need for sex education to start at a young age and to address GBV specifically, as well as the need to get girls into school.

Recommendations for what each sector can do to help prevent GBV

Social sector ■ Encourage universities to work on issues surrounding the empowerment of women and girls. ■ Provide children with education, including sex education and self-esteem building. ■ Put mental health specialists and social workers in schools. ■ Create sports activities for young people. ■ Raise awareness, including through the media and social networks. ■ Encourage participation of community and religious leaders in GBV-awareness activities. ■ Enable women and girls to break the silence around GBV, with access to justice and appropriate support.	Education sector ■ Teach the community about GBV, through training peer educators, parents and students. ■ Raise awareness on a mass level to prevent GBV, including among young people and parents. ■ Train leaders on social norms and values so that they, in turn, can train people in the community. ■ Providing sex education for young people and educate children at the grass-roots level.
Economic sector ■ Provide training and awareness raising, including on human rights and financial management. ■ Support basic training in medical fields. ■ Support small business start-ups for women. ■ Raise awareness about the importance of education to encourage girls to go to school. ■ Provide victim support.	Health sector ■ Train care providers and parents through community education programmes. ■ Take responsibility for educating women and girls about the negative impacts of violence. ■ Increase education on the consequences of GBV.



CONCLUSION

The results of this research show GBV to be a pervasive problem that is not being met with adequate attention and resources in Cité Soleil. Escalating gang violence and greater insecurity in communities have increased the risks faced by women and girls, and reduced the ability of those in the community to respond. The research found a very high number of women and girls in Cité Soleil's neighbourhoods to be affected by GBV, including by partners and family members, but also by strangers, gang members and kidnappers. In addition, it found a lack of adequate services and response measures for these victims. The findings point to three overarching policy recommendations for stakeholders, in addition to the recommendations in the tables below:

Build the capacity of institutions that women trust. It was evident from participants that they were reluctant to seek the help of local law enforcement and justice actors. They were far more willing to seek medical and social support. In the short term, supporting and building capacity for institutions that are already trusted by women could strengthen the avenues through which women are able to find assistance during the current security crisis linked to gang violence.

Identify the ways women organize locally. Women and girls need to be included in identifying problems and creating solutions for GBV. Even in conditions of extreme insecurity, there are ways women already organize themselves. Existing methods of organizing should be mapped and understood within the context of building resilience in the face of insecurity and poor governance structures. When stability allows, supporting these existing structures will help build networks of female leaders. However, these groups and local leaders should not be expected to put themselves at risk when conditions are too dangerous to mobilize.

Build cross-sector cooperation. The findings from the round table show how ideas for combating GBV can be implemented with support across sectors. Leaders from the social and economic sectors, for example, identified the need for mobile clinics, while those in the economic sector indicated that they could have a role in funding this. This could include sex education and family planning from leaders within the health and education sectors, both of which prioritized the need for this type of education. Each sector brings resources and expertise that together can create a stronger response. It also would engender more awareness across sectors in the community, a key point raised by local leaders.

The tables that follow summarize recommendations from each sector on how to empower women and girls, reduce gender-based violence, improve access to healthcare and promote education for women and girls:

Empowering women and girls

Social sector	Education sector
How can my sector contribute to the empowerment of women? ■ Use media, newspapers and social networks for awareness-raising campaigns. ■ Develop micro-credit programmes for women. ■ Create organizations to address gender equality. What can my sector do to prevent women's economic vulnerability? ■ Create income-generating activities, including micro-credit programmes for women. ■ Raise awareness.	How can my sector contribute to the empowerment of women? ■ Institute training for women and girls, including literacy programmes. ■ Establish vocational schools for young people. What can my sector do to prevent women's economic vulnerability? ■ Share testimony of women graduates who have income-generating activities. ■ Train women in financial management.
Economic sector	Health sector
How can my sector contribute to the empowerment of women and girls? ■ Create economic activities. ■ Develop credit and microfinance programmes to support the most vulnerable. What can my sector do to prevent women's economic vulnerability? ■ Support women who are small traders to expand their financial businesses. ■ Finance women's economic activities.	How can my sector contribute to the empowerment of women and girls? ■ Develop family planning programmes focused on birth control. ■ Create an awareness-raising programme about unwanted and risky pregnancies. ■ Develop a hygiene-kit distribution programme. What can my sector do to prevent women's economic vulnerability? ■ Raise staff awareness on the importance of focusing on birth control, including condom distribution to men and women. ■ Recruit women who are qualified to work with communities. ■ Share positive experiences with peers.

Reducing gender-based violence for women and girls

Social sector	Education sector
How can my sector contribute to the fight against violence against women and girls? ■ Open centres with the support of local volunteers, such as counselling centres, trauma centres and public health centres. ■ Provide mental health programmes and primary care for women and girls who are victims of violence. ■ Provide training on the role of psychologists and social workers in the community. What can my sector do to influence the community in the fight against GBV? ■ Conduct surveys and meetings to find solutions with other sectors. ■ Provide sex education classes to teach students how to protect themselves against sexual violence. ■ Organize socio-cultural educational activities to encourage the community to participate in awareness raising. ■ Provide victim support and empowerment, including training in schools and churches on how to deal with a victim of GBV, avoid marginalizing the victim, and encourage community survivors to be included in the fight against violence.	How can my sector contribute to the fight against violence against women and girls? ■ Provide a grass-roots sex education programme in schools and churches for children as well as for families. ■ Develop a prevention programme to combat GBV. ■ Offer a childcare programme. What can my sector do to influence the community in the fight against GBV? ■ Make women and girls aware of their rights as human beings. ■ Serve as good role models. ■ Train community leaders.
Economic sector	Health sector
How can my sector contribute to the fight against violence against women and girls? ■ Create free mobile clinics and create a funding programme to do it. What can my sector do to influence the community in the fight against GBV? ■ Raise awareness among other sectors by providing funding to help people who have been sexually abused. ■ Create sustainable jobs.	How can my sector contribute to the fight against violence against women and girls? ■ Provide sex education programmes for children from an early age. ■ Encourage parents to be responsible for their children, and listen to them carefully.

Improving access to quality healthcare for women and girls

Social sector	Education sector
How can my sector facilitate access to healthcare for women and girls? ■ Start a programme on violence against women and girls. ■ Build public hospitals, a healthcare centre and a shelter for victims of sexual violence. ■ Create an association of doctors and stakeholders to reflect on the issue of GBV. How can my sector influence community support for women who need appropriate medical assistance, including those who have experienced violence? ■ Ensure the presence of psychologists and social workers in hospitals. ■ Organize mobile clinics to treat victims of GBV. ■ Address quality of services (doctor behaviour, access to care and confidentiality issues). ■ Institute community outreach and training on GBV.	How can my sector facilitate access to healthcare for women and girls? ■ Provide psychological support programmes for victims so that they can carry out medical follow-ups. ■ Run an education programme on sexually transmitted infections ■ Provide students with social workers. How can my sector influence community support for women who need appropriate medical assistance, including those who have experienced violence? ■ Share information with other institutions. ■ Use social networks to share compelling messages about the right to health. ■ Create partnerships with hospitals.
Economic sector	Health sector
How can my sector facilitate access to healthcare for women and girls? ■ Implement health-kit and condom distribution programmes. ■ Generate funding for hospitals that provide care for women and girls who are victims of GBV. How can my sector influence community support for women who need appropriate medical assistance, including those who have experienced violence? ■ Work closely with institutions in the area, such as women's organizations and the church, to identify needs and provide economic training.	How can my sector facilitate access to healthcare for women and girls? ■ Build health centres capable of providing necessary care. ■ Promote medical support for victims of sexual violence. How can my sector influence community support for women who need appropriate medical assistance, including those who have experienced violence? ■ Institute awareness campaigns and education programmes to involve other sectors in the issue.

Promoting women and girls' education

Social sector	Education sector
How can my sector promote the education of women and girls? ■ Integrate sex education and the impact of violence in all its forms into the school curriculum. ■ Teach children good values from an early age, leading to healthy socialization. ■ Organize song and writing competitions that raise awareness of the issue of violence. How can my sector influence the community to promote women's and girls' education to prevent GBV? ■ Provide libraries for children in schools to think about social issues. ■ Learn to observe children's behaviour, listen to them and avoid minimizing their actions, thoughts and ideas.	How can my sector promote the education of women and girls? ■ Providing psychological support and social assistance. How can my sector influence the community to promote women's and girls' education to prevent GBV? ■ Request training from psychologists. ■ Request visits from doctors to assess the health status of victims. ■ Help young people avoid harmful relationships and unsuitable locations.
Economic sector	Health sector
How can my sector promote the education of women and girls? ■ Establish community literacy centres for women. ■ Build schools that specifically accommodate girls. How can my sector influence the community to promote women's and girls' education to prevent GBV? ■ Provide community canteens for women and girls.	How can my sector promote the education of women and girls? ■ Develop a programme that integrates healthcare more into the community. ■ Request appropriate training sessions on sexual violence. How can my sector influence the community to promote women's and girls' education to prevent GBV? ■ Institute sex education and family planning. ■ Provide education about avoiding dangerous areas. ■ Strengthen justice and its enforcement.



NOTES

- 1 OHCHR and BINUH, Sexual violence in Port-au-Prince: A weapon used by gangs to instill fear, October 2022, <https://www.ohchr.org/en/documents/country-reports/sexual-violence-port-au-prince-weapon-used-gangs-instill-fear>.
- 2 UN Women, Facts and figures: Ending violence against women, February 2022, <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>.
- 3 Widlore Mérancourt and Amanda Coletta, Gang war traps thousands in Haitian slum, *The Washington Post*, 15 July 2022, <https://www.washingtonpost.com/world/2022/07/15/haiti-gang-violence-cite-soleil>.
- 4 Scott Mistler-Ferguson, G9 vs. G-PEP - The two gang alliances tearing Haiti apart, *Insight Crime*, 21 July 2022, <https://insightcrime.org/news/g9-gpep-two-gang-alliances-tearing-haiti-apart/>.
- 5 BINUH and OHCHR, The population of Cité Soleil in the grip of gang violence: Investigative report on human rights abuses committed by gangs in the zone of Brooklyn from July to December 2022, February 2023, <https://www.ohchr.org/en/documents/country-reports/population-cite-soleil-grip-gang-violence-investigative-report-human>, p 7.
- 6 Ibid, p 4.
- 7 OHCHR and BINUH, Sexual violence in Port-au-Prince: A weapon used by gangs to instill fear, October 2022, <https://www.ohchr.org/en/documents/country-reports/sexual-violence-port-au-prince-weapon-used-gangs-instill-fear>.
- 8 UN Women, Facts and figures: Ending violence against women, February 2022, <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>.
- 9 Meaning that no other perpetrators were identified.
- 10 This information is based on the findings of local researchers. Some of the data can also be found in the following report: BINUH and OHCHR, The population of Cité Soleil in the grip of gang violence: Investigative report on human rights abuses committed by gangs in the zone of Brooklyn from July to December 2022, February 2023, <https://www.ohchr.org/en/documents/country-reports/population-cite-soleil-grip-gang-violence-investigative-report-human>.



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