

Qualitative Assessment of Trauma Affected Populations in Cap Haitian, Haiti

Conducted for USAID/Haiti

by
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Executive Summary

Purpose

This report describes a qualitative assessment conducted by Boston University in the Cap Haitian region of northern Haiti in March 2006. The study was conducted for the USAID/Haiti mission to identify needs of victims of torture and other forms of violence and to recommend possible interventions. In the context of this study, 'violence' refers to all acts of intentionally inflicted physical injury, whether by a person acting on their own initiative or under direction of another person, and excludes accidental injury. Victims of violence includes not only those who were injured but also others who have been affected by these acts either by indirect exposure (such as witnessing an act) or who live with their consequences (such as family members).

To serve these aims, the focus of data collection was to understand how local people affected by violence perceive the problems resulting from these experiences, in particular:

1. The variety of problems resulting from violence
2. Their perceived importance and severity
3. Their nature (in terms of characteristics or symptoms)
4. Local terminology used to describe these problems
5. The cause of these problems and what people do when they have them.
6. What resources exist that could be used to address the problems.

The assessment also identified the normal tasks and activities that constitute the roles of men and women in the Cap Haitian area. This information can be used to design measures to assess functioning, as part of future efforts to assess the impact of interventions.

Methods

With logistical and technical support from URAMEL (a Haitian NGO based in Port au Prince) Boston University trained 12 local people as interviewers and conducted an assessment using qualitative methods to delineate the mental health service needs of persons affected by violence.

Persons interviewed were victims of violence, their families, and other community members said to be knowledgeable about the effects of violence.

Three interviewing methods were used:

1. Free Listing, to identify problems perceived by local people to be the results of violence, and to explore the tasks and activities that constitute normal functioning for men and women
2. Key Informant Interviewing, to obtain detailed information on those psychosocial problems emerging from the free lists

3. Focus Groups, to explore further the tasks and activities that men and women regularly undertake. (Note that the results regarding function are not included in this report).

Results

When discussing violence and its effects, respondents most frequently referred to violence by the military and paramilitaries as part of political events (over the last 10 years or so). Economic deprivation has increased in periods following political upheavals that have resulted in divisions among the community and increased crime and violence due to impoverishment.

The problems resulting from violence can be divided into four related themes: 1) severe psychosocial distress, both as a direct result of the experience of violence itself, and as the indirect result of the effects of violence such as the loss of loved ones, 2) ongoing fear and lack of security, 3) economic losses resulting from the violent events, and 4) continuing inability to function, particularly inability to earn an income.

Nine major psychosocial problems were identified as the result of violence:

1. Fear
2. Startle/Loss of Self Control*
3. Sadness/Grief*
4. Continuing to suffer from reliving/re-experiencing past events*
5. Loss of dignity
6. Helplessness/discouragement
7. Problems in the head*
8. Deep suffering in the heart*
9. Thinking too much*

Those marked with an asterisk were explored in detail using the key informant interviews which demonstrated a close link among problems in terms of symptoms, causes, effects, local treatment, and frequency.

Overall, it appears that exposure to violence results in severe mental distress which manifests as “loss of control.” Those affected continue to remember and relive violent events which causes a syndrome of “continuing to suffer.” On the other hand, the losses (of loved ones, of resources, of jobs) resulting from violence is connected to syndromes of “sadness” and of “helplessness.” “Thinking too much” appears to be the mechanism through which exposure to violence (and the resulting losses) lead to these syndromes. In addition, the six problems investigated by the key informants interviews were each said by multiple respondents to result in reduced function, both as a result of direct effects on the brain, as well as on other parts of the body, such as producing hypertension, diabetes and heart problems.

All of these problems tend to result in reduced function, both as a result of direct effects on the brain, as well as on other parts of the body, such as producing hypertension, diabetes and heart problems. In addition, all of these problems were reported by multiple respondents to result in reduced function, both as a result of direct effects on the brain, as well as on other parts of the body, such as producing hypertension, diabetes and heart problems.

Common ways of dealing with mental problems mentioned by respondents are:

1. Doctor and medicines (if the person can afford them)
2. Traditional medicines
3. Consultation with friends
4. Prayer and church.
5. Distraction with other activities.

The data suggest that local people recognize the need for psychological and clinical services but that many people cannot afford them. Respondents did not describe whether or not these services are in limited supply for those who can pay for them. Also recognized is the need for activities by the community and individuals to distract people from their problems, and the need to talk with people about their problems and give them advice.

When discussing what programs could do to assist people, respondents most commonly mentioned assistance to communities to overcome the problems of internal mistrust, community fragmentation, and lack of security. These respondents felt that communities need to work together to address the problems of those affected by violence, and to prevent further violent events.

Recommendations

1. Design and implement a program of interventions to address, among people living in the Cap Haitian area, ALL six psychosocial issues identified in this study.

The descriptions of these problems emerging from the study make it clear that they are closely linked, not only in terms of cause but also in terms of symptoms, effects, and what people do to address them. The data suggest that most victims of violence have many of these problems, and some may have all of them. Given the relationships and similarities between these problems, and what is known from treating similar problems in the United States and elsewhere, it is feasible to propose a program consisting of multiple interventions to address all of these problems in this population.

2. Programs should include interventions that directly address the psychosocial effects of violence identified in the qualitative study. These should be interventions with evidence of effectiveness among

other populations, and which are likely to be acceptable to the population of Cap Haitian.

Trauma-based counseling should be among the therapies to be considered for inclusion in these programs since this has been proven effective elsewhere among similarly affected populations. Mental health professionals experienced in these methods should be consulted in designing the program specifics. Where possible, trauma-based counseling and other psychosocial interventions should be provided in a group format, to increase the numbers of affected persons who can be reached with limited resources. However, such a format requires special expertise and adaptation to the problems of those affected by torture and other forms of violence, and the provision of individual counseling as required to deal with specific torture and violence-related issues. Developing group and individual interventions, and deciding where and for whom they can be used, is the responsibility of the mental health professionals mentioned above.

3. Depending on resources, programs may also address issues exacerbating the psychosocial effects of violence, such as ongoing insecurity and mistrust, stigmatization of victims of violence, medical problems, economic deprivation, and lack of distractions.

Psychosocial issues are not only the results of violence, but are exacerbated by an ongoing lack of security and threat of violence, stigmatization and mistrust of victims of violence, and ongoing problems related to poverty and unemployment. Respondents in the qualitative study also frequently mentioned a lack of activities to distract them from their problems. Although psychosocial interventions alone are likely to be helpful, combining them with measures to address as many of these other issues as possible is likely to have a much greater impact on psychosocial problems.

4. Interventions should be community-based and implemented through existing local organizations and NGOs.

Delivering many of the counseling interventions described above requires trained mental health workers. Although Haiti is a low resource country, there do exist a small number of well trained medical, auxiliary and lay professionals who can competently deal with psychosocial problems, including some organizations in Port au Prince and Cap Haitian with mental health expertise. However, utilizing their services to directly assist people cannot begin to address the level of need which the study suggests exists. These professionals should focus on providing training and building capacity among trusted community organizations and NGOs. Local organizations should also implement non-counseling interventions, such as activities to support communities, promote social interaction and cohesion, and provide constructive distraction and skills building.

5. Programs should be monitored and the impacts on their target populations evaluated.

Most psychosocial interventions were developed in Western countries and few have been tested in other cultures. Therefore, although it is reasonable to employ interventions found effective in the West (since they are supported by evidence from at least one culture), it cannot be assumed that they are as effective elsewhere. Similarly, Western interventions may appear to be appropriate and feasible for use in other countries, but may prove not to be so when actually implemented. For these reasons, any programs addressing psychosocial issues in Cap Haitian (and elsewhere in Haiti) should undergo monitoring (to determine if they are implemented as planned) and evaluation (to determine their impact). Qualitative assessments, like that described here, are not only intended to provide a basis for selecting problems to address and for designing interventions. They also provide important data for designing both indicators and designing the questionnaires used in needs and impact assessment.

6. Similar qualitative studies should be conducted elsewhere in Haiti, to determine the local impact of violence and the extent to which it differs from the results for Cap Haitian. A similar process of program development, monitoring and evaluation to that proposed above should also be implemented in each site.

At this time this report should be considered relevant to the Cap Haitian region only. For other regions of Haiti, where the local culture and situation are different, the findings and recommendations contained in this report may not reflect the local situation. Studies like this, and an ongoing process of project design, monitoring and evaluation as outlined here, should be initiated in those areas considered to be significantly different from the Cap Haitian area. 'Significantly' different is a judgment as to whether differences between regions in Haiti are likely to affect the local situation with respect to the problems associated with torture and other forms of violence and what are appropriate interventions.

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Introduction

This report describes a qualitative assessment conducted by Boston University in the Cap Haitian region of northern Haiti in March 2006. The study was conducted for the USAID/Haiti mission to identify needs of victims of violence and to recommend possible interventions.

The qualitative methods used in the assessment explore important issues from a local perspective rather than the perspective of outside experts. Data from this type of assessment consist of how local people view their problems in terms of the nature of these problems, their severity, their causes, how they deal with them, and what effective programs to address these problems might look like. This information can be used by program implementers to select problems to address that match local priorities, and to design interventions that are likely to be effective in terms of local feasibility and cooperation. The information is also useful in designing indicators and assessment tools to assess both the need for (and the impact of) programs, and to monitor their implementation.

Background

Violence in Haiti

Since the slaves and freed slaves overthrew Napoleon's army in 1804, Haiti has been chronically subjected to violence, instability (including frequent coups d'état), and civil unrest, in addition to extreme poverty and lack of infrastructure. It is also a country with limited resources for dealing with these problems, including the resulting ongoing human rights abuses such as torture and other forms of violence. While some medical, legal and social services exist for victims they are in short supply and may be difficult to access. Mental health and counseling services are even scarcer.

While the current political climate is relatively calm following recent elections, there continue to be outbreaks of social and political discord throughout Haiti with ongoing violence and threat of violence by political and social factions. Types of violence include domestic violence, torture, illegal detention, shootings, criminal and gang violence, and violent clashes between civilian groups, the "demobilized" military, police, and even UN troops.

Assessment Site

The Cap Haitian region was chosen as the site of the first assessment because of its history of relative stability and security during recent periods of unrest. Therefore, at the time of the assessment, it was felt that Cap Haitian offered the greatest likelihood that the assessment would proceed and be completed as planned.

The assessment was conducted in a poor section of Cap Haitian city, and in two nearby towns: Milot and Limbe. Together, these three sites reflect the major diversities of the Cap Haitian region. Cap Haitian city is Haiti's second largest city. It is on the north coast and was the economic and cultural center of Haiti during the French Colonial rule. While Cap Haitian is often described by locals as "a place that takes care of itself," and while the local police, UN, and demobilized military have at times worked together collaboratively to counter violence, it is still an area where people continue to suffer the consequences social, political, and interpersonal violence.

Cap Haitian has several well organized local women's and human rights organizations, and several hospitals that treat victims of violence (Hopital Justinian in Cap Haitian, Hopital Sacre Coeur in Milot, and Hopital Bon Samaritan in Limbe). These institutions are important, both as sources of persons knowledgeable about the problems resulting from violence, and as possible resources for future interventions to address these issues. The BU team partnered with URAMEL, a Haitian organization specializing in legal and medical issues facing victims of violence and torture. URAMEL provided logistic and technical support in planning and conducting the assessment. URAMEL was chosen because it is currently the only Haitian organization providing training in the psychological consequences of violence to organizations assisting victims of violence. URAMEL has a well-established relationship with hospitals in the region, and is currently working with IDEO, a team of psychologists, to develop new training programs to build the mental health capacity of local organizations throughout Haiti. As such, URAMEL potentially has an important role in any future interventions resulting from this assessment.

Just prior to President Aristide's departure on February 29th, 2004, the city of Cap Haitian was attacked and overrun by Guy Philippe's rebel army on February 22nd. The airport, local radio and TV stations, and many businesses were burned. Following this initial period of violence, there were increased reports of arbitrary arrests and detentions (including people being held in shipping containers), torture, human rights abuses, death threats, rape (including politically motivated and gang rape), and violent shootings. Violence extended to several communities in the region, including two sites of this study: Limbe (where residents described incidences of torture, rape, and other forms of social violence), and Milot (residents experienced several attacks by the rebels in 2004 and the former military in 1994, and continue to live in an insecure environment due to their political orientation as a pro-Lavalas community). Many respondents recalled these events in the interviews.

Purpose of the Assessment

The information from this assessment is intended to provide a basis for:

- Identifying problems that can be addressed by programs for the victims of torture and other forms of violence.

- Informing interventions to address these problems which are acceptable and feasible, given local environment and culture.
- Suggesting indicators and instruments that can be used in the future to assess the level of need, monitor the progress of interventions, and assess their impact.

To meet these objectives, data were collected which focused on two areas of interest:

A. To understand how local people affected by torture and other forms of violence perceive the problems resulting from these experiences, in particular:

1. The variety of resulting problems
2. Their perceived importance and severity
3. Their nature (in terms of characteristics or symptoms)
4. Local terminology used to describe these problems
5. The cause of these problems and what people do when they have them.
6. What resources exist that could be used to address the problems.

This information will inform the selection of problems to be addressed and of the interventions to be used. It can also inform the creation of indicators to assess project implementation, and the creation of instruments to assess the prevalence and severity of problems.

B. To understand what constitutes the most important aspects of normal functioning for local people. These refer to the tasks and activities that constitute the roles of men and women in the local population. Information on this topic can be used to design locally appropriate measures of function for men and women by creating questions that ask about tasks or activities said to be important locally. The resulting instrument can be used to assess, in terms of functioning, the impact of the problems being addressed. Using both the function instruments and the problem assessment instruments (referred to above) pre and post intervention can also be used as measures of project impact.

Methodology

Overview

This assessment used qualitative methods only. These are methods of interviewing which, unlike the questionnaires used in quantitative methods, are relatively unstructured. These qualitative approaches are also different from quantitative methods in other ways. Interviewers are trained in the use of open-ended non-leading methods of interviewing in which the respondent is probed for as much information on a topic as they know and are willing to say. Everything the respondent says is recorded verbatim, without summarization, paraphrasing or translation. Rather than trying to interview a representative sample, respondents are chosen to represent the diversity of the population and

for their particular knowledge of the issue being assessed – in this case, the effects of torture and other forms of violence.

The assessment was conducted by faculty from Boston University with technical and logistic assistance from Amber Gray (a BU consultant) and the staff of URAMEL - a Haitian NGO. The assessment draws on methods tested in other under-resourced and fragile environments by BU. It involved two weeks of data collection and analysis carried out by 12 local persons whom BU and URAMEL staff trained and then supervised in the conduct of interviews focusing on the effects of violence and on normal functioning for local men and women. Interviewing was done by means of three qualitative methods used sequentially: Free listing, key informant interviews, and focus groups.

Free Listing

The study began with a free listing exercise in which respondents were asked to list all the problems currently facing people affected by violence. Respondents were direct victims of torture and/or other forms of violence and their families, as well as locally respected persons (community leaders, healers, and well known local people). Interviewers probed the respondents for as many problems as the latter could think of. For each problem interviewers recorded its name and a short description, in the exact words of the respondent.

At the end of the interview, interviewers reviewed the list for potential mental health or psychosocial problems, defined as problems referring to thinking, feeling or relationships. For each of these problems they asked the respondent for the names and contact information of local people who are knowledgeable about that problem, particularly persons who come from the local area (in contrast to professionals such as health care or social workers or ministers who work in areas but often come from elsewhere). This contact information, and the problem they were said to be knowledgeable about, was recorded separately from the interview.

At the end of the free listing, all the free lists were condensed into a single composite list (see Table 1). This list was reviewed by BU and URAMEL staff, and by staff from the USAID Haiti Mission. Six psychosocial problems were selected for further investigation in that they appeared to be frequent, severe, and modifiable using existing interventions. These problems formed the basis of the Key Informant Interviews (see below).

Three additional free lists were also asked of each respondent, enquiring in turn about the important day to day activities and tasks that men and women do to care for a) themselves; b) their families; and c) their communities. This information will be used in the future to generate locally appropriate quantitative instruments to assess function, as described above under 'Purpose of the Assessment'.

Key Informant Interviews

The six psychosocial problems selected from the free lists formed the basis for the Key Informant Interviewing. This is an in-depth method of interviewing used to explore issues emerging from the free lists in greater detail. Key informants were identified through: a) local leaders and respected people; b) the names and contact information provided by the free list respondents; c) some of the free list respondents were clearly highly knowledgeable and therefore were enlisted as key informants; and c) “snowball sampling” (i.e. referral by one key informant of another key informant).

Key informants were asked to tell all they know about each of the six problems, with particular reference to the nature of each problem, its causes, effects, what people did to address each problem, and what could be done. Follow-up interviews were sought from most key informants, to attempt to obtain as much information as possible.

Focus Groups

To further explore normal functioning among the local population, three focus groups were convened; one in each study site. Local authorities invited men and women to attend. Unlike the other methods, respondents were not necessarily persons affected by violence but rather ordinary people from the community. In each case they were asked to discuss the activities that men and women regularly do to take care of themselves, their families, and their communities.

Respondents

Respondents came from a poor section of Cap Haitian city, and from the nearby towns of Milot and Limbe. These sites are considered to provide a good sample of the diversity of the Cap Haitian region. A total of 41 individuals (male/females) participated in the free list interviews. A total of 39 individuals completed key informant interviews. Twenty seven key informants were interviewed on multiple occasions. Between 20-30 people attended each of the focus groups, both men and women.

Results

Table 1 in the appendix is a composite of all the free list interviews which sought to identify the problems resulting from violence. Tables 2-7 each contain a description of one of the six psychosocial problems identified in the free list interviews and explored in detail in the key informant interviews. The descriptions of the study findings below are based on the data from both the free

lists and the key informant interviews and (except where otherwise stated) are based on the data in these tables.

Normally in qualitative studies some themes emerge upon which most key informants agree, while on other themes there is broad disagreement. The Cap Haitian study results are unusual in that there is a remarkably coherent picture for all the themes explored by the qualitative interviews, particularly among the key informant interviews.

Nature of Violence in Cap Haitian

Respondents emphasized violence by the military and paramilitaries as part of recent political events (over the last 10 years or so). The military were frequently blamed for killing, beating, looting and raping among the local communities. More recently U.N. soldiers have also been blamed for similar events. Subsequent to the political upheavals economic deprivation has increased which has itself resulted in divisions among the community and increased crime and violence due to impoverishment. Economic stress within the family was also blamed for increased levels of domestic violence, although this issue was much less emphasized than violence by the military and political gangs.

Nature of Problems resulting from Torture and Other Forms of Violence

The most commonly mentioned problems resulting from violence were psychosocial issues. This is unusual compared with other violence-affected populations we have studied where economic problems are clearly the most salient issues. This may in part be due to the high level of fear and insecurity (which was easily the most frequent problem mentioned). Reviewing all the interviews, four basic but related themes emerged (table 1): 1) severe psychosocial distress, both as a direct result of the experience of violence and the indirect result of the other effects of violence; 2) ongoing fear and lack of security; 3) economic losses resulting from the violent events; 4) continuing inability to function, particularly inability to earn an income.

Table 1 does not include information derived from the short descriptions of each problem provided by the respondents. These provide additional explanation about the problems said to result from violence. A summary of these descriptions is provided below in bullet form:

- Victims of violence are subject to discrimination, such as not being able to rent apartments or get work. Others in the community mock or criticize them. Stigma is particularly severe for victims of sexual violence: family and society tend to reject them.
- People feel that violence can occur again at any time. Community members don't trust each other, resulting in divisions and fragmentation and loss of ability of the community to come together to address problems. Perpetrators continue to live openly in the communities, which contributes

to ongoing insecurity. People may leave their homes and sleep in the open or in the houses of others, or constantly move about in order to avoid further victimization. They may leave the area, resulting in the breakup of families. Because of insecurity and mistrust people no longer feel they can relax/be at ease in their neighborhoods.

- A common result of violence is the loss of possessions. This happens by various means. During violence homes and possessions may be destroyed or pillaged. Afterwards, when people abandon their homes and cannot take possessions with them, their homes are often robbed.
- Unemployment is common due to inability to function due both to physical and mental disorders, discrimination, and from being in hiding. Hence people are unable to provide for themselves or their families, or to replace their lost possessions.
- Victims of violence tend to become violent themselves, including domestic violence and victimizing others in the community.
- Humiliation results both from stigma as victims of violence and from victims' inability to care for themselves and family.

Nature of Psychosocial Problems Resulting from Violence

From the free list interviews nine major psychosocial problems were identified as the results of violence:

1. Fear
2. Startle / Loss of Self Control*
3. Sadness / Grief*
4. Continuing to suffer from reliving/re-experiencing past events*
5. Loss of dignity
6. Helplessness / discouragement
7. Problems in the head*
8. Deep suffering in the heart*
9. Thinking too much*

The nature (what they look like), causes, treatments and impacts of those problems marked with an asterisk are provided in tables 2-7, since these were the problems investigated in detail in the key informant interviews. In the case of Fear, this was discussed in terms of being afraid, with physical symptoms (such as trembling) being the result of real threats from people still in the area or who may return. Fear was also discussed in terms of being always watchful and easily startled by non threatening events such as barking dogs. Fear causes people to withdraw, not participate in the community or speak out. Loss of Control is a type of mental shock resulting from exposure to traumatic events and traumatic loss, or suddenly having too many problems to deal with so that you think too much. Symptoms occur immediately after the event and may also persist or recur with reminders of the event. Sadness is due to thinking about loss, both people and loss of a better living situation and resources. Hence grief is worse among those who remember when conditions in Haiti were better. Grief

is also severe for those who have children they cannot care for. Insecurity is a cause of grief.

While all nine of these problems were discussed and described as distinct entities, respondents also made it clear that most were closely related in terms of common causes (as the result of violence), their nature, their impact, and the measures people took to deal with them. The problems were also closely related in terms of frequent co-morbidity (occurring in the same person), and that each problem could be both a cause and a result of other problems: Loss of Self Control is a cause of Thinking Too Much, and vice versa. Sadness is a cause of both Deep Suffering and of Thinking Too Much, yet Thinking Too Much can cause Deep Suffering and Sadness, as do all the other problems. Continuing to Suffer is a result of Loss of Control and Sadness, both of which may in turn be followed by Continuing to Suffer. Loss of Control can cause Sadness as well as Deep Suffering. Thinking Too Much about the things you have lost can cause Loss of Control.

Overall, it appears that exposure to violence results in severe mental distress which manifests as Loss of Control. Those affected continue to remember and relive these events, which causes a syndrome of Continuing to Suffer as well as recurrences of Loss of Control. On the other hand, the losses (of loved ones, of resources, of jobs) resulting from violence result in the syndromes of Sadness and of Helplessness. Thinking Too Much appears to be the mechanism through which exposure to violence and the resulting losses lead to these syndromes.

A common theme of all the six problems investigated in the key informant interviews is that they tend to result in reduced function due to reduced capacity as well as “a lack of interest in anything/people don’t want to do anything”. Reduced capacity to function is a result of direct effects on the brain, as well as on other parts of the body, such as producing hypertension, diabetes and heart problems. These are worse (and there are more of them) in the elderly. These physical problems can result in death.

How People Currently Deal with Psychosocial Problems Resulting from Violence

Common ways of dealing with mental problems mentioned by respondents:

1. doctors and medicines (if the person can afford them)
2. traditional medicines
3. consult with friends
4. prayer and church.
5. distraction with other activities.

The qualitative data suggest that local people recognize in particular the need for psychological and clinical services but that many people cannot afford them. Respondents did not describe whether or not these services are in limited supply

for those who can pay for them. Also recognized is the need for activities by the community and individuals to distract people from their problems, and the need to talk with people about their problems and give them advice.

Although respondents referred to providing services for all the psychosocial conditions discussed, when it comes to Sadness, many said that it only be cured with the cooperation of the person, but even then some people say it is incurable: "Sorrow has no treatment."

Suggestions for External Programs to Address the Psychosocial Problems Resulting from Violence.

Focus on repairing communities

One approach that was frequently mentioned was to improve the ability of communities to collectively address psychosocial issues, both directly and by addressing related issues such as unemployment, lack of security, and lack of justice. In the past, communities were more united and people would assist each other. Currently there is a breakdown in the sense of community due to political divisions, poverty and insecurity. This results in fear of neighbors and a general lack of trust which in turn results in increased hardship (with every man for himself) and even in the abuse and marginalization of victims of violence. Some respondents noted that as people become poorer they also become more marginalized in society, making it difficult for them to recover, and that communities could address this problem if they were united.

Respondents were vague on recommendations of how to rebuild communities. Only two approaches were mentioned:

- Mistrust and fragmentation within communities have resulted in reduced communication, which further reduces the sense of cohesion and ability to respond to problems. Interventions could aim at improving communication among factions and groups.
- A related issue was addressing the breakdown of friendships and of families which have resulted from political and economic problems. Intervening to improve social interactions and providing assistance to families directly could help to rebuild communities.

Recommendations

The mission requested that BU draw implications from the findings and provide recommendations on programming that would address the needs identified in the first qualitative assessment in Cap Haitian.

1. Design and implement a program of interventions to address, among people living in the Cap Haitian area, ALL six psychosocial issues identified in this study.

The qualitative study identified six major locally described psychosocial problems that result from torture and other forms of violence. Normally programs would not be able to address so many separate problems and a choice would have to be made. However, the descriptions of these problems emerging from the study make it clear that they are closely linked, not only in terms of cause but also in terms of symptoms, effects, and what people do to address them. The data suggest that most victims of violence have many of these problems, and some may have all of them. Given the relationships and similarities between these problems, and what is known from treating similar problems in the United States and elsewhere, it is feasible to propose a program consisting of multiple interventions to address all of these problems in this population.

2. Programs should include interventions that directly address the psychosocial effects of violence identified in the qualitative study. These should be interventions with evidence of effectiveness among other populations, and which are likely to be acceptable to the population of Cap Haitian.

Trauma-based counseling should be among the therapies to be considered for inclusion in this program, since this has been proven effective elsewhere among similarly affected populations. Mental health professionals experienced in these methods should be consulted in designing the program specifics, and so these specifics are not discussed here. However, it is possible to make some general implementation recommendations, based on the study findings and on general trauma treatment principles:

- The interventions should be ‘trauma-based’, meaning that they address all six of the psychosocial issues resulting from violence. These could include interventions which initially emphasize stabilization and rebuilding trust, followed by processing traumatic memories and reconnecting socially, relationally and functionally. The somatic symptoms and group-based activities described in the qualitative study suggest that somatic or creative based therapies may also be appropriate. Current neuropsychological and psychiatric research supports the use of somatic and non-verbal therapies in the recovery process from severe trauma and these are particularly suited to cross-cultural use.
- Where possible, the interventions should be provided in a group format, to increase the numbers of affected persons who can be reached with limited resources. The repeated mention of group approaches in the qualitative study suggests that such approaches are locally feasible and acceptable. The group approach could be used to deliver a variety of interventions, such as trauma-based counseling (above) combined with stress reduction and problem solving. However, developing and using a group approach

requires special expertise and adaptation to the problems of those affected by violence, and the provision of individual counseling as required to deal with specific torture and violence-related issues not suitable for a group format. Developing group and individual interventions, and deciding where and for whom they can be used, is the responsibility of the mental health professionals mentioned above.

- Groups should be formed of members with similar exposure to violence in terms of type of violence and severity, in order to avoid distressing individual members. For similar reasons, recounting of traumatic experiences should be controlled and limited by the facilitators. It may also be necessary to screen potential participants on the basis of family and community affiliations, given the issues of community fragmentation and mistrust.
- Each group should have 2-3 facilitators, to enable individual counseling (when required) to be done in concert with group counseling.

3. Depending on resources, programs may also address issues exacerbating the psychosocial effects of violence, such as ongoing insecurity and mistrust, stigmatization of victims of violence, medical problems, economic deprivation, and lack of distractions.

Psychosocial issues are not only the results of violence, but are exacerbated by an ongoing lack of security and threat of violence, stigmatization and mistrust of victims of violence, and ongoing problems related to poverty and unemployment. Respondents in the qualitative study also frequently mentioned a lack of activities to distract them from their problems. Although psychosocial interventions alone are likely to be helpful, combining them with measures to address as many of these other issues as possible is likely to have a much greater impact on psychosocial problems.

The application of principles from conflict resolution, community building and peace building models may form a useful basis for community wide interventions to reduce mistrust and restore community cohesion. Community education could help to reduce the stigmatization, mistrust and mistreatment of victims of violence. Ongoing insecurity is a major issue for respondents to the qualitative study. Interventions aimed at rebuilding community cohesion would be helpful to reduce fear, and to enable the community to work together to restore security.

Activities that provide distraction are also important, and respondents emphasized social or cultural activities as being the most effective in this regard. These could be supported on a community-wide scale, or at the level of the treatment group. Activities could also include skills training, such as vocational skills where appropriate.

4. Interventions should be community-based and implemented through existing local organizations and NGOs.

Delivering many of the counseling interventions described above requires trained mental health workers. Although Haiti is a low resource country, there do exist a small number of well trained medical, auxiliary and lay professionals who can competently deal with psychosocial problems, including some organizations in Port au Prince and Cap Haitian with mental health expertise. However, utilizing their services to directly assist people cannot begin to address the level of need which our study suggests exists. Instead, these professionals should focus on providing training and building capacity among trusted community organizations and NGOs. Such organizations may include the extensive Haitian human rights community, grass roots and community based organizations. These groups could then adapt these services according to local culture, tradition and available resources, provide them in conjunction with their other services, provide them more cheaply, and reach many more people.

Local organizations should also implement non-counseling interventions, such as activities to support communities, promote social interaction and cohesion, and provide constructive distraction and skills building. These interventions are particularly suited to organizations without psychosocial treatment capacity. Skills based groups can be readily integrated into existing community groups, such as peasant associations and women's groups. The skills can be vocational (where this is appropriate) or otherwise related to economic activities as well as related to more general problem-solving. They could also be combined with simple psychosocial skills such as stress reduction, programs of psychosocial education to help survivors understand their problems and help restore an appropriate sense of safety, and skills related to improving family life. Groups based on problem-solving skills might use their skills in a meeting format to discuss what they and the community can do about related issues such as security, socio-economic and justice-related issues. This could lay a basis for community-based interventions to address these problems

5. Programs should be monitored and the impacts on their target populations evaluated.

Most psychosocial interventions were developed in Western countries and few have been tested in other cultures. Therefore, although it is reasonable to employ interventions found effective in the West (since they are supported by evidence from at least one culture), it cannot be assumed that they are as effective elsewhere. Similarly, Western interventions may appear to be appropriate and feasible for use in other countries, but may prove not to be so when actually implemented. For these reasons, any programs addressing psychosocial issues in Cap Haitian (and elsewhere in Haiti) should undergo monitoring (to determine if they are implemented as planned) and evaluation (to determine their impact). Monitoring should be done using process indicators designed on the basis of the interventions. These indicators monitor the different phases and elements of the intervention, to detect implementation problems as they arise. Evaluation is based on individual assessments of the severity of psychosocial problems, usually by means of a questionnaire and as part of a needs assessment. Persons who

have a significant problem are then recruited into interventions. Post-intervention they are reassessed using the same questionnaire, and impact determined by comparing pre and post-intervention measures.

Qualitative assessments, like that described here, are not only intended to provide a basis for selecting problems to address and designing interventions. They also provide important data for designing both indicators and designing the questionnaires used in needs and impact assessment. Faculty at BU have developed such a process of Design, Monitoring and Evaluation which is available on request.

6. Similar qualitative studies should be conducted elsewhere in Haiti, to determine the local impact of violence and the extent to which it differs from the results for Cap Haitian. A similar process of program development, monitoring and evaluation to that proposed above should also be implemented in each site.

At this time this report should be considered relevant to the Cap Haitian region only. For other regions of Haiti, where the local culture and situation are different, the findings and recommendations contained in this report may not reflect the local situation. Studies like this, and an ongoing process of project design, monitoring and evaluation as outlined here, should be initiated in those areas considered to be significantly different from the Cap Haitian area. 'Significantly' different is a judgment as to whether differences between regions in Haiti are likely to affect the local situation with respect to the problems associated with torture and other forms of violence and what are appropriate interventions.

Appendix: Tables of Results

Table 1: Summary of all problem free list items mentioned at least once.

Primary Free List Question: What are all the problems affecting local people that have resulted from torture and other forms of violence?

Problem	Number of respondents who mentioned problem
People are constantly afraid	29
Hidden Violence	13
People are sick; they have sickness	12
*Loss of self-control, "startle takes them"	11
Mental trouble; mental instability	10
People leave their houses	10
Many people died	9
*Sadness; pain	8
People lose their stuff	8
*People continue to suffer mentally from past/relive event	8
People lose their dignity	8
Helplessness/ unable to respond	7
Economic problem	7
People are in misery	6
Pain in body	6
Families suffer because they are hungry	5
Houses of people are destroyed	5
People are discouraged	5
Unemployment	5
*Problems in the head; unable to focus/concentrate	5
Women are raped	5
People can't work	4
Thieves take animals	4
Families are divided	4
Health	4
People don't feel comfortable	4
People are victims of all kind of violence	4
Lack of security	4
People lose their heads; unable to focus/concentrate	4
People are hit by others	4
People are shot	3
Children cannot go to school	3
Economically people have regressed	3
Lack of justice	3
People are unable to sleep	3
Beds were destroyed	3

People were victims of illegal treatment	3
People suffer because they don't have care	2
Children have left/lost	2
Businesses are destroyed	2
Lives are in danger	2

* Included among the 6 problems explored in the subsequent key informant interviews. The remaining two problems were mentioned in the short descriptions free list informants gave for each problem.

Table 2: Problem – “Continuing to suffer from past events/reliving past events”

Symptoms	# respondents
Pondering, deep thinking, reliving events	19
Body pain	10
Losing weight	9
Restlessness	8
Head hurts, very emotional	8
Traces of violence on the body that do not heal	6
Discouraged/lost hope	5
Always afraid	5
No one to talk to, feelings of loneliness	5
Cannot sleep	4
Living without hope/resigned to their fate	4
Losing appetite	4
People become paralyzed	4
Crying all the time	3
Don't feel well, feel ashamed	3
The pain is too much to bear	2
Can't see well from crying all the time	2
Lose strength, courage	2
Stay inside/afraid to go out	2
Talk a lot because can't solve problems	1
People are not themselves	1
Diarrhea/lose of control of bowels	1
Turn white/color change due to emotional trauma	1
Suffering because they are not in their home	1
Unable to think straight/feeling lost	1
Can become violent	1
Always want to have someone around them	1
Cause	# respondents
Have no work	9
Lost all worldly possessions	9

Either economic or moral	8
Have no food	6
Have no means to provide for children	6
Sense of lack of justice, particularly if perpetrators still around	4
Grief	4
The cause of suffering is constantly on their mind	4
People become beggars	4
Lack of support/persecution from the community	3
Leave home/hide/ to escape perpetrators	3
Loss of others, especially due to violence	1
Unhappy with how country is going	1
Treatment	# respondents
Go to the doctor	7
Confide to other people	5
Traditional medicine (leaves) because afraid/can't afford doctor	4
Go to church	3
Try to find ways to protect themselves from perpetrators	3
Try not to think about their situation	2
Use drugs mostly weed	2
Try to get justice in order to feel better	2
Try to find solution to the causes of suffering	1
Try and go to have a good time/distraction	1
Take sleeping pills	1
Others counsel that they are not the only ones in this situation	1
Effects	# respondents
If they don't get out of depression, they are dead	6
They do bad things like stealing	4
They cannot heal	2
People become crazy	2

Table 3: Problem – “Deep suffering/ “the pain is so strong the person feels that his/her heart is hurting”

Symptoms	# respondents
Heartache/sadness	37
Unhappy/feeling very sad deep inside your heart	28
Unhappy feeling/sadness	27
When the person is startled, sensation of fast heart beat	13
Afraid/scared	7
Sensation of heart stopping and/or heart attack	6

Unable to eat/lost appetite	6
Unable to breath/shortness of breath	5
Want to die	5
Unable to sleep	3
Confined to bed all day long	1
Causes	# respondents
Can be result of own problems or empathy for others	8
Lack of justice	8
Too many problems at once	7
Treatment	# respondents
Prayer	1
Resign yourself to situation	1
Effects	# respondents
Become sick	27

Table 4: Problem “They are worn out from pondering so much on their problems/Thinking too much”

Symptoms	# respondents
Unable to sleep	17
Physical appearance shows pain	17
Deep reflection which makes the person sad (chin on palm)	16
Lose weight	12
Lose appetite	12
Absent minded/memory loss	10
Mental recurrence/reliving the event	10
Feel misery/suffering	8
Sadness	7
Withdraw from others	6
Change of behavior/illicit pleasure to relieve suffering	5
Feeling mentally shocked	5
Feeling discouraged/no hope	5
Unable to do what he/she used to do	4
Pounding headache	4
Hungry	4
Can become aggressive	3
Don't hear things because they are preoccupied in thought	3
Unbalanced in the mind	3
Unable to cope with all their problems	3
Talk to themselves	2

Cannot stop crying	2
Start drinking a lot	2
Feel uncomfortable with themselves	2
Unable to focus/unable to think	2
Feel afraid	2
Feel stressed	2
Feel there is no reason to live	2
Start smoking (weed)	2
Feel fatigued	2
Behavior changes completely/non longer themselves	2
They talk a lot	1
Don't talk	1
Nightmares	1
Thinking and waiting for God	1
Feel dizzy	1
Paralyzed/unable to move and or to react	1
Unable to learn	1
Worried/overprotective of their children	2
Not in good health	1
Because of insecurity always listening to the news on the radio	1
Startle easily	1
Causes	# respondents
Sickness	14
Loss of all belongings	4
Death in the family	3
Economic situation	3
Political situation/parties make life difficult and cause divisions	3
Lot of problems	2
Debt	1
Unemployment	1
Too much happening at the same time	1
Environmental problems	1
Rape	1
Effects	# respondents
People become crazy	7
People can die	4
Some people leave the area or the country	1
Unable to send the children to school	1
Hypertension	1
Diabetes	1
Treatment	# respondents
Take medicines (including for sleep)	5

Some people give them advice	5
Pray	4
Go to the hospital/doctor	4
Start taking drugs	3
Drink traditional teas	2
Gather with friends to talk, discuss problems, find solution	2
Drink salted water	1
They leave their environment in order to find work	1
Try to forget the problems and accept them	1
Form social action groups to help	1
Financial aid	1
Seek justice	1

Table 5: Problem – “They are startled by the sudden shock/loss of control/shock in the head.”

Symptoms	# respondents
Startle easily and feel anxious	30
Goose flesh*	15
Trembling*	14
High blood pressure	13
Palpitations*	12
Diarrhea/loses control of bowels*	10
Lose self-control*	10
Heartache	9
Constant migraine	8
Sensation that the heart stops or of a heart attack*	8
Become paralyzed/unable to move*	7
Unable to speak	7
Talk nonsense	7
Frightened	6
Lose all your good sense	5
Cry	5
Feel miserable	4
Unable to focus/unable to function	4
Fever	4
Loss of consciousness/fainting	4
Urinate on themselves*	4
Stomachache*	3
Loss of her hair/hair goes white	3
Looking in the person’s face, you can see they have problems	3
May become violent	3
Loses weight	3

Feels sick inside	3
Not normal	3
Running away/trying to hide*	3
Person feels they have been mentally or morally attacked	3
Goes white (under the shock, blood doesn't circulate)*	3
Looks at people straight in the eyes/staring at people	2
If the person was menstruating the blood stops	2
Become very emotional	2
Always sad	2
Behavior changes	2
Confined to bed	2
Keeps on shaking their head	2
Very shy/withdrawn/ doesn't leave house	2
Cannot focus	2
The person is thinking, pondering event/cannot stop thinking of it	2
Wants to commit suicide	2
He/she does not walk/stand well, does not have balance	2
The person can be infected/can transmit infected disease	1
Becomes sour	1
Falls down and hurts themselves	1
Cannot find her/his house	1
Puts hands on their head (a sign of hopelessness)	1
Out of breath	1
The person feels that he/she has no rights	1
The person thinks negatively	1
Voice changes/trembles under the stress	1
Dancing without music	1
Some go into hiding	1
Lost in thought and so does not recognize person in front of her	1
Some want to give themselves justice	1
Loss of appetite	1
Talking in their sleep	1
Unable to open their eyes	1
Always exhausted/fatigued	1
Anemia	1
He/she cannot learn at school	1
Vomiting from stress	1
Feels dizzy	1
Stands with the mouth open	1
Sometimes he/she is hot, sometimes cold	1
Jumpy	1
The shock/pain is so strong, person feels eyes coming out of sockets	1
The person cannot sleep	1
* INCLUDED UNDER ACUTE LOSS OF CONTROL SYMPTOMS.	

Causes	# respondents
The person is startled/it is not something	17
Physical trauma to the head	15
Loss of all belongings	4
The person is traumatized	3
The result of a violent act	3
If due to sexual violence, the person suffers even more	1
Person has lack of physical and moral support	1
Accidents	1
Suffers more because he/she is ashamed	1
Because the person is stressed	1
Treatment	# respondents
The person gets some tea leaves	18
Go to see a doctor	16
Some take medicines	5
Drink some cold water	4
Find friends to confide in	3
Drink some black coffee with salt	3
Bath with medicinal plants/leaves	3
Keep the body warm	1
Drink salted water (for loss of self control)	1
See a 'mathron'	1
Try to accept situation	1
Put coffee powder on head (Traditional remedy for sudden shock)	1
Effects	# respondents
People die	15
The person can become crazy	9
The person becomes diabetic	8
If person just gave birth, sudden shock can affect them and child	4
Others jeer at person, making person crazy	

Table 6: Problem – “Problems in the head/mental problems”

Symptoms	# respondents
He/she acts like a crazy person	37
He/she can lose all control	22
They have headaches/migraines	14
He/she speaks a lot	7
That makes them lose memory	7
He/she is sometimes distracted	6
They cannot sleep	3

He/she is easily upset/mad/furious	2
They become mute/speechless	2
Some people hear noises	2
Some people stay at home	2
People can feel like committing suicide	2
Eye problems	2
Some people are paralyzed/handicapped	2
Some people lost consciousness/they fainted	2
They think a lot	2
Some people have seizure	1
Start taking drugs (weed)	1
Some drink alcohol	1
Some people cannot concentrate	1
Headaches cause infection	1
The person is skinny	1
It makes them dizzy	1
Treatments	# respondents
They go to a doctor	17
Some people took medicines	6
Drink and/or take traditional medicine	5
Some people went to church to treat it	2
Some people look for distractions	1
Effects	# respondents
Some people died	1
As a result, the person does immoral acts (can become a prostitute, can sleep, no restraint in sexual behavior)	1

Table 7: Problem – “Sadness”

Symptoms	# respondents
Sadness causes them to drink alcohol	20
Thinks a lot, with hand on chin	19
Because of sadness the person becomes thin	17
The person cries all the time	17
Sadness causes the person to take drugs	15
Cannot eat	13
Sadness makes people sick/take to their bed	10
The person is unstable/unbalanced/cannot think straight	10
Food does not taste good/unable to eat	9
Cannot sleep	7
The person is scared	7

The person's face lost its freshness	4
Lack of interest in activities	4
Because of sadness the person stays alone	3
Lack hope	2
Sadness causes the person to talk a lot	1
The person is impatient	1
Person may want to kill themselves	1
Stomach acid	1
Causes	# respondents
The person is stressed	16
The person is victim of violence	8
Humiliation causes sadness	6
The person lost all his/her possessions	6
The person does not have means to live/economic problems	6
They cannot take care of their children	5
Lack of justice	1
Happens when the person loses a family member	1
Treatments	# respondents
Sadness cannot be cured by others.	10
Treatment requires cooperation/interest of victim	6
Sing, talk to others, or any other ways to distract from problem	6
Prayer	4
Community can help by providing entertainment and distraction.	1
Need to let go and accept that the event happened	1
Effects	# respondents
Sadness causes death	12
Sadness can make the person crazy	7