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DISPLACEMENT, GENDERED HARM, AND THE NORMALIZATION OF CRISIS IN PORT-AU-PRINCE

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Contents

Executive Summary

The displacement crisis in Haiti reached record highs in 2025, with the International Organization for Migration (IOM) reporting 1.4 million people internally displaced by violence.[1] In the same year, UNICEF warned that the number of children displaced by violence in the country had nearly doubled, reaching 680,000 at the end of 2025.[2] Despite expanding and intensifying violence outside Port-au-Prince, the data in this report reveal that the highest cumulative incidence of protection harm continues to be in Haiti's capital, where displaced women and children are at particular risk.

This report synthesizes findings from 114 structured surveys and 20 key informant interviews (KIIs) conducted across five internally displaced person (IDP) camp sites in Port-au-Prince. The data suggest that life inside IDP sites is defined less by access to temporary shelter and more by ongoing exposure to violence, high rates of gender-based violence (GBV), near-total livelihood collapse, and extreme food insecurity, all compounded by weak reporting mechanisms and inadequate protective infrastructure.

Survey results indicate that 95.6% of respondents do not feel their site is secure, and only 4.4% feel a sense of security. Three in ten women (30.7%) say they have experienced physical or sexual violence inside the IDP site, and two thirds note an absence of mechanisms for reporting such violence. Nearly all respondents report suffering economic collapse after their displacement (99.1% have no income) and now face severe food deprivation (96.5% of women and 87.5% of children eat fewer than two meals a day).

The humanitarian significance of these findings is twofold. First, the data indicate that IDP sites in Port-au-Prince are currently functioning as risk environments rather than protective spaces, particularly in the case of adolescent girls, women-headed households, or children experiencing chronic hunger and disrupted education. Second, the baseline data provides operationally relevant insight into how harm is produced within displacement settings (e.g. due to scarcity, coercion, lack of privacy, weak accountability), filling a persistent gap in humanitarian reporting on Haiti, which is all too often dominated by a macro-level enumeration of displacement figures and access constraints.

1 International Organization for Migration – IOM (2025). 'Displacement in Haiti reaches record high as 1.4 million people flee violence'.
2 United Nations Children's Fund – UNICEF (2025). 'Number of displaced children in Haiti almost doubles in one year'.

Introduction

Context

As of early 2025, the humanitarian situation in Haiti has continued to deteriorate. OCHA estimates that 6.4 million people will require emergency humanitarian assistance over the course of 2026, and its response plan aims to assist the 4.2 million in severest need.[3]

Within this landscape, a harmful narrative has emerged: Port-au-Prince is deemed a "known" crisis with predictable needs, while new hotspots outside the capital are considered to warrant more urgent attention. One basis for this narrative is IOM data demonstrating that a growing proportion of new displacement now occurs outside the capital.[4] Nonetheless, the evidence from IDP sites within Port-au-Prince shows that chronicity is not to be mistaken for stability. When violence becomes routine, humanitarian risk can deepen invisibly, particularly in displacement settings where women and children experience layered harms not always registered in conventional metrics.

Figure 1. Map of Haiti. **(Source: Mercy Corps)**

In an attempt to restore focus on Port-au-Prince specifically, this report addresses the intersecting impact of displacement and the territorial expansion of Viv Ansanm in the metropolitan area. It also considers gendered vulnerabilities experienced in the capital's IDP sites, including.GBV (coercion and exploitation), hunger, social breakdown, and child protection risks.

Methodology

Survey design and data collection

This report uses mixed-methods data collection to capture both the statistical prevalence and the lived experience of risk.

The quantitative component consists of 114 structured surveys, which were distributed among displaced women and cover: household roles; the separation of family due to displacement; income and livelihoods before/after displacement; meals per day for women and children; water, sanitation, and hygiene (WASH) access; menstrual hygiene access; children's education; perceived security; GBV prevalence and reporting pathways. The qualitative component consists of 20 KIIs with displaced women and site/community informants. KIIs explored: urgent challenges for women and girls; how insecurity affects women's mobility and safety; GBV dynamics and barriers to reporting; child well-being (nutrition, education, psychosocial impacts); perceived gaps in support from NGOs or the government.

3 United Nations Office for the Coordination of Humanitarian Affairs – OCHA (2025). *Haiti: 2026 Humanitarian Needs and Response Plan*.
4 Le-Cour-Grandmaison, R. (2025). 'The weaponization of displacement by gangs in Haiti', *Global Initiative*.

Sites covered and demographic context

According to IOM data from 2025, there are an estimated 163,811 displaced persons in the Haitian capital of Port-au-Prince (PAP).[5] Data for this report were drawn from five IDP sites across Port-au-Prince, with a combined population of 9,145 (5.58% of the total IDP population in PAP). Site population and family estimates (as detailed below) help to contextualize scale and gender-specific risk:

Site	Location	Total IDPs	Families	Women
Club International	Route de Frère	2,675	535	1,785
République Équateur	Delmas 41	2,912	710	1,738
OPC	Bourdon	Not available	Not available	Not available
DDO	Rue Descombes	2,390	747	534
Kay Felix	Lalue	1,168	347	695
TOTAL: 5.58% of PAP IDPs		**9,145**	**2,339**	**4,752**

Data selection and limitations

GBV is frequently underreported in Haiti due to stigma, fear of retaliation, and weak accountability. As a result, the incidence rates recorded here should be treated as a minimum estimates. In addition, since the survey dataset for this report does not include an explicit respondent-by-site identifier, quantitative findings are reported for the combined sample across the five sites, rather than disaggregated by site. All participants were selected at random within a sample population determined by site representatives. These limitations underscore the importance of the study's qualitative component, which documents mechanisms of harm not captured by survey percentages alone (e.g. coercion, exploitation, high-risk zones within sites).

5 International Organization for Migration – IOM (2025). Displacement situation in Haiti – Round 11.

Research findings

IDP sites in Port-au-Prince are functioning as risk environments, not protective spaces

A perception of insecurity is almost universal across the five IDP sites in this report. Only 4.4% of respondents report that their IDP site feels secure, while 95.6% say the opposite. This is not merely an indicator of fear but a reflection of genuine protection concerns: a lack of lighting, insufficient external doors, an absence of trusted security forces, and unmanaged internal threats were issues raised by all respondents. KIIs described the sites as a place of "survival, not safety," where women refrain from circulating at night, avoid latrines, and generally find their mobility limited in ways that directly undermine access to services, hygiene, and assistance.

> *"There is no solid support system for women on the site. What exists is occasional assistance that is neither structured nor sustainable. We do not only need emergency assistance, we need opportunities to work, for our children to go to school, for women to become independent. These opportunities would be a better solution for us than small donations that do not last."*
>
> — KII Participant

This perceived insecurity is a major concern for humanitarian programs insofar as it constrains women's ability to safely access the services provided in IDP sites (e.g. food distribution, mobile clinics, WASH). The reports are also consistent with wider protection analyses highlighting the degree of precarity in displacement settings and the role of violence in limiting humanitarian access.[6]

GBV is prevalent, and KIIs indicate that coercion is closely linked to deprivation and informal power structures

Almost one third of women (30.7%) report having personally experienced physical or sexual violence within the IDP site, while 37.7% (43 out of 114) say they know another woman or child who has experienced violence. A further 19 respondents report having been sexually assaulted or raped by gangs specifically.

> *"Victims of violence don't speak up because they already know the system. Often, the very committee you are supposed to complain to is the one committing the abuse."*
>
> — KII Participant

KIIs provide context for these figures by documenting the mechanisms that enable GBV in displacement settings. The women describe how a lack of food or family income can heighten the vulnerability of adolescent girls, with men leveraging small resources to pressure them into sexual exploitation. One interviewee explained that scarcity reshapes consent and power: in a context of continual hunger and economic disempowerment, "small things" become leverage and exploitative arrangements are normalized.

A second theme emerging from KIIs is exploitation linked to perceived control of information or resources. Women described situations in which a refusal to meet sexual demands can lead to exclusion, isolation, or loss of access to

6 Humanitarian Action (2025). Haiti: Global Humanitarian Overview 2026.

assistance pathways, an indicator of elevated Protection from Sexual Exploitation and Abuse (PSEA) risk in informal site governance. This is a critical concern for humanitarian programming because it shifts the central question from "are GBV services available?" to "are women safe enough to report and access support without consequences?"

Reporting pathways are structurally weak, creating impunity and rational silence

Two thirds of respondents (66.7%) report a total absence of mechanisms for reporting physical or sexual violence within their IDP site. KIIs add that non-reporting is itself a survival strategy: women described a fear of retaliation, pervasive shame, and lack of confidence that any reporting mechanism would provide genuine protection.

> *"There are several types of violence on the site. In the case of physical violence, the victim often will not mention it directly. They may only ask someone for advice on where to go if something happens. People are afraid to approach those in charge to report incidents. Some prefer to file a complaint at the police station or go to the hospital for medical care."*
>
> — KII Participant

This has major operational implications. In a context where reporting is lacking or unsafe, incidence statistics understate the reality, and survivor pathways tend to fail even with effective services off-site. This study concludes that the bottleneck for protection measures is not only the absence of reporting systems, but site-wide governance, trust, and safety, all determinants of women's ability to disclose violence without incurring further harm.

Livelihood collapse as a direct result of protection risk is near-total

Economic disempowerment is rife in Port-au-Prince IDP sites. While 88.6% of respondents had a job or income prior to displacement, 99.1% now report having none. This collapse of livelihoods is closely linked to restricted mobility outside: women who once worked as mobile vendors circulating between areas of the capital or entering from outside now find themselves unable to travel to markets, purchase inventory at wholesale prices, or participate in the kinds of informal trading networks that are crucial for household survival. Beyond the loss of their basic income, women within IDP sites face higher retail prices for scarcer produce and are increasingly dependent on irregular aid distribution.

Loss of income not only undermines women's economic agency but also becomes a key driver of protection risk. KIIs describe how women find themselves taking on the role of de facto household head and provider without the resources, market access, or freedom of movement needed to meet basic needs. This increases their vulnerability to exploitation and coercion.

> *"Before, women sold produce everywhere; they could run their small business without too many problems. Now, it has become very difficult. Not everywhere is accessible, and some areas are completely restricted. In others, you are forced to pay a toll. That means you pay to pass, you pay to go, and then when you finish buying your goods, you pay again to return... When you finish buying your things, the profit is already small, but with all these tolls, it becomes even worse. Everywhere you go, people ask for money. This discourages women. There are several areas that we avoid completely, for example, areas with high insecurity, where gangs appear suddenly. You can be there, and, at any moment, the gangs arrive. When they do, you do not know what could happen to you. That is why many women prefer not to go out at all. They stay on the site, even if they have nothing to do, because they are afraid."*
>
> — KII Participant

The survey also shows a major shift in household responsibility: 93.0% of respondents identify as a current household head/provider, compared to 45.6% before displacement. This feminization of survival places additional stress and financial burden on women, even as their bargaining power and protective options shrink. In practical terms, livelihoods and cash flow are not early recovery add-ons in Port-au-Prince; they are core protection interventions.

> *"I was not living well before, but now, I have lost everything. I used to sell produce; now I have nothing at all. I cannot give the children food. I cannot send them to school. Schools send the children back for money, but I cannot do anything. I do not work, I have no business, no one helping me."*
>
> — KII Participant

Hunger is severe, multiplying violence and family strain

Food insecurity is near-universal in Haitian IDP sites. 96.5% of women surveyed report eating fewer than two meals a day, and 4.4% say there are some days when they eat no meals at all. In the case of children (N=112),[7] 87.5% eat fewer than two meals per day, and 7.1% eat none.

KIIs repeatedly link hunger to heightened tension, emotional distress, and harmful coping strategies. The women described skipping meals to feed their families, borrowing food, and living with the constant anxiety of their children going to bed hungry. This suggests that combating food insecurity should be a key priority for humanitarian programming: food assistance and cash support not only save lives, but also bolster protection, reducing the kind of pressure that drives coercion, survival sex, and child exploitation.

On a national scale, UNICEF has also warned that the food security crisis in Haiti is pushing children toward extreme vulnerability, disrupting schooling and heightening protection risks.[8] This report provides micro-level documentation to support micro-analysis of how the crisis is impacting specific displacement sites in Port-au-Prince.

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7 N = participants over the age of 18 reporting on the children in their households.

8 Famine Early Warning Systems Network – FEWS NET (2025). 'Hurricane Melissa and persistent insecurity worsen acute food insecurity'.

"Sometimes you have rice but no beans, no oil, no charcoal to cook your food. There are days I wake up and let the child go a whole day without eating. I harden my face as if I don't see it, but inside I am burning with anger and pain. If a neighbor cooks a little food and gives you a bowl, you have to give it to the child so they can drink water and sleep. You, the adult, remain hungry."

— KII Participant

Inadequate WASH services and menstrual poverty diminish dignity and protection

Only 45.6% of survey respondents report having access to a functioning toilet, and 63.2% say they are unable to access menstrual hygiene products when needed. KIIs describe how insecurity and a lack of privacy in and aroundWASH spaces prevent women from using themand heighten the risk of harassment. Menstrual poverty compounds shame, isolation, and restricted mobility, particularly in crowded sites where women cannot maintain privacy or safely manage menstruation. These are classic examples of how WASH becomes a protection determinant.

Qualitative accounts indicate that insecurity and lack of privacy fundamentally alter women's daily behavior in WASH facilities. Interviewees describe bathing at irregular hours to avoid exposure, avoiding latrines at night due to fear of harassment or violence, and improvising menstrual materials in ways that compromise health and dignity. In crowded sites without partitions or lighting, sanitation spaces are a high-risk environment, particularly after dark. As one woman explained, bullets have been known to strike near toilet areas, reinforcing fear and avoidance even when the need is urgent.

Menstrual poverty intensifies these risks. When women and girls are unable to manage menstruation safely, their mobility becomes restricted: they may avoid leaving shelters, withdraw from distributions or services, or isolate themselves to prevent humiliation and exposure. As such, menstruation is not a matter of private health but a driver of confinement, reinforcing patterns of invisibility and dependence. The result is a cycle in which reduced mobility increases women's isolation, limits their access to assistance, and heightens their vulnerability to coercion within the site.

Key figures

163,811 IDPs in Port-au-Prince in 2025.

94.5% of respondents feel unsafe in their IDP site.

Almost **one third** of women have experienced physical or sexual violence within the site.

99.1% have had no job or income since their displacement.

96.5% of women surveyed eat fewer than two meals a day.

87.5% of their children eat fewer than two meals a day.

Less than half of respondents have access to a functioning toilet.

63.2% are unable to access menstrual hygiene products.

Only 34.2% of children attend school.

From a protection perspective, these dynamics demonstrate how inadequacies in WASH services directly increase the risk of GBV, undermine women's autonomy, and erode dignity. While WASH is often framed primarily as a technical or public health issue in humanitarian settings, the evidence here suggests that in contexts of urban displacement, WASH service design and access are crucial for women's safety. When sanitation is unsafe or inaccessible, women respond by restricting movement, a move that may reduce immediate exposure but that deepens vulnerability and exclusion in the long term. Addressing WASH inadequacies in the Port-au-Prince IDP sites will not only improve service delivery but also mitigate the risk of GBV.

Children are experiencing prolonged disruption, placing them at long-term risk

Only 34.2% of respondents report that their children are attending school. KIIs suggest that children have accepted violence as normal, growing accustomed to violence and conflict in overcrowded settings and experiencing behavioral and emotional changes. This not only impacts their education in the short term but also renders children vulnerable to intergenerational harm and child protection risks, especially when combined with sustained hunger and household instability.

> *"[Humanitarian] assistance does not meet all the needs of young girls. They need more than soap and toilet paper. They need to go to school, to learn a trade, to have opportunities for work. If programs could be put in place to provide training or small jobs, that would be more useful to us than small, occasional assistance."*
>
> — KII Participant

The intergenerational ramifications of weakened child protection are far-reaching. Prolonged disruption during formative years increases the risk of school dropout, early entry into exploitative labor or relationships, and long-term psychosocial harm. For adolescent girls, these risks intersect with the GBV dynamics documented elsewhere in IDP sites, while for boys, they include exposure to violence and the normalization of aggressive behavior. Humanitarian programs that treat disruption to children as a temporary problem overlook the lasting impact of chronic displacement on vulnerability in the future.

Overall, both the quantitative and the qualitative data demonstrate that improving access to education alone is insufficient to address the risks facing children livingin Port-au-Prince IDP sites. To be effective, interventions must take an integrated approach combining safe learning opportunities, psychosocial support, food assistance, and caregiver support to counteract the cumulative effects of hunger, violence exposure, and instability. Without this, displacement sites risk becoming environments in which crisis conditions are not only endured but transmitted across generations.

Key Takeaways

IDP sites are not neutral spaces but active producers of protection risks.

This analysis moves beyond a simple enumeration of displacement figures to document the kinds of risk generated within IDP sites themselves, including coercion, exploitation, and impunity. While most assessments of the humanitarian context in Haiti have focused on the violence causing displacement, fewer examine how overcrowding, weak governance, and lack of oversight within displacement settings prolong and engender new harm. With conditions that expose their residents to a daily risk of GBV and sexual exploitation, IDP sites must be treated as an environment of active harm, not a passive humanitarian backdrop.

GBV is driven by survival economics and site governance failure, not lack of awareness.

This report suggests that vulnerability to GBV is heightened by the intersecting factors of hunger, loss of income, lack of privacy, and ineffective reporting mechanisms, rather than insufficient awareness or individual behavior. Women are often pushed into the role of provider without the resources, mobility, or protection necessary to meet basic household needs, increasing their exposure to coercion and exploitation. This underscores the need for integrated interventions addressing protection, livelihoods, and site management, rather than stand-alone GBV messaging or sensitization activities.

Why Port-au-Prince still matters

Port-au-Prince remains Haiti's most concentrated hub of cumulative humanitarian harm, even as violence in the country radiates outward. The capital is facing a crisis not only in the form of armed control but also in the erosion of basic services due to insecurity. As such, IDP sites are becoming a space for long-term survival, where women and children face persistent insecurity, extreme deprivation, and a high risk of GBV without adequate accountability mechanisms.

This report provides site-level evidence of why an outward spread of violence should not divert attention from the capital. Displacement in Port-au-Prince is not stable but entrenched, and the result of a normalization of chronic emergencies is not status quo but cumulative harm. This harm will only deepen over time, particularly for women shouldering household responsibility or adolescent girls exposed to coercion in survival conditions.

Sustained donor investment in Port-au-Prince IDP sites is therefore preventive: it reduces the downstream costs of untreated trauma, chronic GBV, school exclusion, and survival-based exploitation. Investment also helps ensure that humanitarian responses do not unintentionally create a two-tier system in which new crises draw attention away from long-standing ones, leaving the latter to deteriorate into invisible but permanent harm.

Port-au-Prince remains an epicenter of risk, requiring sustained donor attention.

As displacement in Haiti expands into new departments, this analysis cautions against allowing the chronic displacement crisis in Port-au-Prince to fade into the background. Haiti's capital continues to concentrate large numbers of displaced households now living in high-risk, under-serviced sites where harm has become normalized. The IOM's record-high displacement figures for 2025 reinforce the urgency of maintaining targeted interventions in the Port-au-Prince metropolitan area, alongside responses assisting newly affected regions.

Recommendations

1) Establish safe, trusted GBV reporting and referral pathways inside IDP sites

Given that 66.7% of respondents note a total absence of reporting mechanisms, interventions should prioritize confidential reporting methods, trained focal points, and survivor-centered referral pathways (health, psychosocial, legal) that are credible and safe in practice. This must include safeguards against retaliation and clear separation from informal power brokers who may control access to aid or information.

2) Reduce exploitation risk by integrating cash and food support with protection programming

With 99.1% of respondents reporting no income and near-universal meal reduction, livelihood collapse and hunger are primary drivers of coercion and harmful coping mechanisms. Actors should expand targeted multi-purpose cash and predictable food assistance, paired with GBV risk mitigation (safe distribution design, complaint mechanisms, PSEA monitoring). Cash and food support should be treated as protection, not only consumption support.

3) Implement protection-focused site upgrades: lighting, WASH privacy, and safe access routes

The inadequacy of WASH services (only 45.6% of respondents attesting to functioning toilets, and the majority without access to menstrual hygiene) is a driver of GBV. Site upgrades are needed to provide lighting, privacy partitions, women-friendly WASH layouts, escorted access options where feasible, and sustained menstrual hygiene supply, all explicitly framed as dignity and protection interventions.

4) Expand child-centered services to reduce intergenerational harm

With only 34.2% of respondents reporting school attendance in their families, and KIIs indicating that children have accepted violence as a daily norm, programs should expand safe learning access (formal or temporary), structured psychosocial support, and child protection monitoring within sites. They should also integrate parenting support and stress-reduction programming to reduce household-level violence triggered by chronic hunger and trauma exposure.

5) Restore focus on Port-au-Prince in humanitarian programming and advocacy messaging

OCHA's 2026 planning documents for Haiti highlight a rising national need, and the suspension of MSF programs in the country is direct evidence of how insecurity has reduced service availability. Donor advocacy should resist "capital fatigue" by recognizing Port-au-Prince IDP sites as high-severity protection settings requiring sustained support, not residual maintenance.

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