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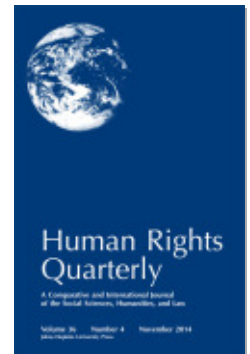
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Toward Effective Intervention for Haiti's Former Child Slaves

Cara L. Kennedy*

ABSTRACT

Restavèk is a form of child domestic slavery in Haiti that affects an estimated 300,000 children. This article describes the results of two linked qualitative studies conducted with former *restavèk* children and their caregivers. Results indicate a range of problems and mental health symptoms that children experience upon leaving *restavèk*, and include detailed information on four of the most prevalent and severe problems: internalizing and externalizing mental health symptoms, experiences of violence, experiences of being unwelcome upon return home, and the mental health impact of children's economic realities upon returning home. Recommendations for intervention design and services are provided.

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I. INTRODUCTION

One of the most widespread forms of child slavery worldwide is domestic slavery.¹ Child domestic slavery exists in various forms depending on the cultural context in which it arises, and is driven by common “push” and “pull” factors. “Push” factors include social and economic disparities, social exclusion, lack of educational access and the illusion of opportunity for education and social mobility, loss of parents to illness or conflict, and the perception that the “employer” is extended family and a protected environment. “Pull” factors include low-resource environments where daily demands for household work exceed household members’ capacity and cultural norms allow that a child is an appropriate choice to carry this labor. In all of its forms, child domestic slavery poses serious risks to children. Beyond the denial of children’s fundamental rights to education, health care, play, and rest, child domestic slavery involves humiliating and degrading treatment; sexual, physical, and verbal abuse; work that exceeds the capacity of children; and insufficient food and accommodation.²

The *restavèk* system in Haiti is a system of child trafficking and forced labor that meets criteria for slavery.³ *restavèk* children are completely controlled through violence and exploited by the heads of the households for whom they work. Often far from home, isolated and excluded within their own environments, *restavèk* children have no viable options. They are under physical control, and thus cannot walk away. *Restavèk* children are abused physically, verbally, emotionally, and sexually. They are forced to do chores that are inappropriate for their age, often not sent to school, and treated as inferior to the children of the family. In the largest field survey of human rights violations in Haiti, the Pan American Development Foundation (PADF) defined *restavèk* as “an unpaid child servant living and working away from home . . . [who is] treated in a manner distinctly different from children born to the household.”⁴ Because in all cases of *restavèk* the distinctly different treatment involves abuse, exploitation, neglect, and/or humiliation, this definition is used for the purposes of this study.

In 2007 to 2008, more than 225,000 children, of whom an estimated two-thirds were girls, were living in urban *restavèk* slavery. More than one-third of households in Port-au-Prince reported housing *restavèk* chil-

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1. International Programme on the Elimination of Child Labour, *Domestic Work* (2011), available at <http://www.ilo.org/ipecc/areas/Childdomesticlabour/lang-en/index.htm>.
 2. *Id.*
 3. KEVIN BALES, *DISPOSABLE PEOPLE: NEW SLAVERY IN THE GLOBAL ECONOMY* 9 (1999).
 4. PAN AMERICAN DEVELOPMENT FOUNDATION, US AGENCY FOR INTERNATIONAL DEVELOPMENT/HAITI, YVES-FRANCOIS PIERRE, GLENN R. SMUCKER & JEAN-FRANCOIS TARDIEU, *LOST CHILDHOODS IN HAITI: QUANTIFYING CHILD TRAFFICKING, RESTAVÈKS, AND VICTIMS OF VIOLENCE* (2009), available at http://b3cdn.net/padf/d0b483e2777248284b_mlrz3lll.pdf.

dren with percentages as high as 44 percent in the urban neighborhood of Cité Soleil. As *restavèk* is not an exclusively urban phenomenon, the total prevalence of *restavèk* in Haiti at the time of that survey was likely closer to 300,000 children nationwide.⁵ The US Department of Labor conducted a qualitative study including current and former *restavèk* children and the sending and receiving families. This was done in order to understand the root causes and factors that maintain the *restavèk* system, the sending and receiving families' participation and relationship to one another, and the programs and policies that exist to address the root causes.⁶ Most relevant to the current study were the findings that the living and working conditions of the children were "unrelentingly bleak," with children deprived of food, sleep, education, and time for study and play. They were also subjected to excessive labor and physical and sexual abuse.

A. Mental Health and *Restavèk*

Globally, the psychological impact of child domestic slavery is an area in which the response has been minimal. There remains a significant gap in global knowledge of psychosocial and clinical mental health interventions that are effective in reducing mental health consequences of child slavery, are culturally relevant, and support a child's reintegration through engaging multiple levels of a child's ecology.⁷ Published recommendations often focus on basic interventions that create the conditions for healing (e.g., providing shelter, safety, opportunity for play and distraction), but do not directly address the chronic experiences of abuse, humiliation, exploitation, neglect, and abandonment.⁸ A review of aftercare needs for survivors of sex trafficking⁹ points to the importance of comprehensive, trauma-informed services that are adaptive to the survivors' changing needs over time. Needs immediately post-release are different from those in the early stages of recovery, which

5. *Id.*

6. ALLEN COOPER, PABLO DIEGO-ROSELL, CHRISTELLE GOGUE, ICF INT'L, CHILD LABOR IN DOMESTIC SERVICE (RESTAVÈKS) IN PORT-AU-PRINCE, HAITI (2012), available at <http://www.dol.gov/ilab/reports/pdf/2012RestavekHaiti.pdf>.

7. JUDITH HYDE, KEVIN BALES, FREE THE SLAVES, PHYSICAL AND MENTAL HEALTH ASPECTS OF REHABILITATING CHILDREN FREED FROM SLAVERY (2006); US DEPT OF LABOR, BUREAU OF INTERNATIONAL LABOR AFFAIRS, DTI ASSOCIATES, INC., LINKING THEORY AND PRACTICE TO ELIMINATE THE WORST FORMS OF CHILD LABOR 115-78 (2006), available at <http://digitalcommons.ilr.cornell.edu/cgi/viewcontent.cgi?article=1170&context=globaldocs>.

8. Helen Armstrong, *Rebuilding Lives: An Introduction to Promising Practices in the Rehabilitation of Freed Slaves* (2008), available at <https://www.freetheslaves.net/Document.Doc?id=60>.

9. Rebecca J. Macy & Natalie Johns, *Aftercare Services for International Sex Trafficking Survivors: Informing U.S. Service and Program Development in an Emerging Practice Area*, 12 TRAUMA, VIOLENCE, & ABUSE 87 (2011).

are different still from those when beginning to establish independence and reintegration into the community.

This relative lack of attention and targeted intervention is reflected in the case of *restavèk* in Haiti. Anecdotal evidence provided by service organizations working with *restavèk* in Haiti suggests that the scale and consequences of *restavèk* are significant, with social costs to subsequent generations stemming from abuse and absence of affection. In addition to the violence and abuse children face while in *restavèk*, evidence indicates that the trajectory from *restavèk* to the streets is common for many youth. They are then vulnerable to the enticements of gangs and other forms of violence, thus being exposed to the inherent risks and the lack of healthy life opportunities on the streets.¹⁰

B. Opportunity Addressed in the Current Study

Despite these anecdotal accounts from service organizations and NGOs in Haiti, no systematically gathered data exists on the psychological, social, and educational consequences of *restavèk* on the children who are forced to live in these conditions, or on their families in cases where they return home. Social and cultural acceptance of *restavèk*, coupled with only recent willingness on a national scale to publicly acknowledge and address this form of contemporary slavery, mean that current efforts to understand and address the needs of *restavèk* and former *restavèk* children are in their infancy. Attention to and services for the mental health and well-being of children are extremely rare. Reinsertion, the official process by which children are returned home from *restavèk* in Haiti, is supported by the Haitian government and international NGOs, and is occurring on a limited scale. During the reinsertion process, children who meet the eligibility criteria for reinsertion are identified, and the involved agencies conduct research to locate the child's family, prepare the families for the return of their child, and provide small subsidies for education and income-generating activities. Understanding the needs of former *restavèk* children is necessary to ensure that appropriate care is provided to them, both while in transitional care settings and once they return home.

Placing primacy on understanding the range of needs of former *restavèk* children, this work describes the results of two linked qualitative studies that were conducted with children who have been in *restavèk* and their caregivers. Both studies were designed to understand the range of challenges

10. Irdèle Lubin, *Trajectoires d'Enfants de la Rue d'Haïti Ayant Bénéficié d'Une Intervention d'Une ONG Visant L'insertion Sociale: Que Sont Devenus Ces Enfants?* (2007) (unpublished Ph.D. dissertation, U. of Laval), available at www.theses.ulaval.ca/2007/24696/24696.pdf.

facing children who have been in *restavèk* and to probe more deeply into those challenges that relate to children's mental health. We undertook the study for three reasons:

1. Though we can expect that the experiences inherent in the life of a child in *restavèk* are by their nature traumatic events, research on child trauma indicates that children's responses to trauma occur on a continuum, with some children exhibiting no or minimal difficulties, while others experience overwhelming consequences in many or all aspects of their lives. Factors such as the child's age and developmental level, access to emotional, physical, and social support, coping skills, and children's attributions and perceptions related to the trauma have been found to mediate the impact of the trauma on the mental health of the child.¹¹ Thus, the study methodology allows us to probe the range of challenges faced by the children who have been in *restavèk*, through their own accounts and the accounts of those who care for them, rather than supposing its traumatic nature and consequences.
2. Cultural differences in the expression of mental health and distress among Haitian children, in addition to the normative variability described above, warrant much greater attention.¹² The qualitative methodology of the study involved gathering information from former *restavèk* children and their parents/caregivers, allowing the researchers to analyze a) how children's distress manifests behaviorally and socially and b) how mental health and psychological challenges are understood, construed, and prioritized among the range of other challenges facing them. This type of analysis is expected to be important for any future mental health intervention. It contextualizes the priority of mental health challenges from the perspectives of the children and their caregivers in the context of their other challenges, rather than isolating mental health needs or making assumptions about their priority and prevalence.
3. With the long-term goal of developing appropriate interventions that will address the challenges of children who have been in *restavèk*, it is important to understand how children and families think and talk about these challenges, and how they understand their causes and consequences. Using common language terms for mental health issues, and being able to provide the rationale for intervention in terms that adults and children can relate to are expected to make the development, dissemination, and adoption of targeted interventions more effective.

11. JUDITH A. COHEN, ANTHONY P. MANNARINO & ESTHER DEBLINGER, *TREATING TRAUMA AND TRAUMATIC GRIEF IN CHILDREN AND ADOLESCENTS* (2006).

12. Guerda Nicolas et al., *Expression and Treatment of Depression Among Haitian Immigrant Women in the United States: Clinical Observations*, 61 AM. J. PSYCHOTHERAPY 83 (2007).

C. Study Settings

Study 1 took place in the Port-au-Prince metropolitan area. It sampled children and caregivers from transitional care settings for children coming out of *restavèk* and en route to return to their families. These included two institutional care settings and one community-based family placement setting. At the conclusion of data collection and analysis in Study 1, we elected to identify two communities where children had been returned home through the formal reinsertion process in order to understand how children and families in a rural area to which children have returned understand the challenges that children face upon returning home. Together with a Haitian NGO, we identified two communities in the Central Plateau of Haiti into which a total of twenty-six children had been returned over the past eight years. Both studies were carried out in August of 2011.

II. METHODOLOGY

The study methodology used two different qualitative methods: Free Listing (FL) and Key Informant (KI) interviews. These two qualitative approaches use open ended, non-leading methods of interviewing in which the respondent is probed for as much information on a topic as they know and are willing to say. These are the first two stages of the design, implementation, monitoring, and evaluation (DIME) approach to services developed by the Johns Hopkins University Applied Mental Health Research (AMHR) Group.¹³ This methodology has been used in numerous published studies designed to understand mental health issues in global contexts.¹⁴

Fourteen interviewers referred by local partner organizations were trained by research staff, who themselves were supervised by a research consultant from Johns Hopkins University. It should be noted that, though the team interviewed children who had been in *restavèk*, all questions were framed such that children were encouraged to speak of what they knew generally about children who have been in *restavèk*, and were discouraged from responding about their own personal experiences. By engaging child

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13. Applied Mental Health Research Group, *Design, Implementation, Monitoring, and Evaluation of Cross-Cultural HIV-Related Mental Health and Psychosocial Assistance Programs: A User's Manual for Researchers and Program Implementers (Adult Version) Module 1: Qualitative Assessment of Mental Health and Psychosocial Problems of HIV-affected Problems* (2011), available at <http://www.jhsph.edu/research/centers-and-institutes/research-to-prevention/publications-resources/dime-manual.html>.
 14. Laura K. Murray et al., *A Qualitative Study of Georgian Youth Who Are on the Street or Institutionalized*, 2012 INT'L J. PEDIATRICS 1 (2012); Bhava Poudyal et al., *Assessment of the Psychosocial and Mental Health Needs, Dysfunction and Coping Mechanisms of Violence Affected Populations in Bireuen, Aceh*, 19 TORTURE 218 (2009).

participants as “spokespeople” for other children who have lived through *restavèk*, this approach both reduces the potential strain on the children from reliving their own experiences and theoretically provides a broader sample than just those children interviewed.

A. Free Listing Interviews

A FL interview is a structured, rapid, and effective method to obtain data about a broad range of issues, and is useful for obtaining community views on problems affecting children. The study began with a FL exercise in which each respondent was asked to generate three lists in response to the following questions. Data from questions 1 and 2 are analyzed in this report:

1. *What are the problems of children who have been in restavèk?*¹⁵
2. *When a child who has been in restavèk returns home, what kinds of problems are there?*
3. *Imagine a child who is functioning well, describe that child.*

At the end of the FL interviews, for any problem that could be related to a child’s mental health, interviewers were instructed to ask if there was someone in the community who is knowledgeable about that problem, thereby generating the list of potential KIs for interviews. Potential mental health problems were defined as those problems that relate to a child’s thoughts, feelings, behaviors, or relationships with others.

Following the FL data analysis, researchers reviewed the findings and selected topics for further exploration in KI interviews. Topics selected were those that related to children’s mental health and reinsertion process, and that were cited with greatest frequency and/or severity.

B. Key Informant Interviews

A KI interview is an in-depth method of interviewing used to explore in greater detail the selected issues emerging from the FLs. KIs are persons who are particularly knowledgeable about the topics being explored and who

15. Of note, while the term *restavèk* is used liberally within NGO and service sector personnel, it is a highly charged and stigmatizing term, which rings strongly and painfully in the ears of most Haitians, and particularly in the ears of the children who have been subjected to this experience and its sequelae. Thus, while in the remainder of this report we continue to use the term *restavèk*, it is important to recognize the nature of this term and be aware that at no time was this term employed with the child or adult respondents.

are willing and able to talk at length about them. The KIs were identified both from the initial FLs and by asking the first set of KIs to recommend other knowledgeable people in the community. In all cases, the KIs were part of the local community and were knowledgeable about the problems.

C. Informed Consent and Analysis Procedures

The purpose, procedures, potential risks and discomfort, as well as potential benefits of participation were explained to all interview participants. Participants were informed that their participation was completely voluntary and that there would be no negative consequences for declining to participate or for stopping the interview at any time. Participants provided their voluntary consent verbally.

Analysis of all data was conducted by the interviewers through a process of identifying common responses and capturing the words or phrases that best described them. Where interviewers agreed that different responses reflected the same problem, those responses were aggregated and the best phrasing for the problem was noted. Interviewers grouped similar problems or indicators (included terms) into broader categories (cover terms) where there were multiple ways of describing a single phenomenon.

III. RESULTS OF STUDY 1

A. Free List Interview Results

The Study 1 FL sample consisted of thirty-two adults (ages 24-58) and forty-four children (ages 9-22), drawn from two transitional housing centers for children who have been in *restavèk* and are in the process of returning home and one community-based setting (Table 1).

Free List Question #1 was, *What are the problems of children who have been in restavèk?* The most frequent responses to this question given by adults (Table 2) included having economic problems, specifying problems such as children not being able to go to school, not fed or clothed properly, or not having a proper place to sleep.¹⁶ Problems reported in the tables and text are the direct translations of the Haitian Creole responses provided. Of note, in many cases when participants were asked about children who were no longer in *restavèk*, they automatically thought of the challenges of children on the street, a common trajectory for children who have run away from *restavèk*.

16. Tables include all responses given by at least 10 percent of the sample.

Second to economic problems was the category named "Risks." This was a higher order term given to responses including taking drugs, smoking, being risky, having any type of problem or bad thing happen to them, becoming pregnant too early, meeting bad people, and being liable to do anything. In the narratives, these risks were often associated with being in the streets, where children were vulnerable to violence such as being beaten, raped or otherwise sexually abused, and being shamed or humiliated.

In addition to the above-mentioned, a number of affective and behavioral problems were noted. Affective problems included being ill at ease (in Haitian Creole *malalèz*, which covers a range of emotional discomforts), thinking/ruminating, having bad memories, being sad, not believing in themselves, and being afraid. Behavioral problems included being violent, insolent, fighting with others, and stealing. One category, "they have habits," referred to the behavioral patterns that children developed in *restavèk* that carry over even after they leave, which included always waking up early, wanting to work or do chores for others, or being dirty.

According to the child respondents (Table 3), sadness, being ill at ease, and remembering the bad moments were the most frequently reported problems of children who have left *restavèk*, followed by economic problems (i.e., not having what they need) and being vulnerable to violence. In addition, child respondents also noted other negative affective responses (e.g., thinking about their families, being embarrassed, and crying) as well as negative behavioral responses (e.g., being verbally abusive, stealing, being unruly, and fighting). Social consequences for children who have been in *restavèk* included being in the streets, not being able to find their families, and having problems adapting after *restavèk*. Children, unlike adults, spoke more of the positive consequence for a child who has left *restavèk*—that of feeling well.

Free List Question #2 was, *When a child who has been in restavèk returns home, what kinds of problems are there?* The three biggest problems that adult respondents reported children who have been in *restavèk* experience when they return home (Table 4) are that they are unwelcome by their parents, their parents do not have the economic means to take care of them, and they cannot go to school. Although these three responses are distinct, the interview narratives indicate that they are often highly correlated. With respect to being unwelcome, adult respondents reported that in some cases the parents are angry about the child's return and do not want their child back. They see them as a burden and mistreat their child or do not provide them with attention. This was connected to parents not having the economic means to take care of the children, in that the perceived burden is often an economic one: parents do not want the children back because they know they cannot take care of them or had hopes that the situation would improve for the children outside of the home. In other cases, the children are unwelcome as a result of having difficulty adapting back into the family or

not getting along with the other children who may be new siblings and do not consider them a part of the family. Not being able to attend school in most cases was also due to economic reasons, and was sometimes a cause for why parents were unwelcoming. Despite these three correlated problems, adults also noted that children are more comfortable and at ease when they return home. Other symptoms that resemble those that emerged from Question 1 included children being uncomfortable, thinking/ruminating, being violent, and having behavioral habits that developed during *restavèk* that continue once they are back home.

According to the children (Table 5), the most frequently cited problem for children who return home after being in *restavèk* is that their parents cannot afford to send them to school. This emerged strongly in the majority of interviews and was clearly a cause for concern for the child respondents, many of whom were currently benefiting from the opportunity to attend school while in transitional care settings. Consistent with adult respondents, the children reported that children are often unwelcome when they return home, noting that their parents and siblings do not want or accept them back. Additionally, when they return home they are often subjected to a series of other bad experiences, which include being beaten. Consistent with the responses to Question 1, children also reported that children exhibit a range of bad behaviors and attitudes, which included being insolent, unruly, and disobedient. Some bad behaviors noted were stealing, fighting, and running away. It was also reported that they experience negative emotions, sometimes related to being unwelcome, including being ashamed to return to the family, sadness and crying, thinking that they are the one the family does not love, and even wishing to die. As with Question 1, children noted that other children experience positive emotions, too, though with less frequency.

B. Key Informant Interview Results

Based on the FL results, we selected three topics for further study through KI interviews:

1. Mental health symptoms—the range of externalizing and internalizing symptoms described in FL responses
2. Experiences of violence post-*restavèk*
3. Being unwelcome upon returning home

The selection was based on frequency and relevance for understanding mental health symptoms and problems that impacted children's mental health. Participants in FL referred the research team to KIs. In total, thirty-eight KIs were interviewed during this stage of data collection (thirty-one females and seven males, ages 12-65), and seventeen of these KIs were interviewed more

than once. Repeat follow-up interviews were sought from a selection of KIs to clarify responses and probe for as much information as possible. Data for KI interviews was analyzed together for child and adult respondents.

1. Mental Health Symptoms

For the first topic, which regarded mental health symptoms, KIs were prompted, *“When we asked people about the kinds of problems children who have been in restavèk have, they told us that children have negative emotions, like being uncomfortable, crying, being sad, thinking, and remembering the bad moments. And they also told us they exhibit negative behaviors, such as being badly behaved, violent, and insolent. People from the community told us that you would be a good person to talk to about this problem. We would like to hear your thoughts on this.”*

When asked about the causes of children’s behavior described in the prompt, the most common responses (Table 6) were that children reproduce what they experienced. This response was most often associated with externalizing symptoms, with participants explaining that if children were beaten, they become violent, etc. Other common responses included that their symptoms are the results of what they did not receive (e.g., if they were not fed, did not receive education, did not have the freedom to say what they wanted or liked, did not have free time, etc.), and that their symptoms are the results of remembering what they went through. This explanation was most often associated with internalizing symptoms, with participants explaining that when children remember or are reminded of the misery and abuse they experienced, they cry, are sad, ruminate, and become uncomfortable. Less frequent explanations for children’s behavior were that the children missed their families, that they did not have the chance to go to school, and that it was simply their temperament that made them that way.

When asked to describe more fully the types of symptoms that they observe in children, the most frequently noted symptoms related to what the data analysis team referred to as “sadness and bad memories” and included sadness and crying as well as more ruminative symptoms like thinking and rethinking about the bad moments. This set of symptoms is understood as a syndrome reflected by the grouping of symptoms, each of which was cited with moderate frequency. The next three most frequently noted groups of symptoms related to more externalizing behaviors, and were classified as insolent, violent, and unruly. Following those, being ill at ease emerged again, as did something that resembled post-traumatic stress syndrome, which was called “stress” and included fear and being traumatized. While the symptom “subdued” contained what were perceived to be positive qualities (calm, tranquil, obedient, always wanting to work or do favors for others), it is questionable whether this is truly a positive quality or a response to harsh and abusive treatment.

2. Experiences of Violence Post-Restavèk

When asked about children being subjected to violence after being in *restavèk*, the violence described was most frequently the result of the risks of being on the streets, not having anyone taking care of or supervising them, and being perceived as either a thief or criminal (Table 7). The types of violence were broadly categorized to include physical violence, sexual abuse, moral violence, exploitation, verbal violence, and harm. Physical violence included being beaten, punished harshly, forced to labor excessively, and living in misery. Sexual abuse included rape and sexual assault. Exploitation included being kidnapped, working without pay, and being used by others to commit criminal acts. Moral violence included not being sent to school. Because many respondents linked the problem of violence post-*restavèk* with violence experienced as a result of being on the streets, they noted that the longer-term consequence of being on the streets may include becoming a thief or prostitute, begging, school truancy, carrying weapons, using drugs, illness, and death.

3. Being Unwelcome Upon Return Home

When asked about the reasons for children being unwelcome upon their return home, respondents overwhelmingly focused on economic reasons (Table 8). They often noted that even when parents are happy to see their child return home, they are not able to meet the child's needs (e.g., do not have adequate housing, resources, or income-generating activity, have too many children, cannot send the child to school, etc.) While focusing on economic problems, responses also reflected parents' despair and disappointment when the hope they had placed in the child is dashed by his/her return (e.g., the parent thought the child would have a better life, economically), or when they believed that their own economic load had been lightened when the child left.

When asked to describe how this problem manifests, respondents noted that parents act badly toward or mistreat the children (e.g., the family does not want to see them, beats them, refuses to recognize them as part of the family, humiliates them, or kicks them out), and children sometimes do not stay.

IV. RESULTS OF STUDY 2

It was important to understand whether informants in rural areas to which children have returned have more or different responses about the challenges children face upon returning home. To address this question, a team of six interviewers spent three and a half days in each of two rural communities and conducted a reduced version of the qualitative study described above.

The reduced study included collecting FL data on Question 2 only and conducting KI interviews focused on the topic of interest that emerged most frequently in the FL in each of the two communities.

A. Free List Interview Results

The sample in Community A consisted of nineteen adults (ages 33-59) and seven youths (ages 12-20). In Community B, the sample consisted of thirteen adults (ages 30-50) and seven youths (ages 13-19).

The Free List Question was, *When a child who has been in restavèk returns home, what kinds of problems are there?* As in the data collected in Port-au-Prince, when asked about the challenges children face when they return home after being in *restavèk*, adult respondents in both communities focused on economic problems. The most frequently cited consequence was not being able to attend school (Table 9). They also, however, focused on some of the positive consequences for children who return. They reported that the children are more comfortable living with their families than they were in *restavèk*, that their families are happy and proud that they have returned, that children are more comfortable and can ask for what they need. In the category labeled distressed (Community A), respondents spoke of how the children feel sorrow, sadness, and embarrassment; spend their time alone; and cry. For those who cannot attend school, this has a great impact on them. Respondents from both communities also noted with considerable frequency that children who return home face humiliation and fighting upon their return. Examples of this in Community A included other children, sometimes even siblings, insulting and teasing them, calling them *restavèk*, and fighting with them. In Community B, it was less common that the insults they endured were the result of having been in *restavèk*, and more often a result of the economic situations they face upon return.

When children were asked about the problems of children who return, their responses largely paralleled those of adults (Table 10). Being welcome and at ease was one of the most frequently cited responses in both communities. Children reported that those who return love their parents and want to live near them, are more comfortable at home, and their parents are happy to see their children living with them. However, children also noted the humiliation that the returned children are subjected to, noting that they insult and discriminate against the child because she/he lived in *restavèk*. Though this emerged in both communities, it emerged more strongly in Community A, with one respondent referring to this as "moral violence." Economic problems and their consequences (e.g., not being able to attend school) were also frequently cited.

B. Key Informant Interview Results

Based on the FL data from Community A, we decided to conduct KI interviews on the topic of being unwelcome, particularly focusing on insults and humiliation. This was a theme that emerged frequently in both child and adult FL responses and was not developed in our interviews in Port-au-Prince. In Community B, economic problems emerged most strongly with a depth of responses regarding their consequences (e.g., children becoming pregnant, stealing, being subjected to violence, wanting to leave the home or the parents being obligated to send them away again). The KI interviews conducted in Community B focused on the economic challenges and their particular, unique impact on children who have returned from *restavèk* (relative to those children in the family/community who are in similar economic situations but who had not been in *restavèk*).

1. *Being Unwelcome Upon Returning Home: Humiliation*

In Community A, when asked about children being humiliated upon returning home from *restavèk*, both adult and child KIs focused on two primary causes: because children lived in *restavèk*, and because their parents are poor (Table 11). Some respondents noted that when children humiliate other children they are imitating their parents. When asked what form this humiliation takes, verbal insults and humiliation were reported to be directed at the child by adults, children in the community, and even the child's own siblings, and included calling them *restavèk*, insulting them, and demanding that they do chores. The parents of the returned child also were reported to experience humiliation. The response labeled "being looked down upon" referred to children being regarded with suspicion because of the preconceived notion that they lacked proper familial upbringing or that they were thieves. This was expressed by parents of other children through not allowing their children to play with returned children, even beating their own children for playing with them. In speaking of how children are diminished or limited, respondents noted how the experience of *restavèk* marks the children long into the future and leads others to limit their value and their upward mobility. Even into adulthood the children are prevented from contributing to society, making decisions, becoming leaders, or obtaining work. As one participant noted, "the term '*restavèk*' damns the child for life." The consequences of this humiliation involve the child crying and becoming distressed. The "distress" described in these interviews included: rumination, sorrow, headaches, isolation, discomfort, unhappiness, and not feeling well.

2. Economic Problems and their Impact on Children Who Have Returned From *Restavèk*

In Community B, when asked about how the economic situation of their families is a considerable problem for returned children, the most commonly cited reason was that the child sees that she/he cannot live the way other children do. While other children appear to be living well, dressing well, attending school and church, and having their needs met by their parents, this group of children is not able to do or have such things. In addition, when this group of children asks for what they need, their parents are not able to provide it, and in some cases respond meanly or hurtfully to their requests. In some cases, children and their parents are subjected to humiliation by neighbors, at school, etc. as a result of their situations. Four respondents, including two children/youth, reported that the children felt that they were better off where they were (in *restavèk*).

Nearly all participants reported that parents are not able to take care of children's basic needs, including food and clothing. Parents do not have assets such as land to farm, the support of other family, or work, and thus cannot afford to send their children to school. The internalizing mental health symptoms that were reported as consequences of living in such economic conditions included rumination, sadness, hopelessness, being uncomfortable, crying, preferring to be alone, suicidal thoughts, irritability, negative thoughts, and being upset. A relatively large number of respondents cited losing their mind or going crazy as a consequence. Fewer externalizing symptoms were reported, but they included being promiscuous, being badly behaved, stealing, running away, and using drugs. In addition, physical and somatic consequences included becoming thin, with participants reporting that even when the child eats, she/he cannot maintain a healthy weight. Others included being sick, not being able to sleep or eat well, and suffering malnutrition. Behaviors related to economic and material survival included constantly doing chores for others in hopes of being given a little food, engaging in sexual activity for money (and becoming pregnant as a consequence), stealing, and begging. Social consequences included others making fun of the children, the children having difficulty learning, and running away.

It is clear that the impoverished environments that children are returning to pose significant challenges for all children—not only those who return from *restavèk*. It was important to explore with KIs whether there are aspects of economic problems that impacted children who have been in *restavèk* differently than those who have been home with their families all their lives. Highlighting the differences, KIs reported that when children who have been in *restavèk* learn that they will be returning home, they believe that they will be able to live better and more comfortably. They believe that they

will finally be able to ask for what they need, which is a right they did not have while in *restavèk*. However, returning to their impoverished environments poses several problems that make the conditions more difficult for former *restavèk* children to bear: 1. They often return with nothing, while their siblings have had the most basic of their needs met, and so they are forced to ask for basic clothing and necessities. 2. They are now free to ask for what they need, but their parents cannot provide for them. 3. They have seen and become more aware of the ways that wealthier children live and have a different reference for what they too should be allowed to have and do, and thus have more difficulty accepting their conditions. This creates a perception among parents that children who return are more demanding, and that children who have never left are more comfortable in their environments than those who have returned from *restavèk*.

V. DISCUSSION

Children who have been in *restavèk* exhibit a diverse range of signs and symptoms of mental health problems that are consistent with other findings of children in high stress and abusive family environments,¹⁷ and in other abusive forms of trafficking.¹⁸ While the study team was interested in learning whether these signs and symptoms could be grouped into syndromes, there were no consistent reports of comorbid symptoms, and thus it is yet unclear whether the symptoms reported exist as syndromes. Symptoms included both internalizing (crying, sadness, rumination, remembering the bad moments) and externalizing (stealing, fighting, being unruly or disobedient) symptoms, many of which may be markers of trauma in children and youth. As there are no published studies of aftercare or mental health care for survivors of child domestic slavery, models such as those for survivors of sex trafficking, which are also few, need to be consulted.¹⁹

Apart from mental health symptoms, our findings indicate a number of social and environmental experiences children face after leaving *restavèk* that further complicate their risk of mental health problems. Findings of the trajectory from *restavèk* to the streets are consistent with prior research in Haiti²⁰ as well as in other contexts in which family violence and abuse are

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17. Carrie A. Moylan et al., *The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems*, 25 J. FAM. VIOLENCE 53 (2010).
 18. R. Barri Flowers, *The Sex Trade Industry's Worldwide Exploitation of Children*, 575 ANNALS AM. ACAD. POL. & SOC. SCI. 147 (2001); JANICE G. RAYMOND & DONNA M. HUGHES, *SEX TRAFFICKING OF WOMEN IN THE UNITED STATES: INTERNATIONAL AND DOMESTIC TRENDS* (2001), available at <http://www.ncjrs.gov/pdffiles1/nij/grants/187774.pdf>.
 19. Macy & Johns, *supra* note 9.
 20. Lubin, *supra* note 10.

causes of children going to the streets.²¹ In addition the host of violent and exploitative experiences of children who have left *restavèk* for the streets are consistent with other studies of street youth.²²

Reports of experiences of being unwelcome upon returning home, and especially of being humiliated and discriminated against for having lived in *restavèk*, provided an important contribution to our understanding of the particular challenges of children who have returned home. Challenges to reintegration resulting from stigmatization and discrimination have been cited in cases of returned child soldiers, and the effects of stigma on long-term psychosocial adjustment have been documented.²³ These findings indicate the importance of considering not only the experiences of abuse, neglect and exploitation that a child experiences in *restavèk* but also the important role of post-*restavèk* stigma and humiliation on a child's long-term adjustment. In addition to the stigma associated with *restavèk*, the financial challenges for families whose children return home and their impact on the family's perception and reception of the child may be equally important to the child's reintegration. Finally, the mental health consequences of living under economic duress were found to pose greater challenges for returned children, contributing to children's mental health symptoms and to parents perceiving them as demanding.

At the same time, it is important to note that both children and adults consistently reported that families are happy to have their children return, and children are more comfortable and happy back at home. However, the extremely challenging economic situation of families, in addition to the stigma the child carries home from the experience of *restavèk*, were cited as causes for the child to experience a range of serious mental health symptoms as well as social challenges. The interlocking stigma of poverty and *restavèk* combine forcefully to place the children at risk for mental health problems as well as to be placed in a position where they are not accepted and are humiliated by peers and other adults.

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21. Alessandro Conticini & David Hulme, *Escaping Violence, Seeking Freedom: Why Children in Bangladesh Migrate to the Street*, 38 DEV. & CHANGE 201 (2007); Veli Duyan, *Relationships Between the Sociodemographic and Family Characteristics, Street Life Experiences and the Hopelessness of Street Children*, 12 CHILDHOOD 445 (2005); Murray et al., *supra* note 14.
 22. SARAH THOMAS DE BENÍTEZ, CONSORTIUM FOR STREET CHILDREN, STATE OF THE WORLD'S STREET CHILDREN: VIOLENCE (2007), available at http://www.mkombozi.org/publications/resource_ngos/2007_11_research_report_csc_state_world_children.pdf; Meredith Gamble, *Sexual Exploitation and Abuse of Street Children in Romania: Catalysts of Vulnerability and Challenges in Recovery*, Second Annual Interdisciplinary Conference on Human Trafficking, University of Nebraska-Lincoln 2010 (2009), available at <http://digitalcommons.unl.edu/humtrafconf2/17>.
 23. Theresa S. Betancourt et al., *Past Horrors, Present Struggles: The Role of Stigma in the Association Between War Experiences and Psychosocial Adjustment Among Former Child Soldiers in Sierra Leone*, 70 SOC. SCI. & MED. 17 (2010).

VI. LIMITATIONS

The number of interviews conducted, the small number of communities in which the study was conducted, and the way in which participants were identified and interviewed do not allow for us to fully generalize the results of this study. When we consider the lives of children in *restavèk* we recognize the variability in the treatment they receive and the conditions in which they live. The study methodology did not involve speaking to children directly about their own experiences, which would have allowed us to contextualize their responses based upon a number of factors (e.g., duration and treatment in *restavèk*, age or developmental level, family context of origin).

Our interviewers, though all local, national staff, appeared to respondents as members of NGOs at a time in which many surveys were conducted in Haiti with little evidence of how results have been used to address the needs for which they were conducted. In addition, the rapid qualitative methodology did not allow interviewers to build extensive rapport and trust with the respondents, and thus all findings must be considered in this light.

VII. RECOMMENDATIONS

Through interviews with children who have lived through the experience of *restavèk* and with the adults who care for them, this study has illuminated the range of problems and symptoms that children experience upon leaving *restavèk*, and obtained detailed information on four of the most prevalent and severe problems that emerged. Based on our overall findings and the principal problems reported in this study, the following are our recommendations:

1. Given that the findings reveal the significant mental health impacts of *restavèk* on children/youth, the duration of their impact, and the reality that returning home does not provide a full and complete remediation of the challenges of *restavèk* nor their sequelae, our first recommendation is that the *restavèk* practice must be eliminated, and that all organizations and institutions working for child protection and well-being in Haiti make this the highest priority.
2. The symptoms that emerged in this study were reported by a small convenience sample. Studies of this kind typically are useful for identifying the most common symptoms that are expressed by the population of interest. However, they are not sufficient to determine which symptoms can reasonably be excluded from an assessment of mental health. Thus, the next step in understanding the full range of symptoms/syndromes for this particular population of children in Haiti will be to adapt and validate a standardized instrument of mental health symptoms that includes all of the symptoms that emerged from this study, as well as symptoms that commonly co-occur with those that emerged. Following the validation of the instrument, the frequency,

severity, and co-occurrence of mental health symptoms for children formerly in *restavèk* in Haiti should be determined. This data will enable us to plan for the appropriate mental health intervention to alleviate the symptoms in this population.

3. The results of this study support our understanding of the trajectory from *restavèk* to the streets, and of the ensuing violence and exploitation that children endure on the streets. We recommend holding meetings with Haitian governmental child protection entities to disseminate these findings and emphasize the importance of identifying and providing safe housing and transitional care for children who have left *restavèk*. Infrastructural mechanisms that ensure immediate intervention (e.g., moving children from the streets to transitional care), are critical to preventing the extreme violence and exploitation that children face on the streets.
4. The findings from the rural communities to which children have returned home have led us to make several recommendations in the service of improving children's well-being. It is important to note that the findings of children being humiliated and discriminated against are based on sampling children and adults from two areas in Haiti, and thus may not reflect the reality nationwide. We recommend that agencies working on reinsertion consider ways to provide family and community wide awareness raising and training to help families and communities to understand a child's experiences of *restavèk* and the potential harm of continued stigmatization, discrimination, and humiliation. We recommend providing psychological education on the normative responses to the experience of *restavèk*, for both returned children and their caregivers and families. In addition, we recommend providing education for basic supportive and behavioral mental health intervention techniques that families can be trained to understand and implement. Involving caregivers and families in understanding the experiences of children, their potential sequelae, and how to address them is expected to provide a more welcoming and supportive environment for the children, reduce their sense of isolation, and support them in adapting to the home environment.
5. Finally, institutions working on reinsertion should collectively identify any mechanisms to support the livelihood and education of the children who have returned from *restavèk* and their families. The results of this study indicate that children who return and are unable to attend school and live in substandard economic conditions may be subjected to greater discrimination and humiliation than if they were attending school regularly and their families were able to support themselves. While the formal, government-supported reinsertion process includes support for the child's education and the family's income generation activities, these supports are often not sustained by the families beyond the initial, short period immediately following the child's return. This is due to the extreme level of poverty and lack of support for parents to develop sustainable income generating activities. It is clear that the challenge of accessing education in rural areas touches all children, not only those that return from *restavèk*, and thus the challenge is a substantial one to address.

VIII. TABLES

Table 1. Study 1 Free List Respondents Across Sites

	<i>Adults</i>		<i>Children</i>	
	<i>Male</i>	<i>Female</i>	<i>Male</i>	<i>Female</i>
Transitional Care Setting 1	6	2	10	15
Traditional Care Setting 2	1	4		9
Community-Based Setting	4	15	5	5
TOTAL	11	21	15	29

Table 2. Problems of Children Who Have Been in *Restavèk* (Adult respondents n=32)

Economic problems	14
Risks	11
Ill at ease	9
They are thinking [ruminating]	9
They can be subjected to violence	9
They are violent	8
Insolent	7
Bad behavior	7
They are thieves	6
They have habits	6
Family problems	5
Bad memories	5
Sadness	5
They do not believe in themselves	5
Difficulty adapting	5
They are in the streets	4

Table 3. Problems of Children Who Have Been in *Restavèk* (Child/Youth respondents n=44)

Sadness	11
They are ill at ease	8
Remember the bad moments	8
They do not have what they need	7
Victims of violence	7
They think about their families	6
They feel well	5
They are embarrassed	5

**Table 4. Problems of Children Who Have Returned Home
(Adult respondents n=32)**

Unwelcome	21
Parents do not have economic means	17
They cannot go to school	14
They are more at ease	8
They are not at ease	5
They think/ruminate	5
Sleeps poorly	4
They are on the loose	4
Poor relationships	4

**Table 5. Problems of Children Who Have Returned Home
(Child/Youth respondents n=44)**

Parents cannot send them to school	33
Bad behaviors and attitudes	23
Unwelcome	18
Negative emotions	13
Bad experiences	12
Positive emotions	5

Table 6. Mental Health Symptoms

Causes	They reproduce what they experienced	22	
	What they lacked (e.g., food, affection)	19	
	Remember what they went through	18	
	Need their families	8	
	Did not get to go to school	5	
	Temperament	4	
	Happiness	4	
	Description	Sadness and bad memories	54
		Insolent	24
		Violent	24
Unruly		20	
Ill at ease		13	
Stress		9	
Thievish		8	
Do not have confidence in themselves		8	
Poor hygiene/dirty		6	
Subdued [positive quality]		5	
Lose their way	3		
Do not eat	2		
Eat a lot	2		

Table 7. Violence Children are Subjected to Post-Restavèk

Causes	Risks of the streets	6
	Lack of supervision/caregiver	4
	Taken to be a thief, criminal	2
Description	Physical violence	14
	Sexual abuse	7
	Moral violence	5
	Exploitation	4
	Verbal violence	4
	Harm	3

Table 8. Being Unwelcome Upon Return Home

Causes	Economic problems	16
Description	Parents mistreat them	6
	Children do not stay	2

Table 9. Problems of Children Who Have Returned Home

<i>Community A (Adult respondents n=19)</i>		<i>Community B (Adult Respondents n=13)</i>	
Consequences of Economic Problems (e.g., cannot attend, school basic needs not met, want to leave/return to where they were)	19	Consequences of Economic Problems (e.g., cannot attend school, hunger, basic needs not met)	12
Welcome, S/he is at ease	14	Economic problems	10
Economic problems	13	More at ease	7
They are distressed	13	Insults	3
Humiliation/fighting	11	Problems of adaptation	3
Parents responsibility	3	Badly behaved	3
Like to work	2	Sick	2
Sick	2	Sad	2

Table 10. Problems of Children Who Have Returned Home

<i>Community A (Child/Youth respondents n=7)</i>		<i>Community B (Child/Youth respondents n = 9)</i>	
Welcome, S/he is at ease	7	Economic problems	9
Others humiliate them	7	They are more at ease	6
Economic problems	4	Others insult them	5
Consequences of economic problems	3	Others look down on them	3
		They are sick	3
		Other people make them work for them	2
		Mistreated	2
		Remember the bad moments	2
		Others make fun of them	2

Table 11. Humiliation Endured by Children Who Return Home (Community A)

Causes	Parents do not have economic means	5
	Because they lived in <i>restavèk</i>	4
Description	They humiliate them verbally	6
	They look down at them	5
	They diminish/limit them	4
Consequences	Adults mistreat them	3
	They are distressed	5
	They cry	3

Table 12. What Makes Economic Problems Challenging for Children Who Return Home (Community B)

Cause of Challenge	S/he cannot live the way other children do	11
	Parents cannot provide what s/he needs	8
	Disappointment/Humiliation	4
	S/he feels s/he was better off where s/he was	4
	Parents respond meanly to him/her [when s/he asks for something]	3
Description	Parents cannot take care of their basic needs	19
	Parents do not have means/assets	11
	Can not send them to school	9
	Parents do not have work	3
Consequences	Increased poverty	2
	Ruminate	16
	Sad	13
	Can lose their mind, go crazy	11
	Hopelessness	10
	Constantly doing chores for others	10
	Leads a promiscuous life	9
	Ill at ease	8
	Badly behaved	8
	Crying	7
	Stealing	7
	Stays alone, away from others	7
	Becomes very thin	7
	Others make fun of him/her	7
	Runs away	7
	Sick	6
	Becomes pregnant	5
	Thoughts of suicide	5
	Has to engage in sexual activity for money	5
	Irritable, angry	5
	Difficulty learning	4
	Cannot eat or sleep well	4
	Suffers, malnutrition	4
	Has negative thoughts/reflections	3
	Smokes, drugs	3
	Upset	3
	Begs	3
Differences	Different hopes/expectations	5
	More demanding	4
	See/Think about things differently	4
	Less at ease	3