

Addressing impunity for gender-based violence among displaced communities in Haiti:

Final Report

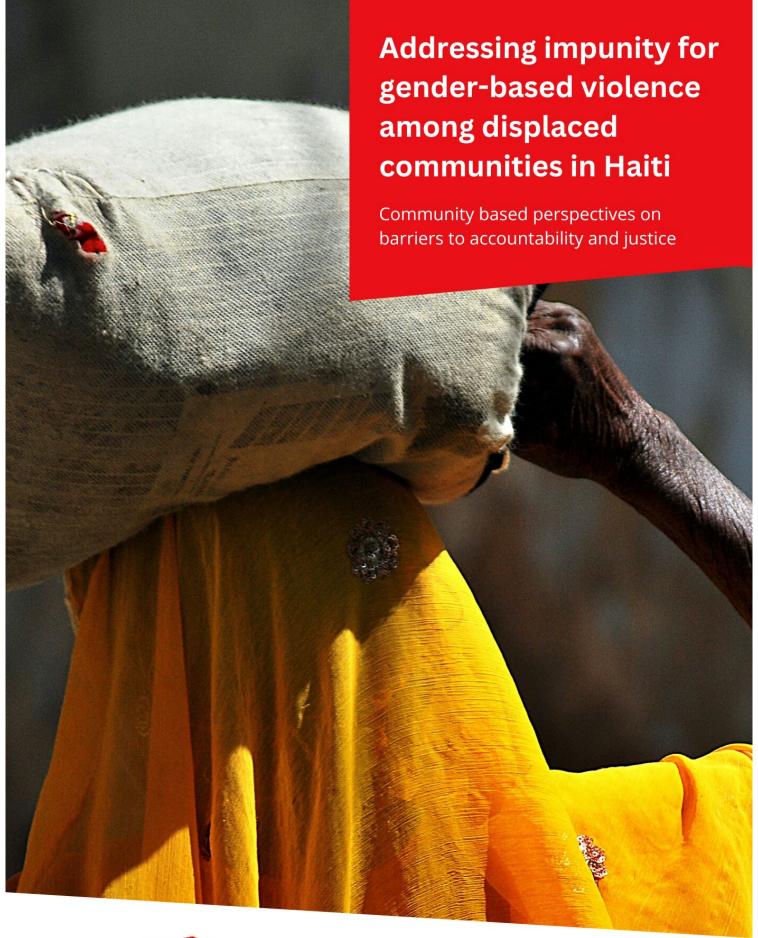
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Addressing impunity for gender-based violence among displaced communities in Haiti

Community perspectives on barriers to accountability and justice

March 2023





2 Addressing impunity for gender-based violence among displaced communities in Haiti: Community perspectives on barriers to accountability and justice

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List of acronyms

AFASDA Association Femmes Soleil d'Haiti

CALDSH Cabinet d'Avocat spécialisé en Litige Stratégique de

Droits Humains en Haiti

CASECs Conseil d'Administration de la Section Communale

CNAL National Council for Legal Assistance

CSO Civil Society Organization

CSPJ Conseil Supérieur du Pouvoir Judiciaire

DGPC Direction General de la Protection Civile

EU **European Union**

FGD Focus Group Discussions

GARR Groupe d'Appui aux Rapatriés et Refugiés

GBV Gender Based Violence

HRW Human Rights Watch

HTG Haitian Gourde

IDP Internally Displaced Persons

IEC Information, Education and Communication

JJDH Institute for Justice and Democracy in Haiti

INGO International Non-Governmental Organization

IOM International Organization for Migration

LAC Latin America and Caribbean

LACLEARN Latin America and Caribbean Learning and Rapid

Response

Lesbian, Gay, Bisexual, Transgender, Queer and LGBTQI+

Intersex

MCFDF Ministry of Women's Conditions and Women's Rights

MEF Ministry of Economy and Finance

MOUFHED Mouvement de Femmes Haïtiennes pour l'Education

et le Développement

MPCE Ministry of Planning and External Cooperation

ORAH Organization Arc-En-Ciel Haiti

PNH Police Nationale d'Haiti

REFKAD Rezo Fanm Kapab Dayiti

8 Addressing impunity for gender-based violence among displaced communities in Haiti: Community perspectives on barriers to accountability and justice

SJM Service Jésuites Aux Migrants

SOFA Solidarite Fanm Ayisyèn

UN United Nations

UNICEF United Nations Children's Fund

USAID United States Agency for International

Development

Executive summary

This study is informed by and shares objectives with the Latin America and the Caribbean Women Learning and Rapid Response (LACLEARN) task order's broader regional study of gender-based violence (GBV) impunity.

The research focused on the dynamics of GBV impunity among displaced communities in Haiti and utilised a qualitative approach of in-depth interviews and focus group discussions. The design was co-creative and guided by a hybrid ethics panel.

The study reveals several barriers that GBV survivors from displaced communities face in accessing justice and accountability. The study also highlights the GBV impunity experiences within the broader Haitian context. Based on these findings, the report proposes a list of actions and mechanisms that can promote accountability and reduce GBV impunity.

The study reveals several key findings, including:

- Patriarchal gender norms are a pervasive cause of GBV and GBV impunity.
- Perpetrators with political connections and high social status make it harder for survivors to report assaults.
- Survivors of GBV perpetrated by armed gangs often fear for their safety and feel discouraged from filing a case.
- GBV survivors lack awareness of the steps needed to seek justice and find the justiceseeking process 'confusing' and 'difficult'.
- Obtaining a medical certificate, a crucial piece of evidence, is often difficult for structural reasons, and there are concerns about the nature of evidence captured in it.
- Accessing justice is expensive and often beyond the means of GBV survivors and their families, particularly those from displaced communities.
- Police services for GBV survivors are not gender responsive and survivor-centred.

- GBV survivors find the judicial system 'slow' and 'negligent' which discourages them.
- Existing Haitian legislation has multiple loopholes that foster GBV-related impunity.
- Political instability compounds the issue of addressing gaps in the institution as laws are enacted slowly, often guaranteeing impunity for perpetrators, such as gang leaders who control access to the police and the judiciary, leaving survivors powerless.
- The Ministry of Women's Conditions and Women's Rights (MCFDF) is under-resourced and therefore struggles to implement key responses such as the National Action Plan.

The study proposes two types of recommendations: a set of general recommendations that speak to the context, and a set of recommendations specific to United States Agency for International Development (USAID). This section highlights the latter set of recommendations, while the full set of recommendations can be found in section 5. These recommendations are:

- Encourage, support and resource advocacy efforts aimed at the Haitian government to initiate programmes/structures for welcoming women from displaced communities.
- Support and resource intersectional research and learning activities on GBV and GBV impunity.
- Support the development of Information, Education and Communication (IEC) materials in a language accessible to displaced communities.
- Encourage and resource organizations to focus their services on GBV survivors from displaced communities.
- Support civil society initiatives aimed at raising awareness of the situation of GBV survivors from displaced communities in their search for justice.

- Support Christian Aid and its partners (Neges Mawon, SOFA, MOUFHED and AFASDA) in implementing a GBV project designed based on the results of this research.
- Explore investment in economic recovery assistance, as well as technical and vocational training programmes for displaced women, Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) members, and women living with disabilities. This includes funds for completing educational degrees or certificates for members of these groups who left school early or who have limited job skills training are needed.
- Explore opportunities for collaboration with MCFDF on effective implementation of the National Plan to Combat Violence Against Women and Girls.
- Explore supporting and resourcing civil society to: 1) lead advocacy efforts on effective implementation of the national plan and on legal reforms needed to address GBV impunity;
 2) provide trainings for health service personnel, police personnel, community leaders and religious leaders, 3) raise awareness in communities on GBV impunity and the justice- seeking process, among other things.
- Explore the provision of resources to hospitals and health centres so that they have quality equipment to examine GBV survivors.
- Explore supporting initiatives that are likely to facilitate political stability in Haiti, as policy and legal reforms are difficult in the current situation.
- Explore support for multi-stakeholder consultations on GBV units, focused on determining what resources and capacities are needed for establishing GBV units that are survivor-centred.
- Explore supporting initiatives aimed at developing a national database on GBV.

- Explore providing resources to civil society organizations that implement projects/ /programmes that provide legal support to GBV survivors during the justice seeking process.
- Explore funding survivor designed shelters for GBV survivors.
- Identify and fund civil society organizations that implement GBV prevention programmes and support prevention programmes over the medium and long term to address the funding and program gaps in GBV primary prevention.
- Fund community groups, schools, churches, and other youth focused services to engage young people on issues relating to gender equality. USAID, in collaboration with the Ministry of Women's Conditions and Women's Rights (MCDF) could launch a campaign similar to the successful MCDF campaign initiated in 2008, which encouraged women and girls to seek medical help within 72 hours, request a medical certificate, and break the silence by reporting the abuse to the police.

Based on the findings, the overall recommendation is for USAID to support system-wide responses to curb GBV impunity, especially targeting legal and policy domains. The findings also underscore the importance of the interventions by civil society organisations, therefore, we encourage the provision of resource support to these organisations.

1.0 Background to the Study

Gender Based Violence (GBV) in Haiti is one of the biggest challenges to protecting gender rights. Although men and boys may also experience violence due to their marginality or sexual identity, women and girls are more disproportionately affected. Kang (2011) refers to violence against women as a 'hidden epidemic'. To further worsen the situation, survivors face multiple barriers when seeking justice, making it difficult to evince a judicial response (see figure 1).

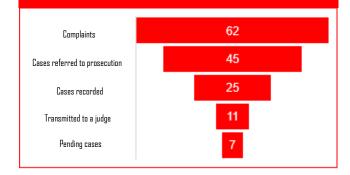
The Latin America and Caribbean Learning and Rapid Response (LACLEARN) contributes to improving USAID's Democracy, Human Rights, and Governance work in the LAC region through stateof-the-art gender-informed analytical work, assessments, research, and special studies, as well as results management support and training that contributes to sector learning in the region, building an evidence base for effective programming. The LACLEARN Task Order is funded by the United States Agency for International Development (USAID) under the Analytical Services IV Indefinite Delivery/Indefinite Quantity contract, managed by the Latin America and Caribbean (LAC) Bureau's Office for Regional Sustainable Development

LACLEARN commissioned this in-depth study to inform their approach to addressing impunity related to GBV in Haiti, particularly for internally displaced persons. This study is informed by and shares objectives with LACLEARN task order's broader regional study of GBV impunity, a series focusing on the Latin American and Caribbean (LAC) region and aims to investigate structural barriers, enabling contexts, and social norms that perpetuate or challenge impunity for GBV through multiple country case studies and regional synthesis. The series is led by NORC at the University of Chicago, with support from partners, Making Cents International and Development Professionals Inc.

Figure 1: The data shows that survivors find it hard to evince a judicial response

Figures from a 2012 study shows that of 62 complaints of rape, only 72.5% were referred for prosecution, and the percentage consistently declined as cases moved along the justice seeking system, with only 17.7% of cases transmitted to a judge. Yet, 63.6% of the cases transmitted to a judge remained pending, almost two years after the complaints were filed.

(MINUSTAH, 2022).



The "Gender-based violence (GBV) Impunity Regional Study" employs a case study methodology that allows for a deep dive into specific types of GBV and impunity in different contexts. This allows for an in-depth exploration of a certain form or experience of GBV and highlights the barriers to justice as experienced by a specific vulnerable population.

This particular study focuses on Internally Displaced Persons, highlighting the barriers to justice experienced by this specific vulnerable population. The key tasks of this study are:

- Providing community-informed recommendations about the actions and mechanisms that need to be designed and/or strengthened to reduce GBV impunity and overcome the barriers faced by GBV survivors when seeking justice and accountability.
- Building an evidence-based approach to addressing GBV impunity that can be used by USAID and Christian Aid.

1.1 Definitions of GBV and Impunity

1.1.1 GBV

There is no formal definition of GBV in the Haitian context. Therefore, the study is guided by international definitions. The study defines GBV based on the European Council's definition:

'Gender-based violence means any type of harmful act perpetrated against a person or group of people because of their real or perceived sex, gender, sexual orientation and/or gender identity, real or perceived.' 1

We used the European Council's definition in this case because the Inter-American Convention and the CEDEF definitions do not include LGBTQI+ groups. We found that the European Council definition had the particular intersectionality that was suitable for this study. While the UN definition is broad ranging, it is not as explicit in terms of intersectionality as the European Council's definition.

Moreover, the European Council's definition aligns well with the definition provided by the United States Strategy to Prevent and Respond to Gender-Based Violence Globally 2022. This strategy defines GBV as:

'Gender-based violence is any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity or expression, sex characteristics, sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity. Although individuals of all gender identities may experience gender-based violence, women, girls, and gender non-conforming individuals face a disproportionate risk of gender-based violence across every context due to their unequal status in society.'

1.1.2 Impunity

In various fora, discussions on impunity provide a simple definition and scope for this term.

According to Lorca (2022), impunity is a failure to ensure equality before the law. However, our analysis of documents from different policy frameworks and academic articles shows that there are long discussions on the scope of what impunity is (UN 2005, Moyn et al 2016, Unger 2022). Despite the differences in scope, these discussions agree that impunity takes on dimensions that are both within and without legal definitions. Impunity refers to a lack of accountability within formal institutions, as well as systemic issues that resist accountability.

The European Parliament, at its 3426th meeting, notes that impunity is the impossibility of bringing perpetrators to account. It is the opposite of accountability (EU's support to transitional justice, 2015). In the context of this study, this refers to the fact that the normalization of GBV has led to informal societal acceptance of such violence, resulting in a lack of accountability across and within sectors where a survivor may seek justice. These sectors may include health systems, the judiciary, the survivor's community, legal aid, government-related welfare schemes, and law enforcement.

Therefore, this study conceptualizes "impunity" both within and beyond legal definitions and addresses both formal institutional and structural lack of accountability for GBV, as well as informal societal acceptance and normalization of such violence.

2.0 Research Questions

The following table details the research questions used for the empirical research.

Table 1: Research questions and sub-questions

Research Questions	Sub-Questions	
RQ1: What are the causes of GBV impunity among displaced communities in Haiti?	SQ1.1: What do displaced communities perceive as the causes of GBV impunity?	
	SQ1.2: To what extent do socio-cultural norms contribute to GBV impunity?	
	SQ1.3: What are the critical gaps in the policy and legal environment which contribute to GBV impunity?	
RQ2: What barriers to accountability and justice do GBV survivors in displaced communities face?	SQ1.1: What do displaced communities perceive as the barriers to accessing justice and accountability for GBV survivors?	
	SQ2.2: How do displaced communities interact and experience the justice system?	
	SQ2.3: What factors motivate the decisions of GBV survivors in displaced communities to interact with the justice system or not?	
RQ 3: How can accountability for GBV among displaced communities in Haiti be improved?	SQ3.1: How do displaced communities interpret accountability and justice for GBV?	
	SQ3.2: What actions and mechanisms do displaced communities perceive could promote accountability and reduce GBV impunity?	
	SQ3.3 How do displaced communities perceive the role of duty bearers (such as representatives from the Citizen Protection Office and relevant government representatives in the Ministry of Health, the Ministry of Women's Rights and the Ministry of Justice among others) in strengthening the justice and accountability seeking process?	
	SQ3.4 How do displaced communities perceive the role of community leaders, collectives, and civil society organizations in strengthening accountability and access to justice for GBV survivors?	

3.0 Methodology

The research methodology of this study is qualitative and includes the following steps:

3.1 Ethics and Co-Design

The methodology involved co-designing the research using hybrid research teams and an ethics panel comprising academics and development practitioners. This approach ensures that the research is contextually appropriate and can have a greater impact (Bollaert et al, 2022). We used the co-creation approach to develop the research questions, identify research strategies, the sample group, the research sites, and the relevant stakeholder groups. We also used this approach to develop the ethical dimension of the study, particularly the ethics risk assessment tool.

A hybrid ethics panel reviewed the research tools, ethics protocol, participant information sheet, and data management plan, providing the role of a critical friend. A critical friend is someone who can ask difficult questions using critical thinking to evaluate a situation. The panel provided ethical leadership and ensured the research was appropriate to the context, critical to enhancing the impact of the research. The composition of the panel is shown in the figure on the right. An overview of the ethics protocol and mitigation strategies implemented can be found in Appendix 1: Ethics Risk Assessment.

3.2 Desk review

During the inception period, we conducted a desk review of the extant literature.

Figure 2: Secondary data selection



Figure 2 shows the sources consulted, key words used, and inclusion criteria. The review included studies that have looked at the impact of the 2010 earthquake, as well as the 2016 Hurricane events that intensified the prevalence of internally displaced persons.

It is important to note that the lack of a national database that collects information on sexual violence and GBV meant that much of the desk-based data review relied on external reports such as those from academics or those produced by organisations such as Amnesty or the United Nations.

Please refer to section 4.1 for the findings from the desk review.

Figure 3: Composition of the hybrid ethics panel

Hybrid Ethics Panel:

- √ 1 GBV survivor from the community
- ✓ 1 person living with disability from the community
- √ 1 policy advisor on GBV at the MCFDF
- √ 1 civil society representative
- ✓ 1 academic
- √ 1 GBV specialist

3.3 Primary data collection

The research team conducted focus group discussions (FGDs) and semi-structured interviews at the research sites to respond to the research questions. Three broadly understood groups of displaced persons exist in Haiti: those displaced from the border in the North, those displaced from violence in the West, and those displaced due to extreme weather events in the South. Originally, the plan was to speak with these groups as they were situated, but the research team found that these communities were significantly dispersed. In Haiti, there are no structured and organized settlement camps, as the Haitian government discourages their creation and urges displaced persons to live with a relative or friend while

maintaining awareness of where aid will be distributed from². Due to this, the team was only able to speak to persons who were responsible for displaced community groups. Persons who were or are displaced are also no longer always living in groups or in camps but are living individually in metropolitan and other city areas3. Moreover, organisations and institutions working with GBV survivors do not have gender segregated data on GBV survivors from displaced communities. GBV survivors among displaced communities had to be located through activist organisations working on GBV, such as Mouvement de Femmes Haïtiennes pour l'Education et le Développement (MOUFHED), or through prior knowledge that someone is displaced.

As a result, the data collection method was revised, and purposive and snowball sampling methods were used.

Research participants fell into three broad categories: members of communities (host and displaced communities) in Haiti, service providers, and representatives of the judicial system. The research team believed that the responses from these respondent groups would be aligned with the research questions and these respondent groups had knowledge of the context and the theme of the research.

Data collection was done until saturation was reached, and the team conducted nineteen focus group discussions and 32 semi-structured and directive interviews with adults (18+ years). The research was carried out in the West, the South, the Grand Anse, and the North-East.

Survivors were contacted through three pathways: via the focal points of MOUFHED in the target regions of the survey, through shelters of centres for displaced persons, and through associations fighting against GBV which also helped with identifying survivors. Once a survivor had been identified and agreed to participate in the study, the interviewers

assigned to the area contacted them to confirm their consent to answer the questions and to choose with them a safe place to conduct the interview. Contacts were made according to the instructions defined in the ethics protocol. The limitations of the research which provides more details on this are provided in section 3.5.

Table 2: Number of primary data collection activities conducted

Respondent Group	Number of Interviews conducted	Number of FGDs conducted
Family and/or relatives of Survivor of GBV	5	3
Service providers and case workers including medical doctors, social workers, police officers, and civil registry officers	5	5
Community and faith leaders	2	0
Women's associations	3	4
Industrial low wage workers	1	0
Representatives of the judicial system including judges and lawyers.	6	2
GBV survivors	7	0
LGBTQI+	0	3
People living with disabilities	0	2
Representatives of the Ministry of women Conditions and women affairs	1	0
CASEC	2	0
Total	32	19

3.4 Data collection tools

Table 3: Data collection tools and corresponding sample group

Tools	Thematic focus	Sample Group
FGD	Socio-cultural norms leading to GBV impunity	Survivors' Family/relatives
	Barriers to find judicial service	Women's associations
	Barriers to accountability	Community Leaders
	Community perception of accountability	Women's associations
	Community expectation of accountability	
	Perception of role of duty bearers from the community	
	Role of key stakeholders	
Semi-structured interviews	Approaches to address GBV impunity	Case workers
	Political and legal gaps leading to GBV	Medical doctor
	impunity	Social worker
	Barriers to judicial services	Police officers
	Barriers to accountability	Civil registry officer
		Judges, lawyers
Semi-structured interview	Socio-cultural norms leading to GBV impunity	GBV survivors who were interviewed
	Barriers to find judicial service were those who felt willing	
	Barriers to accountability	speak about their experience.

The research team designed a series of qualitative data collection tools to respond to the research questions and the corresponding sample group (as shown in table 3 above). It is important to note that the sample group was not limited to internally displaced persons (IDPs). Gender was taken into account in selecting interviewees for both interviews and focus groups, and the breakdown of the sample groups by gender and IDP identity can be found in tables 4 and 5 below. However, during data analysis, gender was not disaggregated, but rather the analysis considered target categories without taking gender factors into account. The report includes specific considerations for each of these categories.

The GBV specialist developed the tools in English, Creole, and French, which were reviewed and revised by the Christian Aid research team. The tools were pilot tested, revealing that interviews were taking more than 1 hour 30 minutes. As a result, the tools were revised by removing overlapping probes to shorten the time required to implement them.

Appendix 2 includes a copy of the data collection tools.

Thematic analysis was conducted on the interviews and focus groups. The FGDs took two to two and a half hours to complete, while the interviews took approximately one to one and a half hours to complete.

Table 4: Number of participants who participated in FGDs in each region

Region	Number of Female respondents	Number of Male Respondents	Total number of respondents
Southern	31	31	62
Northern	31	34	65
Central	19	15	34

Table 5: Number of participants who participated in Interviews in each region

Region	Number of Female respondents	Number of Male Respondents	Total number of respondents
Southern	12	4	16
Northern	6	0	6
Central	4	5	9

3.4.1 Coding

The research team used a closed coding technique and used semantic analysis to identify key ideas, which were then grouped into categories and subcategories. Enumerators coded the data in Word using a pre-formatted table. The coding aimed to identify any observation, opinion, or expression related to the research objectives. Through such triple classification, the team aimed, in the analysis and interpretation of the data, to highlight the similarities and divergences expressed in terms of experience, opinion, and perception by all stakeholders. Transcripts were used and coded by two enumerators who were part of the research team. All the information collected in each focus group and each interview was transcribed into the data integration table prepared for this purpose.

The GBV specialist maintained sustained contact with the field team throughout the process and regularly revised the forms, along with the MOUFHED team. They validated the forms based on the reliability of the information contained. To highlight similarities, complementarities, and potential nuances on the subject, they compared data from interviews and focus groups with learnings from the desk review. They also identified highly expressive phrases, expressions, and opinions to illustrate the dominant trends across each category of analysis selected, particularly for the category related to protective/non-protective social norms that heighten instances of GBV. MOUFHED, the GBV specialist, and the coders tested inter-rater reliability. If more information was needed or information required verification, they reached out to the interviewer.

3.5 Limitations of the Research

There are two limiting factors influencing the findings of this research. Firstly, political instability and insecurity in the country proved a challenge for data collection. This often resulted in a lack of energy supply, which limited the team's ability to communicate in a virtual environment and restricted the mobility of the research team, so they could only travel during certain times.

Furthermore, conversations relating to GBV are very sensitive in any context, but this is heightened when there is political insecurity. For example, during the data collection, people in the LGBTQI+ community were reluctant to participate in the research due to security issues. In one area, it was reported that a leader of one of the LGBTQI+ been arrested. This meant that no one from the group participated in the FGD that had been previously arranged.

Secondly, although purposive and snowball sampling techniques were appropriate for this study, they do introduce bias into the research. The selection of people relied on the judgment and knowledge of the research team located in Haiti, as well as activist networks. This could have skewed the data towards groups within their networks. Due to the limited sample size, it also raises challenges as to the extent the findings can be generalized to the wider population. These limitations were partly addressed by interviewing a wide range of actors and triangulating the data with findings from the desk review.

4.0 Research Findings

This section of the report details the findings from both the desk review and qualitative data collection, with emphasis on the field research. It should be noted that the discussions during the field research supported and further elaborated on key findings from the desk review.

4.1 Findings from the desk review

This section presents the key findings from the desk review conducted in the first six weeks of the project. The review highlights the complex nature of the violence experienced by the displaced community in Haiti and emphasizes three key issues: institutional barriers, political insecurity, and the complex nature of the violence that IDPs face.

4.1.1 Institutional Barriers

The existing literature on GBV notes that legal and institutional factors are significant barriers to justice for survivors (Toraasen 2020). Judicial issues and inadequacies in pursuing criminal justice in Haiti are frequently remarked upon by Human Rights Watch and Amnesty International (HRW 2021, "Don't turn your back on girls 2008). In 2012, the UNHCR in Haiti noted that this is further complicated by the lack of expertise on GBV in the judicial system, as well as national police shortages and dysfunctional courts. MOUFHED, Christian Aid's local partner, reports that more cases are being reported to authorities and institutions involved in the fight against GBV due to awareness-raising campaigns carried out by some feminist organizations. However, the problem persists as multiple cases are not recorded by state authorities, potentially due to the lack of accurate data (UN 2012). Significantly, advocates working on GBV view impunity as the norm (Al Jazeera, 2023). There are several significant issues that entrench impunity when it comes to GBV in Haiti, shown in figure 4.

Figure 4: The main factors that entrench impunity for GBV in Haiti are related to research and evidence gathering



The legislative framework and the challenges faced by the MCDF

In 1994, the Ministry for the Status of Women and Women's Rights (MCFDF) was established to develop mechanisms to prevent and combat gender-based violence, among other goals. One of its major objectives has been to reform the penal code in Haiti, where specific laws criminalizing rape, domestic violence, sexual harassment, and other forms of violence against women did not exist (Jagganath 2011).

In 2017, the MCFDF adopted a national plan to address violence against women and girls, which included several actions to prevent and reduce such violence. However, both the Ministry's reports and submissions by women's rights organizations to the UN Universal Periodic Reviews have highlighted the MCFDF's inadequate financial and technical resources to implement the plan effectively.

The elimination of the concept of a "crime of passion" and the strengthening of penalties for sexual assault have been key reforms sought by the MCFDF and women's rights groups. Until 2005, murder committed in the name of adultery was considered excusable under Article 269 of the penal code.

Even rape was not recognized as a criminal offense until 2005. The reforms of 2005 increased penalties for rape perpetrators and introduced new offenses into Haitian criminal law. However, the 2005 decree that reclassified rape as a criminal offense (previously considered an offense against morals) did not provide a precise definition of rape or include elements of "consent" or "marital rape" (Haiti, violence against women 2016). The penalty for rape as per the Criminal Code currently in effect is a minimum of 10 years of forced labour, which increases to a mandatory 15 years if the survivor is under 16 years old (Toraasen 2019). In the case of gang rape, the maximum penalty is lifelong forced labour (Haiti, Violence against Women Report 2016). A new version of the penal code and criminal procedure code, published by decree in 2020 and scheduled to come into effect in June 2022 (Jean-Baptiste 2021) states that rape will be punishable by 10 to 15 years imprisonment, 15 to 20 years if committed on a person under the age of 15, and life imprisonment if the victim dies as a result of the rape (Le Moniteur, 2020). According to MOUFHED, it will come into application in 2024.

A review of proposed reforms by a US-based think tank in collaboration with the Haitian NGO, MADRE found that most of the changes aligned Haitian law with international norms, particularly in defining consent and delineating what constitutes gender-based violence. However, the report also advocated for precise definitions of consent to include persons with disabilities who may not be able to consent or can only consent temporarily. It also highlighted the need to recognize that men and boys, especially from queer communities, can be survivors of gender-based violence (Trustlaw et al 2012).

The pressing issue is not only the need for further reforms but also the lack of systematic application of the law. According to Country Reports (2015), actual sentences are often less rigorous, and prosecution is frequently not pursued due to a lack of reporting and follow-up on survivors' claims. Toraasen (2019) amongst others note that it is not the reforms or other modifications to the law that are the issue, it is the structural and social barriers which hinder survivors seeking justice. The failure

These are the main advancements of the new criminal code and procedures:

- These proposals for new, more expeditious and less complicated procedures should make it easier to follow up on cases of GBV from the time of the complaint or denunciation to the time of judgment.
- Overall procedures are now less complex.
- Efficiency and regularity of data collection
- Price regulation of DNA testing
- Better coordination within the judiciary and the police and improved communication between these services across jurisdictions
- National Council for Legal Assistance (CNAL) Decentralisation

to arrest and convict perpetrators results in an inability to prevent and punish gender-based violence.

A brief survey of local Haitian newspapers revealed opinion pieces by activists who noted that social norms contribute to the impunity of perpetrators of gender-based violence. For example, Vanessa Dalzon stated that the normalization of spousal abuse in Haitian society leads to cycles of violence that often end in homicide (Dalzon 2019). Others, such as Jagganath (2011) and Nolan (2011), pointed out that impunity is also linked to the fact that perpetrators are often military and paramilitary groups who use rape as a weapon. However, all agree that political instability, coup d'états, and constant government changeovers have left the legislative system in disarray, with significant bureaucratic hurdles, such as obtaining medical certificates, contributing to the challenges faced by survivors of gender-based violence.

The importance of the medical certificate

Reports and academic studies into GBV in Haiti often remark on the importance of the medical certificate. Although Haitian law does not mandate it, in practice, the medical certificate detailing the injuries to the survivor's body becomes a vital part

of the prosecution process because a survivor's testimony is not legally sufficient (Jagannath 2011, Lankenau 2012). Furthermore, there are no DNA databases or rape kits at police stations, and the medical certificate is the only document that provides any information about the attacks and the survivor's injuries, making it a crucial piece of supplementary evidence (Kang 2011, Nolan 2011).

Survivors are required to obtain the medical certificate to proceed with their cases, although it is not legally mandatory. MADRE, IJDH, and the Bureaux de Advocats Internationaux argue that survivors cannot proceed with their cases without the certificate, despite it not being dispositive, as in some cases, there is no physical evidence of forced penetration. This requirement forces recently traumatized survivors to undergo additional steps and expenses to seek justice (MADRE 2011, IJDH 2021). MADRE (2011) and Nolan (2011) further noted that this also forces recently traumatised survivors to undergo additional steps and expenses in order to seek justice.

Unfortunately, survivors often wait days or weeks before receiving the certificate due to a lack of resources (Nolan 2011). Medical services are frequently overwhelmed and do not have enough resources to dedicate to GBV focused services (MADRE, 2011). Local advocates also note that survivors often are unable to get the certificate at the point of care because doctors are overstretched or absent (IJDH 2021) and there are not enough female doctors at health centres, making it difficult for women survivors to be examined for the purposes of certificate issuance, as many women survivors do not feel comfortable to be cared for by a male doctor. Additionally, the certificate must be obtained within 72 hours of the assault to be valid (ibid). Moreover, there are no health centres or analysis laboratories in provincial towns, and there is often no health service available on the weekend. Some health centres are also too far away, restricting the survivor's ability to return to collect the certificate. Lastly, the form required for preparing the medical certificate is often not available.

The MADRE report cited above notes that a lack of awareness among displaced persons regarding the need for the medical certificate, as well as language barriers, makes this a more complex negotiation for internally displaced persons. Due to the challenges with obtaining medical certificates, several legal papers recommend that a survivor's testimony be recognized by law as legally sufficient, which would be a key reform.

4.1.2 Political insecurity heightens instances of GBV

To protect the rights of GBV survivors, political instability must be addressed as a significant barrier to implementing much-needed reforms. Haiti has experienced continuous political instability and transition for several years (James, 2010), making it challenging for recently elected governments to complete their mandates which slow down critical projects, including the fight against gender-based violence.

Institutional Dysfunction

The long-term political crisis has hindered state institutions' ability to implement necessary reforms, develop policies, adopt standards, and implement them to combat violence against women and girls (Lemay-Herbert 2018). A key example of this is the failure of implementation of the penal code. Although revisions to the penal code and criminal procedures were made in 2005 and finalized in 2010 by women's rights activists (Bureaux d'Avocats Internationaux), the revised penal code and new code of criminal procedures failed to be implemented due to the absence of Parliament to vote on them (IDJH and KOFAVIV submission to the UNHCR 2022). The full reforms were promulgated by President Moises in 2020, but their planned entry into force in 2022 had to be postponed indefinitely by the government due to the Haitian constitution not allowing the Executive to legislate in this manner. Political stability is vital to the Haitian government's ability to carry out much-needed reforms.

The political crisis that hampers the functioning of the country's institutions creates an environment where anyone in a position of power can engage in any form of violence without facing prosecution and punishment (Baranyi 2019). Military or paramilitary actors who hold significant power over judges, police personnel, and other key institutions are often the perpetrators. Policzer (2019) argues that the weakness of the state, due to political instability, has resulted in the privatization of violence and the growing strength of nonstate armed parties, such as paramilitaries, drug cartels, and youth gangs, who openly challenge political parties, police, and the judiciary (ibid). Gang leaders and their soldiers engage in acts of violence (rape, serial rape, physical violence) without answering for their acts, often with impunity (Nino and Gonzalez 2022). They enjoy impunity resulting from the fact that they control areas inaccessible to the police, and are able to threaten with equal force the survivor, judges and other members of society (ibid 2022, Kolbe 2013). Human Rights Watch reports also note that in almost all cases that they have researched, it was very rare that the Haitian authorities show willingness to identify the perpetrators and bring them to justice. Others like the International Human Rights Clinic note that high instances of state sponsored violence also make it difficult to hold perpetrators to account as there is no independent authority who can prosecute violence caused by state actors (IHRC 2021). As such, through bribery, political force as well as an unwillingness to prosecute, impunity is entrenched.

The climate of insecurity fuels a masculine identity crisis

A crisis of masculinity brought on by the climate of insecurity further heightens GBV (Al Jazeera, 2023; BINUH and OHCHR, 2023). Kang (2011) and Policzer (2019) conceptualize the relationship between violence against women and Haiti's climate of insecurity as cyclical. Men who feel insecure are more likely to use violence, often directed towards women to gain or show control (Kang, 2011). The climate of insecurity produces a crisis in masculine identities which leads to further violence. These insecurities are connected to the

fear of not being able to carry out various social expectations of being a man, mainly being the breadwinner of the household to support the family, for they are thwarted by larger societal factors (Maternowska, 2006 cited in Kang 2011).

Instability adds to the precarity women face

The domestic sphere in Haitian society often revolves around the mothers due to many households being matrifocal (Kang, 2011, Toraasen, 2019 and Phillips, 2015). This phenomenon deepens insecurity as women are responsible for the survival of their family in addition to coping with challenges in their own lives. Such obligation in the midst of extreme poverty and rampant unemployment makes women vulnerable to violence. This is further compounded in displaced communities where, even when in a precarious situation, women are still also being forced to fulfil these 'survival duties' (MADRE 2011). This vulnerability leads to traumatic consequences that perpetuate the climate of insecurity and fear for GBV survivors (ibid).

In conclusion, political stability is crucial to implement necessary reforms that protect the rights of GBV survivors. Political instability hinders state institutions from performing their roles and creates an environment that allows anyone in a position of power to engage in violence without facing prosecution and punishment. The cycle of violence against women is perpetuated by the crisis of masculinity and the obligation placed on women to provide for their families.

4.1.3 Violence faced by displaced communities in Haiti has multiple dimensions

Human rights organizations, community service groups, and academic studies frequently highlight the violence that internally displaced persons (IDPs) face in Haiti. These reports and studies often connect exploitation and violence against displaced communities to stigmatization based on language, class, and race (Fatton 2011, Gros 2011, Pittaway et al. 2007). Feminist scholars, in particular, have observed that the caregiving responsibilities taken on by Haitian women in the aftermath of disasters expose them to violence as they strive to meet their families' survival needs (Horton 2012).

Frequent natural disasters compound IDP precarity

Academic studies frequently highlight Haiti's vulnerability to natural hazards such as hurricanes and floods (Nettles and Hjorleifsdottir 2010), which often result in displacement of certain populations (Katz 2013). Such "disaster" events heighten the risk of violence, as observed by McCreery, who reports a significant increase in sexual crimes in the immediate aftermath of the 2010 earthquake and Hurricane Matthew in 2016 (McCreery 2018). Misogynistic norms already placed gendered communities at risk, and the instability caused by natural disasters only exacerbates this vulnerability (Eng 2014).

Peacekeeping forces have perpetrated GBV on IDPs

It is important to note that not only local actors inflict violence on IDPs. Nolan (2011) highlights that the UN peacekeeping force MINUSTAH has been credibly accused of raping women since their arrival in Haiti in 2004. In fact, in 2007, over one hundred Sri Lankan peacekeeping troops were instructed to leave Haiti after they were accused of sexual abuses against populations they were supposed to protect (Jean-Charles 2004). As previously mentioned, some external peacekeeping forces have been perpetrators of violence, while others struggled to assist or document abuses due to a lack of Creole or French language proficiency (Nolan 2011).

Reports by Human Rights Watch (HRW) and the Institute for Justice and Democracy in Haiti (IJDH) indicate that the lack of adequate protection from violence in the camps or assistance provided to displaced persons was exacerbated by an underresourced police force. Additionally, there was a lack of coordination between humanitarian organizations and grassroots organizations, resulting in significant gaps in appropriate protection measures (IJDH and MADRE 2010).

Tensions between local Haitians and relief efforts

IJDH's collaborative report, "Our Bodies are Still Trembling: Haitian Women's Fight Against Rape," highlights another issue regarding tensions on the ground that further compound gender-based violence. The report reveals that the lack of cooperation between local Haitians and the execution of relief efforts deepened structural inequalities that existed before the 2010 earthquake, increasing the vulnerability of displaced persons, particularly those from lowincome backgrounds to GBV (IJDH and MADRE 2010). The report highlights that transactional sex for basic necessities such as food, shelter, and other services was part of this, as well as the fact that domestic violence among displaced families also increased due to the insecurities described above (IJDH and MADRE 2010). A 2011 survey conducted by the Centre for Human Rights and Global Justice at New York University in four IDP camps found that 14% of participants had a household member who had experienced GBV (CHRGJ 2012, cited in Eng 2014).

As demonstrated, IDPs face various forms of violence at multiple levels that are directly linked to structural conditions, complicated by the political fragility of the state, and influenced by complex social and gender norms.

4.2 Findings from the Qualitative Research

The focus of this research is twofold: to explore how survivors of GBV in displaced communities perceive the causes and barriers to accountability and justice, as well as how to improve accountability for GBV in these communities. This section will provide a detailed discussion of the similar and different barriers that GBV survivors in displaced communities and host communities face.

4.2.1 Barriers to Accountability and Justice

After conducting a thematic analysis of the data, eight critical and intersecting areas were identified as contributing to GBV impunity. These areas include:

- Barriers related to social and gender norms
- Threats and power dynamics driving impunity for GBV
- The importance of medical certification as evidence
- The gateway to justice: a little-known essential fact
- The socio-economic precariousness of GBV survivors and their families
- Critical gaps in the police system
- Gaps in the functioning of the judicial system
- Gaps in the legal and policy domain

The following sections will explore each of these areas in more detail.

4.2.1.1 Barriers relating to social and gender norms

The respondent groups, including women's associations, families/relatives of GBV survivors, and GBV survivors themselves, identified patriarchal gender norms as one of the most pervasive causes of GBV and GBV impunity. Social workers and representatives from women's associations stated that violence against Haitian women and girls is deeply rooted in cultural traditions. An interview with a GBV activist provides a good illustration of this:

'Community songs sung during cultural events such as rara⁵, carnivals, and funeral vigils mock GBV survivors. The practice of rara with songs targeting women (including those who are survivors of violence) is more prevalent in rural areas than in urban areas. These songs shame and blame GBV survivors. I feel these songs trivialize violence. Some of these songs have lyrics such as "There is a woman who is beaten, so what?" Some songs have lyrics such as 'There is a girl who was very prude and had gentle manners like a princess. She faced assault'. I feel the community is desensitized towards GBV survivors as people sing these songs in a chorus. As a woman I feel these songs are hurtful. The shaming and blaming are also seen in how people talk about GBV survivors. It is as if the woman brought the assault upon herself'

In-depth interview with a GBV activist from a women's association

The LGBTQI+ respondents from displaced communities identified patriarchal gender norms as a pervasive cause of GBV and GBV impunity. They elaborated their perspective in the following manner:

'Our gender identity is unknown in the host community. We face more physical violence in the commune where we lived before as in those communes people know our gender identity. GBV survivors from our community do not press charges because we do not want to be identified as GBV survivors and we do not want the host community to know about our gender identity. Community members hold us responsible for GBV assault. We are told that it is because of our gender identity that we face the assaults'

FGD with members of the LGBTQI+ community in the West department

Social workers, representatives from women's associations, GBV survivors, and families/relatives of GBV survivors believe that the normalization of GBV at the community level is a key factor in perpetuating GBV impunity. Women's associations and social workers believe that gender and cultural norms that shame and blame women play a role in survivors and their families remaining silent about the assault to avoid stigmatization from their community members. Two GBV survivors from displaced communities shared their experiences, illustrating this point:

'The community judges the woman according to her outfit. We are made to believe that we are responsible for the actions of the perpetrator'

GBV survivor repatriated from Dominican Republic

Case workers, social workers, and members of women's associations explained how the shaming and blaming of GBV survivors by their communities affects their seeking of medical care and justice. The survivors of GBV do not seek medical help for the assault and hesitate to report the case to the police due to fear of stigma from the community. Young women and girls are particularly reluctant to come forward, as they fear being stigmatized and discriminated against within their community. This stigma also creates difficulties for young women in finding a partner or husband from the same community. GBV survivors report restricting their mobility in public places to avoid taunts and insults. Some GBV survivors even leave the area where the assault was committed and relocate to another area in order to escape stigmatization and discrimination.

4.2.1.2 Threats and power nexus driving impunity for GBV

Case workers, social workers, GBV survivors, and families of GBV survivors have stated that reporting an assault becomes even more challenging when the perpetrator or their family holds political connections and high social status. GBV survivors

and their families have reported feeling a sense of fear regarding the reactions from the community and the perpetrator/s. Respondents living with disabilities in the border area and displaced respondents repatriated from the Dominican Republic, now settled in the border area, have elaborated on the threats they face, as seen in the following quote:

'GBV survivors and their families receive threats from the perpetrators. It is very difficult to make a complaint or to follow up on a case due to these threats. GBV survivors feel extremely intimidated and threatened when the perpetrator is connected with the police personnel. Survivors fear for their safety and wellbeing. GBV survivors from displaced communities are very vulnerable'

FGD with people living with disabilities and displaced respondents in the border area

Social workers, case workers, families of GBV survivors, and GBV survivors pointed out that armed gangs perpetrating violence create a disincentive for survivors to file a case. They fear the likelihood of backlash or threats from the gangs and choose to remain silent.

4.2.1.3 The gateway to justice, a little-known essential fact

GBV survivors and displaced survivors, in particular, lack awareness of the steps needed to seek justice, which is a significant barrier to justice-seeking. Members of respondent groups, such as GBV survivors, their families and relatives, and community members, reported a lack of knowledge about legal provisions. Case workers attributed underreporting of complaints to ignorance of the law. In addition, case workers identified the language barrier as an obstacle for GBV survivors repatriated from the Dominican Republic. Survivors find it challenging to access information on the steps to seek justice due to the language barrier.

Survivors and their families find navigating the justice system on their own "confusing" and "difficult." Families of survivors shared that most survivors seek the help of organizations fighting GBV to initiate the justice-seeking process. These organizations provide psychosocial support, free legal services, and monitor the judicial process. Respondents from LGBTQI+ communities considered the support provided by civil society organizations as significant and elaborated on the nature of the support provided.

'Organizations working on GBV support the survivors belonging to LGBTQI+ group by providing the financial fee so that the dossier can reach the court. KOURAJ3 and ORAH4 are organizations which carry out judicial monitoring of the dossier'

FGD with LGBTQI+ group

4.2.1.4 Medical Certificate: A centre piece to prove the act

The desk review explained that although medical certificates are not technically required by law, they constitute a crucial piece of evidence in practice. Case workers highlighted that the justice system assigns an inordinate amount of importance to the medical certificate. A GBV activist noted:

'Medical certificates are extremely important. They describe the intensity of the assault and are used to assess the magnitude of incapacitation in the survivor due to the assault. Judges consider medical certificates as a significant piece of evidence. In the absence of medical certificates, Judges do not take the testimony of the woman seriously'

In-depth interview with GBV activist from a women's association

GBV activists also raised concerns regarding the nature of evidence captured in the medical certificate. A GBV activist explains this concern in the following quote:

'The medical certificate does not capture how many days the survivor was incapacitated due the assault. This is a crucial piece of information which gives an indication of the magnitude of the assault.'

In-depth interview with a GBV activist from a women's association

A displaced GBV survivor reported that her perpetrator plans the assault on her so that the severity of the assault will not show up during the medical examination. This survivor explains her situation in the following manner:

'The perpetrator does not think I will complain. He always says that he will never use his machetes on me as that will make me bleed. He says that he will go to jail if I bleed or haemorrhage. He says he will beat me up and not make me bleed.'

A displaced GBV survivor repatriated from the Dominican Republic

GBV survivors face challenges in obtaining medical certificates from hospitals and health centres due the following three reasons:

- Institutional shortcomings in hospitals and health centres
- Inadequate accessibility to hospitals and health centres
- Lack of awareness about the significance of medical certificates.

GBV survivors, case workers, social workers elaborated upon these reasons.

Institutional shortcomings in hospitals and health centres

Hospitals in provincial towns experience absenteeism of doctors, resulting in delays in scheduling appointments and obtaining medical certificates. Furthermore, services for providing medical certificates are usually unavailable on weekends. A GBV activist explained that medical certificates can be issued within 2-6 days after the medical examination, but there are often delays. In some cases, medical certificates were issued 15 days after the examination. Case workers stated

that delays in scheduling appointments for rape cases could lead to doctors failing to identify the rape. The absence of doctors may also discourage survivors, causing them to abandon the follow-up process of obtaining a medical certificate. Some respondents identified the lack of confidentiality in the medical diagnosis and certificate issuance process, particularly in health centres located in provincial towns, as a significant barrier. In certain instances, the doctor's consulting room is not separated from the waiting room, and others in the facility can hear the conversation between the survivor and the doctor.

Inadequate accessibility to hospitals and health centres

Case workers, women's associations, GBV survivors, and families of GBV survivors reported on the challenges that GBV survivors living in remote areas face in accessing healthcare facilities.

Survivors in such areas find it difficult to travel to hospitals or health centres, incurring both time and financial costs. If a survivor from a remote area makes the effort to visit a health centre, but finds that the doctor is unavailable, she may choose not to return for a medical examination.

Lack of awareness about the significance of medical certificates

Case workers expressed concern about misconceptions some GBV survivors hold about when they should undergo a medical examination. The following quote from a GBV activist illustrates this concern:

'Some GBV survivors have a misconception that medical examination cannot be done after 72 hours. Post exposure prophylaxis for STIs and HIV as well as emergency contraception are more likely to be effective if taken within the first 72 hours. However, this does not mean that GBV survivors cannot seek medical care after this time.

In-depth interview with a GBV activist from a women's association

Medical staff emphasized that there is a low level of awareness among GBV survivors regarding the time sensitivity of requesting a medical certificate. Interviews with medical staff revealed that in many cases, survivors file their applications late, making it difficult to certify physical evidence of GBV. This can have implications for accurately determining evidence of violence or assault.

Additional barriers faced by GBV survivors belonging to displaced communities

GBV survivors from displaced communities face additional barriers in obtaining medical examinations and certificates. According to GBV case workers, these survivors often go to health centres for medical examinations late. Survivors from displaced communities are usually economically vulnerable and find it difficult to cover the cost of travel to health centres. Additionally, they often lack knowledge about service providers in the area. These barriers can result in GBV survivors either not seeking health services or seeking them late. A displaced LGBTQI+ member describes the challenges faced by GBV survivors belonging to the LGBTQI+ groups in the following quote:

'There have been cases where protestant doctors have refused to help us. The doctor may ignore us especially when the doctor knows we are alone and do not have support of an organization. We feel unwelcome at the health centre when we are unaccompanied. I feel the health service providers do not care about us at all and they don't know about the difficulties which we face. Survivors repatriated from Dominican Republic may not speak or understand Creole very well. Translators are not there in the health centre. We find it difficult to communicate with the health service providers'

A displaced LGBTQI+ member repatriated from the Dominican Republic

4.2.1.5 The socio-economic precariousness of GBV survivors and their families

GBV survivors and their families described access to justice as "expensive." The financial costs of the justice process may discourage survivors from pursuing it. GBV survivors and case workers reported that medical certificates should be issued free of charge in cases of sexual violence. However, case workers shared that health professionals have asked GBV survivors to pay between 250 to 500 Haitian Gourde (HTG) for issuing the medical certificate. An officer of the court can charge between 1000-2500 HTG to serve summons to the perpetrator/s. Additionally, there are transport costs to reach various institutions that are part of the GBV care and justice-seeking process. GBV survivors who have left the jurisdiction where the assault took place often find it difficult to bear the travel cost to visit their previous jurisdiction for case follow up. This results in GBV survivors being unable to complete the complaint follow-up process adequately.

The economic precarity of GBV survivors and their families leads to survivors hesitating to engage with justice-seeking processes. GBV survivors and case workers reported that in cases where the GBV survivor is economically dependent on the perpetrator (for example, husband), family members discourage her from reporting. Service providers, members of organizations working on GBV, and actors in the justice system reported that, in some cases, the GBV survivor's family reaches an agreement to drop the case in exchange for money from the perpetrator.

GBV survivors and their families spoke about the challenges of hiring a lawyer. A GBV activist illustrated this challenge in the following manner:

'In some jurisdictions of the country there are legal aid programmes developed at bar level and with feminist organizations that fight against GBV. However, these programs are not being implemented in all jurisdictions across the country. As a result, many survivors are unable to find the necessary assistance to follow up their cases. Where

there is a BAL (Bureau d'Assistance Legale), people can make the follow up. In other cases, they just cannot, for instance for people in rural settings as they have to pay for transport and appoint a lawyer'

GBV activist from a women's association

During the FGD with family members of GBV respondents in Port-au-Prince, some family members described the process of hiring a lawyer as 'bargaining for justice'. They explained that lawyers consider the financial implications of representing the perpetrator versus the survivor, and prefer to represent the perpetrator if they can offer higher fees than the survivor.

'Due to our financial difficulties, we could not hire a lawyer'

GBV survivor's family in Aquinn

GBV survivors who have been repatriated often find themselves in the process of rebuilding their livelihood in a new community. Survivors from displaced communities reported that their economic precarity, combined with the difficulties of living in a host community that is unfamiliar to them, can influence their decision not to file a complaint. The following quote illustrates these challenges:

'I do not have money. There is no support from anyone. Without money it is difficult for me to make a complaint. GBV survivors are asked to provide a medical certificate. I do not have money to travel to the health centre. Money is needed for doing follow up of the case. Navigating a newly settled place without money is difficult.

Displaced GBV survivor repatriated from the Dominican Republic

4.2.1.6 Critical gaps in the Police System

The Haitian National Police plays a vital role in receiving GBV survivors when it comes to complaints. The police officers in the sample group explained that they receive complaints, draft reports, take provisional measures if the perpetrator has been caught in the act, and forward complaint files to the judicial authorities. However, various respondent groups pointed out critical gaps in the functioning of the police, including institutional shortcomings in police stations and attitudes of the police towards GBV survivors. GBV survivors, case workers, and activists elaborated on these reasons.

Institutional shortcomings in police stations

GBV activists and members of women's associations identified the lack of GBV units in police stations as a key institutional shortcoming. Poor quality reception of GBV survivors in police stations is a result of the absence of GBV units. To address this issue, GBV case workers and members of women's associations have advocated for the establishment of GBV units with personnel trained on gender and human rights.

Service providers identified a lack of resources as a key issue that affects the role played by the police. Police often fail to adequately follow up on complaints, affecting preliminary investigations and precautionary measures, such as the arrest of the perpetrator in the event of flagrante delicto⁵. GBV case workers have reported that police fail to issue arrest warrants to perpetrators due to a lack of means of transport or fuel. This delay in issuing warrants may result in the perpetrator fleeing the jurisdiction, making processing the complaint difficult.

Social workers and case workers also emphasized the significance of timely follow-up. GBV case workers and survivors have reported that police do not follow up on cases in an expedient manner, leading to fatigue among GBV survivors and discouraging them from pursuing the justice-seeking process. GBV survivors, their families, and social workers have also noted that police often do not provide information to GBV survivors about the follow-up being done on their cases.

Attitudes of the police towards GBV survivors

Social workers and case workers noted that the police not fully recording the facts of GBV complaints is a critical issue, which can impede the justice process and make it difficult to process the file in the next levels of the judicial system. GBV survivors, their families, and social workers reported that survivors are often mocked at police stations, which can deter them from filing a complaint due to shame and stigma associated with being a survivor. Patriarchal gender norms were seen by social workers and representatives from women's associations to influence the behaviour of police officers, who may show a poor response to registering complaints where the perpetrator is an intimate partner, considering it a 'domestic matter'. This was viewed by GBV survivors, families, social workers, and case workers as a sign of intolerance towards GBV survivors by the police.

A common observation made by social workers, case workers, GBV survivors, and their families was that police personnel can be insensitive towards GBV survivors. Some of the questions asked by police personnel can harm the dignity and sense of autonomy of the survivor, such as asking about attire or intimate relationships with the perpetrator. GBV survivors reported that police officers refer to survivors as 'the lady who has been raped' in front of others in the police station, leading to feelings of revictimization. Additionally, police personnel have been seen to show differential response based on the physical appearance, education, and social status of the survivor. GBV survivors with disabilities reported being chased away by police personnel due to being perceived as beggars. The experiences of GBV survivors living with disabilities is explained in the following quote:

'We are insulted and yelled at in the police stations.'

FGD with displaced respondents living with disabilities in the Grand'Anse department

GBV survivors within the LGBTQI+ community reported that the police ask them for 'a large amount of money' to file their complaints. During the FGD, this group of respondents elaborated their experience of interfacing with the police in the following manner:

'There is a general perception in the community and in the police that we have money. We are asked to pay a fortune to file a complaint.'

FGD with members belonging to the LGBTQI+ community in the west department

Specific barriers faced by GBV survivors from displaced communities

GBV survivors belonging to displaced communities face specific challenges while interfacing with the police. A GBV activist explains this in the following manner:

'Displaced persons often find it difficult to register complaints in the host jurisdiction. If the act of violence took place in the jurisdiction where they previously resided, the complaint has to be filed in that jurisdiction. The dossier cannot be moved from one jurisdiction to the other. The GBV survivor has to travel back to the jurisdiction where the act was committed for follow up. Follow up involves travel cost this becomes a financial burden for the survivors.'

In-depth interview with a GBV activist from a women's association

Displaced respondents living with disabilities revealed the difficulties of filing a complaint with the police. The following quotes illustrate this:

'We cannot easily access the police stations. The physical structure of the police station is not friendly towards people living with disabilities. We are not fluent in Creole as we were in Dominican Republic for many years. Police stations do not have staff who can

translate and explain to us how to file a complaint. These challenges make it very difficult for us to file a complaint.'

FGD with displaced respondents living with disabilities. These respondents were repatriated from the Dominican Republic

4.2.1.7 Gaps in the functioning of the judicial system

There are various gaps and issues in the judicial system. These gaps are discussed below:

Lack of accountability for actors in the GBV care and justice system

A critical gap in the GBV care and justice system is the lack of accountability of various actors in the system such as police officers, judges, bailiffs, and health professionals. GBV case workers reported a nexus between police officers and perpetrators, whereby the officers may aid the perpetrator in escaping or falsely report their escape from police custody. GBV survivors and case workers have also reported bailiffs soliciting cash from survivors for registering the case and following up with judges. Respondents have explained that in cases where the perpetrator is influential in the community or known personally to the bailiff, follow-up may not be conducted. Health professionals may also lack accountability when they fail to produce medical certificates with sufficient evidence to inform the decision-making process of judicial actors. The corruption within the justice system is evident, as the number of cases receiving sentences is significantly lower than the number of cases reported, as reported by GBV survivors and case workers.

'Slow' and 'negligent' response of the judiciary

Within the judiciary, a key problem contributing to GBV impunity is the time-consuming nature of the justice process. As a result, GBV survivors may lose interest in the proceedings or become unavailable to appear in court. When judges do not receive statements from GBV survivors, they may give preference to the perpetrator's testimony. This situation often works in favour of the perpetrator, who can deny the charges and receive a favourable decision from the judge.

Specific barriers faced by GBV survivors from displaced communities

GBV survivors belonging to displaced communities face specific challenges while interfacing with actors in the judicial system. GBV survivors repatriated from the Dominican Republic explain these challenges in the following quote:

'We are not fluent in Creole as we were in Dominican Republic for many years. It becomes difficult for us to navigate the justice system especially if we are not accompanied or supported by an organization.'

FGD with displaced respondents living with disabilities. These respondents were repatriated from the Dominican Republic

The judicial system's slow response and the livelihood insecurity of GBV survivors from displaced communities can deter them from following up with the justice-seeking process. Case workers and GBV activists have reported that most GBV survivors from displaced communities live in poverty and struggle to make ends meet. As a result, their focus is on rebuilding their livelihood and meeting their basic needs, making it difficult for them to attend hearings and follow up on their cases.

4.2.1.8 Gaps in the legal and policy domain

Representatives from various respondent groups, including judicial actors, case workers, and women's associations, identified gaps in the legal and policy domain as a major barrier contributing

GBV survivors withdraw cases for several reasons. Sometimes, negotiations between GBV survivor's relatives and perpetrators results in case withdrawal. Respondents representing the judicial system, usually the police, the magistrate's courts, or the prosecutor's office, may request or propose to GBV survivors to withdraw their cases. Many cases do not proceed due to these practices, fueling GBV impunity.

Case workers, GBV activists and survivors reported corrupt practices in the judicial system. Financially affluent perpetrators bribe judges to render a decision in their favour. The above set of respondents also reported that prosecution is particularly complicated when the perpetrator is a political authority. According to the respondents, the political power of the perpetrator can prevent the survivor from having access to justice, she can even be doubly victimized.

Generally, perpetrators threaten survivors in order to dissuade them from filing complaints. The tendency is for survivors not to file a complaint when the perpetrator is a political authority or hierarchical superior. And even when she files a complaint, political pressure on a case can lead to dismissal to GBV impunity. GBV activists from a women's association reported that implementation constraints are due to shortcomings in state institutions involved in the care-seeking and justice-seeking process. As a GBV activist explains:

'Health centres and hospitals do not have adequate number of doctors. Medical professionals are leaving Haiti due to the security situation. Police stations do not have GBV centres. The police lack resources such as fuel and cars to pursue perpetrators. Policing efforts are not gender sensitive. MCFDF has the mandate to prevent and curb violence against women and girls. However, MCFDF does not have adequate financial and technical resources to implement a plan. Strengthening of state institutions needs political stability.'

In-depth interview with a GBV activist from a women's association

Respondents echoed the findings from the desk review, pointing out the loopholes in the legal and policy framework that foster GBV-related impunity in the country. Case workers reported that GBV survivors' protection needs are not being met, leading to survivors being reluctant to register a complaint due to fear of backlash or threats from the perpetrator. GBV survivors also lack adequate protection mechanisms. A GBV activist emphasized the need for gender-sensitive policing efforts and elaborated on this perspective in the following quote:

'Institutional shortcomings in police stations such as lack of GBV centres should be addressed to make policing efforts gender sensitive. GBV survivors repatriated from Dominican Republic face a barrier due to language as they are not fluent in Creole. These survivors find it challenging to interface with the various institutions which are part of the care giving and justice-seeking process. These institutions should recognize this barrier and put in place translators.'

In-depth interview with GBV activist from a women's association

The FGDs with members belonging to the LGBTQI+ group highlighted that the legislation does not adequately protect the rights of sexual minorities. LGBTQI+ people often face verbal, psychological and physical abuse without any protection offered by the state in the form of anti-discrimination laws. This set of respondents explained their perspective in the following quote:

'The Artibonite and the South-East are the most tolerant departments in the country as vodoo is prevalent in these departments. Vodoo allows us to be open about our sexuality and gender expression. In other departments we face high hostility. The state should protect our rights.'

FGD with LGBTQI+ members in the west department

Respondents, including judicial actors, case workers, and GBV activists, echoed the findings from the desk review and stated that the political instability in Haiti is affecting the ability of state institutions to implement necessary reforms. A GBV activist stated that the highly uncertain security situation in Haiti is resulting in weak implementation of services for GBV survivors. The empirical data on medical certificates has described the key institutional shortcoming in hospitals and health centres as a lack of adequate doctors. Members of a women's association observed that medical professionals are leaving Haiti due to the security situation. Hence, this further weakens the care services available to GBV survivors.

GBV impunity experiences unique to displaced communities and GBV impunity experiences within the broader Haitian context

To conclude, the research findings reveal both shared and differentiated experiences among GBV survivors belonging to displaced communities and those within the wider Haitian society. These findings also highlight the issue of GBV impunity in the Haitian context. Displaced people face an added layer of vulnerability due to their transient lifestyle. According to MOUFHED members, displaced people arriving in a new host community lack the necessary structures and institutions to

integrate into the community and navigate the institutional landscape. They often do not have a fixed abode, which makes it challenging to liaise with the authorities, and their stay in a particular community is typically brief. For LGBTQI+ and people with disabilities who are displaced, this vulnerability is further compounded. Table 6 below presents an overview of the unique GBV impunity experiences of displaced communities and the broader Haitian context. The research team developed this table based on the empirical data.

Table 6: GBV impunity experiences unique to displaced communities and GBV impunity experiences within the broader Haitian context

Impunity factor	GBV impunity experiences unique to displaced communities	GBV impunity experiences within the broader Haitian context
Cultural and Gender Norms		Cultural and gender norms that shame and blame GBV survivors and influence the care-seeking and justice-seeking behaviour of GBV survivors.
Threat and power nexus		Threats from perpetrators.
The gateway to justice: a little-known essential fact	Low awareness about whom to contact for support in the	Ignorance of provisions of law.
	justice seeking process	GBV survivors are supported by local organizations in the justice-seeking process.
Institutional shortcomings in hospitals and health centres	GBV survivors who are repatriated from the Dominican Republic find interfacing with the health centres challenging due to	Absenteeism of doctors in hospitals results in delays in getting an appointment to be examined and subsequently delays in obtaining a medical certificate.
	language issues	Protestant doctors may refuse to provide services to survivors from LGBTQI+ groups.
		Health services are not provided to GBV survivors in a gender-sensitive manner.
Inadequate accessibility to hospitals and health centres		GBV survivors who live in remote areas find it difficult to make trips to the hospital or health centre due to the time and financial cost involved in making the trip.
Lack of awareness about the significance of medical certificates		Low level of awareness amongst the GBV survivors regarding the time sensitivity of filing the request for medical certificate.
Socio-economic precariousness of GBV survivors and their families	Economic precarity along with the difficultly of living in a host community which is not familiar to displaced GBV survivors influences their decision not to complain	The economic precariousness of survivors and their families affects the justice-seeking behavior of the survivors.
Institutional shortcomings in police stations	Displaced persons have to register the complaint in the jurisdiction where the violence took place. Dossier cannot be moved to the jurisdiction where they currently reside.	Lack of GBV units in police stations results in poor quality reception of GBV survivors in police stations

Impunity factor	GBV impunity experiences unique to displaced communities	GBV impunity experiences within the broader Haitian context
	GBV survivors who are repatriated from the Dominican Republic find interfacing with the police challenging due to language issues. Police stations do not have staff who can provide translation services to GBV survivors who are not fluent in Creole.	The physical structure of the police station is not friendly towards people living with disabilities.
Attitudes of the police towards GBV survivors		Police show a poor response to register complaints in cases where violence is perpetrated by an intimate partner.
		Police show insensitivity towards GBV survivors.
Lack of accountability for actors in the justice system		Corruption in the judicial system.
'Slow' and 'Negligent' Response of the Judiciary		Justice-seeking process is time consuming and expensive.
Gaps in the legal and policy domain	Lack of support structures to receive or support GBV survivors in host communities.	The national plan to address violence against women and girls is not adequately resourced.

5.0 Recommendations

After analysing the study findings, this section discusses pathways to accountability that are centred on GBV survivors. The discussion includes perspectives from survivors themselves, their families, service providers, and government and civil society personnel who work with GBV survivors. Finally, specific recommendations are offered to USAID to facilitate the change necessary for strengthening GBV accountability and justice.

5.1 Solutions to Address GBV Impunity: Survivor-Centred Pathways of GBV Accountability

The research team collected recommendations from the respondents on actions and mechanisms that could promote accountability and justice for GBV survivors. They also analyzed the research findings and discussed with MOUFHED to arrive at collective recommendations. Since MOUFHED has practice-based knowledge of the GBV sector and the Haitian context, capturing their proposed solutions was considered important by the research team. This process aligned with the codesign ethics of the research. The following section outlines the recommendations from both the respondents and MOUFHED, grouped into nine areas of work:

- Effective implementation, monitoring and evaluation of the National Plan to Combat Violence Against Women and Girls
- Greater accessibility of the medical certificate with clear guidelines for hospitals and health centres
- Strengthening police work through GBV training of officers and adequate resources for police stations
- Making tribunals more efficient in dealing with GBV cases
- Decentralization of legal assistance
- Strengthen institutional mechanisms for responding to GBV.

- Strengthening the role of feminist organizations and civil society
- Religious leaders and local authorities: For a local response to impunity linked to GBV
- Need for greater synergy between organizations addressing GBV

These survivor-centred pathways of GBV accountability are explored below:

5.1.1 Effective implementation, monitoring and evaluation of the National Plan to Combat Violence against Women and Girls

The following are recommendations made by MOUFHED members regarding the effective implementation of the National Plan:

- MCFDF should evaluate the implementation of the plan at different levels (community, departmental and national) and collect the opinions of various actors working in the field of GBV to assess the level of progress in addressing violence against women and girls, including GBV survivors from displaced communities against the scope of actions under the national plan.
- MCFDF, with the assistance of civil society organizations, should conduct workshops with various actors working in the field of GBV to discuss suggestions for strengthening the implementation of the national plan.
- MCFDF should develop a work plan based on the results of the evaluation and insights from the workshops that identifies and elaborates the roles of MCFDF's department's branches and the roles of non-state actors interested in GBV work, focusing on GBV survivors from displaced communities.
- MCFDF should explore partnerships and avenues of collaboration between state departments, such as the Ministry of Justice and Ministry of Health, and civil society organizations to facilitate effective implementation of the work plan. Given the interest shown by external agencies in promoting the effective implementation of

- the national plan, MCFDF could constitute a Gender Thematic Table to facilitate discussions regarding inter-institutional co-ordination.
- Civil society organizations should lead advocacy efforts targeting the office of the Prime Minister, the Ministry of Economy and Finance (MEF), and the Ministry of Planning and External Cooperation (MPCE) to mobilize the necessary funds for effective implementation of the work plan.
- An external evaluation of the implementation of the work plan should be conducted by UN Nations Surge Capacity at the MCDF at the end of each year, around September. This evaluation should form the basis for preparing the work plan for the next fiscal year.

5.1.2 Greater accessibility of the medical certificate with clear guidelines for hospitals and health centres

To combat GBV-related impunity, it is important for GBV survivors to have access to medical certificates. The respondents provided recommendations to improve survivors' access to medical certificates, which can be categorized into four groups: infrastructure, evidence on the medical certificate, awareness, and decentralization of health services. These recommendations are presented below:

Infrastructure: Medical staff, GBV case workers and advocates emphasized the importance of equipping health centers and hospitals with quality equipment to examine GBV survivors. In their view, the Ministry of Health, in collaboration with the Ministry of Planning and External Co-operation, are responsible for implementing this recommendation. Civil society actors could also play an advocacy role in this while churches (especially Catholic churches), INGOs working on GBV, and donors such as World Bank and IBD may be interested in providing funds or quality equipment to hospitals and health centres.

- Evidence on the medical certificate: Medical staff stated that medical certificate assessments should be more comprehensive to provide more evidence against the perpetrator. They also opined that the Health Ministry and the Ministry of Planning and External Co-operation are the two state actors responsible for implementing this recommendation, while civil society-led advocacy efforts should also be strengthened on this issue.
- Awareness: Faith leaders, lawyers, and police officers recommended that GBV survivors should be made aware of the importance of going to health facilities in time to facilitate an adequate medical diagnosis. In their view, MCFDF and state-controlled media are two state actors who can play an important role in raising awareness. Civil society organizations, GBV case workers, local women's associations such as MOUFHED, and private media can also play a role in raising awareness. Medical staff, GBV survivors belonging to displaced communities, GBV case workers and judicial actors working in border communities also recognized the importance of training health service providers to provide services to GBV survivors in a gender-sensitive manner, especially those in charge of issuing medical certificates. The Ministry of Public Health and Population was suggested to ensure that medical staff attend these trainings without disrupting the availability of health services for GBV survivors.

Decentralization of health services:

Respondents including medical staff, a faith leader, and judicial actors emphasized decentralizing the medical certificate service to improve access for GBV survivors in remote areas. They recommended setting up medical certificate centres in such areas and identified the Health Ministry and the Ministry of Planning and External Cooperation as responsible for implementing this recommendation.

Table 7: Recommended organizations that can provide training for health service providers

Women's rights local associations

Neges Mawon,

SOFA (Solidarité Fanm Ayisyèn);

KRIFA (Kri Fanm Ayisyen);

Conversations essentielles;

Fanm Deside;

AFASDA (Asosiyasyon Fanm Solèy Dayiti);

AFM (Association des Femmes de Madeline);

RFEO (Rassemblement de Femmes Engagées de Ouanaminthe);

PGNE (Plateforme Genre du Nord-Est),

Human rights associations and organizations

RNDDH (Reseau National de Defense des Droits Humains),

CE-JILAP (Commission Episcopale Jistis ak La paix), CRESFED (Centre de Recherche et de Formation Economique et Sociale pour le Developpement), FJKL (Fondasyon Je Klere),

5.1.3 Strengthening police work through GBV training of officers and adequate resources for police stations

The research respondents presented a series of recommendations to improve the functioning of the police as an institution. We present these recommendations below:

- GBV case workers and judicial actors recommend that police personnel receive training sessions on how to receive GBV survivors and follow up on GBV cases. They emphasize a survivor-centred approach in the reception of GBV survivors. The Ministry of Justice and Public Security and MCFDF are identified as the two state actors responsible for implementing this recommendation. Lawyers without Borders and MOUFHED are identified as two non-state actors who can provide this training to police personnel.
- GBV survivors, judicial actors, and members of LGBTQI+ groups recommended the establishment of a GBV unit composed of at least 5 police officers in police stations and sub-stations. Judicial actors identified the Ministry of Justice and Public Security and MCFDF are identified as the two state actors responsible for implementing this recommendation.
- The development of a code of ethics for police officers regarding the reception of GBV survivors and the follow-up of GBV cases was emphasized by GBV case workers, judicial actors, and GBV survivors from displaced communities. The Ministry of Justice and Public Security and MCFDF were identified by GBV

- case workers and judicial actors as the two state actors responsible for implementing this recommendation.
- To effectively assist survivors of GBV, GBV case workers, judicial actors, and GBV survivors recommended that police should be provided with adequate resources such as vehicles and fuel. The Ministry of Justice and Public Security, MCFDF, and Ministry of Finance were identified as the state actors responsible for implementing this recommendation. Donors and INGOs were also identified by MOUFHED as actors who can strengthen the national police with resources.

5.1.4 Making tribunals more efficient in dealing with GBV cases

This section recommends how the courts should function and how judicial personnel should conduct themselves.

- Judicial actors, health workers, and GBV case workers pushed for the inclusion of a female judge in each trial jurisdiction and identified the Ministry of Justice and Public Security, Ministry of Interior, MCFDF, and Ministry of Health as responsible for implementing this recommendation.
- GBV case workers, GBV survivors, and judicial actors stressed the need for timely communication of all information related to the progress of the complaint with the survivor. They identified the Ministry of Justice and Public Security, Ministry of Interior, MCFDF, and Ministry of Health as responsible for implementing this recommendation, with CSOs specializing in legal accompaniment (such as MOUFHED, Avocat sans Frontières, REFKAD, CALSDH) playing a supporting role.
- Judicial actors and GBV case workers advocated for the establishment of GBV data recording mechanisms based on cases received by the Tribunals, with the Ministry of Justice and Public Security, Ministry of Interior, MCFDF, and Ministry of Health being responsible for implementation. MOUFHED members and judicial actors identified CSOs specializing in legal accompaniment (such as MOUFHED, Avocat sans Frontières, REFKAD, CALSDH) as having a role in supporting the establishment of GBV data recording mechanisms.
- GBV case workers and health workers emphasized the importance of legal support for GBV survivors during the justice-seeking process. They identified the Ministry of Justice and Public Security, Ministry of Interior, MCFDF, and Ministry of Health as responsible for implementation, with CSOs specializing in legal accompaniment (such as MOUFHED, Avocat sans Frontières, REFKAD, CALSDH) playing a role in providing such support.

5.1.5 Decentralization of legal assistance

In September 2018, the Haitian State passed a law creating the National Council for Legal Assistance (CNAL). The institution began operating on September 25, 2020, following a presidential decree. However, the services provided by CNAL remain centralized in Port-au-Prince, making them challenging to access. GBV case workers and survivors have called for the decentralization of legal assistance services. Additionally, participants in a learning workshop with stakeholders emphasized the need for a strong legal accompaniment process for GBV survivors from displaced communities, as the current practice does not allow for the transfer of dossiers from one jurisdiction to another.

5.1.6 Strengthen institutional mechanisms for responding to GBV

The respondents emphasized the need to strengthen institutional mechanisms for responding to GBV and provided the following recommendations:

- GBV case workers, community residents, and judicial actors suggested that the Ministry for the Status of Women should design and implement multiple tools to oversee the care system. They identified the Ministry of Justice and Public Security, Ministry of Interior, MCFDF, and Ministry of Health as other state actors who could support this process. CSOs specializing in legal accompaniment (MOUFHED, Avocat sans Frontières, REFKAD, CALSDH) were identified by MOUFHED members, judicial actors, and GBV case workers as having a role in providing insights into the design and implementation of the tools.
- Judicial actors, health workers, and GBV case workers suggested developing a GBV case identification system. They identified the Ministry of Justice and Public Security, Ministry of Interior, MCFDF, and Ministry of Health as state actors responsible for implementing this recommendation. MOUFHED members, judicial

- actors, and GBV case workers identified CSOs specializing in legal accompaniment as having a role in providing insights in the development of the GBV case identification system.
- Judicial actors and GBV case workers suggested establishing a system for collecting data and information on the process of handling GBV cases from the denunciation of the act to the decision rendered by the courts. This mechanism would make it possible to see the number of cases processed as well as the difficulties encountered in the justice-seeking process. Judicial actors, GBV case workers, and members of a CSO (Gender Platform in the Northeast) advocated developing a national database. They identified the Ministry of Justice and Public Security, Ministry of Interior, MCDFDF, and Ministry of Health as responsible for implementing this recommendation. Organizations working at the local level and public institutions (police, justice) should develop this database. Annual reports should be developed on the number and status of GBV cases.
- Judicial actors advocated for regular vetting by the CSPJ (for judicial staff) and by the General Inspectorate of the PNH (for police officers) on the behaviour of these authorities in handling GBV cases. The Ministry of Justice and Public Security, Ministry of Interior, MCFDF, and Ministry of Health were identified as responsible for implementing this recommendation.
- The participants from the learning workshop advocated for regularly inspecting local courts from the High Court of Justice.

5.1.7 Strengthening the role of feminist organizations and civil society

 GBV survivors, GBV case workers, and family members of GBV survivors acknowledged the significant role played by feminist organizations and civil society organizations in combating GBV impunity. MOUFHED members specifically highlighted the need to strengthen the role of these organisations.

- GBV case workers, MOUFHED members, GBV survivors with disabilities, and faith leaders stressed that civil society organizations have the potential to raise awareness in communities about GBV and the avenues for seeking care and justice. They suggested that awareness-building activities could be carried out in schools, churches, and communities.
- Members of the LGBTQI+ community in the West department emphasized the importance of educating parents about the sexual rights of young people. They recommended that parents' associations in schools work in collaboration with women's rights and human rights associations to raise awareness amongst parents. They also suggested that local women's rights associations could undertake awareness-building projects and campaigns in communities.
- GBV survivors with disabilities in the West department suggested that local civil society organizations could educate journalists about violence against persons with disabilities. They emphasized the need for media broadcasts to raise awareness about GBV.
- GBV survivors, community members, and GBV case workers proposed that civil society organizations could implement projects/programmes that provide legal support to GBV survivors during the justiceseeking process.
- Civil society organizations can engage in advocacy efforts to encourage the state to establish shelters for GBV survivors.

5.1.8 Religious leaders and local authorities: For a local response to impunity linked to GBV

The respondents emphasized the close relationship that religious leaders and CASECs have with the community, and recommended the following roles for these actors:

- They can facilitate GBV training and awareness sessions by serving as channels. The Ministry for the Status of Women and Women's Rights can hold consultations with religious leaders. In collaboration with civil society organizations, the Ministry can provide trainings to sensitize religious leaders on GBV and pathways to seek justice.
- Religious leaders can provide initial support to GBV survivors by helping them report violence and connecting them with support structures, thus enabling them to begin the care and justice seeking process.

5.1.9 Need for greater synergy between organizations addressing GBV

Several grassroots organizations are currently working on GBV in Haiti, operating in all 10 departments of the country. These organizations offer a range of services to GBV

survivors including psychosocial support, legal services, justice system monitoring, and GBV trainings. However, members of women's associations and case workers pointed out that these organizations lack synergy, resulting in a fragmented approach to addressing GBV. MOUFHED members suggested that networking activities, collaborative advocacy efforts, joint research, and knowledge sharing activities could enhance linkages between these organizations and allow for a more holistic view of GBV prevalence.

In conclusion, it is the responsibility of the Haitian state to initiate a "system-wide" response to curb GBV impunity, targeting legal and policy domains, strengthening institutions in the care and justice seeking process, and effectively implementing the national plan. Civil society organizations have a key role to play in addressing GBV impunity through intervention and advocacy.

5.2 Recommendations for USAID

The research team and MOUFHED collaboratively developed recommendations for USAID after a series of dialogues. Christian Aid Haiti shared the draft recommendations during a learning workshop with various stakeholders. The research team finalized the recommendations based on the inputs received during the workshop. The recommendations are organized into two categories: recommendations for displaced communities and recommendations for strengthening GBV accountability more widely. The study recognizes that GBV impunity experiences are unique to displaced communities and also within the broader Haitian context.

5.2.1 Recommendations specifically focused on displaced communities and other vulnerable groups

- USAID should encourage, support and resource advocacy efforts targeting the Haitian government, particularly local and regional authorities, to initiate programs and structures to welcome women from displaced communities. USAID should also explore encouraging CSOs and donors to initiate similar programs. Implementing this recommendation will reduce the vulnerabilities faced by women from displaced communities, particularly those with minor children, single women, and women living with disabilities.
- USAID should support and resource research and learning activities on GBV and GBV impunity. The following activities are suggested:
 - Documentation (written, audio, video) of change stories/case studies articulated by GBV survivors and GBV survivor activists, with a specific focus on GBV survivors from displaced communities, LGBTQI+ groups, and survivors living with disabilities.
 - Participatory research investigating the specific vulnerabilities faced by LGBTQI+ groups and GBV survivors living with disabilities, using an intersectional lens.
 - Support capacity building efforts aimed at strengthening the research and evidence

- capacity of local Haitian associations working on GBV impunity, provided by the collaborative team of research, civil society and academia.
- Activities for cross-learning and knowledge exchange between organizations working on GBV, such as conferences, workshops, seminars, and round tables.
- USAID should support the development and strengthening of IEC (Information, Education and Communication) materials promoting behavioural change in a language accessible to displaced communities.
- USAID should encourage and resource local organizations to focus their services on GBV survivors from displaced communities, including those listed in table 7 and the following local health organizations: FOSREF (Fondation pour la Santé Reproductrice et de l'Éducation Familiale) and GHESKIO (Groupe Haïtien pour l'Étude du Sarcoma de Kaposi et des Infections Opportunistes).
- USAID should support civil society initiatives aimed at raising awareness of the situation of GBV survivors from displaced communities in their search for justice, such as civil society round tables, conferences, and seminars. USAID should also support civil society in implementing a GBV project based on the key findings of this research. It will have the following components:
 - · raising awareness of GBV and GBV impunity,
 - training health personnel, police, and judicial staff,
 - establishing/strengthening GBV units,
 - working with civil society organizations and religious groups to welcome and support members from displaced communities.
- USAID should explore investing in programs aimed at economic recovery assistance and social integration for displaced women, LGBTQI+ members, and women living with disabilities. Technical and vocational training programs are needed to support displaced women to pursue alternative, safe livelihoods. Funds for completing educational degrees or

certificates for displaced women, LGBTQI+ members, and women living with disabilities who left school early or who have limited job skills training are also needed.

5.2.2 Recommendations to strengthen GBV accountability mechanisms more widely

- USAID should explore opportunities for collaboration with MCFDF to effectively implement the National Plan to Combat Violence Against Women and Girls. USAID should encourage MCFDF to design and implement activities that specifically target GBV survivors from displaced communities. Additionally, USAID should support MCDF in conducting workshops with various actors working in the field of GBV to discuss suggestions for strengthening the implementation of the National Plan.
- USAID should explore supporting and resourcing civil society organizations over the medium and long term to address funding and program gaps in GBV work. USAID should consider supporting organizations to lead advocacy efforts on effective implementation of the national plan and legal reforms needed to address GBV impunity, provide training for health service personnel, police personnel, judicial actors, as well as civil protection personnel, community leaders, and religious leaders, and raise awareness in communities on the significance of undergoing a medical examination and getting a medical certificate, as well as the various steps in the justiceseeking process.
- USAID should support civil society organizations that provide legal assistance to GBV survivors during the justice-seeking process. These organizations are often underresourced and unable to provide the necessary legal support.
- USAID should explore funding community groups, schools, churches, and other local youth-focused services to engage young people on issues related to gender equality.
 USAID should also consider supporting awareness-building projects targeted at youth on gender identities and toxic masculinities.

- USAID and the Ministry of Women's Conditions and Women's Rights could launch a campaign collaboratively, similar to the one initiated by the MCFDF in 2008. The aim of this campaign was to encourage women and girls to seek medical help within 72 hours, request a medical certificate and report abuse to the police. Participants from the learning workshop consider this campaign successful as it raised awareness in communities.
- USAID should explore providing quality equipment to hospitals and health centers for examination of GBV survivors.
- USAID should explore supporting initiatives that enable a conducive political and social environment for policy and legal reforms on GBV.
- USAID should explore supporting multistakeholder consultations on GBV units that focus on what resources and capacities are needed to establish survivor-centered GBV units.
- USAID should explore supporting initiatives aimed at developing a national database on GBV aligned with confidentiality norms to protect the well-being and safety of GBV survivors.
- USAID should resource survivor-designed shelters for GBV survivors, (safe houses and centres that provide psycho-social support). This recommendation is underpinned by a commitment to survivor and community-led crisis response (SCLR), which seeks to enable external aid actors to connect with, support, and strengthen crisis responses identified, designed, implemented, and monitored by existing or new self-help groups among crisisaffected populations (Corbett et al 2021). Christian Aid has piloted the SCLR approach for three years in Haiti, where communities felt listened to, empowered, and their needs were met. The research team's analysis is that GBV survivors feel powerless, and the current system is such that even their testimony is not heard. Hence, the research team is of the opinion that approaches such as SCLR should be facilitated to meet the needs of GBV survivors and hear their voices.

Appendices

Appendix 1: Ethics Risk Assessment

Table 8: Ethics Risk Assessment

Question

Does your project involve working with children, people under 18 years or vulnerable adults?

Assessment of risk

The project does not involve working with people under 18. The project involves collecting data from respondents who belong to internally displaced communities in Haiti. These communities are a vulnerable group. Within these communities, the project proposes to collect data from:

- 1.Family and/or relatives of survivors of GBV.
- 2.Community and faith leaders
- 3. Industrial low wage workers.
- 4. GBV survivors (if they self-select themselves)

Mitigation strategy

Various steps will be put in place as part of the mitigation strategy. Some of the steps have already been implemented. The steps which will be implemented and those that have been implemented have been explained in the sections that follow.

For instance:

- age verification through an identification act (national identification card for example)
- verification with certain institutions such as churches and schools.
- ask the interviewees what age category he/she falls into. We can insert a clause at the end of the form to say that the person claimed to be at least 18 years old.
- Interviewees could sign a form at the end of the interview to affirm that they are indeed 18 years old

Does your project involve engagement with marginalised and/or stigmatised groups?

The project involves engagement with members from the displaced communities in Haiti. Displaced communities include those fleeing violence, escaping the impact of the 2010 earthquake and those who have been deported or repatriated from the Dominican Republic. Displaced communities are a vulnerable group with high humanitarian needs such as food, livelihoods, education, mental health and psychosocial support and protection. Displaced people settled in host communities are vulnerable to being victims of violence (Amnesty International, 2011). Christian Aid Haiti and its partners MOUFHED's experience of working with these communities depicts that these communities survive on a day-to-day basis. The methodology of the project proposes that GBV survivors will be interviewed if they self-select to participate in the research. The project is designed to give space to the GBV survivors to decide if they want to participate in the research or not. This is a group which faces stigma. The methodology of the project also proposes to collect data from family and/or relatives of survivors of GBV. This group may also face stigma and discrimination. A study by Christian et al

2011 reveals that SGBV has significant

- a. The project is committed to a process of cocreation with a local partner and other key stakeholders from the practice and academic domain. The research design has evolved from this co-creation process. The research design reflects an understanding of the local context.
- A key component of the research is using a hybrid ethics panel. The ethics panel will comprise of both academics and practitioners who will centre the well-being of the displaced communities and the GBV survivors in their response
- c. The research team was chosen carefully by Christian Aid Haiti. The research team members have experience of working on GBV issues, they are aware of the broader political context, social and cultural norms.
- d. Institutions providing GBV services could be invited to be part of the FGD.
- e. Interviewers could be providing information on the referral pathways, in a way to fulfil respondents expectations. However, they are not bound to provide any kind of services; ensuring that these orientations should be done at the end of the interview to avoid affecting the quality of the information.

Question	Assessment of risk	Mitigation strategy
	negative physical, mental, social and economic consequences for the survivors and their families.	
Are you engaging with sensitive topics?	The research engages with a sensitive topic. The study does not have any probe	 The tools are in Creole and interviews and FGDs will be conducted in Creole.
	question regarding the episode of the violence.	 The research team will be oriented on the tools and simulation sessions will be conducted so that they have mastery over the tools.
		 A pilot test of the tools will be conducted to ensure they are sensitive to the context. Based on the results of the pilot test, the tools will be revised.
		 Provisions are made in team members' contracts regarding compliance with protocol rules and interviewee confidentiality.
		 The interviewers could also bring tissues and bottles of water.
		 If the needs arise, the interviewers could consider abandoning a question, ending the interview or postponing it to the next day.
Is there clarity on information and consent procedures?	The research team will aspire to get written consent. There is a possibility that respondents belonging to GBV survivors' group or families/relatives of GBV survivors' group may not feel comfortable giving written consent.	 The Participant Information Sheet and the consent forms will be translated in Creole and will be written in an accessible language.
		The research team will explain the Participant Information Sheet and the Consent Forms to the potential participants in person. The confidentiality measures and participant rights will be explained to the potential respondents.
		 The potential research participants will be given time to reflect whether they want to take part in the research or not.
		 Participants will be informed that they can withdraw consent at any time.
		 Participants will be given the phone numbers of the key members from the research team and who to contact to report any concerns they may have with the research process.
Is there clarity on anonymity and confidentiality?	Some of the questions in the tools may be considered socially unacceptable to discuss (for example questions on to what extent do socio-cultural norms contribute to GBV impunity, the interaction and experience of the displaced communities with justice system etc). If it becomes publicly known that a particular respondent gave a particular answer, she/he may face threats or social consequences.	Data will be de-identified so that it cannot be linked to specific individuals or groups. To this end, all personal identifiers such as person's name, place of residence, etc will be removed from the data set.
		 A data management plan has been developed and will be implemented.
		 Anonymity and confidentiality mechanisms are also included on the participant information sheet.
		 The possibility to give the respondent the opportunity of going back over information

Question	Assessment of risk	Mitigation strategy
		she or he had given to the interviewers is to be considered
the survivors or family members of GBV survivors are taking part in the research, they may threaten the survivors or the family members in order to discourage them from taking part in the research. Christian Aid is mindful that conventional research has inequitable power relations between the researchers and the researched. Christian Aid is committed to shifting power in research. Hence, this research adopts elements of decolonial approach. These elements are a) codesigning the research with a hybrid research team, b) putting in place a hybrid ethics panel, c) giving space to GBV survivors to self-select themselves for research. the families of GBV survivors and their conducted. This assessm account the site for data collection and to check for the present may retaliate against the survivor's family. During discussions, esp participants may raise is or religious affiliation. Under the interviewer will not political opinion or share affiliation. The interview discussions with tact to of the research. The hybrid research eth following 5 members from the Ministry of Women's Rights; representations are allowed to the following 5 members from the Ministry of Women's Rights; representations.	Before collecting data from GBV survivors and the families of GBV survivors, an assessment of the risks to the safety and well-being of the GBV survivors and their families will be conducted. This assessment will take into account the site for data collection, the time for data collection and doing the groundwork to check for the presence of a member who	
	conventional research has inequitable	may retaliate against the survivor or the
	During discussions, especially focus groups, participants may raise issues related to politic or religious affiliation. Under these conditions the interviewer will not share his or her political opinion or share his/her religious affiliation. The interviewer will reframe discussions with tact to achieve the objective of the research.	
		The hybrid research ethics panel consists of the following 5 members from the Faculty of Ethnology, representatives of local women associations, a GBV survivors, representatives from the Ministry of Women Conditions and Women's Rights; representatives of people living with disabilities; and the GBV specialist

What (security/harm) risks does the research pose to the participants and do you have appropriate referral mechanisms in place?

- The research has the following risks for **GBV** survivors:
- **Psychological risks:** There is a risk of re-traumatisation.
- Livelihood risks: hunger due to taking people away from their livelihood activities.
- Social risks: the participation of GBV survivors in the research may expose them to further stigma or social isolation.

The research has the following risks for the families and/or relatives of survivors of GBV:

The research team members have undergone online training on research design, co-design and research ethics in first half of October 2022. The research team is familiar with the risks to the respondents.

the quality of technical secretariat of the

It is important to weight with the local

planning of the interviews to make sure powerful actors do not take part to group interview to ease the participation of everyone. Instead, it is recommendable that these people with authority and power be heard separately.

association that has planned the venue and the

committee.

- Interviews and FGDs will be conducted in a place which is safe, secure and is conducive to privacy. The respondents and the local partner MOUFHED will be involved in selection of site for the interview and the FGD.
- Female interviewers will interview the GBV survivors.

Mitigation strategy Question **Assessment of risk**

- Psychological risks: There is a risk of family members or relatives experiencing distress as they may recollect the trauma faced by the GBV survivor. They may also recollect the challenges faced by the GBV survivor in accessing justice.
- Social risks: the participation of the families of GBV survivors in the research may expose them to further stigma or social isolation.
- Livelihood risks: hunger due to taking people away from their livelihood activities.

The research has the following risks for the members belonging to Industrial low wage workers group:

Livelihood risks: hunger due to taking people away from their livelihood activities.

- Appropriate referral mechanisms have been developed with the help of the local partner MOUFHED.
- The research team has signed agreements to keep data confidential.
- The data collection will be done at a time which does not overlap with the livelihood activities of the respondents.
- Certain measures need to be considered to ensure to mitigate some types of risks, such as: transport planning and the establishment of assembly points, the allocation of rechargeable minutes for emergency calls, follow-up with the police and the justice system in the departments and even in the communes where the survey will take place

What (security/harm) risks does the research pose to the researcher?

- Safeguarding and protection risks: due to the ongoing security situation in Haiti, there is a likelihood that the research team may face risks to their physical safety.
- Research team may have to listen or may get exposed to deeply personal accounts of challenges in seeking justice for GBV survivors. Listening to these narratives may result in significant emotional costs or vicarious trauma to the research team. Vicarious trauma is the result of being exposed and empathetically listening to stories of trauma, suffering and violence, caused by humans to other humans (SVRI, 2015)
- The safety and security of the research team will be continuously monitored.
- Regular debriefing sessions will be scheduled for the research team specifically to address the emotional impact of data collection.
- The research team will collectively decide on a cap for the number of interviews carried out in a day.
- The research team will be encouraged to take adequate breaks between interviews.

What (security/harm) risks does the research pose to the data?

• The sensitive nature of the research demands that strict confidentiality measures are put in place so as to ensure the well-being and safety of the respondents.

- A data management plan has been developed. This will be implemented and monitored on a regular basis.
- The research team will be trained by Christian Aid's Research, Evidence and Learning Team on managing data responsibly.
- The research team will be given an orientation on the data collection tools by a GBV specialist who is part of the project research team.
- The field work will be co-ordinated and closely supported by MOUFHED and the GBV specialist.

Question	Assessment of risk	Mitigation strategy
		The field notes and transcripts will be sent by courier (airplane) in the event that transcripts cannot be delivered via road travel from each region because of security restrictions.
What local or national legal and ethical requirements does your research need to comply with?	Christian Aid is committed to building equitable partnerships and shifting power in research. This includes codesigning the research using hybrid research teams and hybrid ethics panel's comprising both academics and development practitioners. The ethics panel along with the research team are mandated to protect the wellbeing and safety of the respondents.	 A hybrid ethics panel will be formed comprising both academics and practitioners. The hybrid ethics panel mandate is to ensure it is the ethic and well-being of the displaced communities and GBV survivors that is centred in the research. The insights into the ethical issues of the research were drawn from the research team during the training which was delivered to the research team by Christian Aid's Research, Evidence and Learning team. The research complies with Christian Aid's General Data Protection Regulation (GDPR) and Data Retention Policies.

Appendix 2: Data Collection Tools

A: Guide pour les Séances de Discussion pour les Familles des Survivantes / FGD Guide for Survivors' Families

i. IDENTIFICATION

Kreol	French	English
IDANTIFIKASYON	IDENTIFICATION	
Groupe	Groupe	Group
Depatman	Département	
Komin	Commune	Municipality
Katye	Quartier	
Lye	Lieu	
Dat	Date	

Kreol	French	English
Siyati	Nom	Last name
Non	Prénom	First name
Laj	Age (tranche d'âge) (18-29, 30-39 et 40 ans et plus)	Age
Seks	Sexe	Gender
Relijyon	Religion	Religion
Pwofesyon	Profession	Profession
Depatman, komin, katye	Zone de résidence (département, commune)	Area of residence
Deplase oubyen non deplase	Déplacées ou non	Displaced or not
Pou moun ki deplase depi kilè li rete nan zòn sa	Si déplacées depuis quand est-il établi dans la zone	If moved, since when is it established in the area
Pou moun ki deplase nan ki zòn li te rete avan	Si déplacées, Zone de provenance	If displaced, Area of origin
Ki kote zak vyolans lan te fet nan komin moun nan te rete avan an oubyen nan komin li vin viv la		
Eske se yon sivivant ki pote plent oubyen yon sivivant ki pat pote plent	Survivantes ayant porté plaintes Survivantes n'ayant pas porté plaintes	Survivors who filed a complaint Survivors who did not file a complaint

ii. FACTEURS A LA BASE DE L'IMPUNITE EN MATIERE DE VBG

Kreol	French	English
Koz Sosyo Kiltirels	Causes socio-culturelles	Socio-cultural causes
Eske rapò pwoximite tankou lyen familyal, lyen zanmitay ant viktim nan ak agresè a konn dekouraje viltim vyolans lan pote plent	Les rapports de proximité entre la victime influencent-ils les décisions de la survivante ou de ses parents de porter plainte?	What are the factors which influence the survivor's or her parents' decisions to press charges for GBV or not to press charges for GBV. (prompt: shame attached to being a survivor of GBV, perpetrator is the husband,

Kreol	French	English
		economic dependence on the perpetrator, etc)
Koman rapò avèk lidè relijye yo konn enfliyanse sivivant VBG yo pou yo pote oubyen pa pote plent	Sur le plan religieux, comment les rapports avec les leaders religieux influencent-ils les survivantes de VBG ou leur famille à porter ou à ne pas porter de plainte?	Who do people consult when they decide to report or denounce a case of violence?
Lè ou viktim vyolans lan eske ou te al wè yon pastè, yon pè oubyen yon hougan pouw denonse oubyen siyale vyolans sa ou sibi a	Avez-vous consulté un pasteur, un prêtre ou un prêtre du vaudou pour dénoncer ou signaler un cas de violence?	
Eske sa konn rive nan kominote wap viv la jyo fè chante sou moun ki viktim vyolans swa fizik oubyen seksyel (tankou vyol) nan moman rara, nan veye elatriye	Est-ce qu'on a l'habitude de composer des chansons en faisant référence aux survivantes de VBG lors des raras par exemple?	
Eske lè yon moun te sibi vyol oubyen yon lot kategori vyolans eske sa kapab fè li gen difikilte poul jwenn yon moun poul marye nan kominote	Une survivante de viol a-t-elle rencontré des difficultés pour se marier au sein de la communauté?	
Si yon jèn fi rive tonbe ansant swit ak vyol li viktim nan eske sa konn anpeche fanmil pote plent kont agresè a	Le fait par une jeune fille violée de tomber enceinte, est-ce que cela a tendance à nuire les poursuites judiciaires	What are the factors which hinder the prosecution process?
Eske nan kominote a yo gen tandans fè diferans ant vyolans ki fèt sou fanm ak vyolans ki fèt sou tifi Ann gade nan ka sa yo : • Lè se vyolans seksyel • Lè se vyolans fizik	Est-ce que dans la communauté on établit une distinction entre les violences perpétrées sur une femme et celles perpétrées sur une fille? • Violence sexuelle • Violence physique	
Eske sa konn rive ke nan kominote a yo rann koupab fanm oybyen tifi ki viktim vyolans lan	Cela arrive-t-il qu'une femme ou une fille victime de violence soit culpabilisée par la société? Comment cela se manifeste-t-il?	
Kijan sa konn rive fet Eske yo abitye fè rapò ant jan yon moun abiye ak dwa li genyen pou pote plent si li victim vyolans seksyel oubyen fizik	Pensez-vous qu'il existe un rapport entre les tenues portées par une femme et son droit à demander justice pour une violence subie (physique, sexuelle ou autre) ?	
Si yon mari oubyen yon patnè fòse yon fanm antre nan rapò seksyel avek li eske fanm nan gen dwa pote plent	Si un mari ou un partenaire contraint une femme à avoir des rapports sexuels avec lui, la femme peut-elle porter plainte?	What difficulties does a survivor face in filing a complain if the perpetrator is her husband or fiancé or lover or
Si se mesye maryel	• Mari	concubine or partner?
Si se yon moun li plase	• Concubin	
• Si se fiyansel	• Fiancé	
Si se mennaj li	• Amant	
Eske chwa yon moun sou plan seksyèl gen rapò ak aksyon lap antreprann nan nivo lajistis pou vyolans li sibi. Koman sa pase an jeneral	L'orientation sexuelle d'une personne en tant que membre de la communauté LGBTIQ+ influence-t-elle les actions de suivi des plaintes au niveau de la police ou des tribunaux?	

Kreol	French	English
Eske sa konn rive ke yon sivivant VBG al jwenn yon paste, yon pè oubyen yon hougan poul kapab jwenn jistis	Est-ce que cela s'est arrivé qu'une survivante se rende chez un pasteur, un prêtre ou un prêtre du vaudou pour obtenir justice par la prière?	What alternate mechanisms(apart from judicial process) do survivors use to seek justice? Why do survivors use these alternate mechanisms and not the legal mechanisms?
Eske ou wè statu sosyal viktim nan tankou ki etid li fè, eske lap travay, eske gen gwo relasyon konn enfliyanse swivi lapolis ap bay dosye plent kel depoze a. Kisa ou abitye wè nan ka sa	Le statut social (Niveau de formation, situation économique etc) de la survivante influence-t-il le suivi de la police? Que voyez-vous généralement dans ces genres de situation?	What are the factors which influences police follow up of cases of GBV?
Eske ou wè statu sosyal viktim nan tankou ki etid li fè, eske lap travay, eske gen gwo relasyon konn enfliyanse swivi lajistis ap bay dosye plent kel depoze a. Kisa ou abitye wè nan ka sa	Le statut social (Niveau de formation, situation économique etc) de la survivante influence-t-il le suivi du dossier par les Tribunaux? Que voyez-vous généralement dans ces	What are the factors which influence the follow up of the case by the courts?
Kisaw panse de antant ki konn ap chache nan lajistis ant viktim nan oubyen moun ki pwòch viktim nan ak agresè a	genres de situation? Que pensez-vous des ententes généralement recherchées au niveau de l'appareil judiciaire entre la survivante ou ses proches et l'agresseur?	What are the difficulties which the survivors and people escorting them face in interacting with the judicial system? Why do people have mistrust in the judicial system?
Eske sa konn rive pou jij la ap fè presyon sou sivivant lan oubyen sou paran sivivant lan poul aksepte yon anatant avek agresè a	Cela arrive-t-il qu'un juge fasse pression sur les parents de la survivante ou sur la victime pour trouver une entente avec l'agresseur?	
Eske paran sivivant konn fè presyon sou li poul pa denonse oubyen poul pa pote plent pou vyolans li sibi a ke se vyolans fizik ke se vyol	Cela est-il arrivé que la survivante reçoit des pressions de la part de ses parents ou de ses proches pour ne pas porter dénoncer ou porter plainte pour une violence subie	
Eske nankominote a fanm ak ti fi gen abitid pote plent lè gason ap joure yo. Ann gade si gason sa se : • Mesye maryel • Mesye lap viv nan plasaj avek li • Yon moun li fiyanse avek li • Mennaj li	Est-ce que vous avez le droit de porter plainte lorsqu'un homme vous lance des invectives? • Mari • Concubin • Fiancé • Amant	
 Yon moun nan fanmil tankou (frèl, tonton, kouzin etc.) Yon moun li pa gen okenn relasyon familyal avèk li 	Membres de votre famille (frère, cousin, oncle)Toute autre personne	
Eske nivo rapò ak moun kap viv nan komin sa ou vin viv la gen enpak sou sèvis ou ta dwe resevwa (tankou santw, sipò la polis oubyen resepsyon ak swivi dosye w la nan lajitis) (nap pale de kapasite pou w rive localize sèvis sa yo, poi jwenn assistan nan fanmiw ak nan men moun kap travay nan enstitisyon sa yo)?	Est-ce que le niveau d'intégration de la survivante dans la communauté détermine son accès aux services (santé, police, justice ou autres) (en terme de réparage géographique, de prise en charge au niveau de ses institutions, d'accompagnement de proche etc.) ?	
Si zak vyolans lan te fet nan komin moun nan tap viv avan an, eske ou gen	Lorsque l'acte de violence a été perpétré dans la commune que vous avez laissé,	If the act of violence was perpetrated in a municipality the survivor no

Kreol	French	English
difikilte pouw fè swivi dosye a (nan kite komin kote wap viv kounye a pou al fè swivi dosye a nan komin kew kite)?	avez-vous des difficultés en termes de déplacement pour effectuer le suivi du dossier?	longer reside in, what are the challenges the survivor faces in seeking justice?
Ki konpotman moun nan komin nan pa rapò ak moun kap soti nan lot zòn vin viv sou teritwa komin sila (eske yo konn fè blag sou yo, yo retisan nan devlope relasyon avek yo elatriye)?	Quel comportement affiche la communauté à l'égard des personnes déplacées (A-t-elle tendance à leur marginaliser à travers ses discours ou selon les rapports personnels quelle développent avec eux etc.) ?	How does the community behave towards survivors from displaced population groups (does it tend to marginalize them through its discourse or according to the personal relationships it develops with them, etc.)?
Kreol	French	English
Koz sosyo ekonomik	Facteurs socio-économiques	Socio-economic factors
Eske paske se agresè a kap pran swen fi a oubyen se anplwaye fi sa kapab anpeche fia pote plent oubyen denonse zak vyolans li sibi	La dépendance économique de la survivante par rapport à l'agresseur ou à une autre personne l'empêche-t-elle de dénoncer la violence qu'elle a subie ou de porter plainte?	
Eske sa konn rive yon jij resevwa lajan poul deside sou yon dosye vyolans nan yon sans oubyen nan yon lòt	Est-ce qu'il peut arriver qu'un juge soit monnayé pour rendre sa décision dans un sens ou dans un autre?	
Eske sivivant yo gen mwayen jeneralman pou yo peye tout frè sa mande pou pote plent e pou swiv dosye a nan lajistis	Les survivantes sont-ils en mesure de supporter les couts nécessaires que cela requiert pour adresser une plainte ou pour faire le suivi judiciaire ?	What difficulties do survivors face in filing a complaint or following up with the courts? (Prompt: abuser's political position, political pressure on judicial authorities when a complaint is against an influential person?)
Ki enpak sa genyen finansyèman sou swivi dosye plent kont VBG a è viktim nan dwe deplase de yon zòn ak yon lòt (lè kote dosye a ap trete a se pa la viktim ap viv)	Quel est l'impact financier pour le suivi du dossier de plainte en matière de VBG lorsque la victime doit reégulièrement se déplacer d'une zone à une autre?	
Kreol	French	English
Koz politik	Facteurs politiques	Political factors
Eske pozisyon politik agresè a kapab anpeche viktim VBG a pote plent oubyen denonse zak li sibi a	La position politique de l'agresseur a-t- elle influencé la dénonciation, le dépôt d'une plainte ou la poursuite judiciaire?	
Eske konn gen presyon politik ki fèt sou otorite nan lajistis pou y opa trete yon dosye plent ki depoze yon pèsonaj poliik oubyen yon gwo anplwaye leta	Y a-t-il des pressions politiques sur les autorités judiciaires pour ne pas donner suite à un dossier de plainte contre un personnage politique ou un haut fonctionnaire de l'Etat?	
Kreol	French	English
Koz medikal	Facteurs médicaux	Medical factors
Eske lopital ak sant sante yo aksesib pou tout moun ki bezwen sètifika medikal	Les hôpitaux et les centres de santé sont- ils accessibles pour toute la population qui se trouve dans le besoin d'avoir un certificat médical?	What difficulties do GBV survivors face in getting a medical certificate?
Pou ki kategori vyolans yon fanm oubyen yon tifi ki viktim kapab bezwen yon sètifika medikal	Pour quels types de violences avez-vous besoin d'un certificat médical?	For which types of violence do you need a medical certificate?

Kreol	French	English
Si se non. Nan ki sans sa kapab fè moun ki koupab VBG pa rive pini	Sinon, en quoi leur inaccessible peut-elle engendrer l'impunité liée à la VBG?	
Eske ou te jwenn difikilte pouw te jwenn sètifika medikal	Avez-vous rencontré des difficultés pour obtenir le certificat médical?	
Si wi, ban ou plis eksplikasyon	Si oui, expliquez-nous	
Kreol	French	English
Facters lajistis	Facteurs juridiques	Legal factors
Eske ou te konn abitye al nan tribinal menm yon fwa nan viw	Avez-vous fréquenté les tribunaux une fois au moins dans votre vie?	
Si wi, kisa ou sonje ki kapab ankourajew oubyen dekourajew kontinye ale yon kote konsa	Si oui, qu'est-ce que vous avez retenu et qui vous encourage ou de vous décourage à continuer à les fréquenter	
Ki gwo difikilte ou te rankontre pandan ou tap fè swivi dosye plent lan nan nivo lapolis	Quels sont les principaux obstacles que vous avez-rencontrés lors du suivi du dossier de plainte au niveau de la police?	What are the main obstacles you have encountered in following up the complaint at the police level?
Ki gwo difikilte ou te rankontre pandan ou tap fè swivi dosye plent lan nan nivo lajistis	Quels sont les principaux obstacles que vous avez-rencontrés lors du suivi du dossier de plainte au niveau de l'appareil judiciaire ?	What are the main obstacles you have encountered during the follow-up of the complaint file at the level of the judicial system?
Eske aprè ou fin depoze plent lan ou resevwa enfomasyon tanzantan sou jan plent ou depoze a ap vanse	Recevez-vous des informations régulières de la part de la police ou de la justice sur l'évolution de votre dossier de plainte?	What difficulties do you face in getting an update from the police or the courts regarding the progress of GBV cases?
Si wi, koman lapolis oubyen lajistis rive kominike avew	Si oui, comment la communication est-elle assurée entre vous et ces institutions (la police, la justice) ?	

The problem tree analysis can be done based on the questions for the all the tables which come before the propositions table.

iii. PROPOSITIONS

Kreol	French	English
Kijan nou kapab amelyore tretman dosye VBG nan nivo lajistis pou enpinite a rive kaba	Comment pouvons-nous améliorer le traitement des dossiers de VBG au niveau de l'appareil judiciaire pour mettre fin à l'impunité liée à la VBG?	
Kisa ou kapab pwopoze pou sansibilize popilasyon sou kesyon ki gen rapò avek VBG	Qu'est-ce que vous pourriez proposer pour que la population soit sensibilisée par rapport à la VBG?	What could you suggest to raise awareness of GBV?
Kisa ki kapab fèt pou pèmet moun ki viktim VBG rive jwenn sètifikal medikal san twòp difikilte	Qu'est-ce qui peut être fait pour faciliter l'accès des victimes de VBG au certificat médical	What can be done to facilitate access to the medical certificate for victims of GBV?
Pa rapò ak feblès ki genyen nan travay lapolis ak lajistis nan zafè VBG kisa ou kapab pwopoze	Par rapport aux failles relevées dans le travail de la Police et de la justice en matière de VBG quelles mesures proposeriez-vous?	What measures would you suggest to address the shortcomings in the work of the police and the judiciary in reference to GBV?
Eske ou kwè li enpotan pou lajistis ba nou enfomasyon sou jan dosye nou	Pensez-vous qui lest important que la justice partage regulièrement des	Do you think it is important for the justice system to regularly share information about GBV cases and their treatment?

Kreol	French	English
an ap trete oubyen sou jan dosye a te trete?	informations sur les dossiers de VBG recu et sur leur traitement?	Do you have any actions or mechanisms in
Eske ou panse gen aksyon ki kapab pran pou fè moun ki fè vyolans sou	Pensez-vous qu'il a des actions qui peuvent être menees pour sanctionner efficacement les	mind that can inform victims about the justice system's handling of their case?
fanm rive sanksyone kòm sa dwa? Eske ou gen nan lidew kek aksyon oubyen mechanism ki kapab pèmet menm ki viktim vyolans rive konnen kijan dosye nou an trete e si gen	personnes coupables de VBG? Avez-vous en tete des actions ou des mécanismes pouvant renseigner les vicitmes sur le traitement de leur dossier par la justice?	What role can community leaders, collectives and civil society organizations play in strengthening accountability and access to justice for GBV survivors?
desizyon ki pran si nou satisfè?		What role should duty bearers play (representatives from the Citizen Protection
Ki wol viktim yo kapab jwe pou sa rive fet (pou nou menm endividi oubyen pou òganizasyon kap lite kont vyolans sou fanm) ?	Quel role comptez-vous jouer pour inciter la justice à fournir des informations regulières sur les dossiers relatifs à la VBG?	Office and representatives in the Ministry of Health, the Ministry of Women's Rights, and Ministry of Justice etc) in strengthening the justice seeking process for GBV survivors?

B: Guide pour les Séances de groupes de Discussion pour les dirigeants communautaires, associations de femmes, employés de salaires industriel moyens/ Focus Group Discussion Guide for representatives from Community Leaders, Women's **Associations, Industrial Low Wage Workers**

i. IDENTIFICATION

nan kominote

Kreol	French	English
IDANTIFIKASYON	IDENTIFICATION	
Groupe	Groupe	Group
Depatman	Département	
Komin	Commune	Municipality
Katye	Quartier	Town
Lye	Lieu	Location
Dat	Date	Date

ii. KONESANS SOU VBG/ CONNAISSANCES SUR LA VBG-KNOWLEDGE ABOUT GBV

Kreol	French	English
Konesans sou VBG	Connaissances sur la VBG	knowledge ABOUT VBG
Ki kategori vyolans lwa ayisyenn yon kondane?	Quelles sont les formes de violence basée sur le genre qui sont sanctionnées par la loi haïtienne?	What forms of gender-based violence are sanctioned by Haitian law?
Kisa ki katerize chak kategori vyolans sa yo	Parlez-nous un peu de ces différentes formes de violence sanctionnée par la loi haïtienne : leur fréquence approximativement, leurs caractéristiques.	Tell us a little about these different forms of violence sanctioned by Haitian law: their frequency approximately in a month/year, their characteristics.

iii. KOZ KI EKSPLIKE KE SIVIVANT VBG YO KONN PA POTE PLENT OUBYEN PA DENONSE ZAK YO SIBI/ CAUSES POUR LESQUELLES LES SURVIVANTES DE VBG PARFOIS NE PORTENT PAS PLAINTE ET NE DENONCENT PAS CES ACTES?/ WHY DO SURVIVORS OF GBV SOMETIMES FAIL TO REPORT AND DENOUNCE THESE ACTS?

Kreol	French	English
Koz sosyo-kiltirel	Causes socio-culturelles	Socio-cultural causes
 Eske rapò avèk lidè relijye yo konn enfliyanse sivivant VBG yo pou yo pote plent oubyen pa pote plent Eske reyaksyon kominote a depann de kategori vyolan lan tankou si vyolans fizik, vèbal, si se vyol, tizonnaj Eske sa konn rive nan kominote wap viv la jyo fè chante sou moun ki viktim vyolans swa fizik oubyen seksyel (tankou vyol) nan moman rara, nan veye elatriye Eske lè yon moun te sibi vyol oubyen yon lot kategori vyolans eske sa kapab fè li gen difikilte poul jwenn yon moun poul marye nan kominote 	 Est-ce que les rapports avec les leaders religieux influencent-ils les survivantes de VBG ou leur famille à porter ou à ne pas porter plainte? Est-ce la réaction de la communauté varie selon la forme de violence (En cas de Violence physique, en de Violence verbale, en cas de Viol, en cas de harcèlement? Est-ce qu'on a l'habitude de composer des chansons ou de faire des blagues en faisant référence à une femme ou une fille victime de 	 What are the factors which influence the survivor's or her parents' decisions to press charges for GBV or not to press charges for GBV. (Prompt: shame attached to being a survivor of GBV, perpetrator is the husband, economic dependence on the perpetrator, proximity of the abuser to the survivor etc). Does the community's reaction to the GBV survivor vary depending on the type of violence (physical violence, verbal violence, rape,

Kreol **French English** VBG (lors des raras, veillée ou harassment)? Why does this autres)? happen? • Eske sa konn rive key on fanm oubyen yon tifi ki viktim vyolans oblije kite zòn lap viv la • Une survivante de viol a-t-elle What cultural norms contribute to akoz jan kominote a wel rencontré des difficultés pour se GBV impunity? (prompt during raras, wakes or other events, etc) marier au sein de la communauté? • Eske sa konn rive ke nan kominote a yo rann koupab fanm oybyen tifi ki viktim • Est-ce que cela s'est arrivé qu'une • How does the survivor's social femme ou fille victime de violence status influence follow-up actions vyolans lan Kijan sa konn rive fet est-elle obligée de quitter une zone, by the police or the courts? • Si yon jèn fi rive tonbe ansant swit ak vyol li en raison de la perception de la viktim nan eske sa konn anpeche fanmil communauté? pote plent kont agresè a • Eske sa konn rive ke sivivant lan resevwa presyon nan men parann ak pwoch li poul • Cela arrive-t-il qu'une femme ou une fille victime de violence soit pa denonse oubyen pote plent pou zak vyolans li sibi culpabilisée par la société? • Le fait par une jeune fille violée de Eske rapò pwoximite tankou lyen familyal, lyen zanmitay ant viktim nan ak agresè a tomber enceinte, est-ce que cela a konn dekouraje viltim vyolans lan pote tendance à nuire les poursuites plent judiciaires? • Eske ou wè statu sosyal viktim nan tankou • Cela est-il arrivé que la survivante ki etid li fè, eske lap travay, eske gen gwo reçoit des pressions de la part de ses relasyon konn enfliyanse swivi lapolis ak parents ou de ses proches pour ne lajistis ap bay dosye plent kel depoze a. pas porter dénoncer ou porter Kisa ou abitye wè nan ka sa plainte pour une violence sbie? • Eske nan kominote a yo gen tandans fè • Les rapports de proximité entre la diferans ant vyolans ki fèt sou fanm ak victime influencent-ils les décisions vyolans ki fèt sou tifi de la survivante ou de ses parents de porter plainte? Ann gade nan ka sa yo: • Le statut social de la survivante • Lè se vyolans seksyel influence-t-il les actions de suivi de la • Lè se vyolans fizik police ou des tribunaux? Qu'avez-vous remarqué en ce sens • Est-ce que dans la communauté on établit une distinction entre les violences perpétrées sur une femme et celles perpétrées sur une fille (Violence sexuelle, Violence physique)? Est-ce que le niveau d'intégration de la How does the survivors' level of Eske nivo rapò ak moun kap viv nan komin sa ou vin viv la gen enpak sou sèvis ou ta dwe survivante dans la communauté integration into the community resevwa (tankou santw, sipò la polis oubyen détermine son accès aux services determine her access to services resepsyon ak swivi dosye w la nan lajitis) (nap (santé, police, justice ou autres) (en (health, police, justice or others) (in pale de kapasite pou w rive localize sèvis sa terme de réparage géographique, de terms of geographical distribution, care at the level of her institutions, yo, poi jwenn assistan nan fanmiw ak nan prise en charge au niveau de ses men moun kap travay nan enstitisyon sa yo)? institutions, d'accompagnement de accompaniment of relatives, etc.)? proche etc.)? Si zak vyolans lan te fet nan komin moun nan Lorsque l'acte de violence a été When the act of violence is tap viv avan an, eske ou gen difikilte pouw fè perpétré dans la commune que vous perpetrated in the municipality the swivi dosye a (nan kite komin kote wap viv avez laissé, avez-vous des difficultés en survivor has left, what difficulties kounye a pou al fè swivi dosye a nan komin termes de déplacement pour effectuer does the survivor face in following kew kite)? le suivi du dossier? up the case? Quel comportement affiche la Ki konpotman moun nan komin nan pa rapò How does the community behave ak moun kap soti nan lot zòn vin viv sou communauté à l'égard des personnes towards GBV survivors from

déplacées (A-t-elle tendance à leur

marginaliser à travers ses discours ou

displaced persons (does it tend to

marginalize them through its

teritwa komin sila (eske yo konn fè blag sou

Kreol	French	English
yo, yo retisan nan devlope relasyon avek yo elatriye)?	selon les rapports personnels quelle développent avec eux etc.) ?	discourse or according to the personal relationships it develops with them, etc.)?

Kreol French English Koz sosyo-ekonomik Causes socio-économiques Socio-economic causes • Eske ou panse depans pou sivivant • Pensez-vous que les dépenses à supporter What are the difficulties which VBG fè oubyen fanmi I twop poul survivors and their families face in par une survivante ou sa famille sont-elles rive denonse oubyen pote plent pou excessives pour dénoncer un acte de reporting abuse, filing a complaint, yon zak li sibi a violence, porter plainte ou faire le suivi or following up on complaints? des plaintes? (financial cost incurred by the • Kisa sa koute an mwayenn pou survivor, what strategies do the sivivant VBG a oubyen fanmil • Qu'est-ce que cela coute en moyenne à la survivors use to garner financial denonse oubyen pote plent kont survivante ou à sa famille (tenant compte resources for seeking justice, etc) zak li sibi a des différentes depenses que cela requiert)? • Lew konsidere reyalite zòn eske • Compte tenu de la réalité de la zone, les sivivant VBG kapab peye frè sa survivantes ou leur entourage sont-elles koute pou pote plent oubyen denonse yon zak vyolans en mesure de supporter les couts? • Eske sivivant VBG ak fanmi yo konn · Les survivantes ou leur famille Sollicitentresevwa sipò òganizasyon kap elles l'appui financier des organisations de evolye nan zòn nan la zone? • Eske òganizasyon nan zòn nan gen • Les organisations évoluant dans la zone mwayen pou sipòte sivivant VBG yo ont-elles les moyens de les supporter? Ki enpak sa genyen finansyèman sou Quel est l'impact financier pour le suivi du If the act of violence was perpetrated swivi dosye plent kont VBG a è viktim dossier de plainte en matière de VBG in a municipality the survivor no nan dwe deplase de yon zòn ak yon lorsque la victime doit reégulièrement se longer reside in, what are the lòt (lè kote dosye a ap trete a se pa la déplacer d'une zone à une autre? challenges the survivor faces in viktim ap viv) seeking justice?

Kreol	French	English
Koz politik	Causes politiques	Political causes
 Eske pozisyon politik agresè a., statul kòm manb yon sektè politik kapab anpeche viktim VBG a donense, pote plent pou ak li sibi a oubyen swiv dosye nan lajistis Eske konn gen presyon politik ki fèt sou otorite nan lajistis pou y opa trete yon dosye plent ki depoze yon pèsonaj poliik oubyen yon gwo anplwaye leta Eske kriz politik (tankou peyi lock) ak ensikite konn anpeche viktim VBG yo pote plent 	 Est-ce que la position politique de l'agresseur, son appartenance à un secteur politique empêchent-elles aux survivantes de VBG de porter plainte, de dénoncer l'acte ou de poursuivre ou non la procédure en justice? Y a-t-il des pressions politiques sur les autorités judiciaires pour ne pas donner suite à un dossier de plainte contre un personnage politique ou un haut fonctionnaire de l'Etat? Les crises politiques (ex pays lock) et l'insécurité ont-elles empêchées les survivantes de VBG à porter plainte? 	 What difficulties do survivors face in filing a complaint or following up with the courts? (Prompt: abuser's political position, political pressure on judicial authorities when a complaint is against an influential person?) How does political crises (e.g. lock countries) and insecurity influence the justice seeking process?
•	•	•
Kreol French	English	

Psychological, social, cultural and legal causes

Causes Psychologiques

Koz sikolojik

Kreol	French	English
Eske laperèz ak touman konn fè sivivant VBG a oubyen moun ki pwòch li y opa pote plent oubyen paf è swivi dosye a nan	Comment la peur et l'angoisse déterminent-elles la décision des survivantes ou de leur proche pour porter plainte ou faire le suivi des dossiers?	What are the factors which influence the survivor's or her parents' decisions to press charges for GBV or not to press charges for GBV. (prompt: shame attached to being a survivor of GBV, perpetrator is the husband, economic dependence on the perpetrator, fear,lack of knowledge of law, etc)

Kreol	French	English
Koz jiridik	Cause juridique	Legal and Policy cause
Eske paske moun y opa konn sa lalwa di sa konn anpeche yo pote plent oubyen denonze yon zak vyolans	La méconnaissance des dispositions de la loi empêche-t-elle à la survivante de VBG de porter plainte ou dénoncer un acte de violence?	1.What are the critical gaps in the policy environment which contribute to GBV impunity? (Prompt: Haitian legislation does not offer any definition of GBV. How does this contribute to GBV impunity? How does this affect the processing of GBV cases within the judicial system?
		2.What action should be taken regarding the legislation not offering definition of GBV

iv. KOZ KI FE LAJISTIS PA PRAN DESIZYON POU
KONDANE MOUN KI FE VYOLANS SO FANM OUBYEN
TIFI/ CAUSES A LA BASE DE L'ABSENCE DE DECISION
JUDICIAIRE CONDAMNANT LES AUTEURS DE
VIOLENCES BASEES SUR LE GENRE/ REASONS FOR THE
LACK OF JUDICIAL DECISIONS SENTENCING THE
PERPETRATORS OF GENDER-BASED VIOLENCE

Kreol	French	English
Koz medikal	Causes médicales	Medical causes
 Ki difikilte sivivant VBG yo abitye rankontre pou yo jwenn yon sètifika medikal 	 Quels genres de difficultés rencontrées par les survivantes pour avoir un certificat médical (En cas de viol, en cas de violence physique) ? Quelles sont les principales faiblesses qui entachent la qualité des certificats médicaux 	 What kinds of difficulties do survivors face in obtaining a medical certificate (in cases of rape, in cases of physical violence)? What are the main weaknesses in the
 Ki gwo feblès nou konn jwenn nan yon sètifika medical ki konn redwi kalitel kòm prev : Nan ka yon viol Nan ka vyolans fizik 	 délivrés par les hôpitaux et centres de santé en tant preuve? En cas de viol En de coups et blessures physiques (violence physique) 	 quality of medical certificates issued by hospitals and health centres as evidence? In case of rape In cases of physical assault (physical violence)
Kreol	French	English
Koz jiridik	Causes juridiques	Legal cause

Kreol	French	English
 Ki gwo difikilte yon viktim rankontre lè lap fè plent e le lap fè plent e le lap fè swivi dosye plent lan nan lapolis Ki gwo difikilte yon viktim rankontre lè lap fè plent e le lap fè swivi dosye plent lan nan lajistis Eske sa konn rive pou jij la ap fè presyon sou sivivant lan oubyen sou paran sivivant lan poul aksepte yon anatant avek agresè a Eske viktim yo ak paran toujou enfòme de swivi dosye yo nan nivo lapolis al lajistis Eske viktim yo ak paran yo enfòme desizyon lajistis rann sou dosye plenty o te depose a 	plainte et de suivi des dossiers au niveau de la police? • Quelles sont les principales difficultés que vous avez rencontrées dans le cadre des démarches effectuées au niveau du suivi des plaintes au niveau de la justice? • Cela arrive-t-il qu'un juge fasse pression sur les parents de la survivante ou sur la victime pour trouver une entente avec l'agresseur? • Les victimes ou leur famille sont-elles informées du suivi des dossiers au niveau de la police et de la justice?	 What are the main difficulties that GBV survivors encounter in terms of complaints and follow-up of cases at the police level? What difficulties do GBV survivors and their families face in getting an update from the police or the courts regarding the progress of GBV cases? What are the difficulties which the survivors and people escorting them face in interacting with the judicial system? (prompt: judges pressuring survivors to settle with aggressor)
Pou yon moun ki soti yon lot kote vin viv nan komin nan ki difikilte li konn rankontre pou pote plen oubyen fè swivi dosye plent kont vyolans lan nan lajistis?	Quelles sont les difficultés rencontrées par une personne déplacée pour porter plainte pour VBG et pour faire le suivi de la plainte?	What difficulties does a displaced person face in filing a complaint of GBV and in following up on the complaint?
Ki pwoblem sa bay lè yon moun ki viktim VBG fin pote plent aprè sa li kite komin nan?	Qu'est-ce que cela pose comme problème lorsqu'une survivante de VBG laisse la commune pendant le processus de traitement du dossier?	What are the difficulties the GBV survivor faces in seeking justice when the survivor leaves the commune during the case process?

v. PWOPOZISYON-PROPOSITIONS- PROPOSALS

Kreol	French	English
PWOPOZSYON POU SIVVANT YO POTE PLENT	PROPOSITION POUR LA DENONCIATION ET LE DEPOT DE PLAINTE EN MATIERE DE VBG	PROPOSAL FOR WHISTLEBLOWING AND FILING OF GBV COMPLAINTS
Ki aksyon ki kapab pèmet nou simonte baryè sosyo-kiltirel ki anpeche sivivant VBG yo pote plent	Quelle action faut-il prendre sur le plan socio-culturel pour permettre aux survivantes de VBG de porter plainte?	What actions should be taken to enable survivors of GBV to file complaints (prompt: actions at socio- cultural level, socio-economic level, policy level, legal etc)
Ki aksyon ki kapab pèmet nou simonte baryè sosyo-ekonomik ki anpeche sivivant VBG yo pote plent	Quelle action faut-il prendre sur le plan socio-économique pour permettre aux survivantes de VBG de porter plainte?	
Ki aksyon ki kapab pèmet nou simonte baryè politik ki anpeche sivivant VBG yo pote plent	Quelle action faut-il prendre sur le plan politiquel pour permettre aux survivantes de VBG de porter plainte?	

Kreol	French	English
Ki aksyon ki kapab pèmet nou simonte baryè sikolojik ki anpeche sivivant VBG yo pote plent	Quelle action faut-il prendre sur le plan psychologique pour permettre aux survivantes de VBG de porter plainte?	
Ki aksyon ki kapab pèmet nou simonte baryè jiridik ki anpeche sivivant VBG yo pote plent	Quelle action faut-il prendre sur le plan juridique pour permettre aux survivantes de VBG de porter plainte?	
PWOPOZISYON POU LAJISTIS DESIDE KOM SA DWA SOU KA SIVIVANT VBG YO	PROPOSITION POUR COMBATTRE L'IMPUNITE LIEE A LA VBG AU NIVEAU DE L'APPAREIL JUDICIAIRE	PROPOSAL TO FIGHT GBV-RELATED IMPUNITY AT THE LEVEL OF THE JUDICIAL SYSTEM
Ki aksyon ki kapab pèmet nou simonte baryè sosyo-kiltirel ki anpeche dosye plent sivivant VBG yo trete korekteman	Quelle action faut-il prendre sur le plan socio-culturel pour permettre un traitement approprié des dossiers de plainte des survivantes de VBG au niveau de la justice?	What action needs to be taken to ensure that GBV survivors' complaints are properly handled by the justice system?(prompts: actions at socio-cultural level, actions economic level, political level action, medical level action, legal action)
Ki aksyon ki kapab pèmet nou simonte baryè sosyo-ekonomik ki anpeche dosye plent sivivant VBG yo trete korekteman	Quelle action faut-il prendre sur le plan socio-économique pour permettre un traitement approprié des dossiers de plainte des survivantes de VBG au niveau de la justice?	
Ki aksyon ki kapab pèmet nou simonte baryè politik ki anpeche dosye plent sivivant VBG yo trete korekteman	Quelle action faut-il prendre sur le plan politique pour permettre un traitement approprié des dossiers de plainte des survivantes de VBG au niveau de la justice?	
Ki aksyon ki kapab pèmet nou simonte baryè medikal ki anpeche dosye plent sivivant VBG yo trete korekteman	Quelle action faut-il prendre sur le plan médical pour permettre un traitement approprié des dossiers de plainte des survivantes de VBG au niveau de la justice?	
Ki aksyon ki kapab pèmet nou simonte baryè jiridik ki anpeche dosye plent sivivant VBG yo trete korekteman	Quelle action faut-il prendre sur le plan juridique pour permettre un traitement approprié des dossiers de plainte des survivantes de VBG au niveau de la justice?	
• Eske ou kwè li enpotan pou lajistis ba nou enfomasyon sou jan dosye nou an ap trete oubyen sou jan dosye a te trete?	 Pensez-vous qui lest important que la justice partage regulièrement des informations sur les dossiers de VBG recu et sur leur traitement? 	 Do you think it is important for the justice system to regularly share information about GBV cases and their treatment?
 Eske ou panse gen aksyon ki kapab pran pou fè moun ki fè vyolans sou fanm rive sanksyone kòm sa dwa? Eske ou gen nan lidew kek aksyon 	 Pensez-vous qu'il a des actions qui peuvent être menees pour sanctionner efficacement les personnes coupables de VBG? 	 Do you have any actions or mechanisms in mind that can inform victims about the justice system's handling of their case?
oubyen mechanism ki kapab pèmet menm ki viktim vyolans rive konnen kijan dosye nou an trete e si gen desizyon ki pran si nou satisfè?	 Avez-vous en tete des actions ou des mécanismes pouvant renseigner les vicitmes sur le traitement de leur dossier par la justice? 	 What role can community leaders, collectives and civil society organizations play in strengthening accountability and access to justice
 Ki wol viktim yo kapab jwe pou sa rive fet (pou nou menm endividi oubyen pou òganizasyon kap lite kont vyolans sou fanm)? 	 Quel role comptez-vous jouer pour inciter la justice à fournir des informations regulières sur les dossiers relatifs à la VBG? 	 for GBV survivors? What role should duty bearers play (representatives from the Citizen Protection Office and representatives in the Ministry of Unable the Ministry of Women's

Health, the Ministry of Women's

Kreol	French	English
		Rights, and Ministry of Justice etc) in strengthening the justice seeking process for GBV survivors?

C: Guide d'Entretien pour le personnel médical / Interview Guide for Doctors

i. IDENTIFICATION

Kreol	French	English
Siyati	Nom	Last name
Non	Prénom	First name
Laj	Age (tranche d'âge) (18-29, 30-39 et 40 ans et plus)	Age
Seks	Sexe	Gender
Relijyon	Religion	Religion
Pwofesyon	Profession	Profession
Kote w rete Depatman, komin, katye	Zone de résidence (département, commune)	Area of residence
Pòs okipe	Fonction	Function

ii. KONESANS SOU VBG/ CONNAISSANCES SUR LA VBG-KNOWLEDGE ABOUT GBV

Kreol	French	English
Konesans sou VBG	Connaissances sur la VBG	Knowledge about GBV
Ki kategori vyolans lwa ayisyenn yon kondane?	Quelles sont les formes de violence basée sur le genre qui sont sanctionnées par la loi haïtienne?	What forms of gender-based violence are sanctioned by Haitian law?
Kisa ki katerize chak kategori vyolans sa yo	Parlez-nous un peu de ces différentes formes de violence sanctionnée par la loi haïtienne : leur fréquence approximativement, leurs caractéristiques.	Tell us a little about these different forms of violence sanctioned by Haitian law: their frequency approximately in month, their characteristics.

iii. SCOPE AND LIMITATIONS OF MEDICAL CERTIFICATES

Kreol	French	English
Eske lopital ak sant sante yo aksesib pou tout moun ki bezwen sètifika medikal	Les hôpitaux et les centres de santé sont-ils accessibles pour toute la population qui se trouve dans le besoin d'avoir un certificat médical?	1. What are the reasons which prevent victims of violence from going to hospitals or health centers in order to obtain medical certificate?
		2.What are the challenges or barriers which GBV survivors face in hospitals or health centres in getting a medical certificate?
		 Is there a reasonable amount of time to produce this request?
		 Are there delays that are detrimental to the survivor in this sense and what is at stake in the declaration within a reasonable time?
Si se non. Nan ki sans sa kapab fè moun ki koupab VBG pa rive pini	Sinon, en quoi leur inaccessible peut- elle engendrer l'impunité liée à la VBG?	How does the inaccessibility to medical certificates influence impunity for GBV?

Kreol	French	English
Kisa nou panse de valè sètifika medikal la kom prev nan ka sivivant lan te vyej ak lè li pat vyej avan l te sibi zak vyol la	Comment voyez-vous la portée du certificat en cas de viol selon que la survivante était vierge ou non avant l'agression?	
Pa rapò ak pratik kiltirel epi edikasyon popilasyon an, eske fanm ak tifi ki viktim vyolans toujou panse ale nan lopital oubyen nan sant sante pou yo jwenn sètifika medikal Eske gen yn pi bon moman pou sa fet. Si wi konbyen tan	En fonction des pratiques culturelles et de l'éducation de la population, est-ce que les femmes ou les filles victimes de violence ont le réflexe de se rendre dans les hôpitaux ou les centres de santé de santé afin d'avoir un certificat médical?	
Eske pa konn gen reta ki konn rann aksyon nan nivo lajistis pi difisil poul abouti	 Y a-t-il un temps raisonnable pour produire cette demande? N y a-t-il pas des retards préjudiciable à la survivante en ce sens et quels est l'enjeu de la déclaration dans un temps raisonnable? 	
Ki enfomasyon kle ki dwe genyen nan yon sètifikal medical pou pemet yon jij byen jije yon ka VBG	Quelles sont les informations indispensables à insérer dans un certificat médical?	What information must be included in a medical certificate?
Eske pèsonel kap travay nan lopital ak nan sant yo konnen teknik ak reg pou prepare yon sètifikal medical korekteman	Tout le personnel médical participant dans la préparation de ces certificats sont-ils imbus des normes et techniques y relatives?	What difficulties do medical personnel face in preparation of medical certificates for GBV survivors?
Ki difikilte lopital ak sant sante yo rankontre pou yo delivre sètifika medikal • Sou plan medikal ak teknik • Sou plan jiridik • Sou plan enstitisyonl • Sou plan finansye	Quels sont les difficultés rencontrées par les hôpitaux et les centres de santé pour la délivrance du certificat médical : • Sur le plan purement médical et technique? • Sur le plan juridique? • Sur le plan institutionnel? • Sur le plan financier?	What are the difficulties encountered by hospitals and health centers in issuing the medical certificate? On a purely medical and technical level? On the legal level? On the institutional level? On the financial level?
Eske sa rive nou resevwa moun ki deplase sa vle di moun ki kite zòn kote yo tap viv avan an pou yo vin viv nan komin sa	Est-ce que vous avez l'habitude de recevoir des personnes qui viennent s'installer dans la commune, suite à un cyclone, un tremblement de terre ou pour fuir la violence dans leur commune?	
Si wi, eske gen yn patikilarite nan jan nap asiste moun sa yo (A kote de aspè medikal yo) (nou sitou ap pale sou fason sèvis la bay)	Si oui, est-ce qu'il y a des particularités dans la prise en charge de ces personnes (en dehors de l'aspect médical) (Nous parlons surtout de la façon dont le service est fourni) ?	Please elaborate if there are any particularities in the treatment given to survivors belonging to vulnerable groups from the commune in terms of medical aspect and service provision.

French	English
	1.What are the critical gaps in the policy environment which contribute to GBV impunity? (prompt: Haitian legislation does not offer any definition of GBV. How does this contribute to GBV impunity? Or How does this affect the provision of services to GBV survivors in hospitals and health centres? 2.What steps should be taken regarding the legislation not offering definition of GBV?
Quelle mesure devrait-on adopter pour améliorer la préparation des certificats médicaux pour qu'ils puissent aider dans la manifestation de la vérité dans le cadre d'un procès?	What steps should be taken to improve the preparation of medical certificates to assist in the determination of the truth in a trial?
Quelle mesure devrait-on adopter pour faciliter l'accès des survivantes au certificat médical ?	What measures should be taken to facilitate survivors' access to medical certification?
Qu'est-ce qui peut être fait afin de permettre aux survivantes de VBG, habitant les zones reculées du pays, d'avoir accès au certificat médical?	What can be done to allow GBV survivors living in remote areas of the country to have access to medical certificates?
Proposez quelques mesures pour faire face aux difficultés juridiques, médicales, institutionnelles et financières en matière de délivrance de certificat médical?	Suggest some measures to deal with the legal, medical, institutional and financial difficulties in issuing medical certificates?
Est-ce que vous avez lhabitude de produire des rapports régulièrement sur les femmes et filles victims de violence?	Do you routinely report on women and girls who are victims of violence?
Si oui, est-ce que ces rapports sont partagés avec les organisations luttant contre la VBG ou à d'autres acteurs de la communauté?	If so, are these reports shared with organizations fighting GBV or with other community actors?
Si non, est-ce que c'est important pour les hopitaux et les centres de santé de publier des rapports sur les dossiers de	Why do you think it is important for hospitals and health centres to publish reports on GBV cases received? How will
VBG recu?	this reduce the impunity or raise awareness?
	Quelle mesure devrait-on adopter pour améliorer la préparation des certificats médicaux pour qu'ils puissent aider dans la manifestation de la vérité dans le cadre d'un procès? Quelle mesure devrait-on adopter pour faciliter l'accès des survivantes au certificat médical? Qu'est-ce qui peut être fait afin de permettre aux survivantes de VBG, habitant les zones reculées du pays, d'avoir accès au certificat médical? Proposez quelques mesures pour faire face aux difficultés juridiques, médicales, institutionnelles et financières en matière de délivrance de certificat médical? Est-ce que vous avez lhabitude de produire des rapports régulièrement sur les femmes et filles victims de violence? Si oui, est-ce que ces rapports sont partagés avec les organisations luttant contre la VBG ou à d'autres acteurs de la communauté? Si non, est-ce que c'est important pour les hopitaux et les centres de santé de

D: Guide d'Entretien pour les officiers de police, le personnel de la justice y compris les juges et les avocats/ Interview Guide for Police Officers, Representatives of the Judicial system including Judges and Lawyers

i. IDENTIFICATION

Kreol	French	English
Siyati	Nom	Last name
Non	Prénom	First name
Laj	Age (tranche d'âge) (18-29, 30-39 et 40 ans et plus)	Age
Seks	Sexe	Gender
Relijyon	Religion	Religion
Pwofesyon	Profession	Profession
Kote w rete Depatman, komin, katye	Zone de résidence (département, commune)	Area of residence
Pòs okipe	Fonction	Function

ii. KONESANS SOU VBG/ CONNAISSANCES SUR LA VBG- KNOWLEDGE ABOUT GBV

Kreol	French	English
Konesans sou VBG	Connaissances sur la VBG	KNOWLEDGE ABOUT GBV
Ki kategori vyolans lwa ayisyenn yon kondane?	Quelles sont les formes de violence basée sur le genre qui sont sanctionnées par la loi haïtienne?	What forms of gender-based violence are sanctioned by Haitian law?
Kisa ki kategorize chak kategori vyolans sa yo?	Parlez-nous un peu de ces différentes formes de violence sanctionnée par la loi haïtienne : leur fréquence approximativement, leurs caractéristiques.	Tell us about these different forms of violence sanctioned by Haitian law: their frequency approximately in a month and their characteristics.

iii. TRETMAN DOSYE YO NAN LAJISTIS/TRAITEMENT DES DOSSIERS DE VBG AU SEIN DE LAPPAREIL JUDICIAIRE/ PROCESSING OF GBV CASES WITHIN THE JUDICIAL SYSTEM

Kreol	French	English
		1. What are the critical gaps in the policy environment which contribute to GBV impunity?
		Prompt: Haitian legislation does not offer any definition of GBV. How does this contribute to GBV impunity? How does this affect the processing of GBV cases within the judicial system?

Kreol	French	English
		2. What action should be taken regarding the legislation not offering definition of GBV
Eske ou okouran ke gen jij ki konn patisipe nan chache antant ant sivivant VBG oubyen paranl e agresè a?	Etes-vous au courant que parfois des juges participent à la recherche d'une entente entre la survivante de VBG ou ses parents et l'agresseur?	
Kisaw panse de antant sa yo?	Que pensez-vous des ententes généralement recherchées au niveau de l'appareil judiciaire entre la survivante ou ses proches et l'agresseur?	What do you think of the agreements sought at the judicial level between the survivor or her relatives and the abuser? How does this contribute to GBV impunity?
Eske sa konn rive ke sivivant lan konn resevwa presyon nan men parann l pou aksepte antann avek agresè a?	Cela est-il arrivé que la survivante reçoit des pressions de la part de ses parents ou de ses proches pour ne pas porter dénoncer ou porter plainte	What are the reasons which lead the survivor to not report or file a complaint about the abuse?
	pour une violence subie?	Survivors of GBV are expected to access services in their appointed jurisdiction. What challenges do GBV survivors from displaced communities face to get information on available services and to access the services?
Kijan jeneralman nou menm nan lajistis nou abòde plent yon sivivant VBG pote pou youn ou lot nan moun sa yo :	Quelle différence y-a-t-il pour les Tribunaux si une femme porte plainte pour VBG à l'encontre de l'un des personnages ci-après	Is there a difference for the courts if a woman files a GBV complaint against one of the following people: • Husband
Mesye maryel	• Mari	Concubine
 Mesye lap viv nan plasaj avek li 	• Concubin	• Fiancé
 Yon moun li fiyanse avek li 	• Fiancé	• Lover
• Mennaj li	• Amant	A family member (brother, uncle, cousin,
Yon moun nan fanmil tankou (frèl,	Un membre de sa famille (frère,	etc.)
tonton, kouzin etc.)Yon moun li pa gen okenn relasyon	oncle, cousin etc)Une personne avec laquelle elle n'a	 A person with whom she has no relationship
familyal avèk li	aucun lien	If yes, please explain the reasons for the differential treatment by the courts?

Kreol	French	English
Eske sa konn rive yo ofri jij lajan pou yo rann desizyon sou yon dosye vyolans seksyèl oubyen vyolans fizik nan yon sans oubyen nan yon lòt?	Est-ce qu'il peut arriver qu'un juge soit monnayé pour rendre sa décision dans un sens ou dans un autre	What are the obstacles which the GBV survivors encounter in the judicial system?
Eske otorite nan lajitis (jij, komisè, grefye elatriye) konn resevwa presyon oubyen menas pou yo pa bay swit ak yon dosye plent ki depose kont yon pèsonaj politik oubyen yon gwo fonksyonè leta?	Y a-t-il parfois des pressions politiques sur les autorités judiciaires pour ne pas donner suite à un dossier de plainte contre un personnage politique ou un haut fonctionnaire?	
Kisa feblès nou konn remake nan sètifika medikal yo (tankou delè yo	Quelles sont les principales faiblesses relevées dans les certificats médicaux	What are the main weaknesses in the medical certificates issued by hospitals and

Kreol	French	English
pran pou delivre yo ki twò long, yo pa genyen kèk enfomasyon klè elatriye) ?	délivrés par les hôpitaux et les centres de santé? (Leur délai délivrance qui est trop long, l'absence d'informations essentielles pour le tribunal, ou autres)	health centers? (Their issuance time is too long, the absence of essential information for the court, or others)?
Pa rapò ak travay lapolis kisa ki konn rann tretman dosye VBG yo difisil?	Par rapport au travail effectué par la police, qu'est-ce qui entrave généralement le traitement des dossiers de VBG au niveau de l'appareil judiciaire?	In relation to the work done by the police, what generally hinders the processing of GBV cases at the judicial level?
Kijan yon dosye plent trete nan tribinal de pè soti depi lè dosye a rantre jiskaske yo fè swivi lalwa prevwa yo?	Comment se passe un dossier de plainte au niveau des tribunaux de paix de la réception du dossier à sa transmission : comment la survivante ou ses proches sont-elles informées des suites du dossier?	What happens to a complaint file at the peace Tribunal level from receipt of the file to its transmission: how are the survivor or her relatives informed of the outcome of the file? What are the gaps in this process?
Kijan yon dosye plent trete nan pakè soti depi lè dosye a rantre jiskaske yo fè swivi lalwa prevwa yo?	Comment se passe un dossier de plainte au niveau du parquet : de la réception du dossier à sa transmission : comment la survivantes ou ses proches sont-elles informées des suites du dossier- quel moyen dispose-t-on pour informer la victime-comment cela se passe-t-il en général?	How does a complaint file go through the public prosecutor's office: from the receipt of the file to its transmission: -how are the survivor or her relatives informed of the outcome of the file - what mechanisms are available to inform the victim - what is the process in practice? What are the gaps in the above process?
Kijan yon dosye plent trete nan kabinè enstriksyon soti depi lè dosye a rantre jiskaske yo fè swivi lalwa prevwa yo?	Comment se passe un dossier de plainte au niveau du Cabinet d'instruction : de la réception du dossier à sa transmission : comment la survivante ou ses proches sont-elles informées des suites du dossier?	How does a complaint file proceed at the level of the Investigating Office: from the receipt of the file to its transmission: how are the survivor or her relatives informed of the outcome of the file? What are the gaps in the above process?
Kijan yon dosye plent trete nan tribinal yo soti depi lè dosye a rantre jiskaske yo fè swivi lalwa prevwa yo?	Comment se passe un dossier de plainte au niveau des Tribunaux lors du jugement : la survivante ou ses proches sont-elles informées des suites du dossier?	How does a complaint file go through the courts at the time of judgment: are the survivor or her relatives informed of the outcome of the case? What are the gaps in the above process?
Ki pi gwo difikilte lajistis rankontre nan tretman dosye VBG (resous imèn, resous lojistik ak teknik elatriye)?	Quels sont les principaux obstacles de l'appareil judiciaire pour traiter un dossier de VBG (ressources humaines qualifiées, ressources logistiques et techniques etc.?	What are the main gaps in the judicial system to deal with GBV cases (qualified human resources, logistic and technical resources, etc.)?
Pou yon moun ki soti yon lot kote vin viv nan komin nan ki difikilte li konn rankontre poul pote plen oubyen fè swivi dosye plent kont vyolans lan nan lajistis?	Quelles sont les difficultés rencontrées par une personne déplacée pour porter plainte pour VBG et pour faire le suivi de la plainte?	What difficulties does a displaced person face in filing a complaint of GBV and in following up on the complaint?
Ki pwoblèm sa bay lè yon moun ki viktim VBG fin pote plent aprè sa li kite komin nan?	Qu'est-ce que cela pose comme problème lorsqu'une survivante de VBG laisse la commune pendant le processus de traitement du dossier?	What happens to the case when a GBV survivor leaves the commune while the case is being processed?

iv. PROPOSITIONS

Kreol	French	English
Pa rapò ak feblès ki gen nan travay lapolis ak lajistis nan sa ki konsène VBG ki sa nou kapab pwopoze	Par rapport aux failles relevées dans le travail de la Police et de la justice en matière de VBG, quelles mesures proposeriez-vous?	What measures would you suggest to address the shortcomings in the work of the police, the legal environment and the justice system in regarding GBV?
Ki aksyon ki kapab fasilite aksè sivivant VBG yo (LGBTIQ+ oswa andikape yo tou) pou yo genyen sètifika medikal	Quels genres d'actions pourraient faciliter l'accès des survivantes de violences (Y compris les LGBTIQ+ et les personnes handicapées) à avoir accès au certificat médical?	What types of actions could facilitate access to medical certification for survivors of violence.
Kisa nou kapab pwopoze pou popilayon an sansibilize sou zafè VBG	Qu'est-ce que vous pourriez proposée pour que la population soit sensibilisée par rapport à la VBG?	What could you suggest for increased awareness raising on GBV for the population?
Eske nou gen pratik fè rapò sou kantite dosye fanm ak tifi ki viktim Vyolans nou resevwa?	Est-ce que vous avez l'habitude de produire des rapports régulièrement sur les femmes et filles victimes de violence?	Do you routinely produce reports with details of number of cases of women and girls who are victims of violence?
Si wi eske rapò sa yo konn pataje avek òganizasyon oubyen avek lòt aktè nan kominote a?	Si oui, est-ce que ces rapports sont partagés avec les organisations luttant contre la VBG ou à d'autres acteurs de la communauté?	If so, are these reports shared with organizations working on GBV or to other community actors?
Si non, eske nou panse li enpòtan pou gen rapò ki pibliye sou dosye fanm ak tifi ki victim vyolans?	Si non, est-ce que c'est important pour les hopitaux et les centres de santé de publier des rapports sur les dossiers de VBG recu?	If not, do you think it is important for hospitals and health centers to publish reports on GBV cases received?
Siw dakò chak kilè sa dwe fèt e kouman nou panse sa kapab fèt?	Si oui, a qu'elle fréquence cela doit-il se faire et selon quel mécanisme?	If so, how often should this be done and by what mechanism?

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Endnotes

- There is no definition for GBV within Haitian legislation.
- The Haitian government believes that it is essential not to open doors that cannot be closed (e.g. camps) and to start laying the foundations of what will be structural (UNDP, 2021)
- The displaced people stay in one area temporarily and travel to their relatives' city whenever they can as there are no services available to welcome or support them.
- The term "rara" refers to traditional Haitian festivals beginning the day after Ash
- Wednesday and ending on Easter Monday, during the Christian Lenten
- Flagrante delicto is a legal term used to indicate that a criminal has been caught in the act of committing an offence

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