

VIOLENCE AGAINST CHILDREN IN HAITI

FINDINGS FROM A NATIONAL SURVEY 2012



PEPFAR

U.S. President's Emergency Plan for AIDS Relief



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Centers for Disease Control and Prevention

U.S. Department of Health and Human Services

PEPFAR - U.S. President's Emergency Plan for AIDS Relief

Republic of Haiti

Together for Girls

The Interuniversity Institute for Research and Development

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The Violence Against Children Survey in Haiti (VACS Haiti) was guided by the Comité de Coordination (CC), a multi-sectoral task force consisting of government ministries and partners from social welfare, the police and legal system and health care sectors, the United Nations and civil society. The technical guidance and coordination of this study was provided by the Centers for Disease Control and Prevention (CDC) and implemented by the Interuniversity Institute for Research and Development (INURED).

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SECTION B: KEY TERMS AND DEFINITIONS

Child: Anyone who is under 18 years of age.

Sexual violence: is defined as including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of offenses, including completed nonconsensual sex acts (i.e., rape), attempted nonconsensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). This also includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials. In this survey, we asked about four types of sexual abuse and two types of sexual exploitation:

Types of sexual abuse:

Unwanted sexual touching: How many times in your life has anyone touched you in a sexual way without your permission, but did not try and force you to have sex?

Attempted unwanted sex: How many times in your life has anyone tried to make you have sex without your permission, but did not succeed?

Physically forced sex: How many times in your life have you been physically forced to have sex regardless of whether you did or did not fight back?

Pressured sex: Has anyone pressured you in a non-physical way to have sex against your will and sex happened by (a) doing things like telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you?; (b) by repeatedly asking for sex, or showing they were unhappy?; or (c) using their influence or authority over you, for example, saying they will give you bad grades, that they will fire you, or that they will arrest you?

Types of sexual exploitation:

Receiving money for sex: Has anyone ever given you money to have sex with them?

Receiving goods for sex: Has anybody ever given you food, gifts or any favors so that you have sex with them?

Unwanted completed sex: A combination of physically forced and pressured sex as defined above.

Unwilling first sexual intercourse: Refers to first vaginal or anal intercourse that was unwanted or against your will.

Vaginal or anal intercourse: Refers to anytime a male's penis enters someone else's vagina or anus, however slight.

Sex for females: Includes someone penetrating a female's vagina or anus with their penis, hands, fingers, mouth, or any other objects, or penetrating her mouth with their penis.

Sex for males: Includes someone penetrating a male's anus with their penis, hands, fingers, mouth, or any other objects, or penetrating his mouth with their penis. It can also include a male putting his penis into someone else's mouth, vagina, or anus.

Sexually Transmitted Infection (STI) for females: Includes having ever had a bad-smelling or unusual discharge from the vagina or a genital sore or ulcer.

Sexually Transmitted Infection (STI) for males: Includes having ever had a bad-smelling or unusual discharge from the penis or a genital sore or ulcer.

Physical violence: Physical acts of violence such as being punched, kicked, whipped, beaten with an object, choked, smothered, attempted drowning, burned or scalded intentionally or threatened with a weapon. In this survey, we specifically asked about physical acts of violence perpetrated by parents and adult care givers in the home and authority figures in the community, defined as those who should be trusted, such as teachers, police or other security personnel such as United Nations Stabilization Mission in Haiti (MINUSTAH) or UN Police (UNPOL), religious leaders or community leaders. Key questions asked:

Has/did a parent, caregiver, any adult relative, or another adult household member ever:

- punch you, kick you, whip you, or beat you with an object?
- choke you, smother you or try to drown you?
- burn or scald you intentionally (including putting hot pepper in your mouth or on another body part)?
- use or threaten to use a knife or other weapon against you?

Has/did a public authority figure ever:

- punch you, kick you, whip you, or beat you with an object?
- choke you, smother you or try to drown you?
- burn or scald you intentionally (including putting hot pepper in your mouth or on another body part)?
- use or threaten to use a knife or other weapon against you?

Emotional violence: Emotional acts of violence such as being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment. Key questions asked:

Has/did a parent, caregiver, any adult relative, or another adult household member ever:

- say that you were not loved or did not deserve to be loved?
- say that they wished you had never been born or were dead?
- ridicule you or put you down (for example say that you were stupid or useless)?
- ever threaten to abandon you or threaten you that they would force you to leave home?

SECTION C: EXECUTIVE SUMMARY

The 2012 Violence against Children Survey (VACS) in Haiti is the first national survey of violence against children in the Republic of Haiti. Implemented in June of 2012 the VACS is a nationally representative household survey of females and males 13 to 24 years of age that is based on a three-stage cluster design that yields separate estimates of experiences of sexual, physical, and emotional violence prior to age 18 years for both females and males in Haiti. The survey incorporated standard enumeration areas, known as Section d'Énumération (SDE), as well as the internally displaced persons (IDP) living in camps/tent settlements resulting from the 2010 earthquake. There were a total of 2916 completed interviews: 1457 females with an overall response rate 85.6% and 1459 males with overall response rate 82.0%. The primary purpose of the survey was to estimate the (1) lifetime prevalence of childhood violence, defined as violence occurring before 18 years of age and (2) prevalence of childhood violence in the 12 months prior to the survey among 13 to 17 year olds.

The survey included a short questionnaire for an adult in the household to build rapport with the family and to determine current socioeconomics of the household. The respondent questionnaire for 13 to 24 year olds includes the following topics: demographics; socioeconomic status; parental relations; education; general connectedness to family, friends, and community; marital status; domestic servitude; displacement following the January 2010 earthquake; sexual behavior and practices; sex in exchange for money or goods; pregnancy; HIV/AIDS testing; experiences of physical, emotional, and sexual violence; health outcomes associated with exposure to violence; and utilization and barriers to services.

The findings from the survey indicate that violence against children is a serious problem in Haiti: 1 out of 4 females and 1 out of 5 males in Haiti have experienced at least one incident of sexual abuse prior to the age of 18 years. In addition, almost two-thirds of both females and males experienced physical violence prior to 18 years by an adult household members or authority figures in the community and approximately one-third experienced emotional violence during childhood (i.e., prior to turning 18) by an adult household member. The results of this survey have significant implications for the design and implementation of Haitian specific prevention and response programs and policies to address abuse and violence against children.

The 2012 VACS Haiti would not have been possible without the partnership and collaboration between the Centers for Disease Control and Prevention (CDC), Interuniversity Institute for Research and Development (INURED), United Nations Children's Fund (UNICEF), Multi-Sectoral Task Force known as the Comité de Coordination (CC), and Together for Girls Partnership. The guidance and creation of the CC, which includes representation from the Ministry of Social Affairs and Labor, Ministry of Public Health and Population, Ministry of Justice and Public Security, Ministry of Women's Affairs and Women's Rights, Institute of Social Welfare and Research, Brigade for the Protection of Minors, and other key governmental and non-governmental partners, was critical to the survey's success.

KEY FINDINGS

Prevalence of Violence against Children

Sexual violence (sexual abuse and exploitation) experienced in childhood: One out of 4 females aged 13 to 24 years in Haiti experienced at least one incident of sexual abuse before turning 18 years of age. Among males in the same age group, 1 out of 5 experienced at least one incident of sexual abuse prior to the age of 18. Among those who experienced at least one incident of sexual abuse prior to age 18 years, 69.5% of females and 85.4% of males had multiple incidents (i.e., two or more incidents) of sexual abuse. The most common form of sexual abuse experienced by both females and males before the age of 18 was unwanted sexual touching, followed by unwanted attempted sex. Of those who had their first sexual intercourse prior to age 18, 1 out of 5 females and 1 out of 10 males experienced their first sexual intercourse as unwilling, meaning that they were forced or coerced to engage in sexual intercourse. In the 12 months preceding the survey, nearly 1 out of 5 females and 1 out of 10 males aged 13 to 17 years experienced at least one incident of sexual abuse. About 4% of females and 7% of males received money, food, gifts, or other favors in exchange for sex prior to age 18 years.

Physical violence experienced in childhood: Almost two-thirds of both females and males aged 18 to 24 years in Haiti experienced physical violence by adult household members or authority figures in the community, such as teachers, prior to the age of 18 years. Approximately one-third of females and males aged 13 to 17 years experienced physical violence in the 12 months prior to the survey. Ninety percent of females and 85.7% of males aged 13–17 years perceived that their most recent experience of physical violence by an adult household member or authority figure in the past 12 months was intended as disciplinary action or punishment.

Emotional violence experienced in childhood: Approximately one-third of both females and males in Haiti experienced emotional violence by an adult household member prior to turning 18 years of age. Nearly thirty percent (27.8%) of females and 16.2% of males aged 13 to 17 years experienced emotional violence by an adult household member in the 12 months preceding the survey.

Overlap of Sexual, Physical, and Emotional Violence in Childhood

Sexual, physical, and emotional violence commonly overlapped in childhood in Haiti. One-third of females and one out of 4 males aged 13 to 24 years experienced multiple types of violence prior to age 18. Females were significantly more likely to experience multiple forms of violence during childhood than males.

Perpetrators of Violence against Children

Perpetrators of childhood sexual abuse: Boyfriends or romantic partners followed by friends or classmates, neighbors, and strangers were the most frequent perpetrators of first incidents of child sexual abuse. Among males of similar age, friends or classmates followed by girlfriends or romantic partners were the most frequently reported perpetrators of first incidents of childhood sexual abuse. More than three quarters of females and approximately one-third of males who experienced sexual abuse prior to age 18 reported that the perpetrator of their first incident of abuse was at least 5 years older than they were at the time of the incident.

Perpetrators of childhood physical violence: Among 18–24 year olds who experienced physical violence before turning 18 by an adult household member or an authority figure in the community, approximately 6 out of 10 females and males experienced at least one incident of child physical violence by a mother and/or father. In the same group more than 8 out of 10 females and males that had experienced physical violence had at least one incident of physical violence that was perpetrated by a teacher, more commonly a male teacher. Similar patterns of perpetration were observed among 13–17 year olds who experienced physical violence in the 12 months prior to the survey.

Perpetrators of childhood emotional violence: Among 18–24 year olds who had any incidents of emotional abuse prior to age 18, approximately 4 out of 10 females and males experienced at least one incident of child emotional violence by a mother. Furthermore, approximately one-third of both females and males in this same group experienced at least once incident of child emotional violence by a father. Among females 13–17 year olds who had any incidents of emotional abuse in 12 months prior to the survey, more than half experienced emotional violence by a mother.

Context of Childhood Sexual Violence Against Children

Where the sexual abuse occurred: Almost 6 out of 10 of both females and males who had experienced sexual violence prior to age 18 indicated that at least one of their experiences of sexual abuse took place in their own home or tent, or the home or tent of the perpetrator. The most common location, however, for both females and males was their own home or tent. About 1 in 5, 18–24 year old females reported an incident occurred on a road. Among 13–17 year old females and males the most common location for the most recent incident of sexual abuse occurring during the last year was on a road.

Childhood Domestic Servitude and Violence

Childhood domestic servitude was significantly associated with experiencing sexual and emotional violence prior to age 18 among both females and males aged 18 to 24 years. Among 13–17 year olds, female domestic servants were significantly more likely than peers who were not servants to have experienced sexual and physical violence in the preceding 12 months, while emotional violence was more likely in both male and female domestic servants.

Sexual Abuse Among Displaced Populations

Approximately a quarter of 13 to 24 year olds were displaced or moved due to the earthquake. Not all of those who were displaced moved to camps. About 1 in 5 respondents lived in a camp or resettled area following the earthquake in 2010 for any period of time. Overall, displacement following the earthquake was not associated with experiencing sexual abuse subsequent to the earthquake among females aged 13–24. However, females aged 13–24 years displaced into or living in camps or tent settlements specifically, were significantly more likely to have experienced sexual abuse after the earthquake as compared to all females aged 13–24 years, displaced or not, who were not living in camps or tent settlements.

Surprisingly, for males aged 13–24 displacement following the earthquake was protective of sexual abuse subsequent to the earthquake and living in camps or tent settlements was not associated with an increased risk of sexual abuse.

Service Uptake for Violence

Approximately 6 out of 10 females and 4 out of 10 males aged 18 to 24 years who experienced child sexual abuse prior to age 18 years told someone about an incident of sexual abuse. Only 1 out of 10 females and 1 out of 15 males who experienced sexual abuse prior to age 18 received any professional services of any kind, including medical, mental health, legal, or protection services, for the sexual abuse. Approximately 1 out of 10 females and males who experienced physical violence prior to age 18 received any professional services of any kind for an incident of physical violence.

Health Outcomes of Sexual, Physical, and Emotional Violence

Females aged 18–24 years who experienced any sexual abuse or any physical or emotional violence prior to age 18 were more likely to have been diagnosed or have had symptoms of a sexually transmitted infection (STI) as compared to those who did not experience any of these incidents. Furthermore, females who experienced child emotional violence were also more likely to have ever experienced suicidal ideation. Sixteen percent of females who experienced unwanted completed sex prior to age 18 became pregnant as a result of at least one of the incidents. Males who experienced any emotional violence prior to age 18 were more likely to ever experience suicidal ideation as well as to have been diagnosed with or have had symptoms of an STI as compared to those who did not experience emotional violence.

Females aged 13–17 who experienced sexual abuse in the past year reported significantly higher rates of drinking alcohol, suicidal ideation, and diagnoses or symptoms of sexually transmitted infections as compared to those who did not experience sexual violence. In addition, females aged 13–17 who experienced physical or emotional violence in the past year were significantly more likely to report serious mental distress than those who did not experience either type of violence. The experience of emotional violence among females aged 13–17 was also significantly associated with suicidal ideation and having a diagnoses or symptoms of sexually transmitted infections when compared to those who did not experience emotional violence.

Sexual Abuse and HIV/AIDS Testing Knowledge and Testing Behaviors

Approximately two-thirds of females aged 18–24 years who experienced any sexual abuse prior to age 18 knew where to go for an HIV test, however, less than half were ever tested. Among males of similar age, half of those who experienced any sexual abuse prior to age 18 knew where to go for an HIV test and only 1 out of 10 were ever tested.

Violence and Sexual Risk Taking Behavior

The study examined the prevalence of sexual risk taking behaviors in the 12 months prior to the survey among 19 to 24 year olds and their association with childhood violence in order to ensure exposure to childhood violence preceded involvement in sexual risk taking behavior. Over a third (36.4%) of sexually active females aged 19–24 years who experienced child sexual abuse had multiple sex partners in the past 12 months compared to 29.4% of 19–24 year old females who had not experienced child sexual abuse. Females aged 19–24 years who experienced child physical violence were more likely to have received gifts, food, or favors in exchange for sex during the past 12 months compared to those who had not experienced child physical violence. Females aged 19–24 years who experienced childhood emotional violence were more likely to use condoms infrequently in the last 12 months compared to those who had not experienced childhood emotional violence.

Attitudes towards Spousal Violence and the Role of Gender in Sexual Practices and Intimate Partner Violence

Nearly half of all females and 2 out of 5 of males aged 13–17 years believed that a man is justified in hitting or beating his wife if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, or if she burns the food. More than half of females and males aged 13–17 years believed that it is men who should decide when to have sex, that men need more sex than women, that men need other women, that women who carry condoms are “loose”, or that women should tolerate violence in order to keep their family together.

SECTION 1: INTRODUCTION AND METHODS

INTRODUCTION

Violence against children is a global human rights and public health issue, with significant negative health and social impacts throughout the lifespan. The Convention on the Rights of the Child states that all children have the right to be protected against all forms of violence, exploitation, and abuse, including sexual abuse and sexual exploitation.¹ The short- and long-term effects of such violence and exploitation are severe, not only for the victims, but also for families and communities and constitute a serious societal concern.^{2, 3, 4} Violence against children includes all forms of physical or psychological abuse, injury, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. It occurs across many different contexts, and the perpetrators of violence against children may be both adults and children, including: parents, guardians, and other caregivers; other family members; friends, acquaintances, and neighbors; strangers; authority figures such as teachers, police, and clergy; employers; and other adults from organizations working with children.⁴

There is little data on the prevalence of violence against children worldwide. Available information, however, including the United Nations Secretary-General's Study on Violence against Children, indicates that violence against children is an issue that exists across the globe.⁵ Worldwide, in 2008, nearly 24,500 children under age 15 died as a result of homicide.⁶ A study on child disciplinary practices at home, with data from 35 low- and middle income countries, indicates that on average, three in four children between the ages of 2 and 14 were subjected to some kind of violent discipline, more often psychological than physical.⁷

Sexual violence against children is particularly pressing. In 2002, the World Health Organization (WHO) estimated that 150 million girls and 73 million boys under the age of 18 had experienced sexual violence involving physical contact.⁴ The 2005 WHO Multi-Country Study on Women's Health and Domestic Violence Against Women found that between 1% and 21% of women surveyed experienced sexual abuse before the age of 15.⁸ Using comparable study designs and methods, national prevalence surveys in Swaziland (2007), Tanzania (2009) and Kenya (2010) all found that about 3 out of 10 females aged 18 to 24 years experienced some form of sexual violence as a child.^{9, 10, 11}

Violence against children, in all of its forms, can have a profound impact on core aspects of emotional, behavioral, physical, and social health and development throughout life. These consequences may vary depending on a child's age when abused, the duration and severity of the abuse or neglect, whether the perpetrator was a family member or not, the child's innate resiliency, and co-occurrence with other maltreatment or adverse exposures, such as the mental health of the parents, substance abuse by the parents, or violence in the home.^{12, 13}

Experiencing violence by parents, caregivers, and others has been associated with a number of emotional and behavioral problems in adolescence and adulthood, including aggression, conduct disorder, substance abuse, poor academic performance, anxiety, depression, reduced self-esteem, and suicidal behavior.⁴ Exposure to violence has also been associated with a variety of behavioral health risks such as smoking and obesity and specific health problems such as injury, diabetes, and ischemic heart disease.⁴ In addition, exposure can have negative consequences for cognitive development, including language deficits and reduced cognitive functioning.¹⁴ Moreover, exposure can lead to social stigma and discrimination against the child and his or her family, such as in cases of sexual violence. Violence not only has profound consequences on the individual child and his/her family, but the community and society at large. It raises questions about what is permissible and can result in on-going cycles of re-victimization and reoccurrence of violence. The threat and the acts of violence present in the community impacts not only the children who have experienced it, but those who have not. Despite the scientific evidence showing an unacceptably high prevalence of violence against children worldwide, this critical human rights, health, and social problem has not received adequate attention in many countries.

Sexual violence, in particular, is associated with an increased risk of a range of sexual and reproductive health problems, including unwanted pregnancy, pelvic inflammatory disease, infertility, gynecological disorders, and the transmission of HIV/AIDS and other sexually transmitted infections.⁴ Among adolescents and women, the frequency of pregnancy as a result of rape varies from 5% to 18%, and younger women who experience rape often have an increased rate of unintended pregnancies.⁴

Violence against and the exploitation of children is increasingly receiving greater consideration as an important problem in Haiti. The high numbers of orphans and vulnerable children who are not attending school or working as unpaid domestic servants resulting from the deteriorating political, economic, and social conditions, including the social disruptions following 2010 earthquake, has greatly increased the risks of violence and exploitation faced by children.^{15, 16, 17, 18}

Though violence against children is preventable, more comprehensive data are needed to support the development and implementation of effective prevention and protection strategies. The results of this 2012 Violence Against Children Survey (VACS) provide, for the first time, national estimates that describe the magnitude and nature of sexual, physical, and emotional violence experienced by girls and boys in Haiti. This information is designed to help support efforts in Haiti to develop and implement effective prevention strategies as well as improve service provision for all Haitians, especially children, who experience violence.

BACKGROUND

Haiti, a nation comprising the western third of the Caribbean island of Hispaniola, has a population of approximately 9.8 million with a median age of 21.6 years, including 35.9% who are under the age of 14 years.¹⁹ This represents a relatively high proportion of children in the overall population. On a worldwide index of 60 failed states, Haiti ranked number 5 in 2011 behind such countries as Afghanistan and Zimbabwe and is considered to be in critical condition, consequently making all children more vulnerable to violence and abuse.²⁰ Moreover, Haiti consistently has some of the poorest health and development indicators in the Americas, including life expectancy (62.5 years), maternal mortality (350 deaths per 100,000 live births), infant mortality (54.44 deaths per 1,000 live births), and literacy (52.9%).¹⁹

In addition to the major health issues listed above, violence against young women, men, and children is increasingly receiving greater attention as an important health and human rights problem in Haiti. Over the past decade, deteriorating political, economic, and social conditions have resulted in a high level of vulnerability among all Haitian children.¹⁵ The 2006/2007 Demographic and Health Survey found that 13.1% of girls and 14.6% of boys aged 10–14 were not enrolled in school.¹⁵ Furthermore, it was estimated that 380,000 children were orphans and 150,000–500,000 children lived with non-relatives as unpaid domestic servants.^{17, 18} Children who are not attending school, orphans, or those working as unpaid domestic servants constitute particularly vulnerable populations of children. Haiti thus deserves particular attention due to the variety of social, political, and economic factors that may be influencing the prevalence of violence.

Prior to the January 12, 2010 earthquake, several studies done in Haiti concluded that violence is a common occurrence, particularly among girls. A study in 2004–2005 found that more than half of the estimated 35,000 sexual assaults in the Port-au-Prince area were among girls under 18, and child domestic servants were a significant proportion of all victims.²¹ Another study found that, among victims of sexual violence seeking help in a Port-au-Prince clinic from 2000–2008, 42% were found to be less than 18 years old and nearly half of these were 12–14 years old.²² It is especially concerning that these figures from clinics are likely underestimates since most victims of child abuse do not seek services.²³ Finally, a study of youth violence in Cité Soleil, a slum community of Port-au-Prince, found high rates of gang violence among youth, and young people reported that violence was a driving force in their lives.²⁴

The situation in Haiti was critical before the earthquake, and the disaster has likely worsened the issue of violence against children in Haiti.²⁵ Related research suggests that violence against children is likely to increase following natural disasters as a result of social disruption, stress, and increased vulnerability of youth.^{26, 27} Parental loss of life or economic standing, separation from family members, crowding in camp conditions, and lack of safe places to sleep and play can influence a child's susceptibility to violence. Moreover, children who are in chaotic or unstable environments and lack adequate supervision are at increased risk for sexual violence specifically.²⁸ Additional contributing factors in internally displaced persons (IDP) camps include severely weakened family and community structures, overcrowding, lack of privacy, extremely limited prevention activities, and minimal response services for survivors.²⁷

Even a year after the earthquake, 810,000 individuals continued to be displaced and were living in 1,150 camps in the Port-au-Prince area and the south of the country.²⁹ UNICEF estimates that 1.5 million Haitian children have been affected by the earthquake with approximately 500,000 children living in extremely vulnerable circumstances.³⁰ The subsequent cholera outbreak and bursts of political violence preceding a transition to a new government have caused further instability in the country, and potentially increased opportunities for child victimization. Anecdotal evidence indicates that children have been more likely to experience violence, including sexual violence, following the earthquake.^{31, 32, 33}

The national response to the problem of violence in Haiti has not been adequate due to several barriers. First, as in most countries, violence has been primarily conceptualized as a human rights violation or a crime problem and not as a health problem.⁴ In addition, a major obstacle is the lack of epidemiologic and population-based studies necessary to make informed decisions on how best to prevent violence against children. Despite the seriousness of violence and its sequelae, there have been no nationally representative studies investigating the scale, magnitude, or epidemiology of violence against children in Haiti. Most of the violence studies to date have primarily focused on sexual violence against adult women, not children or adolescents, or may focus on special or vulnerable populations such as people found in IDP camps, thus preventing independent estimates of the magnitude of the problem affecting children nationwide. Additionally, while some of these past studies of violence have raised awareness of the problem of violence against children, the majority of them have not collected data on violence against boys. Finally, these studies did not use consistent definitions and measures of sexual violence, or violence against children. The combination of these factors makes it difficult, based on current data, to establish national estimates of the true magnitude of violence against children or to compare across country estimates.

The lack of sufficient and reliable data contributes to the inability of agencies to make informed programmatic decisions around violence, particularly sexual violence, against children. Evidence to support advocacy, to inform national planning and funding allocation and to monitor the impact of all forms of violence, and sexual violence in particular, is very much needed. One way to address this gap in health information on violence against children is to collect population based survey data. In order to determine health priorities, population based data can provide decision makers with an overview of the magnitude and nature of a health problem that is occurring at a national level. Furthermore, population based data can be used to identify potential risk and protective factors for health problems such as sexual violence in order to develop effective prevention strategies.

It is important to emphasize that little is known about the specific risk and protective factors for violence against children in Haiti. Important factors to assess include those that have been identified from available studies in other countries, as well as those that may be important given the unique experiences of Haiti. For example, factors related to the family and parenting may be important such as the degree of parental involvement and whether a parent has died, how long a respondent lived with each biological parent, reasons why they may no longer be living with a parent, parent education level, relationship quality with parents, and perceived family and social support. Factors unique to Haiti that may influence violence against children are related to the earthquake such as the camp situations and displacement associated with the earthquake as well as questions related

to childhood experiences of domestic servitude. Although some of these factors are not readily modifiable, assessing the associations with violence against children has implications for identifying those at highest risk for violence and therefore may help to determine how best to identify and allocate available prevention resources.

In addition, there is evidence that suggests social norms may contribute to violence, including the social acceptability of sexual violence in romantic and/or dating relationships, which is measured in this study through a series of questions. Other potential risk and protective factors include: overcrowding, moving and displacement, frequency of visitors in the home, schooling, community and social support, activities outside of school, method of travel to school, urban/rural designation, socioeconomic status, alcohol use, and involvement with drugs and alcohol at the time of sexual violence.

Though violence against children is preventable, timely and more complete data are needed to develop and implement effective prevention strategies. This research initiative seeks to provide, for the first time, comparable population-based national estimates that describe the magnitude and nature of the problem, as well as the epidemiologic patterns of risk and protective factors of violence experienced by children in Haiti for the purpose of developing and implementing effective prevention strategies. This study follows the thematic direction of the UN in developing studies aimed at protecting children and young adults.⁵ On a country level, this study is aligned with the priorities of many relevant stakeholders.

STUDY OBJECTIVES

The 2012 VACS Haiti sought to provide, for the first time, comparable, national population-based estimates of violence against children. Specifically, the objectives of the VACS were to: (1) estimate the national prevalence of sexual violence, physical violence, and emotional violence against boys and girls that occurred prior to turning age 18; (2) identify risk and protective factors for sexual, physical, and emotional violence against children to inform stakeholders and guide prevention efforts; (3) recognize the health and social consequences of violence against children; (4) assess the knowledge and utilization of medical, psychosocial, legal, and protective services available for child victims of sexual and physical violence in Haiti as well as barriers to accessing such services; (5) assess the impact of the January 12, 2010 earthquake and the complex, protracted humanitarian crisis on sexual violence; (6) identify areas for further research; and (7) provide information that will guide strategies to prevent, identify and respond to violence against children, especially, sexual violence.

The 2012 VACS Haiti is responding to the recommendation of the United Nations Study on Violence against Children to improve data collection and research efforts to inform policy and programming at all levels and track progress towards the goal of preventing violence against children globally.⁵ On a country level, this study is addressing the need for data to inform a national action plan to prevent and respond to violence against children. Furthermore, the study is responding to numerous reports following the 2010 earthquake, highlighting the need for better data to inform programs and policies to address the problem.

The findings from the 2012 VACS Haiti will be used primarily to better understand the magnitude and nature of violence against children, especially sexual violence, and its underlying risk and protective factors in order to make recommendations to the Government of Haiti and national and international agencies and non-governmental organizations on developing, improving, and enhancing prevention and response strategies to address violence against children as part of a larger, comprehensive, multi-sectoral approach to child protection. The Government of Haiti, the United Nations Children's Fund (UNICEF), the US Centers for Disease Control and Prevention (CDC), the Interuniversity Institute for Research and Development (INURED), and their local partners are committed to protecting children against violence and will continue to support and monitor the actions resulting from the survey findings.

The 2012 VACS Haiti would not have been possible without the leadership of the Multi-Sectoral Task Force known as the Comité de Coordination in partnership and collaboration with the CDC, INURED, UNICEF, and the Together for Girls Partnership. The guidance and creation of the Comité de Coordination, which includes

representation from the Ministry of Social Affairs and Labor, Ministry of Public Health and Population, Ministry of Justice and Public Security, Ministry of Women's Affairs and Women's Rights, Institute of Social Welfare and Research, Brigade for the Protection of Minors, and other key governmental and non-governmental partners, was critical to the survey's success.

ORGANIZATIONAL STRUCTURE OF THE REPORT

Following the introduction and rationale for the VACS, the methodology section explains in detail the national study design, sample size calculation, and sampling frame for the survey. In addition, the survey development and the intensive preparation for the study implementation, including a qualitative study that informed the VACS Haiti, pilot testing, and field team training, are described. The definition of key survey constructs, quality control, data entry and cleaning, data weighting and data analyses procedures are also detailed in the methodology section.

The report then describes the results of the study, which include the prevalence of sexual, physical, and emotional violence. Findings in the 2012 VACS Haiti Country Report are reported separately for lifetime and current (12-month) victimization. Lifetime estimates are based on responses from the 18 to 24 year olds reporting on victimization that occurred prior to the age of 18. The 12-month estimates are based on responses from the 13 to 17 year olds reporting on victimization that occurred in the year prior to taking the survey. The report's data results begin by describing the demographic characteristics of the sample; the prevalence of violence against children; the overlapping occurrence of sexual, physical and emotional violence; childhood sexual exploitation and the link between sexual exploitation and other forms of sexual violence and physical and emotional violence; prevalence of childhood violence among vulnerable populations, in particular displaced populations and children in situations of domestic servitude; the perpetrators of violence against children, and the context and circumstances in which sexual violence against children occur. Next the report explores children's knowledge and utilization of services for those who have experienced sexual, physical and emotional violence; the health and social consequences of experiencing childhood violence; the relationship between HIV testing behaviors and childhood sexual violence victimization; the link between high risk sexual behavior and sexual violence victimization in childhood; and childhood violence and attitudes towards spousal abuse. The report concludes with a discussion on the key results. All data tables referenced in the text of the report can be found in the appendices at the conclusion of the report.

METHODS

The 2012 VACS Haiti was a cross-sectional household survey of 13 to 24 year old females and males that was designed to produce national level estimates. Cross-sectional surveys reflect a representative randomly selected subset of the population, at one specific point in time, providing estimates of indicators of interest at an acceptable level of precision by age group and other socio-demographic factors.

In VACS Haiti, the 13 to 24 age group was partitioned into two age sub-groups for analysis: a 13 to 17 age group and 18 to 24 age group. The 13 to 17 age group yielded information on events occurring in the past 12 months (current estimates of violence against children). In other words, current estimates (in the past 12 months) were based on responses from participants aged 13 to 17. Lifetime estimates of violence during childhood were based on responses from participants aged 18 to 24 reporting on their experiences prior to the age of 18.

PREPARATION

Key stakeholders identified by the UNICEF Haiti Country Office formed the Multi-Sectoral Task Force known as the Comité de Coordination (CC), who participated in informing the questionnaire and survey procedures from the inception of the work. The CC was assembled for their expertise on the topic of children and/or violence in Haiti and their significant national and local knowledge and involvement. Members included representatives from relevant (1) Haitian government ministries; (2) United States government; (3) international and national nongovernmental organizations; (4) human rights and child social work; and (5) UN organizations. Meetings

with the CC helped to inform the survey work and were instrumental in adapting the survey to the local cultural context. The CC also enabled the fostering of broad ownership of the study and the building of local capacity to address the problem of violence against children in Haiti.

In addition to the formation of the Multi-sectoral Task Force, a qualitative study was undertaken by INURED to further inform the development and implementation of VACS Haiti. The main objectives of this formative study were to (1) identify types of violence against children, with a particular focus on sexual violence, that may be common in Haiti and the circumstances under which they may occur; (2) identify correct and understandable terminologies and clarify various concepts that would be used in the questionnaire; and (3) identify specific cultural perceptions and practices relevant to violence against children that may be unique to Haiti. The qualitative study was conducted in greater Port-au-Prince, Haiti in July 2011. Qualitative teams were selected by INURED and trained by INURED and CDC staff. Recruitment of participants occurred in five neighborhoods of greater Port-au-Prince in order to obtain a sample with varied social and socioeconomic backgrounds. A total of nine focus groups were conducted separately among male and female children and youth aged 13–14 years, 15–17 years, and 18–24 years; mothers and fathers of children in this age group; and practitioners who work with youth. The qualitative study helped to further strengthen and adapt the planned VACS Haiti to local cultural context. The methods and results are presented in detail in a separate report.³⁴

Ethical Review

World Health Organization (WHO) guidelines on ethics and safety in studies of violence against women were adhered to in this national survey.³⁵ The U.S. CDC's Institutional Review Board (IRB), INURED's IRB, and the Ministry of Public Health and Population's National Ethics Committee in Haiti, which protects the rights and welfare of human research subjects, independently reviewed and approved the study.

Pilot Test

Prior to the implementation of the VACS Haiti, a pilot test of the survey was conducted in six communities that were not part of the designated survey sample. The female questionnaire was tested in one urban area, one rural area, and one camp. Similarly, the male questionnaire was tested in one urban area, one rural area, and one camp. This allowed the survey tool for both males and females to be tested in varied settings in Haiti. Team members selected for the pilot underwent a separate training in advance of the training for the full survey. The training for the pilot covered all of the relevant materials and sessions planned for the training for the full survey. In addition to testing the survey instrument itself, the pilot tested the referral plan, tested the field logistics and coordination, and identified specific aspects of the training that needed to be strengthened or reinforced. The survey questions, response plan, field logistics, and training for the full survey were revised and improved in response to findings from the pilot.

STUDY DESIGN AND SAMPLING

Study Design

VACS Haiti was a nationally representative household survey that used a stratified multi-stage cluster survey design. The study was designed to estimate the prevalence of violence against children by interviewing 13 to 24 year old females and males in Haiti.

The VACS study design incorporated both non-camp enumeration areas, known as Section d'Énumération (SDE), as well as the internally displaced persons (IDP) living in camps/tent settlements resulting from the 2010 earthquake. There were a total of 11,967 SDEs in Haiti. The average SDE contained 160 households and 11,057 (92%) SDE contained less than 250 households. After combining adjacent SDEs to total approximately 500 households—4,993 pseudo-PSU were formed averaging 427 households. VACS sample design was first stratified into IDP camps/tent settlements and non-camp enumeration areas. For the non-camp population, the sample was further stratified by *Domaine* with the Ouest Department being split into rural areas and the Port Au Prince metropolitan area. The sample was allocated proportional to the population size of the *Domaine* (Appendix Table B1).

In the first stage, for the non-camp sample, 177 SDEs — the primary sampling unit based on geographical subdivisions in Haiti determined by the census department — were selected with the probability of selection proportional to size (PPS) from the non-camp sampling frame. For IDPs, a total of 11 camps were selected using PPS from the camp sampling frame and included as part of the national study sample. Given the density of living quarters in camps, small camps with less than 100 households/families were excluded to protect respondents' confidentiality. Large camps were segmented, assuming a constant density, and a segment was randomly selected. As such, a total of 188 enumeration areas (EAs) were selected — 177 SDEs for the non-camp sample and 11 camps or camp segments for the IDP sample. The non-camp and camp selected EAs were then randomly assigned to the female survey or male survey, using systematic sampling with a random start. The survey for females was conducted in different EAs than the survey for males to protect the confidentiality of respondents and eliminate the chance that a male perpetrator of a sexual assault and the female who experienced his sexual assault in the same community would both be interviewed. Based on gender differential response rates and differences in the proportion of households with eligible females or males, a total of 84 female EAs (79 SDEs and 5 camps) and 104 male EAs (98 SDEs and 6 camps) were selected.

In Stage 2, following a complete mapping and listing of structures and households within each EA, a cluster of 35 households was selected from each EA systematically with a random start.

In Stage 3, using the Kish method one eligible respondent was randomly selected from the list of all eligible respondents 13–24 years of age in each household and administered the questionnaire. Within each EA, children of only one gender were considered eligible based on the gender assignment for that EA.

Sampling Frame

The sampling frame was originally compiled by the Haitian Institute of Statistics and Information (IHSI) for the national population census in 2003. In preparation for several national surveys, the sampling frame was updated by IHSI, who implemented a rapid count of households using a random sample of SDEs in 2011 to account for rapidly expanding cities and communes affected by the January 2010 earthquake. In addition, the Camp Coordination and Camp Management (CCCM) Cluster provides quarterly census data on the IDP camps as a result of the earthquake. Therefore, we worked with the most updated sampling frame available in the country at the time of the survey.

The VACS used the IHSI 2011 adjusted SDE's for the non-camp sampling frame. The SDEs represent a geographic area assigned to a census enumerator and contain about 100 to 300 households. The updated sampling frame file provided by IHSI consists of 11,967 SDEs containing 1,915,770 households and 9,143,093 persons. With regard to the camp sample, the CCCM December update containing 519,964 persons and 127,658 families was used for the sample selection.

Sample Size Calculation

Due to the steadily declining camp population and the closing of many camps in 2012, the sample size calculation was based on the non-camp population.

Non-camp Sample Size Estimates

The non-camp sample was split into separate surveys for males and females; thus, the sample size was calculated separately for each group. For females, the following assumptions were used to estimate the sample size: 95% confidence interval (CI) of $\pm 2.0\%$ around an estimated prevalence of sexual violence against female children of 30%, and a design effect of 2.0. The calculated sample size based on these assumptions was 1008 completed interviews. The number of households needed to achieve a target of 1008 completed individual interviews was estimated using the following adjustments: data from the 2005/06 Haiti Demographic Health Survey (DHS) was used to estimate the proportion of households in which a female aged 13 to 24 resided (0.47). Further, house-

hold response rates were assumed to be .90 and .98, respectively; individual response rates were assumed to be .98 and .90 respectively. Based on these adjustments, a total of 2,752 ($1008 / (.47 * .90 * .98 * .98 * .90)$) households were estimated to yield the necessary number of completed female interviews.

Similarly, for males, the following assumptions were used to estimate the sample size: 95% confidence interval (CI) of $\pm 2.0\%$ around an estimated prevalence of sexual violence against male children of 30%, and a design effect of 2.0. The desired sample size for males was also 1008 completed interviews. The number of households needed to achieve 1008 completed individual interviews was estimated using the following adjustments: data from the 2005/2006 Haiti DHS was used to estimate the proportion of households in which a male aged 13 to 24 resided (0.43). Furthermore, household eligibility and response rates were assumed to be .90 and .98, respectively; individual eligibility and response rates were assumed to be .98 and .80 respectively. A higher non-response was expected for males than females because of their greater likelihood not to be at home due to work and other circumstances. Based on these adjustments, a total of 3,415 ($1008 / (.43 * .90 * .98 * .98 * .80)$) households were estimated to yield the necessary number of completed male interviews.

Camp Sample Size Estimates

While not oversampling the IDP camps/tent settlements, they were included in the survey in order to provide overall representative national estimates. Camps were not included in the updated sampling frame provided by IHSI and therefore a separate sampling strategy was required. Given this population was in flux, population estimates made available by the Camp Coordination Camp Management Cluster closest to the date of study implementation were used.

In order to determine the number of camps in the study sample, two strategies were taken. First, the camps/tent settlements were considered as a separate stratum in which separate camp estimates were not being made. Instead, the sample was proportionally allocated and was determined to be 5.6% of the total national population. Second, the non-camp sample was fixed at 1008 (the number of completed interviews for each sex) in order to safeguard sufficient sample size for the non-camp population. Since the camp population was in flux, this ensured that the non-camp sample size was not jeopardized. Based on these strategies, the desired camp/settlement sample size was 60 completed female interviews and 60 completed male interviews. Adjusting for eligibility and non-response at the household and individual levels, using the numbers above for non-camp sample, 164 and 204 households were estimated to yield the necessary number of completed IDP camp/settlement interviews for females and males, respectively.

SURVEY DEVELOPMENT, ADMINISTRATION AND TRAINING

Survey Development

The survey had two components: a short demographic interview with the head of household and a comprehensive interview including questions about childhood violence asked of 13–24 year old female or male respondents. The questionnaire took an average of 60 minutes to administer. The survey was developed using questions from previous international and national surveys. These survey tools included the Haiti Demographic and Health Survey (DHS), HIV/AIDS/STI Behavioral Surveillance Surveys (BSS), Youth Risk Behavior Survey (YRBS), Behavioral Risk Factor Surveillance System (BRFSS), the National Longitudinal Study of Adolescent Health (Add Health), the Hopkins Symptoms Checklist, the World Health Organization (WHO) Multi-country Study on Women's Health and Domestic Violence against Women, the Child Sexual Assault Survey (CSA), Longitudinal Studies of Child Abuse and Neglect (LONGSCAN), International Child Abuse Screening Tools (ICAST), and the national Violence Against Children Surveys (VACS) in Swaziland, Tanzania, Kenya, and Zimbabwe. Questions were only created by the research team when standardized questions could not be located. The survey was then further modified and adapted for the local cultural context based on substantial input from the CC, the findings from the qualitative study described above, and the pilot.

The survey included the following topics: demographics; relationship with parents; education; marriage and partnership; social network and safety; sexual behavior and practices; money and goods exchanged for sex; substance abuse; gender attitudes; HIV testing; current physical and mental health status; physical, emotional, and sexual violence; and utilization and barriers to the use of health and social services for those who have experienced violence. Results for experiences of violence (sexual, physical, and emotional) were reported for two age groups: before age 18 years old, amongst Haitians aged 18 to 24 years; and during the last 12 months amongst Haitians aged 13 to 17 years. The primary purpose of the survey was to estimate the 1) lifetime prevalence of childhood violence, defined as violence occurring before 18 years of age; and 2) prevalence of childhood violence in the previous 12 months among Haitians aged 13 to 17.

Survey Administration

The survey instrument was administered in Haitian Kreyol. The English version of the survey instrument was translated into Kreyol and back-translated into English. The translation was cross-validated with the language translation team and any subsequent corrections identified by this team were made in Kreyol. During the pilot, further corrections were made as necessary. Field work for the survey was conducted from April 2012 to June 2012.

Field Team Composition and Training

A total of 34 teams, composed of four interviewers and one team lead, completed the data collection. These teams were supervised by 13 field supervisors and the INURED management team, with guidance from CDC on any technical issues. The team leads were responsible for supervising the interviewers, making contact with local community leaders, locating the households selected from the mapping and listing, introducing the survey to the selected households, and reviewing questionnaires for mistakes. They were furthermore responsible for communicating with field supervisors for technical assistance, providing daily progress updates, and communicating with the field supervisor and the INURED point of contact to activate the response plan for direct referrals when respondents taking the survey were in need of professional assistance and/or counseling. The interviewers were responsible for completing the consent forms, conducting the interviews, identifying respondents in need of direct referrals, and offering the list of services and a direct referral according to the standardized protocol for the response plan. All field members and the management team received eight days of training before conducting the survey. Furthermore, the management team and many of the team leads received an additional five days of training as part of the training for a two day pilot. The training sessions covered the following topics: (1) background on the purpose of the study and on data collection and design; (2) a participatory review of the survey and practicing interview techniques, including role playing; (3) approaching households; (4) procedures for and importance of maintaining confidentiality; (5) sensitivity toward study subjects; (6) protecting privacy of the respondents; (7) referral services and procedures; (8) identification and response to adverse effects; (9) discussions about interviewers' attitudes and beliefs towards sensitive topics, such as sexual violence; (10) interviewer safety as well as support for the field team members; and (11) human subjects research protection.

A separate three-day training for supervisors was held, prior to survey implementation, for mapping of the selected enumeration areas and listing all of the structures, such as households, tents, vacant buildings and stores, within each selected EA. Once the mapping and listing was complete, 35 households were randomly selected within each EA using a systematic sampling with a random start. The mapping and listing teams were primarily composed of team leads who would later return to the same EAs with their team of interviewers to implement the survey.

FIELD RESPONSE PLAN

Support for Respondents

Respondents being interviewed could potentially become upset when answering questions about violence. Also, respondents could be currently experiencing violence and want immediate assistance with the situation and/or counseling. In order to respond to these needs, the survey team developed multiple ways to link respondents

to support. First, interviewers offered a list of local and regional services as well as a national violence hotline to respondents. In order to ensure that the list of services did not reveal the nature of the survey to people who did not participate, the list included services for a range of health problems as well as child abuse and violence. Interviewers were instructed to indicate which organizations and agencies provided services for sexual violence, as well as other forms of violence, so that the respondents clearly understood where to obtain the necessary services.

The VACS–Haiti partners, through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the Ministry of Health and Population (MSPP) and Partners in Health (PIH), provided counseling to respondents participating in the survey. A pool of 22 psychologists and social workers were available across the country to provide counseling during the survey. Respondents were eligible for counseling services if they: (1) experienced any form of violence within the last 12 months, (2) asked directly for services, and/or (3) became upset during the interview.

If a respondent asked for counseling services or were otherwise eligible for such services the interviewer offered to place the respondent in contact with a counselor. The interviewers asked permission to obtain their contact information and a safe place and method for the counselor to find them. The contact information was recorded on a separate form that was not connected with the questionnaire and was directly given to the team lead and shared with the INURED response coordinator through a phone call. The INURED response coordinator would then work directly with the PEPFAR response coordinator overseeing the response plan to identify a counselor to respond appropriately. The counselors provided direct counseling at a safe place identified by the respondents within 72 hours, helped determine the best and most appropriate services needed, and provided further referrals, if necessary. Those cases that were identified as needing additional follow-up were referred to the Institut du Bien Etre Social et de Recherches (IBERS), Haiti’s child welfare authority.

In total, 156 respondents received counseling through direct referrals. Twenty-three additional respondents had been referred but did not receive counseling due to loss-to-follow-up. Reasons for loss-to-follow-up included incorrect phone numbers or inability to locate the addresses provided.

DATA QUALITY, WEIGHTING, AND ANALYSES

Quality Control, Data Entry and Cleaning, and Analysis of Data Quality

Interviewers reviewed the entire questionnaire for accuracy and missing data prior to leaving a household so that they could correct any errors and collect missing data from the respondent. Team leads were trained to review every questionnaire for completeness and accuracy before leaving the interview location in an effort to minimize errors and missing data. Interviewers were sent back to collect missing information and to clarify information that appeared erroneous when the team lead found mistakes. In addition, supervisors randomly selected completed questionnaires from each EA and reviewed them for completeness and accuracy. Mistakes were brought to the attention of team leads so that errors could be addressed with the teams and avoided in the future. Quality Control teams were created to shadow the field teams throughout the study. The roles of the quality control teams included 1) verifying if all households were visited, and accurate completion of questionnaires, cluster forms and supporting documents; 2) verifying travel times between SDEs; 3) ensuring safe transport of data from the SDE to the data processing center in INURED; and 4) documenting and responding to challenges in the field.

Data Entry and Cleaning: A central data processing operation was created with dedicated data entry, quality assurance, and management staff. The data entry process consisted of finalization of the data entry screens, training of the data entry operators, 100% double data entry, and quality assurance activities such as batch program edits and logic checks.

Preparation for data entry began prior to data entry training. As final modifications to the questionnaire were made, the CSPro data entry screens were also modified. In addition, the data entry program was used to identify and address any inconsistencies in the paper questionnaires prior to survey implementation. The supervisors for data entry attended the training for field work to help familiarize them with the questionnaire in advance of data entry.

For the duration of the data entry process, the main supervisory team, consisting of two INURED computer programmers and a programmer from CDC–Atlanta, reviewed the data entry program and performed consistency checks to ensure the program functioned properly. As a result of program review and sample data entry, minor modifications were made to the data entry screens to ensure the program matched the questionnaires.

A five–day training was held for the 25 data entry clerks. The training involved a review of the data entry manual; general use of the CSPro software program; overview of the VACS household and respondent questionnaires; overview of the visit record and household listing forms; and the unique attributes of the VACS data entry screens, such as error messages and the running of consistency checks. Once the supervisors installed the data entry screens on each computer, data entry began for all of the EAs as completed questionnaires arrived at the data entry room from the field.

In order to ensure accurate data entry, there was double data entry of all household and respondent questionnaires. Upon completion of double data entry, the supervisors ran a program to determine inconsistencies between the first and second data entry files. Any discrepancies were immediately corrected. Once all comparisons between first and second entry were completed, the supervisors ran a final consistency check of the data sets to resolve any outstanding discrepancies within each entered questionnaire.

Data Analysis: SAS (version 9.3) was used for data management and analysis to produce weighted point estimates and standard error calculations. All results were calculated using sampling weights to yield nationally representative estimates.

Response Rates

Five EAs were dropped due to insecurity. This was reflected in Table 1.1 and accounted for in the response rates. The overall response rate was 85.6% for females and 82.0% for males. A total of 1,457 females and 1,459 males completed the survey, from a total of 2,902 female and 3,495 male households. The individual response rates were 93.1% females and 88.5% males (Appendix A).

Table 1.1 Household and Individual Response Rates by Sex (Violence Against Children Survey in Haiti, 2012)

	Females	Males
Household Response Rate		
Completed household survey (1 person selected) [1]	1568	1652
Completed household–no eligible in household [2]	1026	1503
Household refusal [3]	65	60
Unoccupied/vacant/abandoned [4]	71	86
Demolished [5]	11	3
Household respondent incapacitated [6]	1	0
Other household non-response [7]	160	191
TOTAL	2902	3495
Household Response Rate*	92.0%	92.6%
Individual Response Rate		
Completed individual survey [8]	1457	1459
Selected individual later determined ineligible [9]	3	3
Selected respondent refused [10]	27	36
Selected respondent incapacitated [11]	15	22
Other individual non-response [12]	66	132
TOTAL	1568	1652
Individual Response Rate**	93.1%	88.5%
Overall Response Rate***	85.6%	82.0%

*Household Response Rate = $((1)+[2])/((1)+[2]+[3]+[6]+[7]))*100$

**Individual Response Rate = $((8)/([8]+[10]+[11]+[12]))*100$

***Overall Response Rate = Household Response Rate * Individual Response Rate

Weighting

Weighting is a method used to obtain representative parameter estimates from survey data. A three step weighting procedure was used for the VACS: (Step 1) computation of base weight for each sample respondent; (Step 2) adjustment of the base weights for non-response; and, (Step 3) post-stratification calibration adjustment of weights to known population totals.

The calculated base weights are the inverse of the overall selection probabilities for each sample respondent (Step 1). Calculations in this stage included probabilities of selection of EAs, selection of households, gender specification, and selection of eligible individuals. In Step 2, the base weights were adjusted to compensate for non-response. Non-response adjustments were made for non-responding EAs (i.e., the five EAs dropped for the non-camp sample due to security issues); non-response adjustments were also applied at the household-level; and lastly non-response adjustments were made at the individual person-level. For the person-level nonresponse adjustment, weighting cells were formed taking into account domaine (geographic department), age group (13–17 or 18–24), and sex.

In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust the weights 2012 population projections by domaine, sex, and age group. These variables are known to be correlated with the key measures of violence against children. See Appendix A for in-depth description of weighting procedure, quality assurance and estimates of sampling error.

TECHNICAL NOTES TO THE READER

Weighted Percentages and 95 Percent Confidence Intervals

Because the results presented in this report are based on a sample rather than a census, there is a degree of uncertainty and error associated with the estimates. Sampling weights were created (see above details) and applied to each individual record to adjust for the probability of selection; differential non-response; and calibration to the census population. The VACS Haiti analysis file includes on each individual record a variable representing the final weight (FINALWGT) and a variable representing the basic sample design (PSU and STRATA). All VACS Haiti analysis should be conducted using a statistical software package (e.g., R, SAS 9.2/9.3; SPSS v18, STATA) that contains complex sample procedures that incorporate the FINALWGT, PSU and STRATA. By using the appropriate software that takes into account the complex sample design, accurate standard errors can be produced for each estimate.

Differences between Estimates

Two methods are used in this report to statistically “test” for differences between groups. The first method was to compare confidence intervals (CI) for point estimates to determine whether they overlapped or not. For all point estimates, CIs were calculated. The CI overlap method is a conservative method and it determines statistical difference by comparing the CI for two estimates — if the CIs overlap then, for the purposes of this report, the estimates are considered “not statistically different,” but if the CIs do not overlap then the estimates are considered “statistically different.” The second method used was to calculate p-values using logistic regression. A p-value less than .05 was considered to be statistically significant. This method is a more sensitive approach to detecting statistical significance and was used to examine associations of primary interest in this report. These included: 1) associations between childhood sexual abuse, physical and emotional violence and demographic variables (i.e., marital status, work status, childhood domestic servitude, education, and orphan status); 2) associations between changing households as a result of the earthquake and childhood sexual abuse following the earthquake; 3) associations between childhood sexual abuse, physical and emotional violence and health outcomes and risk behaviors (i.e., serious mental distress, ever drank alcohol, ever smoked cigarettes, ever thought of suicide, ever attempted suicide, and diagnosis or symptom of a sexually transmitted infection); and, 4) associations between childhood sexual abuse, physical and emotional violence and health outcomes and sexual risk taking behaviors (i.e., multiple sex partners, condom use, and transactional sex). For these associations the crude model was not adjusted for potential confounders.

Definition of Unstable Estimates

For VACS, estimates based on responses from fewer than 25 respondents are considered unstable. An asterisk, or *, is displayed in tables in place of all unstable estimates.

Treatment of Missing Data

When calculating the national estimates for most measures, missing values were excluded from the analysis.



SECTION 2: DEMOGRAPHIC AND SOCIOECONOMIC CHARACTERISTICS

This section describes selected demographic and socioeconomic characteristics of Haitians and their households. These characteristics include distributions for: sex, age, age of head of household, education status, orphan status, duration of current residence and displacement, marital status, working for money or goods, domestic servitude, and household economics.

2.1 Sex and Age Distribution

There were 1,457 females and 1,459 males aged 13 to 24 years who participated in the VACS Haiti. Among females, 43.2% were 13 to 17 years of age and 56.8% were 18 to 24 years of age; among males, 43.8% were 13 to 17 years of age and 56.2% were 18 to 24 years of age.

Table 2.1 Sex and Age Distribution of 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)

	Females (n=1457)	Males (n=1459)
	% (95% CI [§])	% (95% CI)
13–17 years old	43.2 (40.1–46.3)	43.8 (41.1–46.6)
18–24 years old	56.8 (53.7–59.9)	56.2 (53.4–58.9)

[§] 95% confidence interval

2.2 Age of Head of Household

The head of the household, or the person who makes the majority of economic and family-related decisions in the household, was most often between the ages of 31 and 50 years among both females and males (50.8% and 46.4%, respectively). The percent of child-headed households (head of household ≤18 years) was less than 1% for both females and males.

Table 2.2 Age of Head of Household — As Reported by Head of Household or Person Representing Head of Household (Violence Against Children Survey in Haiti, 2012)

	Females (n=1440)	Males (n=1443)
	% (95% CI [§])	% (95% CI)
≤18	0.6 (0.1–1.0)	0.8 (0.2–1.5)
19–30	15.7 (13.1–18.2)	14.0 (10.8–17.3)
31–50	50.8 (47.3–54.4)	46.4 (42.7–50.1)
51+	33.0 (29.4–36.5)	38.7 (34.8–42.7)

[§] 95% confidence interval

2.3 Education Status

Nearly 60% of females and males had completed primary school or higher levels of education (57.2% and 59.6%, respectively). Only 2.8% of females and 2.6% of males had never attended school.

Table 2.3 School Attendance and Completion of 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)

	Females (n=1457)	Males (n=1458)
	% (95% CI [§])	% (95% CI)
Never attended school	2.8 (1.6–3.9)	2.6 (1.2–4.0)
Completed less than primary	40.0 (35.3–44.7)	37.8 (34.3–41.3)
Completed primary or higher	57.2 (52.2–62.3)	59.6 (55.8–63.4)

[§] 95% confidence interval

2.4 Orphan Status

Among those aged 13 to 17 years, 21.5% of females and 17.1% of males were a single orphan (lost either their mother or father). Within the same age group, 1.7% of females and 1.8% of males were a double orphan (lost both their mother and father).

Among those aged 18 to 24 years, 19.7% of females and 21.6% of males were a single orphan before the age of 18 years and 2.6% of females and 3.8% of males were a double orphan before the age of 18 years.

Table 2.4 Orphan Status Prior to Age 18 — As Reported by 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Orphanhood* Among 13 to 17 Year Olds				
Not an orphan	625	76.8 (71.8–81.9)	750	81.1 (76.8–85.5)
Single orphan	625	21.5 (16.5–26.4)	750	17.1 (13.0–21.3)
Double orphan	625	1.7 (0.6–2.8)	750	1.8 (0.7–2.8)
Orphanhood* Prior to Age 18 Years Among 18 to 24 Year Olds				
Not an orphan prior to age 18	816	77.7 (72.8–82.6)	700	74.6 (70.0–79.3)
Single orphan prior to age 18	816	19.7 (15.0–24.4)	700	21.6 (17.3–25.9)
Double orphan prior to age 18	816	2.6 (0.7–4.6)	700	3.8 (1.9–5.7)

[§] 95% confidence interval

*Orphanhood: single-loss of one parent, double-loss of both parents.

2.5 Duration of Current Residence and Displacement

Among those aged 13–17 years, 28.9% of females and 18.8% of males lived in their current household (or tent) for only two years or less. This finding can be explained, in part, by the displacement following the earthquake in Haiti in January 2010. Approximately, 25.1% females and 19.5% of males within this age group moved because of the earthquake.

Among those aged 18–24 years, 31.8% of females and 23.1% of males lived in their current household (or tent) for two years or less. This finding can also be explained, in part, by the displacement following the earthquake. Approximately, 29.8 females and 27.8% of males within this age group moved due to the earthquake.

Table 2.5 Duration of Current Residence and Displacement of 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Length of Time Lived in Current Household or Tent Among 13 to 17 Year Olds				
0–2 years	617	28.9 (23.0–34.8)	743	18.8 (14.9–22.7)
3–4 years	617	8.9 (6.2–11.6)	743	7.8 (5.4–10.2)
5–10 years	617	12.8 (9.3–16.2)	743	20.1 (15.9–24.4)
Greater than 10 years	617	49.4 (42.7–56.2)	743	53.2 (47.6–58.9)
Length of Time Lived in Current Household or Tent Among 18 to 24 Year Olds				
0–2 years	805	31.8 (27.1–36.5)	721	23.1 (18.1–28.2)
3–4 years	805	12.1 (8.9–15.3)	721	9.7 (6.7–12.7)
5–10 years	805	13.7 (11.1–16.3)	721	18.0 (12.9–23.0)
Greater than 10 years	805	42.4 (36.2–48.6)	721	49.2 (42.3–56.1)
Displaced (i.e., moved households) Following the Earthquake in January 2010				
13–17 years old	635	25.1 (19.3–30.8)	758	19.5 (14.6–24.4)
18–24 years old	821	29.8 (25.1–34.5)	699	27.8 (23.5–32.0)
Lived in a Camp or Resettled Area Following the Earthquake in January 2010 For Any Period of Time				
13–17 years old	636	19.9 (14.6–25.2)	757	15.4 (11.9–18.9)
18–24 years old	821	21.0 (16.8–25.3)	701	21.6 (15.1–28.1)

[§] 95% confidence interval

2.6 Marital Status

Among those aged 13 to 17 years, 1.6% of females and 0.9% of males had ever been married or lived with someone as if married. More females than males aged 18 to 24 years were ever married or lived with someone as if married (23.0% and 5.7%, respectively). Less than 1% of 18–24 year olds were married during childhood before 18 years of age.

Table 2.6 Proportion of Females and Males Who Have Ever Been Married or Lived with Someone as if Married — As Reported by 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Ever Been Married or Lived with Someone as if Married				
13–17 years old	631	1.6 (0.4–2.9)	758	0.9 (0.2–1.7)
18–24 years old	819	23.0 (19.2–26.9)	698	5.7 (2.7–8.7)
Ever Married Prior to Age 18 Among 18 to 24 Years Olds				
18–24 years old	817	0.2 (0.0–0.6)	692	0.0

[§] 95% confidence interval

2.7 Working for Money or Other Payments

Among those aged 18 to 24 years, 23.1% of females and 51.6% of males ever worked for money or other payments. Among those aged 13 to 17 years, 6.0% of females and 32.1% of males had ever worked for money or other payments. For both 13 to 17 year olds and 18 to 24 year olds, males were significantly more likely than females to have ever worked for money or other payments.

Table 2.7 Working for Money or Others Payments — As Reported by 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
13–17 years old	636	6.0 (3.2–8.7)	757	32.1 (26.9–37.4)
18–24 years old	821	23.1 (19.6–26.6)	699	51.6 (45.6–57.7)

[§] 95% confidence interval

2.8 Childhood Domestic Servitude

Childhood domestic servitude is reported to be a common practice in Haiti. ‘Restavèk’ (meaning ‘staying with’ in Haitian Kreyol) are typically extremely poor children who are sent to other homes to work as unpaid domestic servants.³⁶ Historically, most children in domestic servitude came from the countryside and were sent to live with other families in the hope of a better life.³⁷

Approximately 17.6% of females and 14.1% of males 13 to 17 years of age have ever worked as a domestic servant. Among those aged 18 to 24 years, 18.5% of females and 11.6% of males have ever worked as a domestic servant prior to age 18 years.

Table 2.8 Proportion of Females and Males Who Have Experienced Childhood Domestic Servitude — As Reported by 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Ever Worked in Situations of Domestic Servitude				
13–17 years old	636	17.6 (13.7–21.4)	757	14.1 (10.1–18.1)
Ever Worked in Situations of Domestic Servitude Prior to Age 18 Among 18 to 24 Years Olds				
18–24 years old	809	18.5 (14.6–22.4)	698	11.6 (8.1–15.1)

[§] 95% confidence interval

2.9 Household Economics

Among 13 to 17 year olds, 41.3% of females and 33.4% of males had enough money for basic items such as food in their household. Findings show that 40.1% of females and 27.5% of males aged 13 to 17 years had enough money for important items, such as clothing, school, and medical expenses in their household; whereas, 11.3% of females and males aged 13 to 17 years had extra money for gifts and holidays.

Among 18 to 24 year olds, 39.3% of females and 33.7% of males had enough money for basic items such as food in their household. Findings show that 35.4% of females and 30.4% of males aged 18 to 24 years had enough money for important items, such as clothing, school, and medical expenses in their household; whereas, 16.5% of females and 12.4% of males aged 18 to 24 years had extra money for gifts and holidays.

Table 2.9 Household Economics — As Reported by 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
13–17 Year Olds Reported the Household Had Enough Money For:				
Food	619	41.3 (34.2–48.5)	737	33.4 (28.5–38.4)
Important items: clothing, school, medical	625	40.1 (33.4–46.8)	736	27.5 (23.1–31.9)
Extra items: gifts, holidays	622	11.3 (7.8–14.7)	733	11.3 (8.2–14.5)
18–24 Year Olds Reported the Household Had Enough Money For:				
Food	814	39.3 (33.9–44.8)	688	33.7 (28.2–39.3)
Important items: clothing, school, medical	818	35.4 (30.5–40.3)	690	30.4 (25.5–35.4)
Extra items: gifts, holidays	813	16.5 (12.6–20.4)	689	12.4 (8.4–16.5)

[§] 95% confidence interval



SAMAR

SECTION 3: THE PREVALENCE OF CHILDHOOD SEXUAL VIOLENCE

HIGHLIGHTS

- One out of four females and one out of five males aged 18 to 24 years experienced at least one incident of sexual abuse as a child.
- Female and male 18 to 24 year olds who had worked as child domestic servants were more likely to have experienced sexual abuse prior to age 18 than those who had not worked as a child domestic servant.
- The first experience of sexual intercourse as a child was unwanted for one out of five females and one out of ten males aged 18 to 24 years.
- Nearly one out of five females and one out of ten males aged 13 to 17 years experienced at least one incident of sexual abuse in the 12 months prior to the survey.
- About 4% of females and 7% of males aged 18 to 24 years received money, food, gifts, or other favors in exchange for sex prior to age 18 years.
- About 2% of females and 3% of males aged 13 to 17 years received money, food, gifts, or other favors in exchange for sex in the past 12 months.

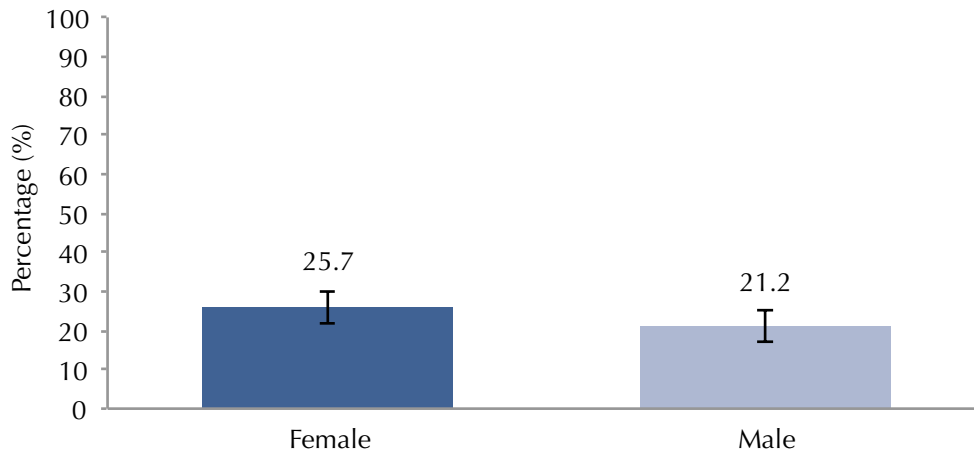
Sexual violence is defined as including all forms of sexual abuse and sexual exploitation of children. This encompasses a range of offenses, including completed nonconsensual sex acts (i.e., rape), attempted nonconsensual sex acts, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment). This also includes the inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity; the exploitative use of children in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials. In this survey, we asked about four types of sexual abuse and two types of sexual exploitation as described below.

3.1 SEXUAL ABUSE

This section describes the national prevalence of sexual abuse of children in Haiti. Four types of child sexual abuse are examined in this survey : (1) unwanted touching in a sexual way, such as unwanted touching, kissing, grabbing, or fondling; (2) unwanted attempted sex in which the perpetrator tried but did not succeed in completing sex; (3) pressured sex in which the child was pressured in a non-physical way to have sex against his or her will and sex occurred; and (4) physically forced sex in which the child was physically forced or the perpetrator threatened to use a weapon or to physically harm the respondent or a loved one to have sex against his or her will. All of these are classified as sexual abuse, and can be examined separately or together to capture an overall conceptualization of sexual abuse experienced during childhood, or prior to age 18 years. The most common ages at which sexual abuse first occurred for males and females, the types of sexual abuse experienced by children, and demographic variables that may be associated with childhood sexual abuse are also highlighted.

3.1.1 SEXUAL ABUSE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

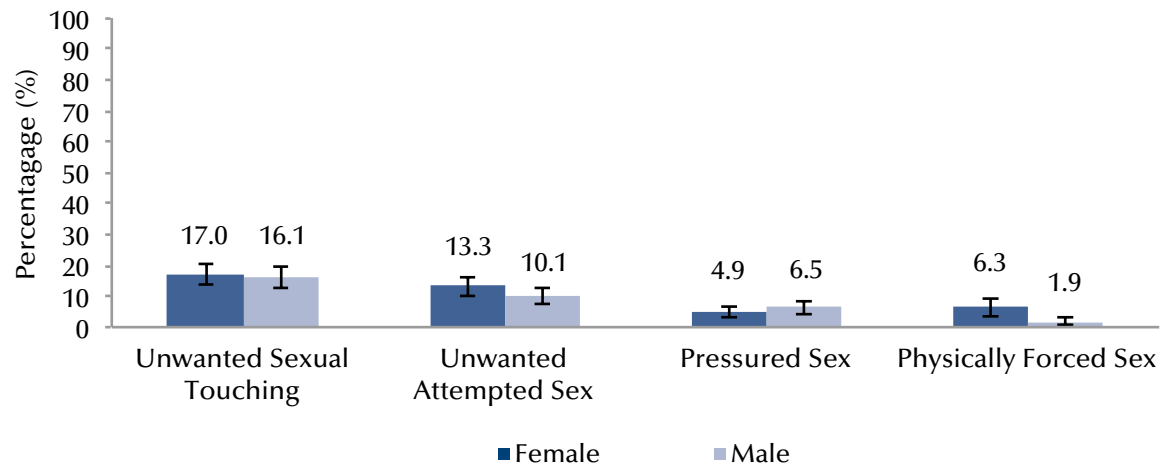
3.1.1 Sexual Abuse Experienced Prior to Age 18 Years — As Reported by 18 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)“



Among 18 to 24 year olds, there was no significant difference between the percent of female (25.7%) and males (21.2%) who experienced any type of sexual abuse prior to age 18 years (Figure 3.1.1, Appendix Table 3.1.1). Among those who experienced at least one incident of sexual abuse prior to age 18 years, 69.5% of females and 85.4% of males had multiple incidents (i.e., at least two or more incidents) of sexual abuse (Appendix Table 3.1.2).

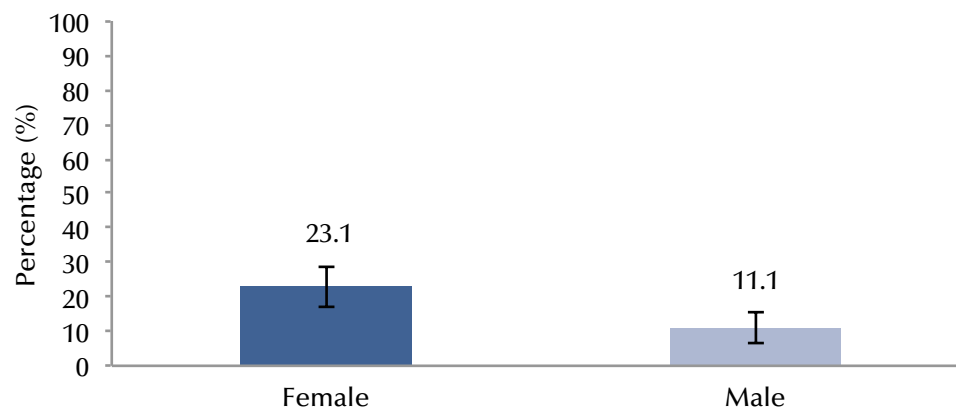
To gain a clearer understanding of the profile of those aged 18 to 24 years who are vulnerable to childhood sexual abuse, an analysis of demographic characteristics for those who had experienced sexual abuse prior to age 18 years was conducted. To examine the significance of these associations, we used logistic regression to calculate the probability (p-value) that the associations would occur by chance. P-values less than $p=.05$ were considered statistically significant. This information is a first step in identifying those who are most often vulnerable to sexual abuse by sex, marital status, work status, childhood domestic servitude, education, and orphan status. Appendix Table 3.1.3 indicates that both female and male 18 to 24 year olds who had worked as child domestic servants were more likely to have experienced sexual abuse prior to age 18 than those who had not. The only other significant demographic variable for experiencing sexual abuse prior to age 18 years was among males 18 to 24 years of age who ever worked for money or other payments.

3.1.2 Types of Sexual Abuse Experienced Prior to Age 18 Years — As Reported by 18 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)



The most common type of sexual abuse experienced by 18 to 24 year old females and males prior to age 18 years was unwanted sexual touching (17.0% and 16.1%, respectively; Figure 3.1.2, Appendix Table 3.1.4), followed by unwanted attempted sex (13.3% and 10.1%, respectively; Figure 3.1.2, Appendix Table 3.1.5). Pressured sex was experienced by 4.9% of females and 6.5% of males prior to age 18 years (Figure 3.1.2, Appendix Table 3.1.6) and 6.3% of females and 1.9% of males experienced physically forced sex (Appendix Table 3.1.7). Females were significantly more likely than males to experience physically forced sex. However, there was no significant difference between females and males in their experiences of other forms of sexual abuse, including unwanted touching, unwanted attempted sex, or pressured sex.

3.1.3 Unwanted First Vaginal or Anal Intercourse Experienced Prior to Age 18 Years — As Reported by 18 to 24 year Olds (Violence Against Children Survey in Haiti, 2012)



Among 18 to 24 year olds, 23.1% of females and 11.1% of males described their first vaginal or anal intercourse prior to age 18 years as unwanted or against one's will (Figure 3.1.3, Appendix Table 3.1.9). Significantly more females than males experienced unwanted first sexual intercourse.

3.1.4: Age at Which Respondents Experienced Their First Sexual Abuse Among 18 to 24 Year Olds Who Experienced Any Sexual Abuse Prior to Age 18 Years (Violence Against Children Survey in Haiti, 2012)

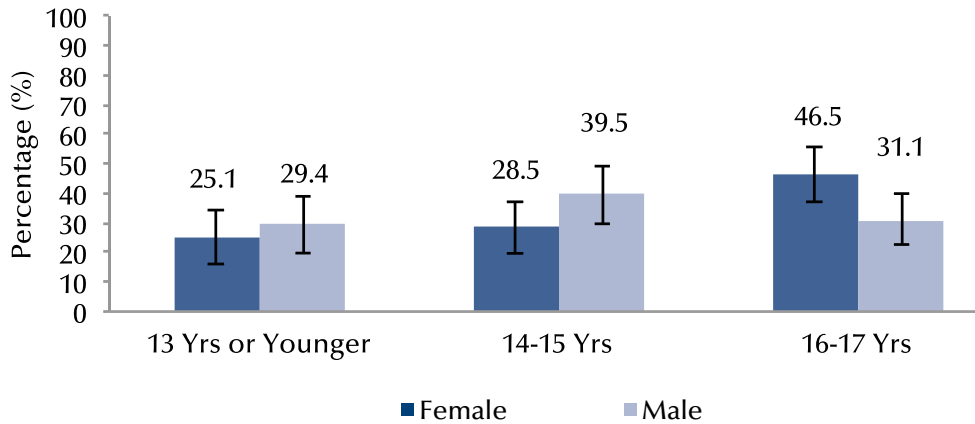
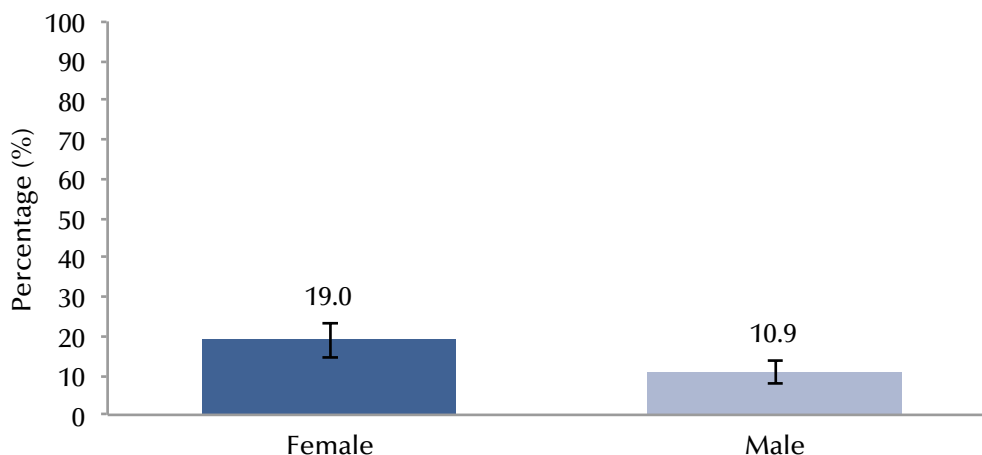


Figure 3.1.4 depicts the distribution of the age at which a respondent aged 18 to 24 years first experienced an incident of sexual abuse, among those who experienced any sexual abuse prior to age 18 years. Among 18 to 24 year olds who experienced sexual abuse prior to age 18 years, 25.1% of females and 29.4% of males experienced their first incident of sexual abuse before age 14 years; 28.5% of females and 39.5% of males reported that they were between ages of 14 and 15 years; and 46.5% of females and 31.1% of males were between ages of 16 and 17 years (Figure 3.1.4, Appendix Table 3.1.10).

3.1.2 SEXUAL ABUSE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Examining experiences of sexual abuse in the year preceding the survey among 13 to 17 year olds allows the survey to collect the current pattern and context of abuse in Haiti.

3.1.5: Sexual Abuse Experienced in the 12 months prior to the survey — As Reported by 13 to 17 Year Olds (Violence Against Children Survey in Haiti, 2012)



In the 12 months preceding the survey, 19.0% of females and 10.9% of males aged 13 to 17 years experienced some type of sexual abuse (Figure 3.1.5, Appendix Table 3.1.11). Females aged 13 to 17 years experienced significantly more likely than males to experience sexual abuse in the 12 months preceding the survey.

Appendix Table 3.1.12 shows the demographic profile of males and females who experienced sexual abuse in the 12 months prior to the survey. To examine the significance of these associations we used logistic regression to calculate the probability (p-value) that the associations would occur by chance. P-values less than $p=.05$ were considered statistically significant. Among 13 to 17 year old females, working as a domestic servant during childhood was associated with an increased likelihood of having experienced sexual abuse during the past year compared with those who had not worked as a child domestic servant. Among 13 to 17 year olds males, those who had ever worked for money or other payments were at increased of sexual abuse during the past year compared to those who had not worked for money or other payments. Marital status, education, and orphan status were not significantly associated with sexual abuse in the 12 months preceding the survey among females or males aged 13 to 17 years.

3.1.6: Types of Sexual Abuse Experienced in the 12 months Prior to the Survey — As Reported by 13 to 17 Year Olds (Violence Against Children Survey in Haiti, 2012)

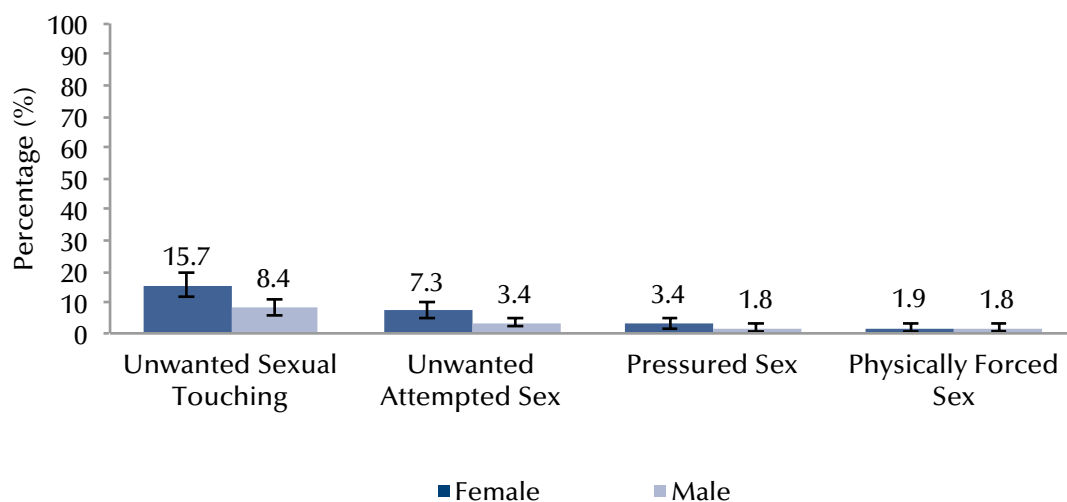


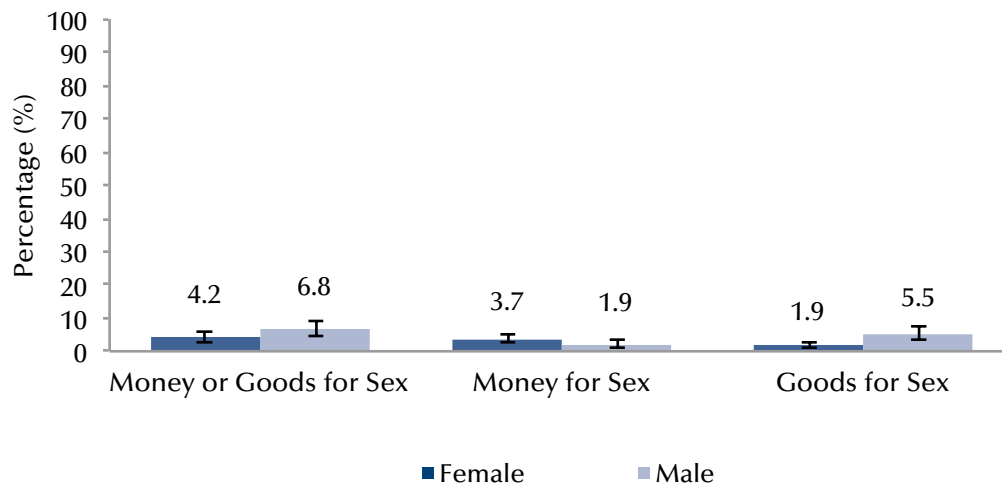
Figure 3.1.6 depicts the types of sexual abuse experienced by 13 to 17 year olds in the 12 months preceding the survey. The most common type of sexual abuse experienced by 13 to 17 year old females and males was unwanted sexual touching (15.7% and 8.4%, respectively; Appendix Table 3.1.13), followed by unwanted attempted sex (7.3% and 3.4%, respectively; Appendix Table 3.1.14). Pressured sex was experienced by 3.4% of females and 1.8% of males (Appendix Table 3.1.15) and physically forced sex was experienced by 1.9% of females and 1.8% of males aged 13 to 17 years in the 12 months preceding the survey (Appendix Table 3.1.16). Females were significantly more likely than males to experience unwanted sexual touching (Appendix Table 3.1.13) whereas there was no significant difference between males and females for other types of sexual abuse.

3.2 SEXUAL EXPLOITATION

This section describes the national prevalence of sexual exploitation of children in Haiti. Two types of sexual exploitation are examined in this survey : (1) receiving money in exchange for sex and (2) receiving goods in the form of food, gifts, or other favors, in exchange for sex. The most common ages at which sexual exploitation first occurred for males and females as well as the common ways or places in which children met the people who specifically paid for sex are also highlighted.

3.2.1 SEXUAL EXPLOITATION: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

3.2.1 Sexual Exploitation Experienced Prior to Age 18 Years — As Reported by 18 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)



Among 18 to 24 year olds, 4.2% of females and 6.8% of males received money or goods for sex prior to age 18 years (Figure 3.2.1, Appendix Table 3.2.1). There was no significant difference between the prevalence of childhood sexual exploitation among females and males (Appendix Table 3.2.1).

Among girls 18 to 24 years old, there was no significant difference between the forms of childhood sexual exploitation (Appendix Table 3.2.1). However, boys were more likely to receive goods (5.5%) as compared to money (1.9%) in exchange for sex (Appendix Table 3.2.1).

Among 18 to 24 year old females who received money for sex before age 18, the most common method or location to meet people who paid for sex was on the streets, main roads, or truck stops (60.2%), followed by friends (56.7%) and schools (27.2%) (Appendix Table 3.2.2). There was insufficient power to examine the most common method or location to meet people who paid males for sex.

3.2.2 SEXUAL EXPLOITATION: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Examining money or goods received in exchanged for sex in the 12 months preceding the survey among 13 to 17 year olds allows the survey to collect the current pattern of sexual exploitation in Haiti.

In the 12 months preceding the survey, 2.2% of females and 3.0% of males aged 13 to 17 years experienced sexual exploitation in the form of receiving money or goods in exchange for sex (Appendix Table 3.2.3). There was no significant difference between females and males in their overall experience of childhood sexual exploitation.

There was no significant difference between the forms of childhood sexual exploitation being used against boys and girls 13 to 17 years in the 12 months prior to the survey (Appendix Table 3.2.3).

SECTION 4: THE PREVALENCE OF CHILDHOOD PHYSICAL VIOLENCE

HIGHLIGHTS

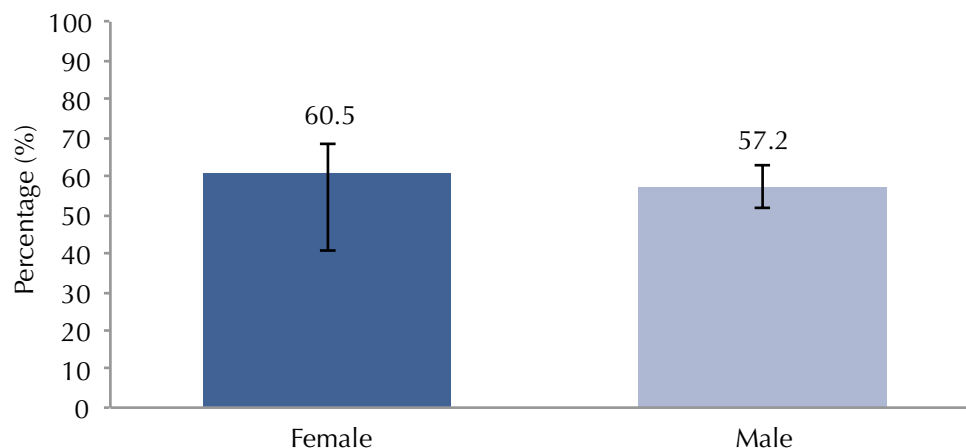
- Almost two-thirds of females and males aged 18 to 24 years experienced physical violence by adult household members or authority figures in the community prior to age of 18 years.
- Approximately one-third of females and males aged 13 to 17 years experienced physical violence in the 12 months prior to the survey.
- Childhood domestic servitude was significantly associated with physical violence among females 13 to 17 years of age in the 12 months preceding the survey.
- Nine out of ten females and almost nine out of ten males aged 13 to 17 years perceived that their most recent experience of physical violence perpetrated by an adult household member or authority figure was a result of disciplinary action or intended as punishment in the 12 months prior to the survey.
- One out of every four females and one out of every six males who experienced any physical injury due to physical violence had a severe injury resulting in either deep wounds, broken bones, broken teeth, blackened or charred skin, or permanent injury or disfigurement.

4.1 PHYSICAL VIOLENCE IN THE 12 MONTHS PRIOR TO THE SURVEY

This section describes the national prevalence of physical violence against children in Haiti. Four types of physical violence perpetrated by adult household members or authority figures in the community, such as teachers and police, are examined in this survey: (1) being punched, kicked, whipped, or beaten with an object; (2) being choked, smothered, or attempted to be drowned; (3) being burned or scalded intentionally; and (4) being threatened or attacked with a weapon. The types of physical violence experienced by children, demographic variables that may be associated with childhood physical violence, the proportion of childhood physical violence that are due to disciplinary action, and injury resulting from childhood physical violence are also highlighted.

4.1.1 PHYSICAL VIOLENCE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

4.1.1: Physical Violence Experienced Prior to Age 18 Years — As Reported by 18 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)



Among 18 to 24 year olds, 60.5% of females and 57.2% males experienced physical violence prior to age 18 years by an adult household member or an authority figure in the community, such as teachers, police, and community leaders (Figure 4.1.1, Appendix Table 4.1.1). Findings show that 55.9% of females and 54.4% of males aged 18 to 24 years experienced physical violence specifically by an adult household member prior to age 18 years (Appendix Table 4.1.1); whereas, 21.1% of females and 20.0% of males aged 18 to 24 years experienced physical violence by an authority figure prior to age 18 years (Appendix Table 4.1.1). There was no significant difference between the experiences of childhood physical violence among females and males, and both females and males were significantly more likely to experience physical violence by adult household members versus authority figures prior to age 18 years (Appendix Table 4.1.1).

Examining the demographic characteristics of females and males 18 to 24 years of age who experienced physical violence prior to age 18 years does not show any significant associations between marital status, work status, childhood domestic servitude, education, or orphan status and childhood physical violence by adult household members or authority (Appendix Table 4.1.2).

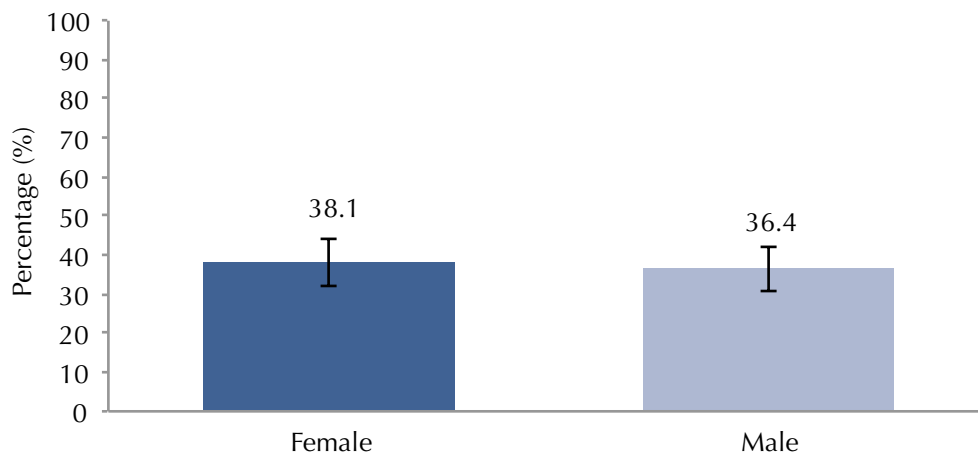
Being punched, kicked, whipped, or beaten with an object was the most common type of physical violence by adult household members as experienced by 18 to 24 year old females and males prior to age 18 years (60.8% and 59.6%, respectively; Appendix Table 4.1.3), followed by physical violence involving the use or threatened use of a gun, knife, or other weapon (3.7% and 5.6%, respectively; Appendix Table 4.1.3). There was no significant difference between the experiences of different types of childhood physical violence by adult household members among females and males (Appendix Table 4.1.3).

Being punched, kicked, whipped, or beaten with an object was the most common type of physical violence by authority figures as experienced by 18 to 24 year old females and males prior to age 18 years (21.3% and 20.1%, respectively; Appendix Table 4.1.4). Physical violence involving the use or threatened use of a weapon by authority figures as experienced by 18 to 24 year olds prior to age 18 years was significantly higher among males than females (2.2% and 0.2%, respectively; Appendix Table 4.1.4).

4.1.2 PHYSICAL VIOLENCE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Examining experiences of physical violence in the year preceding the survey among 13 to 17 year olds allows the survey to collect the current pattern and context of violence in Haiti.

4.1.2. Physical Violence Experienced in the 12 months prior to the survey — As Reported by 13 to 17 Year Olds (Violence Against Children Survey in Haiti, 2012)



In the 12 months preceding the survey, 38.1% females and 36.4% of males aged 13 to 17 years experienced physical violence by an adult household member or by an authority figure in the community (Figure 4.1.2, Appendix Table 4.1.5). Findings show that 32.1% of females and 30.6% of males aged 13 to 17 years experienced physical violence specifically by an adult household member in the 12 months preceding the survey (Appendix Table 4.1.5); whereas, 16.3% of females and 15.9% of males aged 13 to 17 years experienced physical violence by an authority figure in the 12 months preceding the survey (Appendix Table 4.1.5). There was no significant difference between females and males in the experiences of physical violence by adult household members or authority figures in the 12 months preceding the survey.

Appendix Table 4.1.6 shows the demographic profile of males and females 13 to 17 years of age who experienced physical violence in the 12 months prior to the survey. To examine the significance of these associations we used logistic regression to calculate the probability (p-value) that the associations would occur by chance. P-values less than $p=.05$ were considered statistically significant. Childhood domestic servitude was significantly associated with physical violence among girls 13 to 17 years of age in the 12 months preceding the survey; whereas, level of education (i.e., completing less than primary) was significantly associated with physical violence among boys 13 to 17 years of age in the 12 months preceding the survey. Marital status, work status, and orphan status were not significantly associated with physical violence in the 12 months preceding the survey among females or males aged 13 to 17 years.

Being punched, kicked, whipped, or beaten with an object was the most common type of physical violence by adult household members as experienced by 13 to 17 year old females and males in the 12 months preceding the survey (30.8% and 29.2%, respectively; Appendix Table 4.1.7), followed by physical violence involving the use or threatened use of a weapon (5.5% and 4.0%, respectively; Appendix Table 4.1.7). There was no significant difference between the experiences of different types of physical violence by adult household members among females or males in the 12 months preceding the survey (Appendix Table 4.1.7).

Being punched, kicked, whipped, or beaten with an object was the most common type of physical violence by authority figures against 13 to 17 year old females and males in the 12 months preceding the survey (16.4% and 15.9%, respectively; Appendix Table 4.1.8). Physical violence by authority figures involving the use or threat of a weapon experienced by 13 to 17 year olds in the 12 months preceding the survey was significantly higher among male than females (0.5% and 0%, respectively; Appendix Table 4.1.8).

4.1.3 PHYSICAL VIOLENCE DUE TO DISCIPLINARY ACTION: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

This study examined the role of disciplinary action or punishment in acts of physical violence perpetrated by adult household members and authority figures in the community.

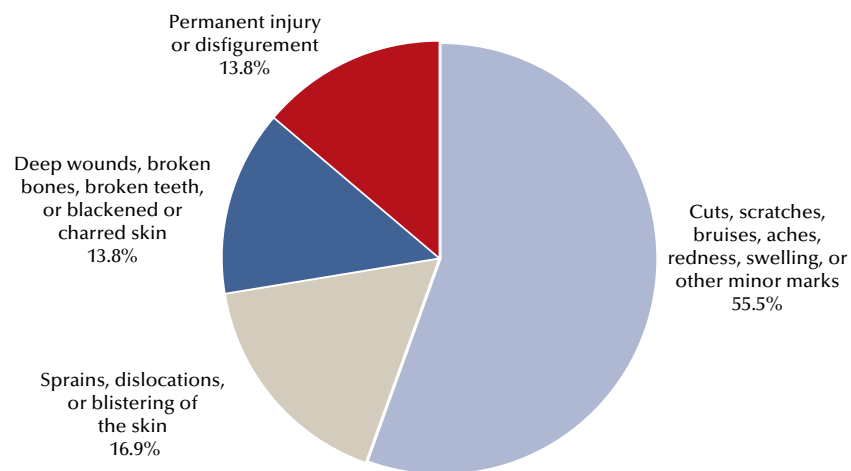
During the year preceding the survey, 90.0% females and 85.7% of males aged 13 to 17 years perceived that their most recent experience of physical violence by adult household members or authority figures was a result of disciplinary action or intended as punishment (Appendix Table 4.1.9). There was no significant difference between females and males aged 13 to 17 years in the perceived use of physical violence as discipline.

Findings show a similar pattern when examining the role of disciplinary action in acts of physical violence by adult household members versus authority figures. Specifically, 90.0% of females and 77.8% of males aged 13 to 17 years perceived that their most recent experience of physical violence by an adult household member was a result of disciplinary action or intended as punishment in 12 months preceding the survey (Appendix Table 4.1.9). Further, 90.5% females and 92.3% of males aged 13 to 17 years perceived that their most recent experience of physical violence by an authority figure was a result of disciplinary action or intended as punishment in the 12 months preceding the survey (Appendix Table 4.1.9). There was no significant difference between females and males aged 13 to 17 years in the perceived role of disciplinary action in acts of physical violence by adult household members versus authority figures (Appendix Table 4.1.9).

4.1.4 PHYSICAL INJURY AS A RESULT OF PHYSICAL VIOLENCE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

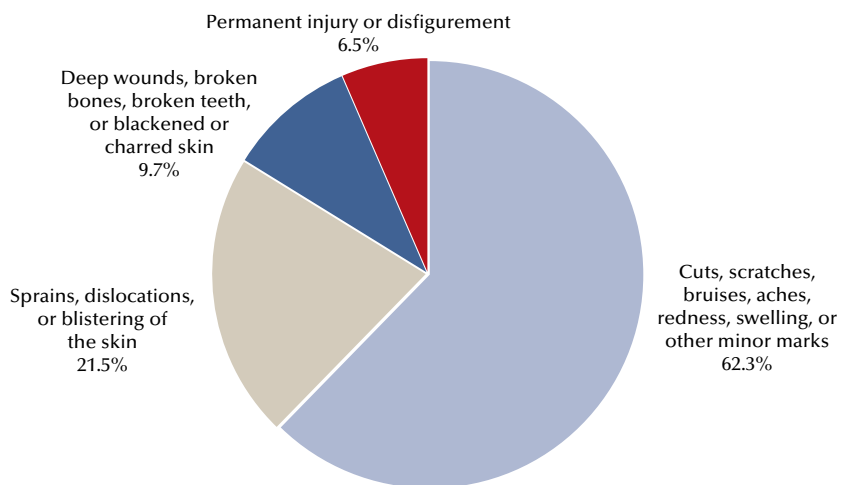
This study also examined physical injury as a result of physical violence by adult household members and authority figures in the community. Findings show that 74.4% of females and 60.9% of males aged 13 to 17 years experienced any physical injury as a result of any physical violence by an adult household member or an authority figure in the 12 months preceding the survey (Appendix Table 4.1.10). There was no significant difference between females and males aged 13 to 17 years in the experiences of physical injury as a result of physical violence (Appendix Table 4.1.10).

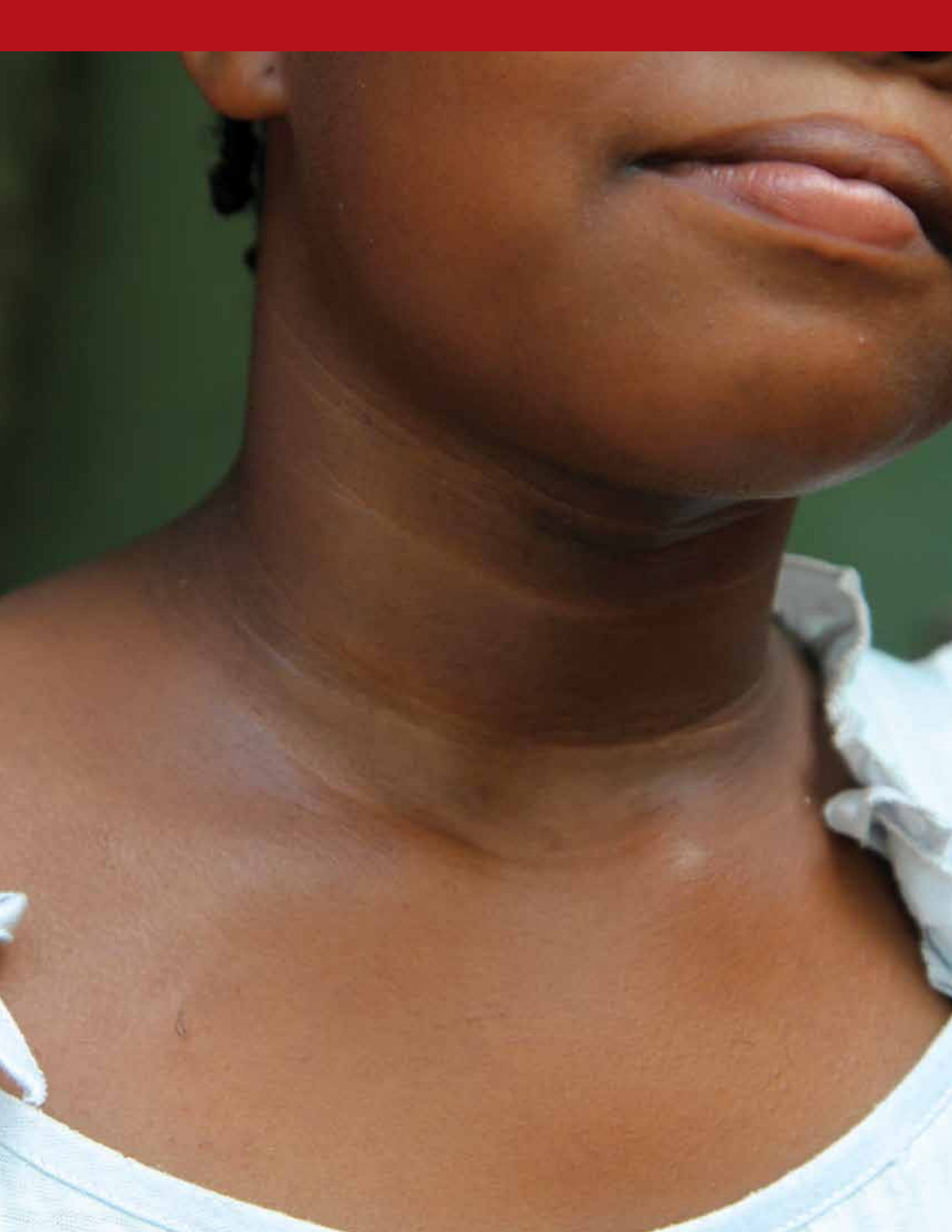
4.1.4. Physical Injury Among Females Injured Due to Physical Violence in the 12 months Prior to the Survey — As Reported by 13 to 17 Year Olds (Violence Against Children Survey in Haiti, 2012)



The most common types of physical injury as a result of physical violence perpetrated by an adult household member or an authority figure among 13 to 17 year old females and males during the 12 months preceding the survey were minor injuries, including cuts, scratches, bruises, aches, redness, swelling, or other minor marks (55.7% and 62.3%, respectively; Figures 4.1.4/4.1.5 and Appendix Table 4.1.11). The findings also show that among 13 to 17 year olds who experienced any physical injury due to physical violence, 27.6% (95% CI, 17.7–37.5) of females and 16.2% (95% CI, 9.5–22.9) of males suffered injuries resulting in either deep wounds, broken bones, broken teeth, or blackened or charred skin or permanent injury or disfigurement.

4.1.5. Physical Injury Among Males Injured Due to Physical Violence in the 12 months Prior to the Survey — As Reported by 13 to 17 Year Olds (Violence Against Children Survey in Haiti, 2012)





SECTION 5: THE PREVALENCE OF CHILDHOOD EMOTIONAL VIOLENCE

HIGHLIGHTS

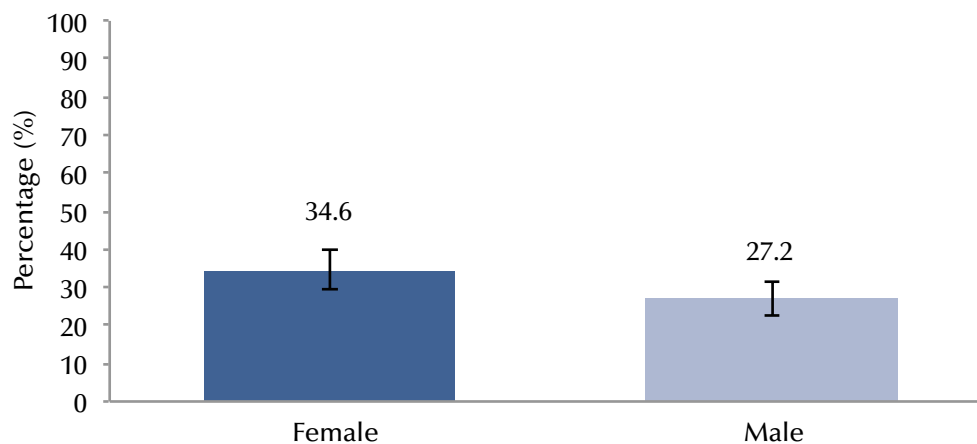
- Approximately one-third of females and one out of 4 males aged 18 to 24 years experienced emotional violence by an adult household member prior to age 18 years.
- Nearly three out of ten females and one out of five males 13 to 17 years of age experienced emotional violence by an adult household member in the 12 months prior to the survey.
- Childhood domestic servitude was significantly associated with experiencing emotional violence prior to age 18 years among females and males 18 to 24 years of age.

5.1 EMOTIONAL VIOLENCE

This section describes the national prevalence of emotional violence against children in Haiti. Four types of emotional violence perpetrated by adult household members are examined in this survey: (1) being ridiculed or put down; (2) being made to feel unwanted; (3) being made to feel unloved; and (4) being threatened with abandonment. The types of emotional violence experienced by children and demographic variables that may be associated with childhood emotional violence are also highlighted.

5.1.1 EMOTIONAL VIOLENCE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

5.1.1.: Emotional Violence Experienced Prior to Age 18 Years — As Reported by 18 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)



Among 18 to 24 year olds, 34.6% of females and 27.2% of males experienced emotional violence prior to age 18 years by an adult household member (Figure 5.1.1, Appendix Table 5.1.1).

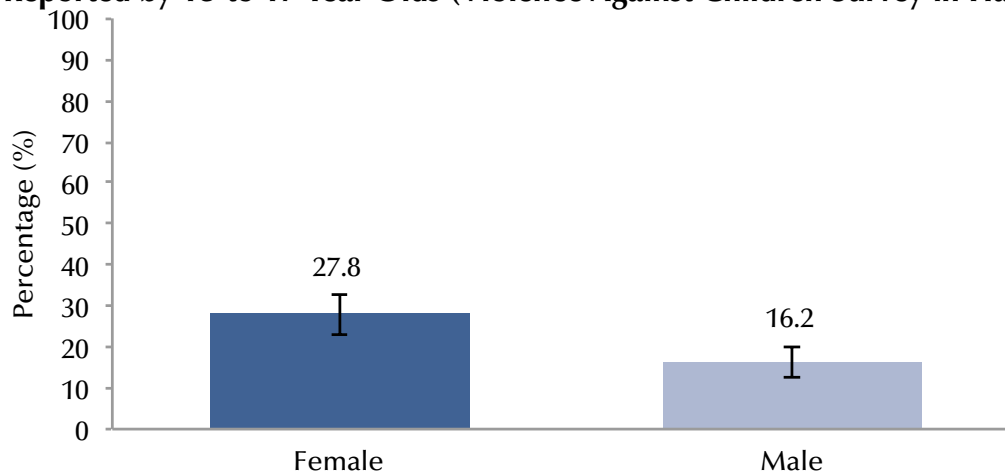
Appendix Table 5.1.2 shows the demographic profile of males and females 18 to 24 years of age who experienced emotional violence prior to age 18 years. To examine the significance of these associations we used logistic regression to calculate the probability (p-value) that the associations would occur by chance. P-values less than $p=.05$ were considered statistically significant. Childhood domestic servitude was significantly associated with emotional violence prior to age 18 years among females and males 18 to 24 years of age. In addition, level of education (i.e., completing less than primary) and having ever worked for money or other payments were significantly associated with emotional violence prior to age 18 years among males 18 to 24 years of age. Marital status and orphan status were not significantly associated with emotional violence prior to age 18 years among either females or males aged 18 to 24 years.

The most prevalent type of emotional violence experienced prior to age 18 years was being ridiculed or put down by an adult household member (17.5% females and 19.3% males; Appendix Table 5.1.3), followed by being made to feel unloved among females (17.2%; Appendix Table 5.1.3) and being threatened with abandonment and being made to feel unloved among males (both 11.6%; Appendix Table 5.1.3).

5.1.2 EMOTIONAL VIOLENCE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Examining experiences of emotional violence in the 12 months preceding the survey among 13 to 17 year olds allows the survey to collect the current pattern and context of violence in Haiti.

5.1.2.: Emotional Violence Experienced in the 12 months Prior to the Survey — As Reported by 13 to 17 Year Olds (Violence Against Children Survey in Haiti, 2012)



During the 12 months preceding the survey, 27.8% females and 16.2% of males aged 13 to 17 years experienced emotional violence by an adult household member (Figure 5.1.2, Appendix Table 5.1.4). The percent of females aged 13 to 17 years who experienced emotional violence in the 12 months preceding the survey was significantly higher than among males.

Appendix Table 5.1.5 shows the demographic profile of males and females who experienced emotional violence in the 12 months preceding the survey. To examine the significance of these associations we used logistic regression to calculate the probability (p-value) that the associations would occur by chance. P-values less than $p=.05$ were considered statistically significant. Having worked as a child domestic servant was associated with significantly higher levels of emotional violence during the past year for both girls and boys 13 to 17 years of age. Among boys 13 to 17 years of age having ever worked for money or other payments and having completed less than a primary education was also associated with a higher prevalence of emotional violence during the past year. Marital status and orphan status were not significantly associated with emotional violence among females or males aged 13 to 17 years in the 12 months preceding the survey.

The most prevalent type of emotional violence experienced by 13 to 17 year old females and males in the 12 months preceding the survey was being ridiculed or put down by an adult household member (16.1% females and 10.9% males; Appendix Table 5.1.6), followed by being made to feel unloved (14.7% females and 6.4% males; Appendix Table 5.1.6).

SECTION 6: OVERLAP OF TYPES OF VIOLENCE: SEXUAL ABUSE AND PHYSICAL AND EMOTIONAL VIOLENCE

HIGHLIGHTS

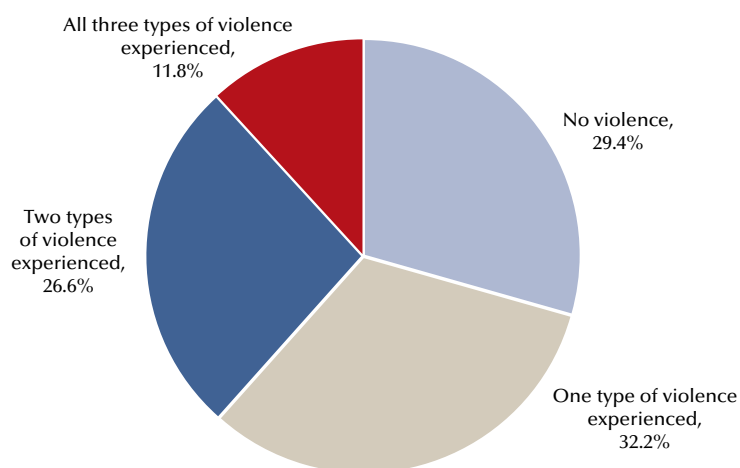
- Seven out of ten females and males 18 to 24 years of age experienced at least one form of violence during their childhood.
- About half of both females and males 13 to 17 years of age experienced at least one form of violence during the past year.
- Sexual abuse and physical and emotional violence commonly overlap in childhood.
- One-third of females and one quarter of males aged 18 to 24 years experienced multiple types of abuse/violence prior to age 18 years.

This section focuses on the overlap between the three types of abuse/violence measured in this study: sexual abuse and physical violence and emotional violence. These types of abuse/violence may overlap in one of two ways. First, they may occur simultaneously, such as when a child is being emotionally and physically abused at the same time. Second they could occur to the same child, but at different points in time.

Recognizing the overlap between different types of abuse/violence highlights how violent incidents often occur together and not in isolation. It also may indicate the need to identify cross-cutting risk and protective factors that have the potential to impact multiple forms of violence. Examining these unique profiles of violence exposure, therefore, allows for observation of the ways in which sexual, physical, and emotional violence can co-occur during childhood.

6.1 OVERLAP OF ABUSE/VIOLENCE TYPES: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

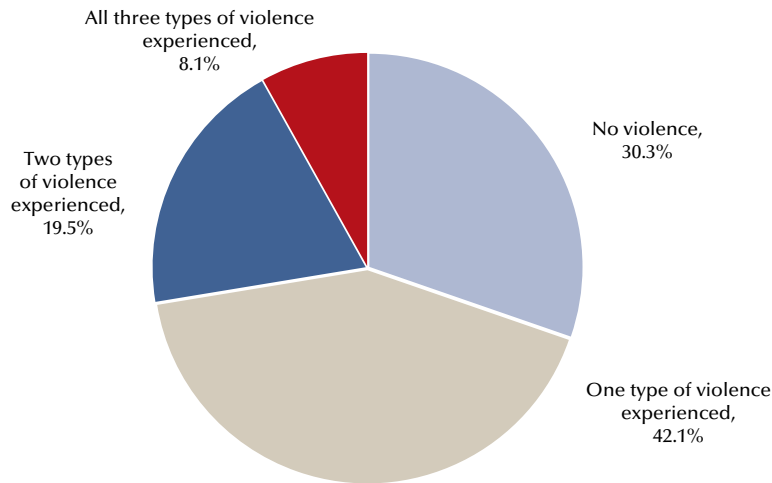
6.1.: Female Distribution of the Number of Types of Abuse/Violence[§] Experienced Prior to Age 18 Years — As Reported by 18 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)



[§] Types of abuse/violence= sexual abuse, physical violence, and emotional violence as described in the report

Among 18 to 24 year old females, 70.6% (95% CI, 64.7–76.4) experienced some type of abuse/violence and 38.3% (95% CI, 33.5–43.2) experienced at least two types of abuse/violence prior to age 18 years. Figure 6.1 and Appendix Table 6.1 show that 11.8% experienced all three types of abuse/violence (sexual, physical, and emotional) prior to age 18 years.

6.2.: Male Distribution of the Number of Types of Abuse/Violence^s Experienced Prior to Age 18 Years — As Reported by 18 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)



^s Types of abuse/violence= sexual abuse, physical violence, and emotional violence as described in the report

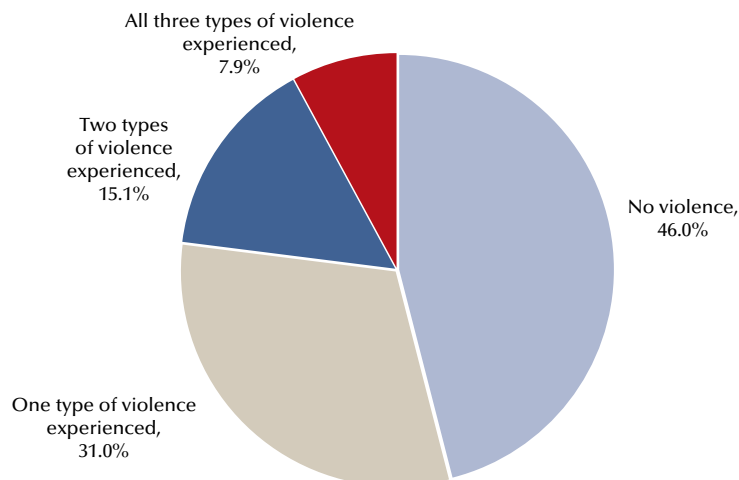
Among 18 to 24 year old males, 69.7% (95% CI, 64.6–74.8) experienced some type of abuse/violence and 27.6% (95% CI, 22.9–32.3) experienced at least two types of abuse/violence prior to age 18 year. Figure 6.2 and Appendix Table 6.1 show that 8.1% experienced all three types of abuse/violence prior to age 18 years.

While there was no significant difference between the proportion of females and males who experienced any abuse/violence prior to 18 years of age, females [38.4% (95% CI, 33.5–43.2)] were more likely than males [27.6% (95% CI, 22.9–32.3)] to experience multiple forms of childhood violence.

6.2 OVERLAP OF VIOLENCE TYPES: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Examining the overlap of sexual abuse, physical violence, and emotional violence in the 12 months preceding the survey among 13 to 17 year olds allows for a better understanding of the current pattern of childhood violence that is co-occurring in Haiti.

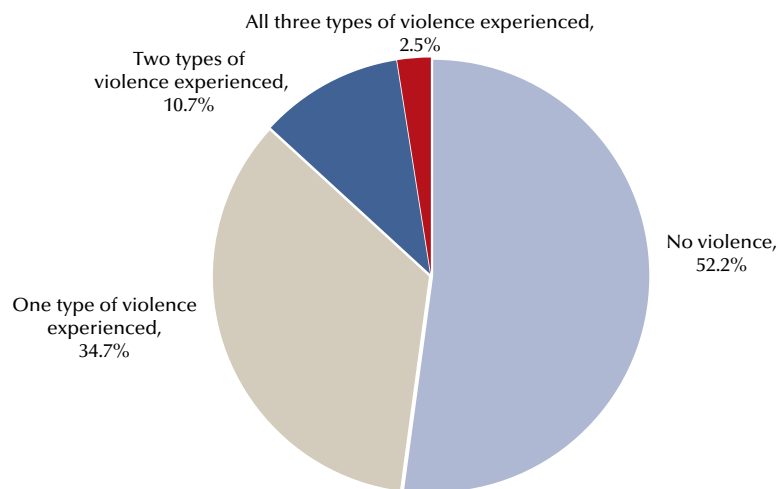
6.3.: Female Distribution of the Number of Types of Abuse/Violence Experienced in the 12 Months Prior to the Survey — As Reported by 13 to 17 Year Olds (Violence Against Children Survey in Haiti, 2012)



^s Types of abuse/violence= sexual abuse, physical violence, and emotional violence as described in the report

In the 12 months preceding the survey, 54.0% (95% CI, 48.5–59.5) of females aged 13 to 17 years experienced some type of abuse/violence and 23.0% (95% CI, 18.3–27.7) experienced at least two types of abuse/violence. Figure 6.3 and Appendix Table 6.2 show that 7.9% experienced all three types of abuse/violence in the preceding 12 months.

6.4.: Male Distribution of the Number of Types of Abuse/Violence Experienced in the 12 Months Prior to the Survey — As Reported by 13 to 17 Year Olds (Violence Against Children Survey in Haiti, 2012)



[§] Types of abuse/violence= sexual abuse, physical violence, and emotional violence as described in the report

In the 12 months preceding the survey, 47.8 % (95% CI, 42.4–53.3) of males aged 13 to 17 years experienced some type of abuse/violence and 13.2% (95% CI, 10.2–16.2) experienced at least two types of abuse/violence. Figure 6.4 and Appendix Table 6.2 show that 2.5% experienced all three types of abuse/violence in the preceding 12 months.

While there was no significant difference between the proportion of females and males who experienced any abuse/violence in the 12 months preceding the survey, females [23.0% (95% CI, 18.3–27.7)] were more likely than males [13.2% (95% CI, 10.2–16.2)] to experience multiple forms of childhood violence.



SECTION 7: SEXUAL ABUSE AMONG DISPLACED POPULATIONS

HIGHLIGHTS

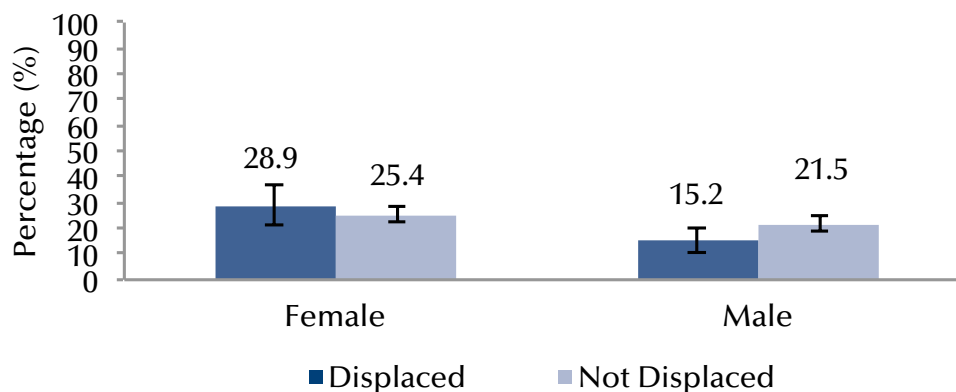
- Females aged 13 to 24 years living in camps or tent settlements were significantly more likely to have experienced sexual abuse after the earthquake as compared to females not living in camps or tent settlements.
- Non-displaced males aged 13 to 24 years were more likely than displaced males to have experienced sexual abuse after the earthquake.

The main objective of this section is to examine the prevalence of sexual abuse following the January 2012 earthquake Haiti and its association with displacement. In other words, does displacement, defined in this study as moving households or changing where one lived as a result of the earthquake, increase the likelihood of females and males experiencing sexual abuse as compared to those who were not displaced? Further, we also examined whether sexual abuse following the earthquake was associated with being displaced specifically into camps or tent settlements as a result of the earthquake. In order to have sufficient sample size to examine these associations we included in the analyses all incidents of sexual abuse that occurred following the earthquake to Haitians between 13 to 24 years of age. To examine the significance of these associations we used logistic regression to calculate the probability (p-value) that the associations would occur by chance. P-values less than $p=.05$ were considered statistically significant.

7.1 SEXUAL ABUSE POST EARTHQUAKE AND DISPLACEMENT: 13–24 YEAR OLDS

Among 13 to 24 year olds, there was no significant difference ($p=0.33$) between the percent of displaced females (28.9%) and non-displaced females (25.4%) who experienced any type of sexual abuse following the earthquake (Figure 7.1, Appendix Table 7.1). However, among males 13 to 24 years of age, non-displaced males were significantly ($p=0.03$) more likely to have experienced sexual abuse after the earthquake as compared to displaced males (Figure 7.1, Appendix Table 7.1).

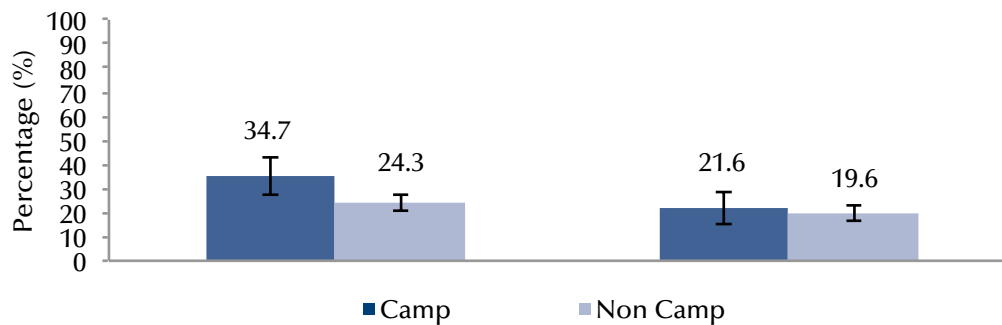
7.1.: Sexual Abuse Following the January 2010 Earthquake Among 13 to 24 Year Olds by Sex and Displacement — As Reported by 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)



7.1 SEXUAL ABUSE POST EARTHQUAKE AND LIVING IN CAMPS OR TENT SETTLEMENTS: 13–24 YEAR OLDS

Among 13 to 24 year olds, females living in camps or tent settlements were significantly ($p=0.003$) more likely to have experienced sexual abuse after the earthquake as compared to females not living in camps or tent settlements (34.7% v. 24.3%, respectively) (Figure 7.2, Appendix Table 7.2). There was no significant difference ($p=0.58$) between the prevalence of sexual abuse following the earthquake among males 13 to 24 years of age living in camps or tent settlements (21.6%) as compared to those not living in camps or tent settlements (21.6% v. 19.6%, respectively) (Figure 7.2, Appendix Table 7.2).

7.2.: Sexual Abuse Following the January 2010 Earthquake Among 13 to 24 Year Olds By Sex and Displacement in Camp or Tent Settlement — As Reported by 13 to 24 Year Olds (Violence Against Children Survey in Haiti, 2012)



SECTION 8: PERPETRATORS OF SEXUAL ABUSE AND PHYSICAL AND EMOTIONAL VIOLENCE OF CHILDREN

HIGHLIGHTS

- Among 18–24 year olds who experienced sexual abuse prior to age 18, friends/classmates and romantic partners were the most common perpetrators of the first incident of sexual abuse.
- Among 18–24 years olds who experienced physical violence by a parent, caregiver, or other adult relative as a child, approximately 6 out of 10 experienced at least one incident of child physical violence by a mother and/or father.
- Male teachers were the most common perpetrator among 13–24 year olds who experienced physical violence by an authority figure.
- Among 18–24 year olds who experienced emotional abuse by a parent, caregiver, or other adult relative prior to age 18, approximately 4 out of 10 experienced at least one incident of child emotional violence by a mother and one-third experienced at least once incident of emotional violence by a father.

This section details the types of perpetrators of sexual abuse and physical and emotional violence, as reported by female and male respondents. Understanding the relationship between the perpetrator and victim of a violent encounter, and how this may differ by the type of violence and the sex of the child can enable key policy makers to design more specific and ultimately more effective prevention and intervention efforts.

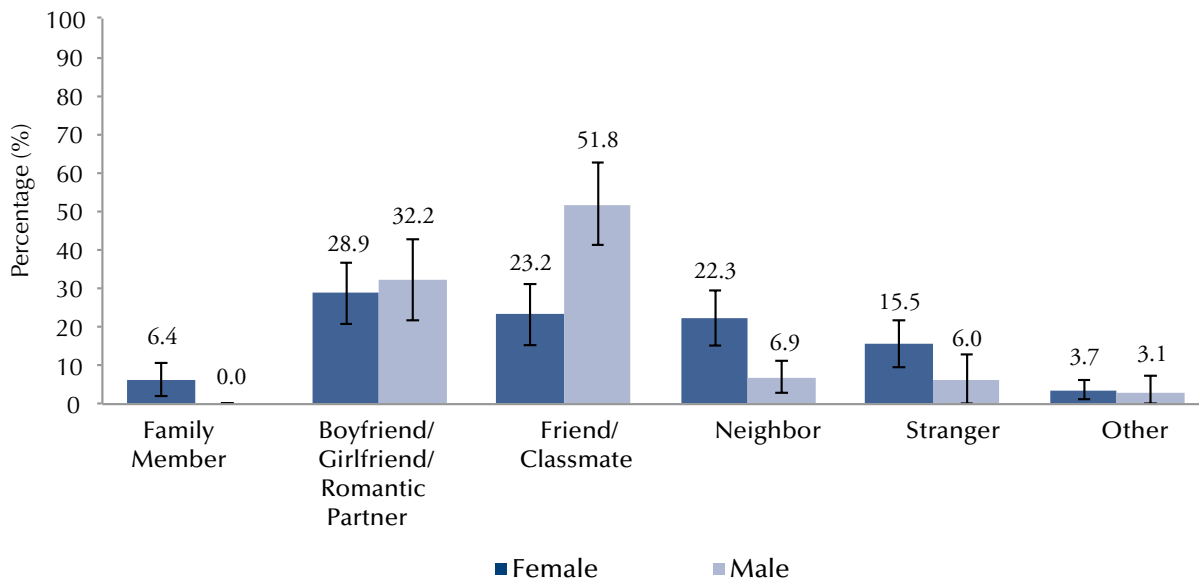
8.1 PERPETRATORS OF SEXUAL ABUSE

National prevalence estimates of perpetrator type is presented for the first reported incident of sexual abuse among 18–24 year olds who experienced at least one type of sexual abuse prior to age 18, and for the first incident of each of the four sub-types of sexual abuse (unwanted sexual touching, unwanted attempted sex, pressured sex, physically forced sex). Similarly, national prevalence estimates of perpetrator type is presented for the most recent incident of sexual abuse among 13–17 year olds who experienced sexual abuse in the 12 months prior to the survey, and for sub-types with sufficient sample size. When respondents had experienced more than one type of sexual abuse occurring at the same age (17.3% of female and 15.1% of male 18–24 year olds, 28.6% of female and 23.2% of male 13–17 year olds), we used random selection to select one incident to collect perpetrator data for the overall metric.

8.1.1 PERPETRATORS OF SEXUAL ABUSE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

Among female Haitians 18–24 years old, romantic partner (28.9%) followed by friend/classmate (23.2%) were the most common perpetrators of the first incident of sexual abuse as a child. Among male Haitians 18–24 years old, friend/classmate (51.8%) was the most common perpetrator of the first incident of sexual abuse as a child followed by romantic partner (32.2%) (Figure 8.1.1, Appendix Table 8.1.1). Males had a significantly higher percentage of friend/classmate as the perpetrator at first incident than females, whereas females (22.3%) were significantly more likely than males (6.9%) to report a neighbor as the perpetrator at first incident (Figure 8.1.1, Appendix Table 8.1.1).

8.1.1: Reported Perpetrators of First Incident of Child Sexual Abuse — As Reported by 18–24 Year Olds Who Experienced Any Sexual Abuse Prior to Age 18 Years (Violence Against Children Survey in Haiti, 2012)

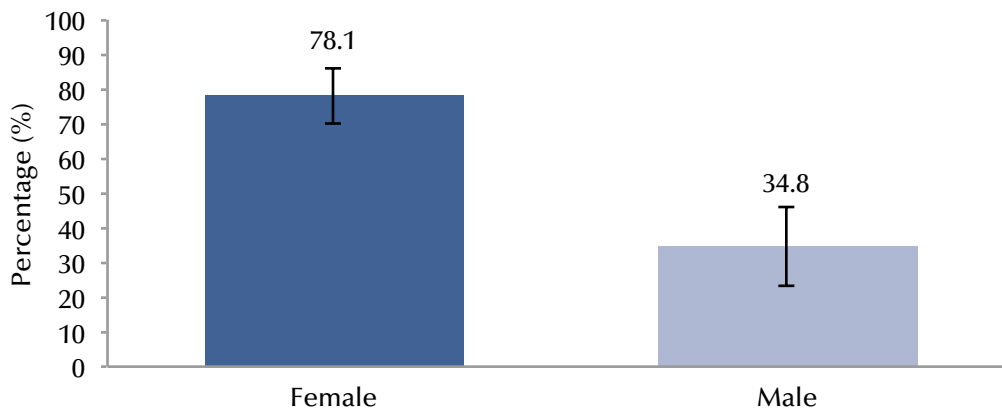


For females aged 18–24 years the type of perpetrator of the first incident of sexual abuse was distributed similarly for unwanted attempted sex, pressured sex, and physically forced sex. The most common perpetrator for each of these subtypes was romantic partner followed by either friend/classmate or neighbor (Appendix Table 8.1.2). In contrast, among females aged 18 to 24 years who experienced unwanted touching as a child, the most common perpetrator at first incident was friend/classmate followed by stranger.

For males aged 18 to 24 years the type of perpetrator of the first incident of sexual abuse was distributed similarly for unwanted touching, unwanted attempted sex, and pressured sex with friend/classmate as the predominant type of perpetrator for each subtypes (Appendix Table 8.1.3). There was insufficient sample size to report on the distribution of perpetrators types for physically forced sex among males aged 18–24 years.

The age difference between children that experienced sexual abuse and their perpetrators provides an indication of the extent to which older persons in a society are able to exploit the vulnerability of children in order to commit sexual abuse. Among 18–24 year olds who experienced any sexual abuse prior to age 18, females perceived the perpetrator of the first incident to be at least 5 years older than themselves significantly more often than males (78.1% and 34.8% of females and males, respectively) (Figure 8.1.2, Appendix Table 8.1.4).

8.1.2: Percent of Perpetrators of the First Incident of Child Sexual Abuse Perceived to be 5+ Years Older Among Respondents Aged 18–24 Years Who Reported Experiencing Any Sexual Abuse Prior to Age 18 Years (Violence Against Children Survey in Haiti, 2012)

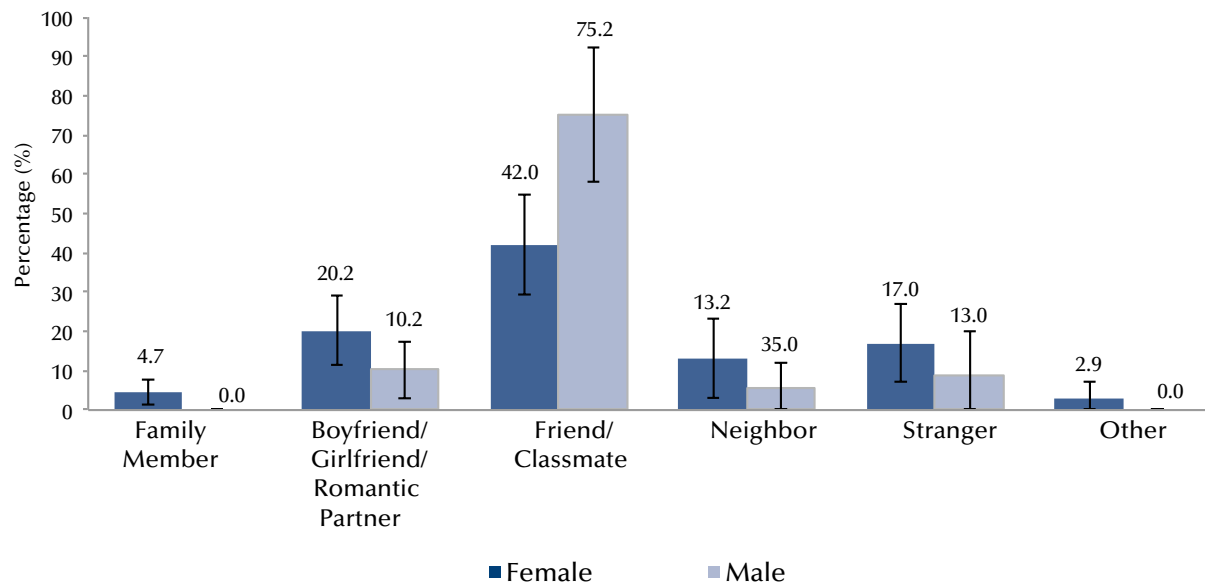


8.1.2 PERPETRATORS OF SEXUAL ABUSE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Among 13–17 year olds who experienced sexual abuse in the 12 months prior to the survey, friend/classmate was the most common perpetrator for the most recent incident of sexual abuse for both females (42.0%) and males (75.2%). Among females, romantic partners (20.2%) and strangers (17.0%) were also reported with some frequency (Figure 8.1.3, Appendix Table 8.1.5).

For both females and males 13–17 years of age who experienced sexual abuse in the 12 months prior to the survey, the type of perpetrator for most recent incident was distributed similarly for unwanted sexual touching and attempted sex. The most common perpetrator for each of these subtypes was friends/classmates (Appendix Table 8.1.6 and Table 8.1.7). There was insufficient sample size to report on the distribution of perpetrators types for pressured and physically forced sex.

8.1.3: Perpetrators of Most Recent Incident of Child Sexual Abuse Among 13–17 Year Olds Reporting Sexual Abuse in the 12 Months Prior to the Survey (Violence Against Children Survey in Haiti, 2012)



8.2 PERPETRATORS OF PHYSICAL VIOLENCE

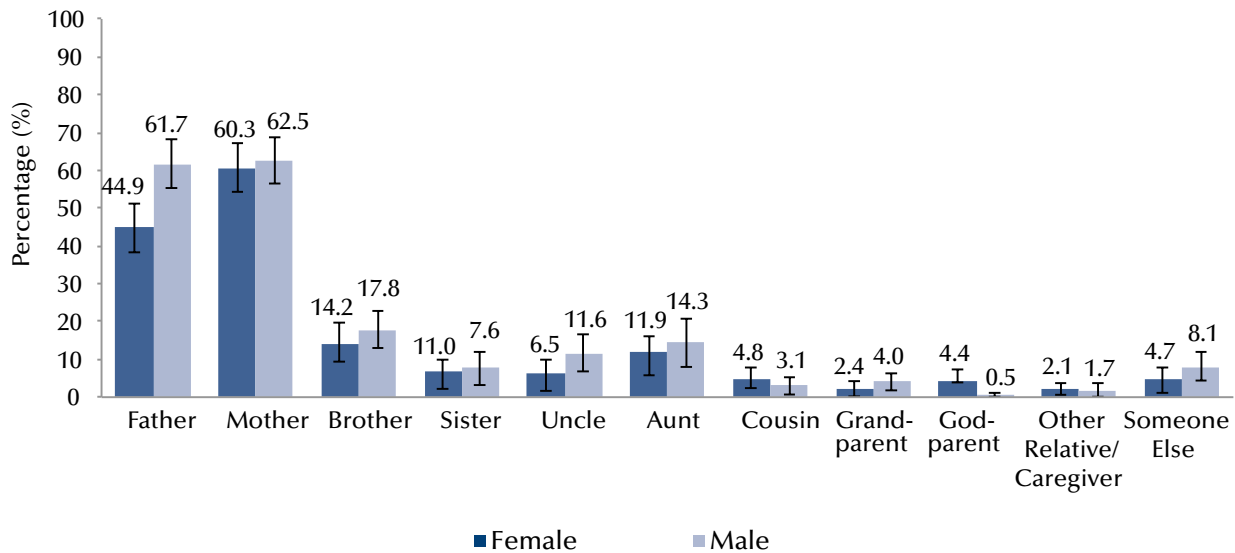
This section describes physical violence in childhood perpetrated by parents, caregivers, other adult relatives, and authority figures such as teachers, police, and community leaders.

Among 18–24 year olds who experienced physical violence before age 18 and 13–17 year olds who experienced physical violence in the past 12 months, information was collected on the specific types of parents, caregivers, adult family members, and authority figures who perpetrated physical violence against the respondent before age 18.

8.2.1 PERPETRATORS FOR PHYSICAL VIOLENCE PRIOR TO AGE 18 YEARS: 18–24 YEARS OLDS

Among females and males 18–24 years old who experienced physical violence by parents, caregivers, and other adult relatives before the age of 18, fathers (44.9% and 61.7% respectively), and mothers (60.3% and 62.5% respectively), were the most common perpetrators of any incident of physical violence, although males reported a significantly higher percentage of father perpetrators than females (Figure 8.2.1, Appendix Table 8.2.1).

8.2.1: Perpetrators of Physical Violence Among 18–24 Year Olds Who Reported Any Physical Violence by a Parent, Caregiver, or Other Adult Relative Prior to Age 18 Years (Violence Against Children Survey in Haiti, 2012)

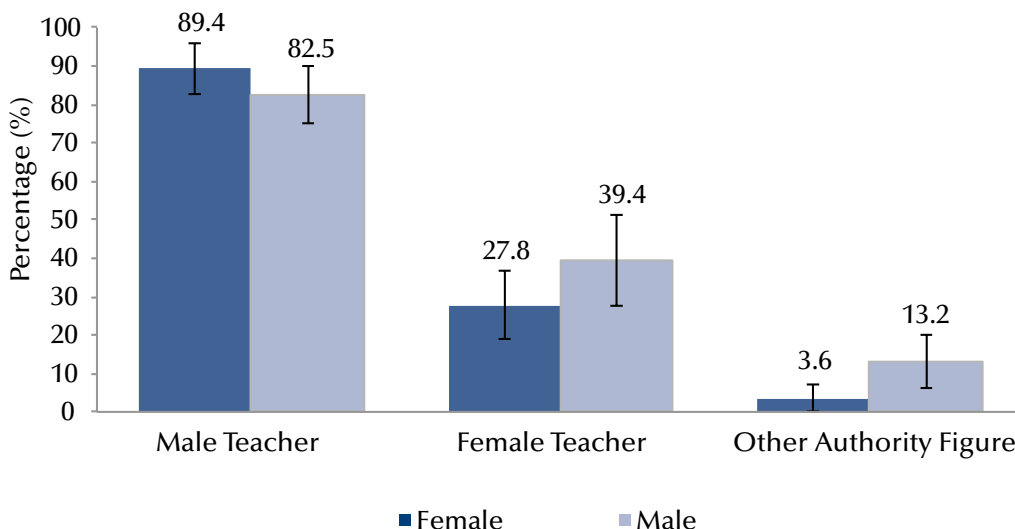


Among 18–24 year olds who experienced any physical violence by an authority figure prior to age 18, male teachers were the most common perpetrators of physical violence by an authority figure for both females (89.4%) and males (82.6%). Female teachers were the next most common perpetrator for females (22.8%) and males (39.4%) (Figure 8.2.2, Appendix Table 8.2.2)

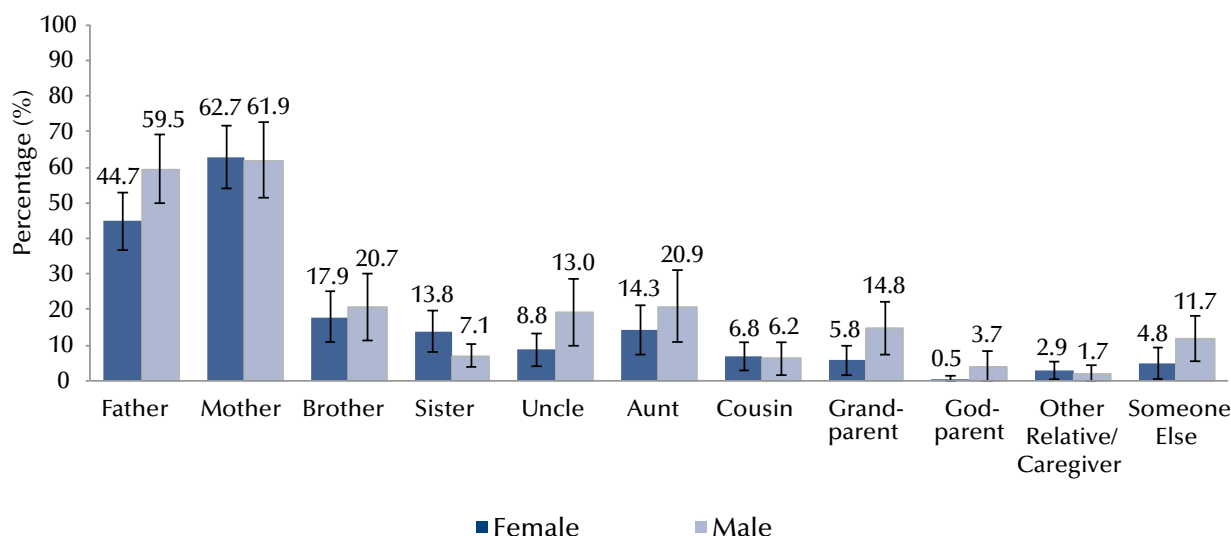
8.2.2 PERPETRATORS OF PHYSICAL VIOLENCE IN CHILDHOOD: 13–17 YEAR OLDS

Among females and males 13–17 years old who experienced physical violence by parents, caregivers, and other adult relatives in the 12 months prior to the survey, fathers (44.7% and 59.5% respectively) and mothers (62.7% and 61.9% respectively), were the most commonly reported perpetrators of physical violence incidents in childhood (Figure 8.2.3; Appendix Table 8.2.3).

8.2.2: Perpetrators of Physical Violence Among 18-24 Year Olds Who Reported Such Violence by an Authority Figure Prior to Age 18 Years (Violence Against Children Survey in Haiti, 2012)

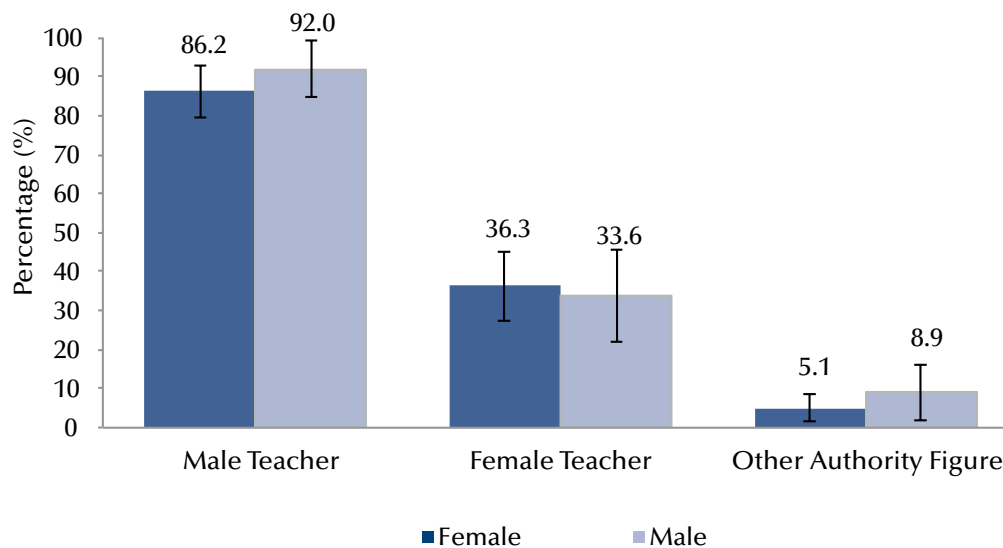


8.2.3: Perpetrators of Physical Violence by a Parent Caregiver, or Other Adult Relative in Childhood among 13–17 Year Olds Who Reported Such Violence in the 12 Months Prior to the Survey (Violence Against Children Survey in Haiti, 2012)



Male teachers were also the most common perpetrators of physical violence incidents by an authority figure among 13–17 year olds who experienced physical violence in the 12 months prior to the survey, for both females (86.2%) and males (92.0%), followed by female teachers for both females (36.3%) and males (33.6%) (Figure 8.2.4, Appendix Table 8.2.4)

8.2.4: Perpetrators of Physical Violence in Childhood by an Authority Figure Among Respondents Aged 13–17 Year Olds Who Reported Such Violence in the 12 Months Prior to the Survey (Violence Against Children Survey in Haiti, 2012)



8.3 PERPETRATORS OF EMOTIONAL VIOLENCE

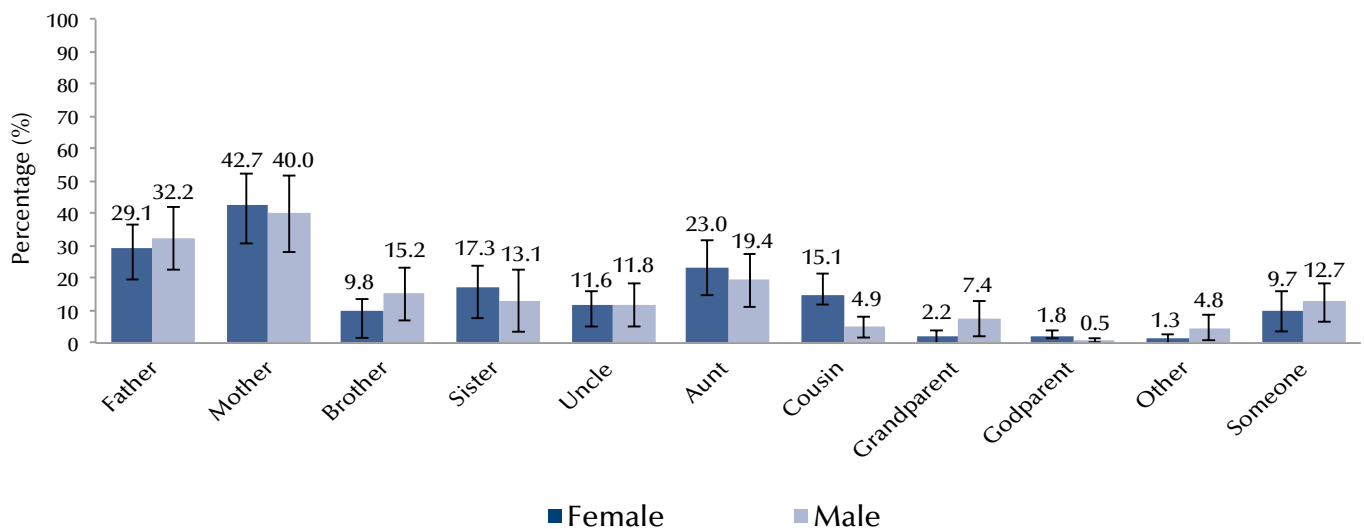
In this section we describe perpetrators of four types of emotional violence, as described in Section 5; (1) being ridiculed or put down; (2) being made to feel unwanted; (3) being made to feel unloved; and (4) being threatened with abandonment.

Among 18–24 year olds who reported emotional violence before age 18 and 13–17 year olds who reported emotional violence in the past 12 months, information was collected on the specific types of parents, caregivers, and adult family members who perpetrated emotional violence against the respondent before age 18.

8.3.1 PERPETRATORS OF EMOTIONAL VIOLENCE INCIDENTS IN CHILDHOOD: 18–24 YEARS OLD

Among females and males aged 18–24 years reporting any emotional violence prior to age 18, mothers (42.7% and 40.0%, respectively) and fathers (29.1% and 32.2%, respectively) were the most commonly reported perpetrators of emotional violence before the age of 18 (Figure 8.3.1; Appendix Table 8.3.1).

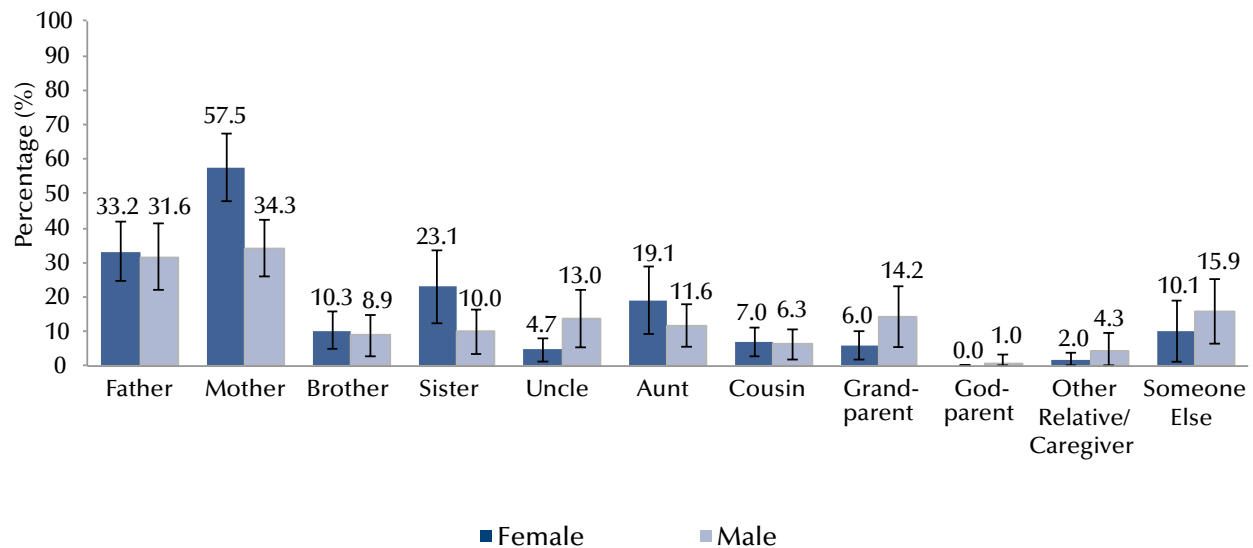
8.3.1. Perpetrators of Emotional Violence by a Parent, Caregiver, or Other Adult Relative in Childhood among 18–24 Year Olds Who Reported Such Violence Prior to Age 18 Years (Violence Against Children Survey in Haiti, 2012)



8.3.2 PERPETRATORS OF EMOTIONAL VIOLENCE INCIDENTS IN CHILDHOOD: 13–17 YEAR OLDS

Among females and males aged 13–17 years who experienced emotional violence by a parent, caregiver, or other adult relative in the 12 months prior to the survey, mothers (57.5% and 34.3%, respectively) and fathers (33.2% and 31.6%, respectively) were the most common perpetrators of emotional violence incidents in childhood. (Figure 8.3.2; Appendix Table 8.3.2). Among females aged 13–17 years, the percentage of mothers who were perpetrators was significantly higher than fathers.

8.3.2: Perpetrators of Emotional Violence by a Parent, Caregiver, or Other Adult Relative in Childhood among 13–17 Year Olds Who Reported Such Violence in the 12 Months Prior to the Survey (Violence Against Children Survey in Haiti, 2012)





SECTION 9: THE CONTEXT OF SEXUAL ABUSE AGAINST CHILDREN

HIGHLIGHTS

- Females and males aged 18 to 24 who experienced any type of sexual abuse prior to age 18 most often reported that the first incident occurred in their own home or tent.
- Among both female and male respondents aged 13 to 17 who experienced at least one incident of sexual abuse in the 12 months before the survey, the two most common locations of the most recent incident of sexual abuse were on a road and in their own home or tent.

This section explores the context of incidents of child sexual abuse, specifically the location in which sexual violence occurred. Understanding the location where sexual abuse occurs and how this factor may differ by the type of abuse and the sex of the child can enable policy makers to design more specific and ultimately more effective prevention and intervention efforts.

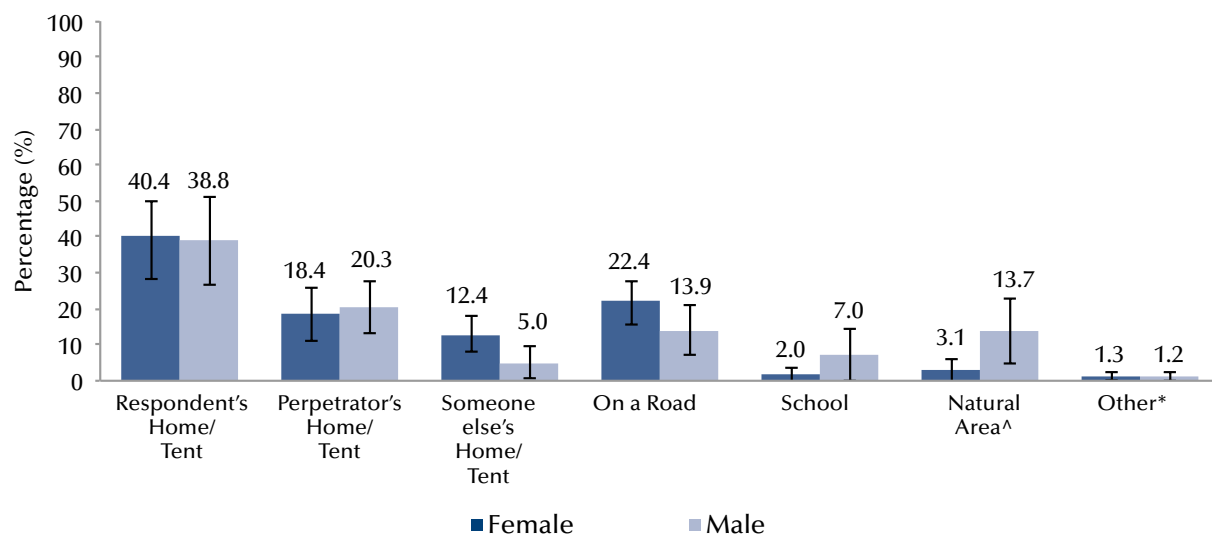
9.1 LOCATION WHERE SEXUAL ABUSE OCCURRED

Prevalence estimates of the location of sexual abuse is presented for the first reported incident of sexual abuse among 18–24 year olds who experienced sexual abuse prior to age 18, and for the first incident of each of the four sub-types of sexual abuse (unwanted sexual touching, unwanted attempted sex, pressured sex, physically forced sex). Similarly, prevalence estimates of the location of the most recent incident of sexual abuse is presented for 13–17 year olds who experienced sexual abuse in the 12 months prior to the survey, and for sub-types with sufficient sample size. When respondents experienced more than one type of sexual abuse at the same age (17.3% of female and 15.1% of male 18–24 year olds, 28.6% of female and 23.2% of male 13–17 year olds), we used random selection to select one incident to represent location data for the overall metric.

9.1.1 LOCATION WHERE SEXUAL ABUSE OCCURRED: 18–24 YEAR OLDS PRIOR TO AGE 18

Females and males aged 18 through 24 who experienced any type of sexual abuse prior to age 18 most often reported that the first incident occurred in the respondent's home/tent (40.4% and 38.8%, respectively), the perpetrator's home/tent (18.4% and 20.3%, respectively) or on a road (22.4% and 13.9%, respectively) (Figure 9.1.1, Appendix Table 9.1.1).

9.1.1: Location of First Incident of Sexual Abuse Among 18–24 Year Olds Who Experienced Sexual Abuse Prior to Age 18 Years (Violence Against Children Survey in Haiti, 2012)



[^] Includes field, body of water, or other natural area

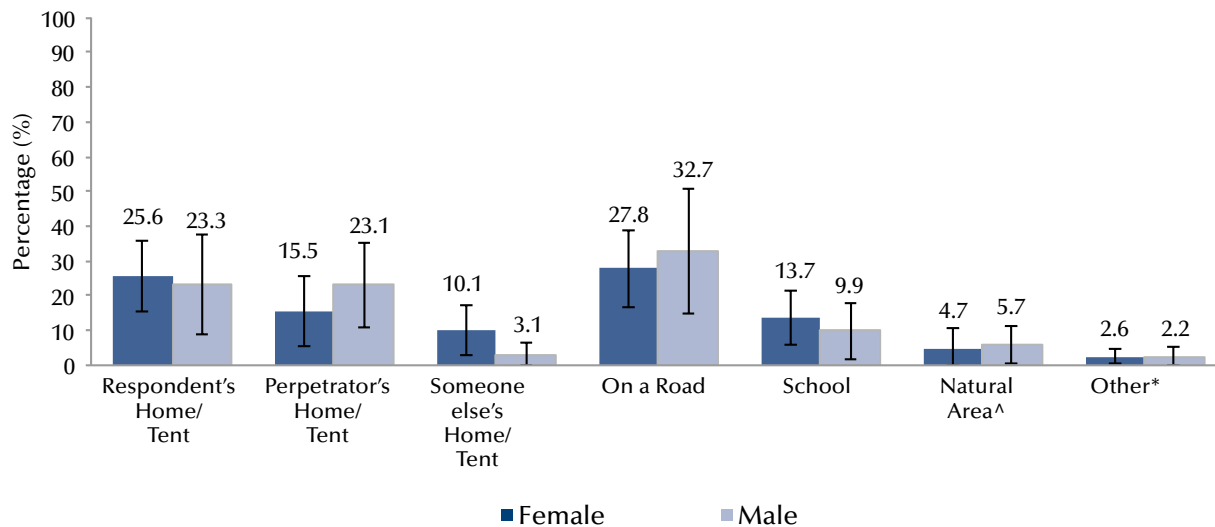
* Includes market/shop, inside a car/bus, toilet/latrine

For females 18–24 years of age the location of the first event of sexual abuse was distributed similarly for unwanted attempted sex, pressured sex, and physically forced sex in that the most common locations for each of these subtypes was the respondent's home/tent and the perpetrator's home (Appendix Table 9.1.2). Among females 18 to 24 years of age who experienced unwanted touching as a child, the respondent's home/tent and on a road were the most prevalent locations. For males 18 to 24 years of age the location of the first event of sexual abuse was distributed similarly for unwanted touching, unwanted attempted sex, and pressured sex, with the respondent's home/ tent being the predominant location (Appendix Table 9.1.3). There were not enough respondents to report on the distribution of locations for physically forced sex among males 18–24 years of age.

9.1.2 LOCATION WHERE THE SEXUAL ABUSE OCCURRED: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

For both females and males aged 13 to 17 who experienced at least one incident of sexual abuse in the 12 months before the survey, the most frequently reported locations for the most recent incident were on the road (27.8% and 32.7%, respectively), the respondent's home/tent (25.6% and 23.3%, respectively) and the perpetrator's home or tent (15.5% and 23.1%, respectively) (Figure 9.1.2, Appendix Table 9.1.4).

9.1.2: Location of Most Recent Incident of Sexual Abuse Among 13–17 Year Olds Who Experienced Sexual Abuse in the 12 Months Prior to the Survey (Violence Against Children Survey in Haiti, 2012)



[^] Includes field, body of water, or other natural area

^{*} Includes market/shop, inside a car/bus, toilet/latrine

For females and males 13–17 years of age who experienced sexual abuse in the 12 months before the survey, the location of the most recent incident was distributed differently for unwanted sexual touching and attempted sex. For both females and males the most common location for unwanted touching was on the road (36.9% and 37.9% respectively), but while for females school was the next most common location (18.9%), for males it was the perpetrator's home/tent (19.5%) (Appendix Tables 9.1.5, 9.1.6). For the most recent incidents of attempted sex during the 12 months prior to the survey, the most common location for females was in their own home/tent (42.1%), while for males it was the perpetrator's home/tent (36.8%) (Appendix Tables 9.1.5, 9.1.6).

SECTION 10: SERVICE SEEKING OF CHILDREN WHO HAVE EXPERIENCED SEXUAL ABUSE

HIGHLIGHTS

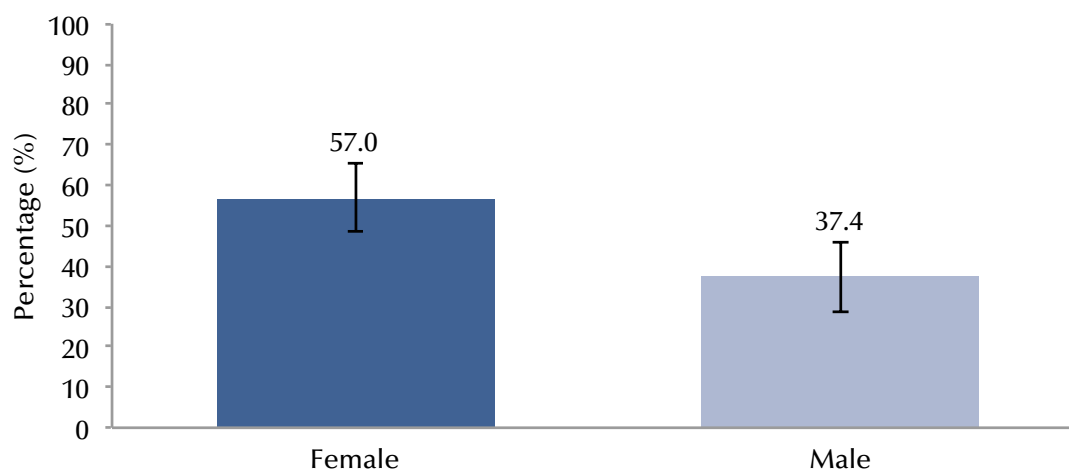
- Approximately 6 out of 10 females and 4 out of 10 males aged 18 to 24 years who experienced sexual abuse prior to age 18 years told someone.
- Almost 1 out of 10 Haitians aged 18 to 24 years who experienced child sexual abuse prior to age 18 years received any professional services.
- More than half of all Haitians who experienced child sexual abuse did not receive any professional services because they felt they did not want or need services or that the incident was not a problem.
- Approximately 2 out of 10 Haitians aged 18 to 24 years of age who experienced sexual abuse prior to age 18 years wanted additional services that were not available to them.
- Counseling was the most common types of service desired among females and males who experienced child sexual abuse.

The main objective of this section is to describe the reporting and service seeking behaviors of Haitians who experienced at least one incident of sexual abuse prior to age 18 years. This section describes whether any incidents of sexual abuse were ever disclosed to anyone and whether professional services were received. Reasons why professional services were not received in addition to the types of services desired are also highlighted here.

10.1 REPORTING AND DISCLOSURE OF SEXUAL ABUSE

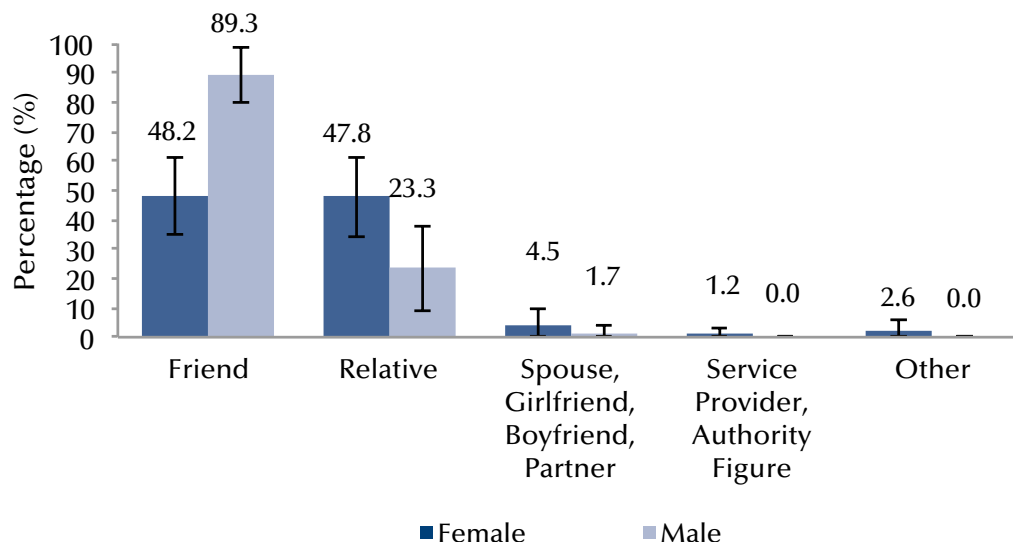
10.1.1 REPORTING AND DISCLOSURE OF SEXUAL ABUSE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

10.1.1.1: Percent of Haitians Who Told Someone About Sexual Abuse That Occurred Prior to Age 18 Years — As Reported by 18–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



Among those aged 18 to 24 years who experienced child sexual abuse, 57.0% (95% CI, 48.3–65.7) of females and 37.4% (95% CI, 28.1–46.7) of males told someone about an incident sexual abuse (Figure 10.1.1). Females were significantly more likely than males to tell someone about an incident of sexual abuse.

10.1.2: Person Who Was Told About Any Incident of Sexual Abuse Among those Who Experienced at Least One Incident of Sexual Abuse Prior to Age 18 Years — As Reported by 18–24 Year Olds* (Violence Against Children Survey in Haiti, 2012)



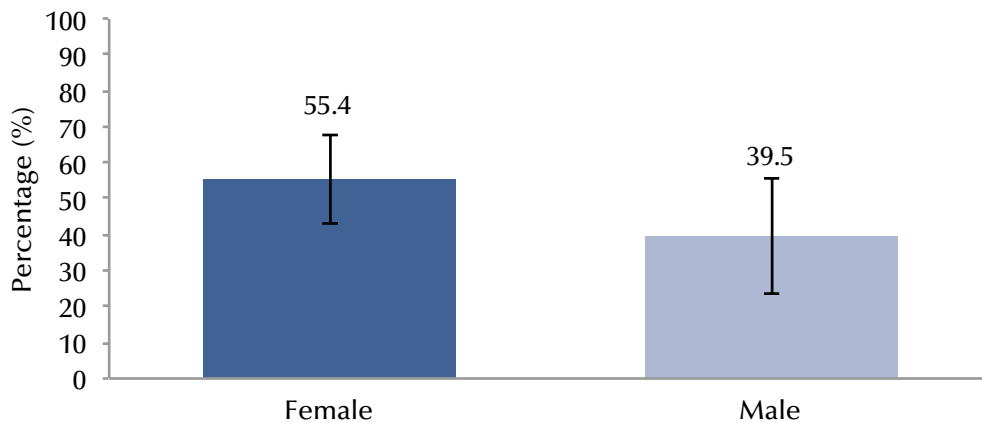
*Total sum may be greater than 100% because incidents could have been told to more than one person.

Among 18 to 24 years olds who told someone about an incident of sexual abuse, females were equally likely to disclose to a friend or relative (48.2% and 47.8%, respectively), while males were more likely to have told a friend than a relative (89.3% and 22.3%, respectively) (Figure 10.1.2, Appendix Table 10.1.1).

10.1.2 REPORTING AND DISCLOSURE OF SEXUAL ABUSE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

This section describes the reporting and disclosure behavior of 13 to 17 year olds who experienced sexual abuse in the 12 months preceding the survey in order to provide a current pattern of support-seeking behavior.

10.1.3: Percent of Haitians Who Told Someone About Any Incident of Sexual Abuse That Occurred in the 12 Months Prior to the Survey — As Reported by 13–17 Year Olds (Violence Against Children Survey in Haiti, 2012)



Fifty-five percent (55.4%) of females and 39.5% of males aged 13 to 17 years who experienced sexual abuse in the 12 months preceding the survey told someone (Figure 10.1.3). There was no significant difference between the percent of females and males in who told someone about an incident of child sexual abuse in the past 12 months.

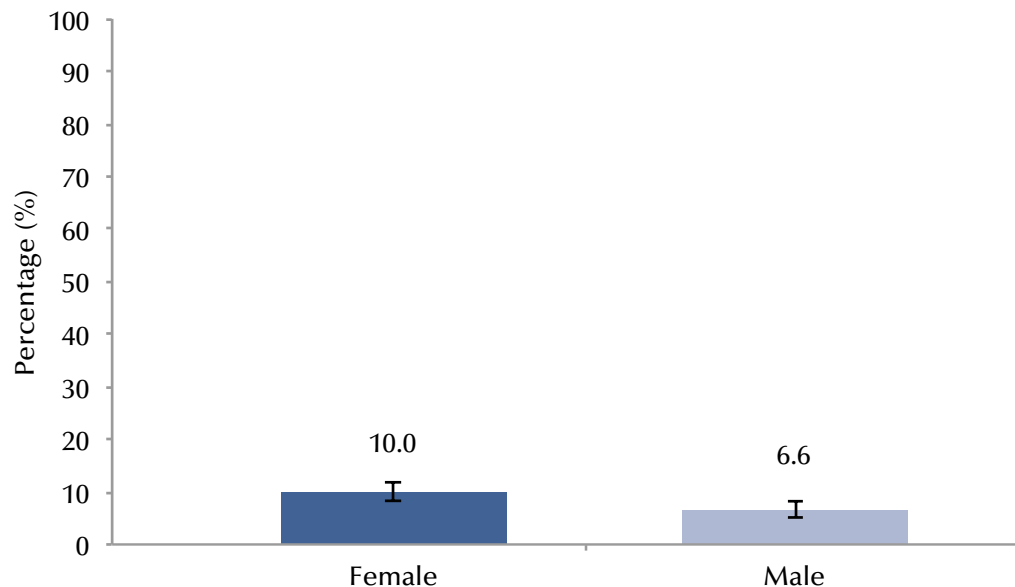
Of those who told someone about an incident of sexual abuse, both females and males most often told a friend (57.2% and 64.7%, respectively) and/or a relative (40.8% and 29.6%, respectively) (Appendix Table 10.1.2).

10.2 SERVICE SEEKING BEHAVIOR FOR SEXUAL ABUSE

10.2.1 SERVICE SEEKING BEHAVIOR FOR SEXUAL ABUSE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

This section describes the service seeking behavior of Haitians aged 18 to 24 years who received professional services for any incident of sexual abuse experienced prior to age 18 years.

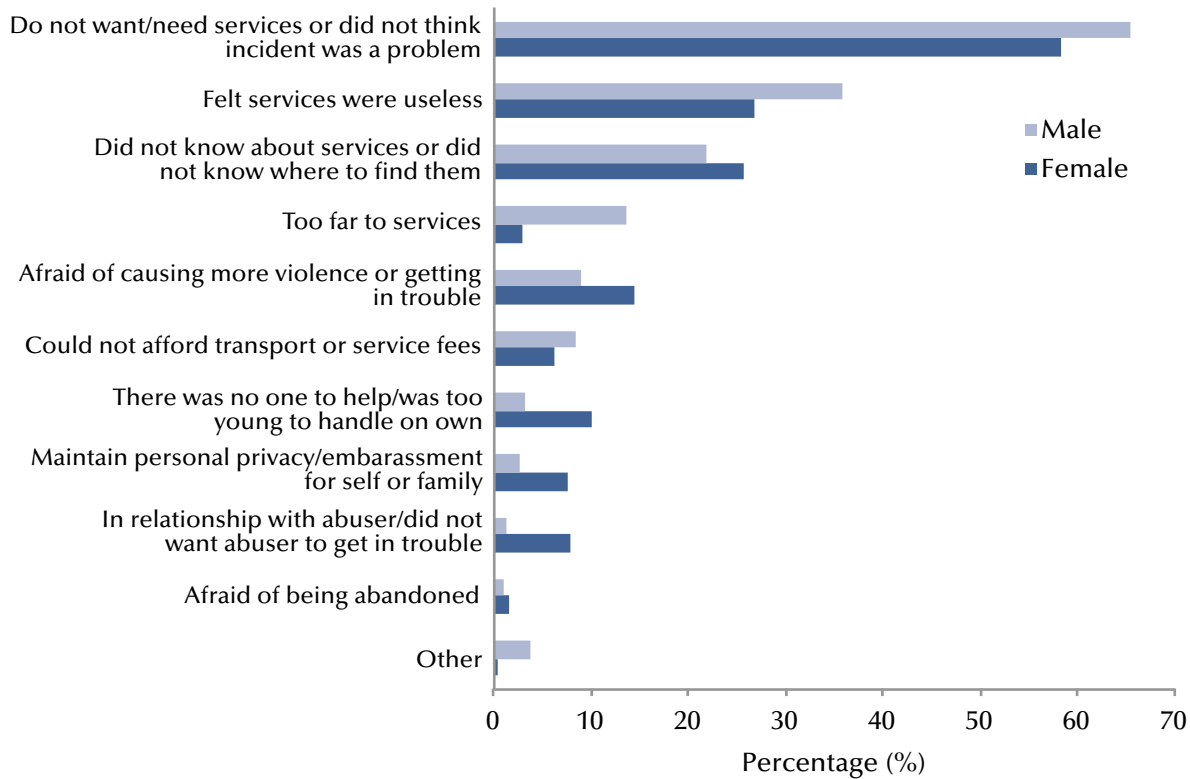
10.2.1: Percent of Haitians Who Received Any Professional Services for Sexual Abuse Among Those Who Experienced Sexual Abuse Prior to Age 18 Years — As Reported by 18–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



Among those aged 18 to 24 years who experienced child sexual abuse, 10.0% of females and 6.6% of males received any professional services for any incident of sexual abuse (Figure 10.2.1). Of those who received services the most common type of services received by females and males were medical services (8.8% and 5.0%, respectively), followed by professional counseling (3.5% and 2.0%, respectively), police, security, or protection services (1.8% and 2.4%, respectively), and legal counsel (1.2% and 0.4%, respectively) (Appendix Table 10.2.1). There was no significant difference between the percent of females and males who received any professional services for an incident of sexual abuse.

Haitians aged 18 to 24 years who experienced child sexual abuse provided several reasons for why professional services were not received. Among females and males, the most common reason for not receiving any services was that they felt they did not want or need services or that the incident was not a problem (58.2% and 65.4%, respectively), followed by feeling that the services offered were useless (26.8% and 35.8%, respectively) and/or not knowing about services offered or where to find them (25.7% and 21.7%, respectively) (Figure 10.2.2; Appendix Table 10.2.2). Of note was the finding that 14.3% of females and 9.0% of males did not receive services because they were afraid to cause further violence. In addition, 9.1% of females and 22.5% of males reported they did not seek services because they could not afford them or it was too far to go (Appendix Table 10.2.2).

10.2.2: Primary Reasons Why Haitians Who Experienced Sexual Abuse Prior to Age 18 Years Did Not Receive Professional Services* — As Reported by 18–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



* Total sum may be greater than 100% because multiple barriers to receiving services were reported

10.2.2 SERVICE SEEKING BEHAVIOR FOR SEXUAL ABUSE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

This section describes the service seeking behavior of 13 to 17 year olds who experienced sexual abuse in the 12 months preceding the survey in order to provide a current pattern of help-seeking behavior.

Eight percent (8.6%) of females and 1.0% of males aged 13 to 17 years who experienced sexual abuse in the 12 months preceding the survey received professional services for an incident of sexual abuse, although this difference was not significant. The most common type of services received by females were police, security, or protection services (4.7%), followed by medical services (4.4%), legal counsel (3.7%), and professional counseling (3.4%) (Appendix Table 10.2.3). Among males, there was no difference between the utilization of different types of services (all 1.0%) (Appendix Table 10.2.3).

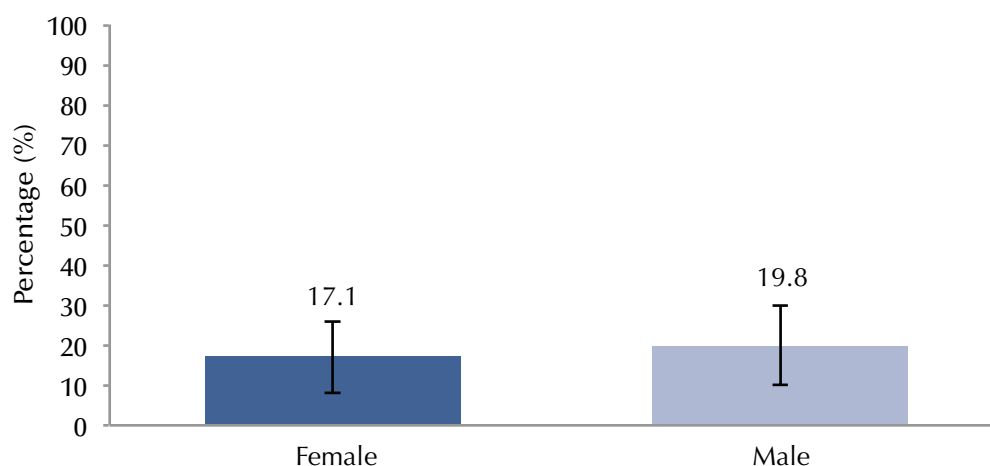
Haitians aged 13 to 17 years who experienced child sexual abuse in the 12 months preceding the survey provided several reasons for why professional services were not received. Among females and males, the most common reason for not receiving any services was that they felt they did not want or need services or that the incident was not a problem (62.0% and 73.7%, respectively) (Appendix Table 10.2.4). In addition, both males and females commonly felt that the services offered were useless (22.7% and 38.7%, respectively) and/or they did not know about services offered or where to find them (30.2% and 22.0%, respectively) (Appendix Table 10.2.4).

10.3 ADDITIONAL SERVICES DESIRED FOR SEXUAL ABUSE

10.3.1 ADDITIONAL SERVICES DESIRED FOR SEXUAL ABUSE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

Of those who experienced child sexual abuse 17.1% of females and 19.8% of males 18 to 24 years of age wanted additional services that were not available (Figure 10.3.1, Appendix Table 10.3.1). Among females and males who wanted additional services, counseling (61.3% and 84.9%, respectively), legal counsel (30.6% and 8.0%, respectively), educational programs (27.0% and 14.5, respectively), medical services (26.4% and 29.1%, respectively), and police services (16.0% and 2.8%, respectively) were most frequently mentioned (Appendix Table 10.3.2).

10.3.1: Haitians Who Wanted Additional Services That Were Not Available Among Those Who Experienced Any Sexual Abuse Prior to Age 18 Years — As Report by 18–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



10.3.2 ADDITIONAL SERVICES DESIRED FOR SEXUAL ABUSE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Of the Haitians aged 13–17 years of age who experienced sexual abuse in the 12 months preceding the survey, 21.3% of females and 15.0% of males wanted additional services that were not available (Appendix Table 10.3.3). Among females who wanted additional services, counseling (39.7%), medical services (31.9%), police services (16.0), legal counsel (10.4%), and educational programs (7.3) were most frequently mentioned (Appendix Table 10.3.4). There was insufficient sample size to determine the specific type of services most commonly desired for males in this group (Appendix Table 10.3.4).



SECTION 11: SERVICE SEEKING OF CHILDREN WHO HAVE EXPERIENCED PHYSICAL VIOLENCE

HIGHLIGHTS

- Only 1 out of 10 Haitians aged 18 to 24 years who experienced physical violence prior to age 18 years received any professional services.
- More than half of all females and males did not receive any professional services for child physical abuse and did not do so because they felt that they did not want or need services or that the incident was not a problem.
- Approximately 1 out of 7 Haitians aged 18 to 24 years of age who experienced child physical violence wanted additional services that were not available
- Among females and males who wanted additional services for incidents of physical violence, more than half wanted counseling services.

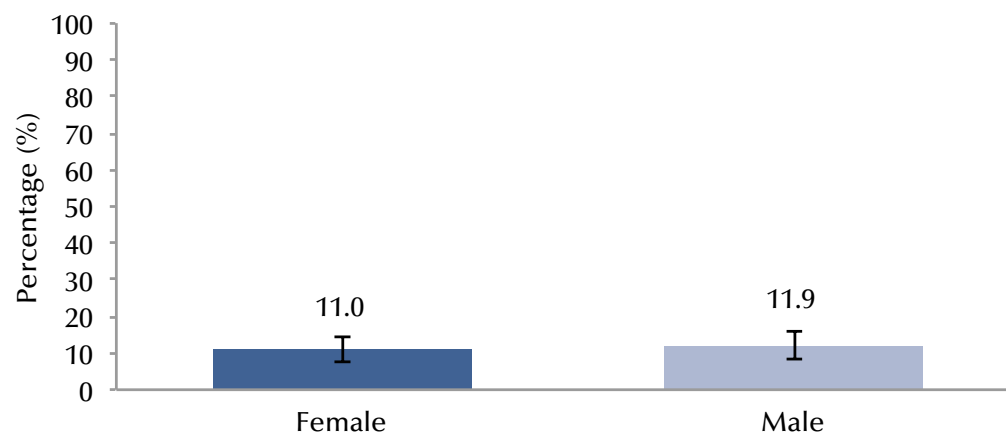
The main objective of this section is to describe the service seeking behaviors of Haitians who experienced at least one incident of physical violence prior to age 18 years. This section describes whether professional services were received among those who experienced at least one incident of physical violence in childhood. Reasons why professional services were not received and the types of services desired are also highlighted here.

11.1 SERVICE SEEKING BEHAVIOR FOR PHYSICAL VIOLENCE

11.1.1 SERVICE SEEKING BEHAVIOR FOR PHYSICAL VIOLENCE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

This section describes the service seeking behavior of Haitians aged 18 to 24 years who received professional services for any incident of physical violence among those who experienced at least one type of physical violence by an adult household member or authority figure in the community prior to age 18 years.

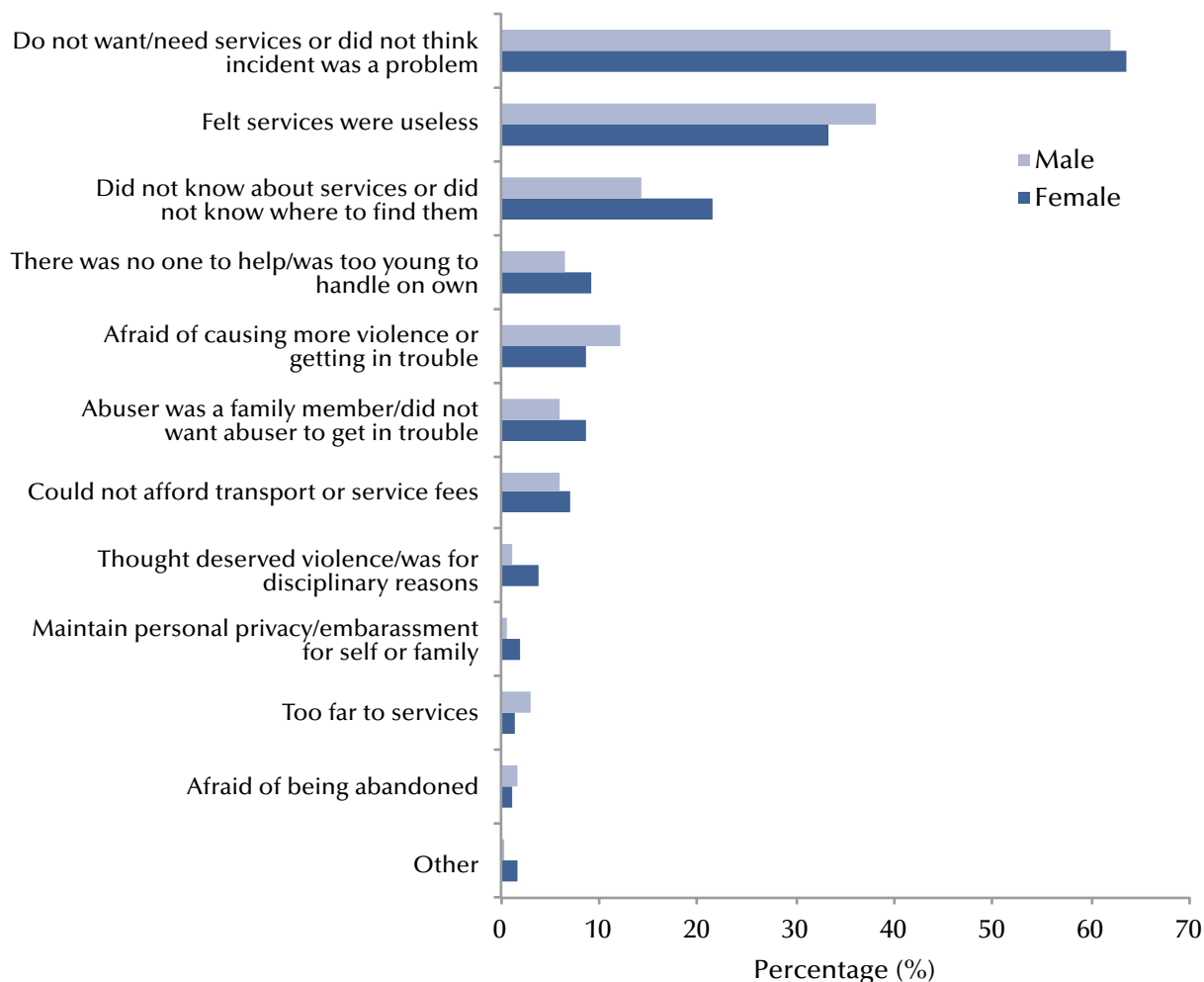
11.1.1: Percent of Haitians Who Received Any Professional Services for Physical Violence Among Those Who Experienced Physical Violence Prior to Age 18 Years — As Reported by 18–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



Among those aged 18 to 24 years who experienced child physical violence, 11.0% of females and 11.9% of males received any professional services for an incident of physical violence (Figure 11.1.1). The most common type of services received by females and males was medical services (10.1% and 8.9%, respectively) (Appendix Table 11.1.1). A small percentage of both females and males who experienced physical violence also received professional counseling (1.0% and 2.6%, respectively), police, security, or protection services (1.0% and 1.9%, respectively), and legal counsel (0.5% and 2.8%, respectively) (Appendix Table 11.1.1). There was no significant difference between the percent of females and males who received any professional services for an incident of physical violence.

Haitians aged 18 to 24 years who experienced child physical violence provided several reasons for why professional services were not received. For both females and males, the most common reason for not receiving any services was that they felt they did not want or need services or that the incident was not a problem (63.4% and 61.8%, respectively), followed by feeling that the services offered were useless (33.2% and 38.2%, respectively) and/or not knowing about services offered or where to find them (21.6% and 14.3%, respectively) (Figure 11.1.2; Appendix Table 11.1.2).

11.1.2: Primary Reasons Why Haitians Who Experienced Physical Violence Prior to Age 18 Years Did Not Receive Professional Services* — As Reported by 18–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



* Total sum may be greater than 100% because multiple barriers to receiving services were reported

11.1.2 SERVICE SEEKING BEHAVIOR FOR PHYSICAL VIOLENCE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

This section describes the service seeking behavior of 13 to 17 year olds who experienced physical violence in the 12 months preceding the survey in order to provide a current pattern of help-seeking behavior.

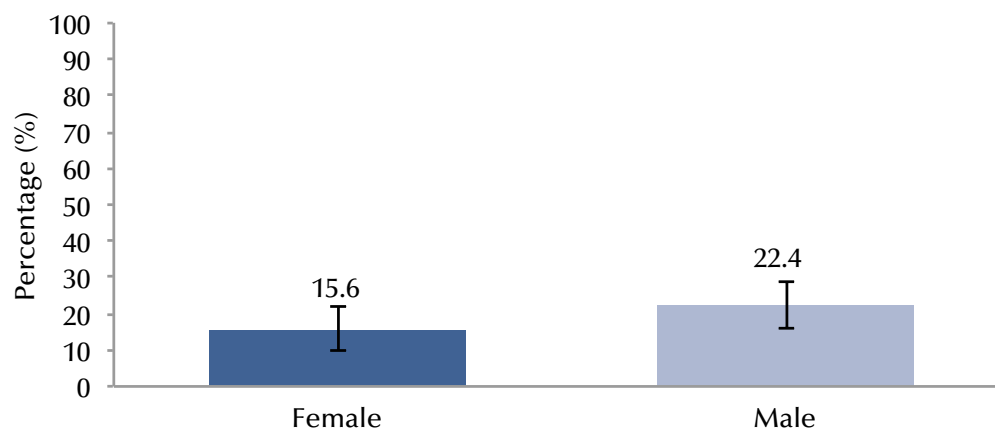
Six percent (6.0%) of females and 7.3% of males aged 13 to 17 years who experienced physical violence during the 12 months preceding the survey received professional services for an incident of physical violence. The most common type of services received by females and males was medical services (5.4% and 6.5%, respectively) (Appendix Table 11.1.3). Less than 1.0% of both females and males received professional counseling, police, security, or protection services, or legal counsel (Appendix Table 11.1.3). There was no significant difference between the percent of females and males who received any professional services among those who experienced physical violence in the past 12 months.

Among Haitians aged 13 to 17 years who experienced physical violence in the 12 months preceding the survey, the most common reason for not receiving any services was that they felt they did not want or need services or that the incident was not a problem (67.1% and 65.3%, respectively), followed by feeling that services offered were useless (28.5% and 35.6%, respectively) and/or they did not know about services offered or where to find them (23.3% and 21.8%, respectively) (Appendix Table 11.1.4).

11.2 ADDITIONAL SERVICES DESIRED FOR PHYSICAL VIOLENCE

11.2.1 ADDITIONAL SERVICES DESIRED FOR PHYSICAL VIOLENCE: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

11.2.1: Haitians Who Wanted Additional Services That Were Not Available Among Those Who Experienced Any Physical Violence Prior to Age 18 Years — As Reported by 18–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



Sixteen percent (15.6%) of females and 22.4% of males 18 to 24 years of age who experienced child physical violence reported they wanted additional services that were not available (Figure 11.2.1, Appendix Table 11.2.1). Among females and males who wanted additional services, counseling (48.3% and 55.4%, respectively), medical services (28.9% and 41.5%, respectively), educational programs (13.5% and 30.6%, respectively), legal counsel (9.2% and 16.2%, respectively), and police services (3.8% and 6.4%, respectively) were most frequently mentioned (Appendix Table 11.2.2).

11.2.2 ADDITIONAL SERVICES DESIRED FOR PHYSICAL VIOLENCE: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Of Haitians aged 13 to 17 years who experienced physical violence in the 12 months preceding the survey 14.6% of females and 13.3% of males wanted additional services that were not available (Appendix Table 12.2.3). Among females and males who wanted additional services, counseling (59.8% and 49.9%, respectively), medical services (38.9% and 60.8%, respectively), educational programs (18.3% and 34.3%, respectively), police services (8.5% and 14.1%, respectively), and legal counsel (2.8% and 6.7%, respectively) were most frequently mentioned (Appendix Table 11.2.4).

SECTION 12: HEALTH OUTCOMES OF CHILDHOOD SEXUAL ABUSE AND PHYSICAL AND EMOTIONAL VIOLENCE

HIGHLIGHTS

- Females 18–24 years of age who experienced sexual abuse, physical or emotional violence by an adult household member prior to age 18 were more likely to have been diagnosed or have had symptoms of a sexually transmitted infection than those who did not experience abuse or violence.
- Haitians 18–24 years of age who experienced emotional violence in childhood were more likely to experience suicidal ideation than those who did not experience emotional violence.
- Males 18–24 years of age who experienced physical or emotional violence in childhood were more likely to experience suicidal ideation as well as to have been diagnosed or have had symptoms of an STI as compared to those who did not experience emotional violence.
- One out of 6 females 18–24 years of age who experienced unwanted completed sex prior to age 18 became pregnant as a result.
- Females 13–17 years of age who experienced sexual abuse in the past year reported significantly higher rates of drinking alcohol, suicide ideation, and diagnoses or symptoms of sexually transmitted infections as compared to those who did not experience sexual abuse.
- Females 13–17 years of age who experienced sexual abuse, physical or emotional violence in the past year were significantly more likely to report serious mental distress than those who did not experience physical violence.
- Females 13–17 years of age who experienced emotional violence in the past year were significantly more likely to report serious mental distress, suicide ideation, attempting suicide and have diagnoses or symptoms of sexually transmitted infections as compared to those who did not experience emotional violence.
- One out of 10 females 13–17 years of age who experienced unwanted completed sex in the past year became pregnant as a result.

In this section, we examine differences in current mental health and health outcomes between males and females who did and did not experience sexual abuse, physical violence or emotional violence. Specifically, we measured mental health in the past 30 days, health behaviors or drinking alcohol, smoking cigarettes, suicidal ideation and suicide attempts, and diagnoses or symptoms of sexually transmitted infections (STIs). We also measured the percent of females reporting pregnancies resulting from unwanted completed sex. Differences in current health status between those children who reported experiencing sexual abuse or physical or emotional violence in childhood and those who have not provides insight on potential health outcomes related to childhood violence and can guide policy and intervention efforts. To examine the significance of these associations we used logistic regression to calculate the probability (p-value) that the associations would occur by chance. P-values less than $p=.05$ were considered statistically significant.

Mental health in the past 30 days was measured using the Kessler Psychological Distress Scale (K6) which consists of 6 questions that assess a person's general emotional state during a defined time period.³⁸ Each question response is given a possible score between 0 (none of the time) and 4 (all of the time) and summed for a total possible score between 0 and 24. A score between 5 and 12 points indicates moderate mental distress and a score of 13 points or higher indicates severe mental distress.³⁹

12.1 EXPERIENCES OF SEXUAL ABUSE OR PHYSICAL OR EMOTIONAL VIOLENCE AND HEALTH OUTCOMES: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

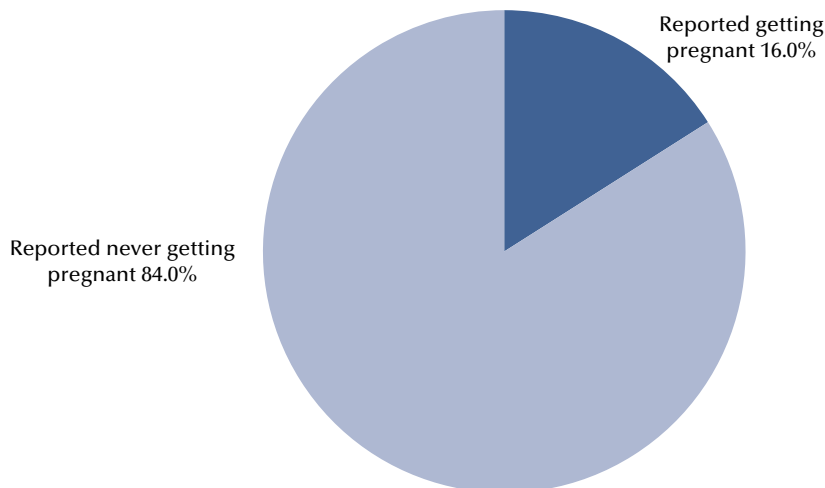
12.1.1 EXPERIENCES OF SEXUAL ABUSE OR PHYSICAL AND EMOTIONAL VIOLENCE AND HEALTH OUTCOMES FOR FEMALES: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

Among 18–24 year old Haitian females, no significant differences were found in moderate or serious mental distress among those who had and had not experienced sexual abuse or physical violence prior to age 18 (Appendix Table 12.1.1). However, 18–24 year old Haitian females who experienced emotional violence as a child were significantly more likely to experience serious mental distress than those who had not experienced emotional violence (27.6% versus 17.2%, respectively) (Appendix Table 12.1.1).

Females aged 18–24 who experienced sexual abuse, physical violence or emotional violence prior to age 18 were significantly more likely to have ever experienced a STI diagnosis or symptoms (77.3%, 68.9%, 71.4%, respectively) than females who had not experienced such abuse or violence during childhood (56.8%, 51.7%, 56.9%, respectively) (Appendix Table 12.1.2). Females aged 18–24 who experienced sexual or emotional violence prior to age 18 were significantly more likely to report suicidal ideation (39.7% and 40.5%, respectively) than those who had not (27.3% and 24.8%, respectively) (Appendix Table 12.1.2).

Figure 12.1.1 presents results on unwanted completed sexual intercourse—sex that was physically forced or pressured—and whether it resulted in pregnancy. Sixteen percent of females aged 18 to 24 who experienced unwanted completed sex reported that they became pregnant as a result (Appendix Table 12.1.3).

12.1.1: Percent of Females 18–24 Year Who Reported Pregnancy, Among Those Who Experienced Unwanted Completed Sex Prior to Age 18 Years (Violence Against Children Survey in Haiti, 2012)



12.1.2 EXPERIENCES OF SEXUAL ABUSE OR PHYSICAL AND EMOTIONAL VIOLENCE AND HEALTH OUTCOMES FOR MALES: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

Males aged 18–24 years who experienced sexual abuse, physical or emotional violence as a child were significantly more likely to suffer serious mental distress in the past 30 days than those who had not experienced sexual abuse, physical violence, or emotional violence (Appendix Table 12.1.4).

Appendix Table 12.1.5 presents results for males aged 18 to 24 who did and did not experience abuse/violence prior to age 18 and the following negative health outcomes: drank alcohol, smoked cigarettes, suicidal ideation, suicide attempts, and a sexually transmitted infection (STI) diagnosis or symptom. Males aged 18–24 who experienced sexual or emotional violence prior to age 18 were significantly more likely to have ever experienced a STI

diagnosis or symptoms (30.7% and 33.3%, respectively) than males who had not (20.3% and 18.6%, respectively). Males aged 18–24 who experienced physical or emotional violence prior to age 18 were also significantly more likely to report suicidal ideation (11.7% and 17.4%, respectively) than those who had not experienced emotional violence (6.3% and 6.4%, respectively). Males aged 18–24 who experienced emotional violence prior to age 18 were also significantly more likely to report having ever drunk alcohol (69.1%) as compared to those who had not experienced emotional violence (54.9%).

12.2 EXPERIENCES OF SEXUAL ABUSE OR PHYSICAL OR EMOTIONAL VIOLENCE AND HEALTH OUTCOMES: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

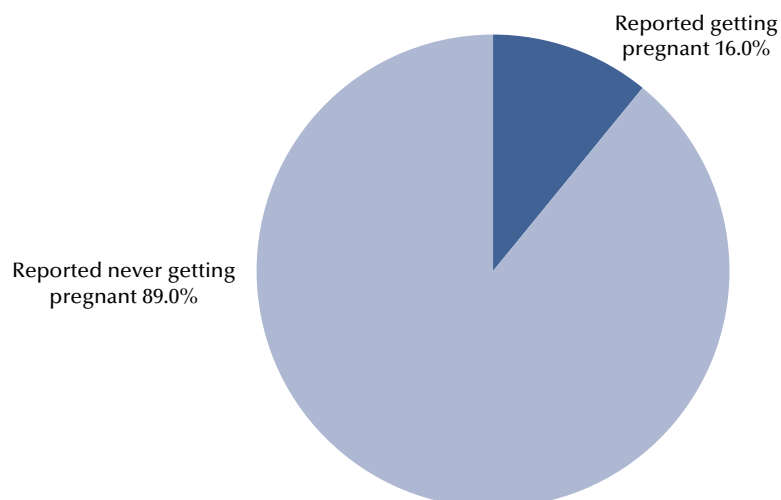
12.2.1 EXPERIENCES OF SEXUAL ABUSE OR PHYSICAL AND EMOTIONAL VIOLENCE AND HEALTH OUTCOMES FOR FEMALES: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Among Haitian females 13–17 year old, those who had experienced sexual abuse or physical or emotional violence in the past 12 months were significantly more likely to suffer from serious mental distress than those who had not experienced sexual abuse or physical or emotional violence (21.4% versus 11.1% for sexual abuse; 20.3% versus 8.6% for physical violence; 25.5% versus 8.1% for emotional violence) (Appendix Table 12.2.1). There were no significant differences in moderate mental distress between those who experienced sexual abuse, physical violence or emotional violence and those who had not.

Females aged 13–17 who experienced sexual abuse in the past year were significantly more likely to have ever drunk alcohol, ever thought of suicide, and experienced a STI diagnosis or symptoms (41.5%, 46.1%, and 64.8%, respectively) than females who had not experienced sexual abuse (19.3%, 16.3%, and 34.4%, respectively) (Appendix Table 12.2.2). Females aged 13–17 who experienced physical violence in the past year were significantly more likely to report suicidal ideation than those who had not experienced physical violence (28.8% versus 17.7%). Females aged 13–17 who experienced emotional violence in the past year were significantly more likely to report having ever drunk alcohol, suicidal ideation, having ever attempted suicide, and having experienced a STI diagnosis or symptom (33.5%, 46.3%, 24.1% and 54.8% respectively) than those who had not (19.7%, 12.6%, 6.0% and 34.4% respectively).

Eleven percent of females aged 13 to 17 years who experienced unwanted completed sex reported that they became pregnant as a result (Appendix Table 12.2.3).

12.2.1: Percent of Females Aged 13–17 Years Who Reported Pregnancy, Among Those Who Experienced Unwanted Completed Sex in the 12 Months Prior to the Survey



12.2.2 EXPERIENCES OF SEXUAL ABUSE OR PHYSICAL AND EMOTIONAL VIOLENCE AND HEALTH OUTCOMES FOR MALES: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Males aged 13–17 years who had experienced physical or emotional violence during the year prior to the survey were significantly more likely to suffer from serious mental distress during the previous 30 days than those who had not experienced these forms of violence during the past year (9.6% versus 4.3% for physical violence; 14.0% versus 4.8% for emotional violence) (Appendix Table 12.2.4). The relationship between sexual abuse in the past year and mental health in the past 30 days among males aged 13 to 17 years was not significantly different among those who had and had not experienced sexual abuse (Appendix Table 12.2.4).

Males aged 13–17 years who experienced sexual abuse in the past year were significantly more likely to have ever drunk alcohol (52.1%) and ever smoked cigarettes (8.7%) than males who had not (36.0% and 3.6%, respectively) (Appendix Table 12.2.5). Males aged 13–17 years who experienced physical violence in the past year were significantly more likely to have ever smoked cigarettes (7.0%) and report suicidal ideation (10.2%) than males who had not (2.6% and 4.1%, respectively) (Appendix Table 12.2.5). Males aged 13–17 years who experienced emotional violence in the past year were significantly more likely to have ever thought of suicide (13.7%) and had STI symptoms or diagnosis (26.2%) than males who had not (5.0% and 17.2% respectively) (Appendix Table 12.2.5).

SECTION 13: CHILDHOOD SEXUAL ABUSE AND HIV/AIDS TESTING BEHAVIORS AND TESTING KNOWLEDGE

HIGHLIGHTS

- Less than half of both female and male Haitians 13–17 years of age know where to go for an HIV test.
- About half of Haitians aged 18 to 24 years who have experienced sexual abuse prior to age 18 reported that they have never been tested for HIV.
- Of males and females aged 18 to 24 who experienced sexual abuse prior to age 18, about 7 out of every 10 females and 1 out of 2 males knew of a place to get tested for HIV.
- About 3 out of 4 females aged 13 to 17 years who experienced sexual abuse in the past 12 months, had never been tested for HIV, while less than 1 out of 2 knew where to go for testing.
- Nearly all males aged 13 to 17 years who experienced sexual abuse in the past 12 months had never been tested for HIV, while only about 1 out of 2 knew where to go for testing.

The main objective of this section is to describe the knowledge of HIV testing services and HIV testing behaviors of Haitians who experienced at least one incident of sexual abuse prior to age 18 years. Although unwanted sexual touching and unwanted attempted sexual intercourse are low risk for direct HIV exposure, all types of sexual abuse may increase the risk of HIV indirectly by impacting a person's ability to negotiate safe sex and engagement in sexual risk-taking behaviors later in life. Therefore, all four types of sexual abuse were included in the analysis (unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex).

13.1 GENERAL KNOWLEDGE AND BEHAVIORS RELATED TO HIV TESTING

Less than half of females aged 13 to 17 who had ever had sex knew where to go for an HIV test (48.6%) while three quarters of females aged 18 to 24 who had ever had sex knew where to go for an HIV test (74.6%). More than three quarters of females aged 13 to 17 who had ever had sex had never been tested for HIV (77.7%). Nearly half of females aged 18 to 24 who had ever had sex had never been tested for HIV (48.8%) and of those who had been tested, nearly all received their results (93.9%) (Appendix Tables 13.1.1 and 13.1.2).

Less than half of males aged 13 to 17 who had ever had sex (40.5%) and nearly two thirds of males aged 18 to 24 who had ever had sex (64.6%) knew where to go for an HIV test. The vast majority of males aged 13 to 17 who had ever had sex had never been tested for HIV (88.0%) and nearly two thirds of males aged 18 to 24 who had ever had sex had never been tested for HIV (70.1%). Of those who had been tested for HIV, most males aged 13 to 17 (84.1%) and aged 18 to 24 (98.4%) who had ever had sex received their HIV results (Appendix Tables 13.1.1 and 13.1.2).

Eighteen to 24 years old females who have ever been pregnant are significantly more likely to have had an HIV test than those who have never been pregnant (62.2% have been tested for HIV among those who have been pregnant versus 41.2% among those who have not been pregnant) (Appendix Table 13.1.3).

13.1.1 SEXUAL ABUSE AND KNOWLEDGE AND BEHAVIORS RELATED TO HIV TESTING: 18–24 YEAR OLDS PRIOR TO AGE 18 YEARS

The majority of females aged 18 to 24 knew of a place where they can receive an HIV test, regardless of whether or not they experienced sexual abuse prior to age 18 (69.5% of those who had experienced sexual abuse in childhood and 76.7% of those who had not experienced sexual abuse in childhood). More than half of those females 18 to 24 who reported experiencing sexual abuse in childhood have never been tested for HIV (54.7%) and slightly less than half of those who had never experienced sexual abuse in childhood reported never being

tested for HIV (46.3%). However, the difference in HIV testing rates of those who had experienced abuse in childhood compared to those who had not experienced abuse in childhood was not statistically significant. Nearly all of those females aged 18 to 24 who had received an HIV test received their results whether or not they experienced sexual abuse prior to age 18 (93.4% of those who had experienced sexual abuse in childhood and 94.1% of those who had experienced no sexual abuse in childhood) (Appendix Table 13.2.4).

Among those males 18 to 24 years of age who had experienced sexual abuse during childhood, half knew where to go for an HIV test. Just over one third of males aged 18 to 24 who never experienced sexual abuse in childhood knew where to go for an HIV test (50.1%). Although those males who had experienced sexual abuse in childhood appeared more likely to know where to go for an HIV test than those who did not experience sexual abuse in childhood, this difference was not statistically significant. The majority of males aged 18 to 24 had never been tested for HIV regardless of whether they experienced sexual abuse prior to age 18 (86.0% of those who had experienced sexual abuse in childhood and 89.1% of those who had experienced no sexual abuse in childhood) (Appendix Table 13.1.5).

13.1.2 SEXUAL ABUSE AND KNOWLEDGE AND BEHAVIORS RELATED TO HIV TESTING: 13–17 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Nearly half of females aged 13 to 17 knew where to go for an HIV test regardless of whether they experienced sexual abuse in the 12 months prior to the survey (47.3% of those females 13 to 17 who experienced sexual abuse in the past 12 months and 49.4% of those females 13 to 17 years who had not experienced sexual abuse in the past 12 months). Slightly more than three quarters of females aged 13 to 17 years, regardless of whether or not they experienced abuse in the past 12 months, had never been tested for HIV (76.2% of those females 13 to 17 years who experienced sexual abuse in the past 12 months and 78.6% of those females 13 to 17 years who had experienced no sexual abuse in the past 12 months) (Appendix Table 13.1.6).

More than half of males aged 13 to 17 who had experienced sexual abuse in the 12 months prior to the survey knew where to go for an HIV test (53.6%). Slightly more than one third of males aged 13 to 17 who did not experience sexual abuse in the 12 months prior to the survey knew where to go for an HIV test (37.6%). The difference between sexually abused and non-abused males is not statistically significant. Nearly all males aged 13 to 17 years, regardless of sexual abuse in the past 12 months, had never been tested for HIV (95.0% of those males 13 to 17 years who experienced sexual abuse in the past 12 months and 86.5% of those males 13 to 17 years who had experienced no sexual abuse in the past 12 months) (Appendix Table 13.1.7).

SECTION 14: SEXUAL RISK TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD ABUSE AND VIOLENCE

HIGHLIGHTS

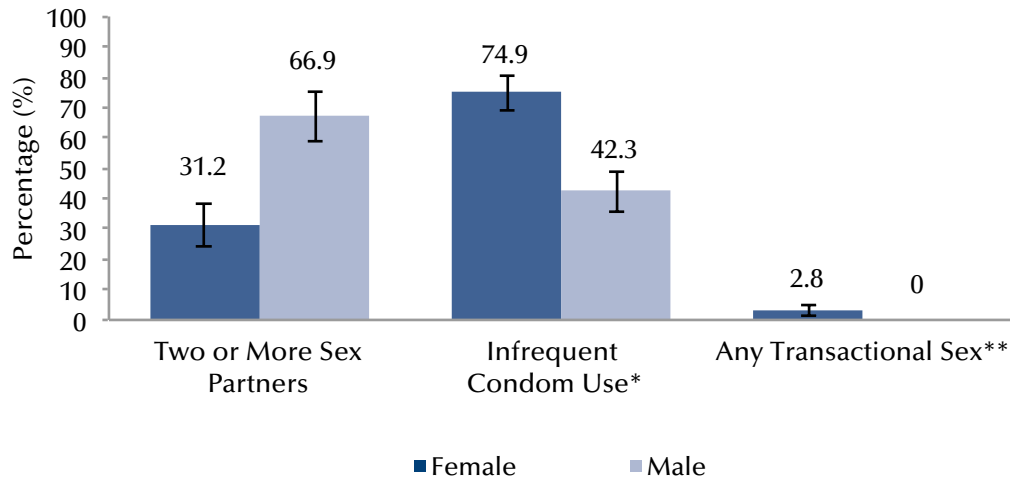
- Females aged 19 to 24 years who experienced sexual abuse, physical or emotional violence in childhood were more likely to have had received gifts, food, or favors in exchange for sex in the past 12 months than those who had not experienced physical violence in childhood.
- Males aged 19 to 24 who experienced sexual abuse in childhood were more likely to have infrequent condom use in the past 12 months than those who had not experienced sexual abuse.
- Females aged 19 to 24 who experienced emotional violence in childhood were more likely to use condoms infrequently in the past 12 months than those who had not experienced emotional violence in childhood.

The main objective of this section is to examine the prevalence of sexual risk taking behaviors in the 12 months prior to the survey and their association with experiences of childhood abuse and violence. In other words, the analysis is looking at whether exposure to childhood abuse and violence increased the likelihood of sexual risk-taking behaviors. The analyses were restricted to females and males 19 to 24 years of age. The primary reason for focusing on sexual risk taking behavior among 19 to 24 year olds is to ensure that the exposure to childhood violence and risk taking behaviors are separated in time. By doing this we can be sure that exposure to childhood violence preceded involvement in sexual risk taking behaviors and that there is no confusion between the directionality of the association between exposure to violence and sexual risk taking behaviors. To examine the significance of these associations we used logistic regression to calculate the probability (p-value) that the associations would occur by chance. P-values less than $p=.05$ were considered statistically significant.

14.1.1 SEXUAL RISK TAKING BEHAVIORS: 19 TO 24 YEAR OLDS IN THE 12 MONTHS PRIOR TO THE SURVEY

Among Haitians aged 19 to 24 years in the 12 months preceding the survey, 31.2% of females and 66.9% of males had two or more sex partners; 74.9% of females and 42.3% of males infrequently or never used condoms and 2.8% of females engaged in transactional sex (Figure 14.1.1, Appendix Table 14.1.1). Among females who participated in transactional sex in the 12 months prior to the survey, all of these incidents were in the form of receiving money, gifts, food, or favors for sex and none involved the transaction of money for sex. Females were more likely than males to engage in infrequent condom use and any transactional sex in the past 12 months whereas males were more likely to have multiple partners (Appendix Table 14.1.1).

14.1.1: Sexual Risk Taking Behaviors in the 12 months Prior to the Survey Among Those Who Reported Having Sexual Intercourse — As Reported by 19–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



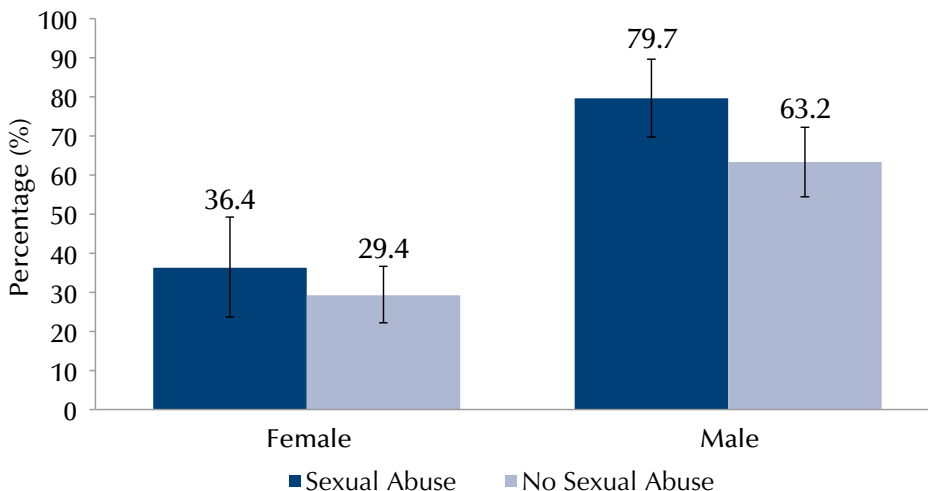
*Infrequent condom use in the 12 months prior to the survey: never or sometimes use condoms in the 12 months prior to the survey

**Transactional sex in the 12 months prior to the survey: includes receiving money, gifts, food, or favors for sex in the 12 months prior to the survey

14.2.1 SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD SEXUAL ABUSE: 19–24 YEAR OLDS PRIOR TO AGE 18 YEARS

The prevalence of engaging in sexual intercourse with two or more partners in the 12 months prior to the survey was 36.4% among females who had experienced childhood sexual abuse and 29.4% among females who had not experienced childhood sexual abuse, but this difference was not significant (Figure 14.2.1; Appendix Table 14.2.1). The prevalence of engaging in sex with two or partners in the 12 months prior to the survey was significantly higher among males who had experienced childhood sexual abuse compared to males who had not experienced childhood sexual abuse (79.7% and 63.2%, respectively).

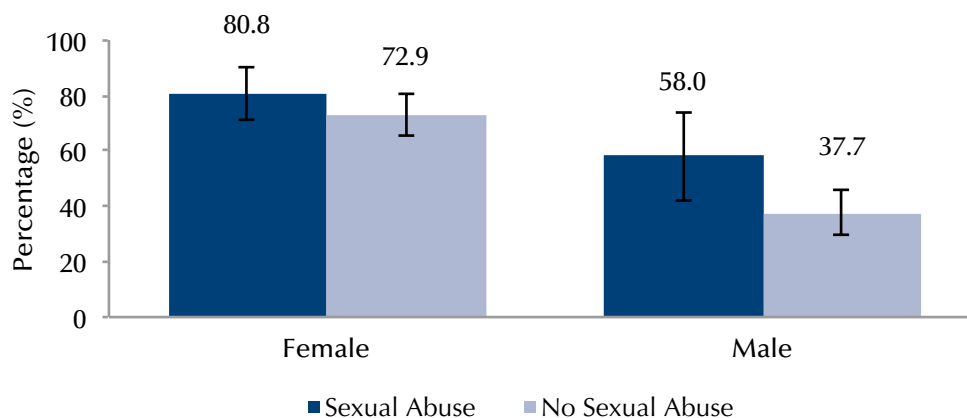
14.2.1: Multiple Sex Partners in the 12 months Prior to the Survey by Experience of Sexual Abuse Prior to Age 18 Years — As Reported by 19–24 Year Olds* (Violence Against Children Survey in Haiti, 2012)



*Among 19 to 24 year olds who have had sexual intercourse in the 12 months prior to the survey

The prevalence of infrequent or no condom use in the past 12 months among 19 to 24 year old females was 80.8% among females who had experienced childhood sexual abuse and 72.9% among females who had not experienced childhood sexual abuse (72.9%), but this difference was not significant (Figure 14.2.2; Appendix Table 14.2.2). The prevalence of infrequent or no condom use in the past 12 months was significantly higher among males who had experienced child sexual abuse (58.0%) than among males who had not experienced child sexual abuse (37.7%).

14.2.2: Infrequent Condom Use in the 12 months Prior to the Survey* by Experience of Sexual Abuse Prior to Age 18 Years — As Reported by 19–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



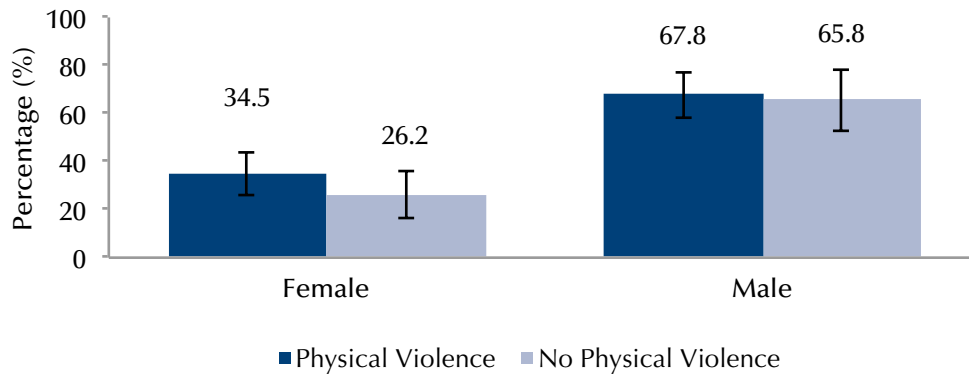
* Infrequent condom use in the 12 months prior to the survey: never or sometimes used condoms among 19 to 24 year olds who have had sexual intercourse in the 12 months prior to the survey

The prevalence of engaging in transactional sex in the 12 months prior to the survey was significantly higher among females who had experienced childhood sexual abuse (7.8%) compared to females who had not experienced childhood sexual abuse (1.1%) (Appendix Table 14.2.3).

14.2.2 SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD PHYSICAL VIOLENCE: 19–24 YEAR OLDS PRIOR TO AGE 18 YEARS

The prevalence of engaging in sexual intercourse with two or more partners in the 12 months prior to the survey was 34.5% among females who had experienced childhood physical violence and 26.2% among females who had not experienced childhood physical violence (26.2%), but this difference was not significant (Figure 14.2.3; Appendix Table 14.2.4). There was little difference between the prevalence of engaging in sex with two or more partners in the 12 months prior to the survey among males who had experienced childhood physical violence (67.8%) and those males who had not experienced childhood physical violence (65.8%).

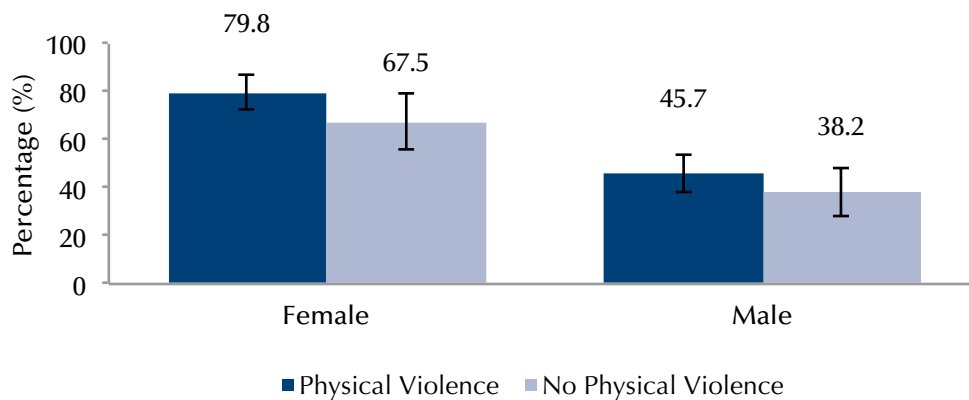
14.2.3: Multiple Sex Partners 12 Months Prior to the Survey by Experience of Physical Violence Prior to Age 18 Years — As Reported by 19–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



*Among 19 to 24 year olds who have had sexual intercourse in the 12 months prior to the survey

The prevalence of infrequent or no condom use among 19 to 24 year old females was higher among females who had experienced childhood physical violence (79.8%) compared to females who had not experienced childhood physical violence (67.5%), but this difference was not significant (Figure 14.2.4; Appendix Table 14.2.5). The prevalence of infrequent or no condom use among males who had experienced childhood physical violence was 45.7% and 38.2% among males who had not experienced childhood physical violence. The difference, however, was not significant.

14.2.4: Infrequent Condom Use in the 12 Months Prior to the Survey* by Experience of Physical Violence Prior to Age 18 Years — As Reported by 19–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



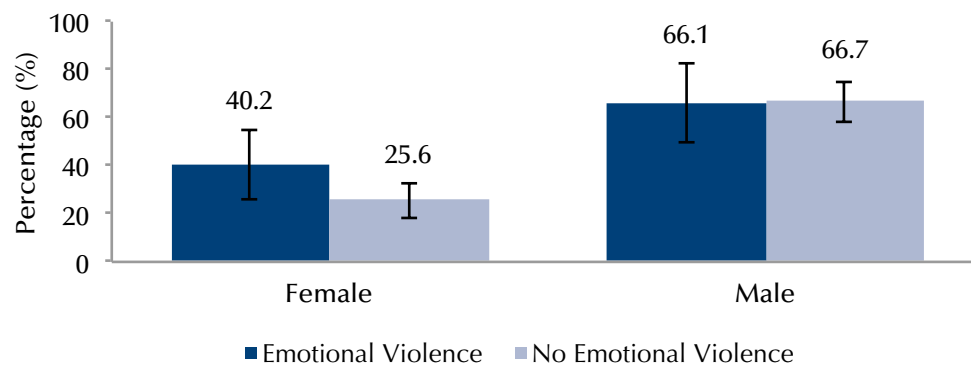
* Infrequent condom use in the 12 months prior to the survey: never or sometimes used condoms among 19 to 24 year olds who have had sexual intercourse in the 12 months prior to the survey

The prevalence of engaging in transactional sex in the 12 months prior to the survey was significantly higher among females who had experienced childhood physical violence (4.6%) compared to females who had not experienced childhood physical violence (0%) (Appendix Table 14.2.6). Males aged 19 to 24 years did not engage in any transactional sex in the 12 months prior to the survey regardless of experiences of childhood physical violence.

14.2.3 SEXUAL RISK-TAKING BEHAVIORS AND EXPOSURE TO CHILDHOOD EMOTIONAL VIOLENCE: 19–24 YEAR OLDS PRIOR TO AGE 18 YEARS

The prevalence of engaging in sexual intercourse with two or more partners in the 12 months prior to the survey was significantly higher among females who had experienced childhood emotional violence (40.2%) compared to females who had not experienced childhood emotional violence (25.6%) (Figure 14.2.5; Appendix Table 14.2.7). The prevalence of engaging in sex with two or partners in the 12 months prior to the survey was similar among males who had experienced childhood emotional violence and those without a history of childhood emotional violence (66.1% and 66.7%, respectively).

14.2.5: Multiple Sex Partners in the 12 Months Prior to the Survey by Experience of Emotional Violence Prior to Age 18 Years — As Reported by 19–24 Year Olds (Violence Against Children Survey in Haiti, 2012)

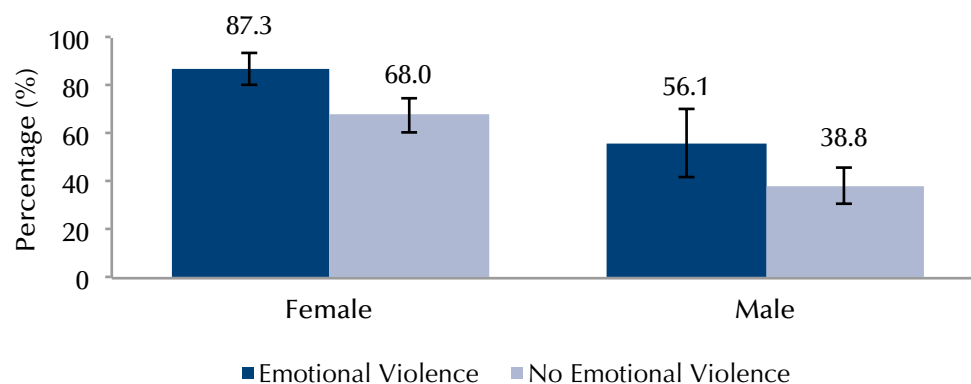


*Among 19 to 24 year olds who have had sexual intercourse in the 12 months prior to the survey

The prevalence of infrequent or no condom use among 19 to 24 year old females and males who have had sexual intercourse in the past 12 months was significantly higher among those who had experienced childhood emotional violence (87.3% and 56.1%, respectively) compared to females who had not experienced childhood emotional violence (68.0% and 38.8%, respectively) (Figure 14.2.6; Appendix Table 14.2.8).

The prevalence of engaging in transactional sex in the 12 months prior to the survey was significantly higher among females who had experienced childhood emotional violence (5.2%) compared to females who had not experienced childhood emotional violence (1.5%) (Appendix Table 14.2.9). Males aged 19 to 24 years did not engage in any transactional sex in the 12 months prior to the survey regardless of experiences of childhood physical violence.

14.2.6: Infrequent Condom Use in the 12 Months Prior to the Survey* by Experience of Emotional Violence Prior to Age 18 Years — As Reported by 19–24 Year Olds (Violence Against Children Survey in Haiti, 2012)



* Infrequent condom use in the 12 months prior to the survey: never or sometimes used condoms among 19 to 24 year olds who have had sexual intercourse in the 12 months prior to the survey



SECTION 15: ATTITUDES TOWARDS SPOUSAL VIOLENCE AND THE ROLE OF GENDER IN SEXUAL PRACTICES AND INTIMATE PARTNER VIOLENCE

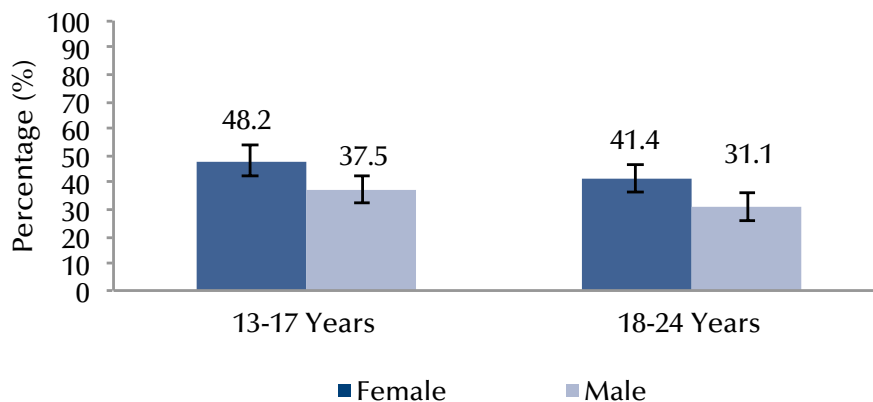
HIGHLIGHTS

- Nearly 1 in 2 females aged 13 to 17 and 2 in 5 females aged 18–24 believe that it is acceptable for a husband to hit or beat his wife under one or more circumstances.
- Approximately 2 out of 5 males aged 13 to 17 and less than 1 in 3 males aged 18–24 believe that it is acceptable for a husband to hit or beat his wife under one or more circumstances.

15.1 ATTITUDES TOWARD SPOUSAL VIOLENCE

This section examines attitudes and acceptance towards the use of physical violence in marriage by men against their wife. In the survey, respondents were asked if a husband was justified in hitting or beating his wife under five different circumstances: if she goes out without telling him, if she neglects the children, if she argues with him, if she refuses to have sex with him, or if she burns the food. Appendix Table 15.1 shows the current attitudes about the use of spousal violence by age and sex among 13 to 24 year old females and males.

15.1: Endorsement of One or More Circumstances Where Spousal Violence is Acceptable by Age and Sex (Violence Against Children Survey in Haiti, 2012)

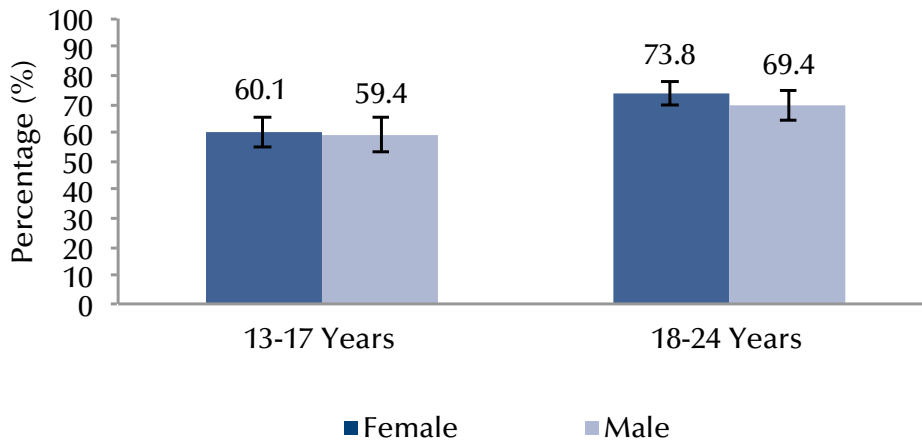


Among Haitians 13 to 17 years old, 48.2% of females and 37.5% of males believed that a man is justified in hitting or beating his wife under one or more of the circumstances described above. (Figure 15.1, Appendix Table 15.1). Among Haitians 18 to 24 years old, 41.4% of females and 31.1% of males believed that a man is justified in hitting or beating his wife under one or more of the circumstances described above (Figure 15.1, Appendix Table 15.1).

15.2 ATTITUDES TOWARDS THE ROLE OF GENDER IN SEXUAL PRACTICES AND INTIMATE PARTNER VIOLENCE

The survey also examined attitudes towards the role of gender in sexual practices and intimate partner violence including: that men should decide when to have sex, that men need more sex than women, that men need other women, that women who carry condoms are “loose”, and that women should tolerate violence in order to keep their family together. Appendix Table 15.2 shows the current attitudes towards the role of gender in sexual practices and intimate partner violence by age and sex among 13 to 24 year old females and males.

15.2: Endorsement of One or More Circumstances Where it is Acceptable for General Biases Towards Sexual Practices and Intimate Partner Violence by Age and Sex (Violence Against Children Survey in Haiti, 2012)



Among Haitians 13 to 17 years old, 60.1% of females and 59.4% of males endorsed at least one of the negative gender attitudes described above (Figure 15.2, Appendix Table 15.2). Among Haitians 18 to 24 years old, 73.8% of females and 69.4% of males endorsed at least one of these negative gender attitudes (Figure 15.2, Appendix Table 15.2).

SECTION 16: DISCUSSION AND RECOMMENDATIONS

Violence against children erodes the strong foundation that children require for leading healthy and productive lives. Studies from around the world show that exposure to violence during childhood can impact vulnerability to a broad range of mental and physical health problems, ranging from anxiety disorders, unwanted pregnancies, and depression to cardiovascular disease and diabetes.^{40,41} Furthermore, prior research suggests that victims of childhood violence, particularly male victims, are more likely to become perpetrators of violence later in life.^{42,43,44} Violence against children not only has profound consequences on the individual child and his/her family, but the community and society at large.

The 2006 United Nation's Secretary General's Study of Violence against Children documented the full range and scale of this problem on a global level, making explicit the concept that violence against children is both a public health and human rights challenge.⁵ Based on the report, the UN and governments around the world established a global agenda to promote the protection of children from violence and to establish systems of response for the children affected by violence. VACS Haiti represents a critical step in the recognition of these goals by addressing the problem of violence against children in Haiti through the provision of baseline data on the magnitude, characteristics, and context of the problem. In turn, these data will be critical in moving forward an agenda aimed at strengthening the protection of children in Haiti and the prevention of violence.

VACS Haiti provides the the first nationally representative data on the prevalence of sexual, physical, and emotional violence among female and male children in Haiti. The report describes the context and conditions under which violence against children occurs in Haiti and potential risk and protective factors as well as the key health consequences. The report also explores the overlap between sexual, physical, and emotional violence for children and the services sought and utilized for incidents of sexual abuse and physical violence, and the relationship between exposure to sexual abuse and HIV testing patterns and high risk sexual behaviors.

16.1 SUMMARY AND IMPLICATIONS OF FINDINGS

The results of this study indicate that sexual, physical, and emotional violence against children is highly prevalent in Haiti. A substantial proportion of both females and males have been exposed to sexual abuse (1 out of 4 females and 1 out of 5 males), physical violence (2 out of 3 females and males), and emotional violence (about 1 in 3 females and males) as children. Moreover, these violent incidents were not isolated events. The majority of females and males who experienced child sexual abuse, in fact, had multiple incidents of sexual abuse. Further, children in Haiti often experienced more than one type of violence.

Compared to other similar national population-based studies on violence against children conducted in Africa, a finding unique to Haiti was the absence of significant differences between females and males in the prevalence of exposure to any type of childhood sexual violence.^{10, 11} While females were significantly more likely than males to experience physically forced sex prior to age 18 years, there was no significant difference in the experiences of other forms of sexual abuse, including unwanted touching, unwanted attempted sex, or pressured sex, among females and males. Therefore, it is critical that prevention strategies to address the problem of child sexual abuse in Haiti include both girls and boys.

In other national VAC surveys, the prevalence of sexual abuse in the 12 months prior to the surveys has been substantively lower among 13–17 year old girls than among their 18–24 year old counterparts. This finding is as expected, since the younger 13–17 year old age group would have a shorter time period during which exposure to violence might occur. However, in Haiti the prevalence of sexual abuse in the 12 months prior to the survey among females 13 to 17 year olds was high and was similar to, rather than lower, than that experienced by those ages 18–24. The high prevalence of violence experienced by 13–17 year old females may reflect the impact of the social disruption and displacement on significant proportions of the population caused by the earthquake. It also may reflect an increasing trend of sexual abuse, especially among girls.

Thus, it will be important to monitor the prevalence of sexual abuse among children over time. All forms of violence — sexual, physical, and emotional — are common for children growing up in Haiti and the perpetrators of this violence are often well known to the children. Child sexual abuse against both girls and boys was most commonly perpetrated by dating or romantic partners and friends or classmates. In addition, among females specifically, neighbors and strangers were also common perpetrators of child sexual abuse. Among boys, the most common perpetrators were friends or classmates followed by dating or romantic partners. The majority of perpetrators of sexual abuse against girls were older, with more than two thirds of females reporting that the perpetrator of at least one incident of child sexual abuse was at least 5 years older than they were at the time of the incident.

In relation to physical violence, half of all females and males under age 18 years were punched, kicked, whipped, beaten with an object, choked, smothered, forcibly submerged, burned or scalded intentionally, or threatened or attacked with a weapon by an adult household member. Teachers were the most common authority figure in the community to use physical violence against both female and male children. Moreover, the findings suggest that physical acts of violence may play an important role in disciplinary action or punishment used by adult household members and authority figures in the community.

Haiti banned corporal punishment in schools in June of 2003 but it appears to remain a common practice. Although this study cannot distinguish whether physical violence by a teacher was related to punishment or other factors, physical violence by teachers, especially male teachers, was a common experience for both female and male children and included being punched, kicked, whipped, or beaten with an object.

More than half of all children experienced physical acts of violence perpetrated by an adult household member. This speaks to the normative aspects of this violence for children. Without a fuller understanding of these social norms and efforts to remedy them, it will be difficult to strengthen incentives for children to report and put an end to abusive behavior that is harmful to both their health and development. It is equally that discussions around these norms are addressed in and by the communities themselves to ensure that protective mechanisms for children are found and can be strengthened within Haitian culture, rather than imposing values from outside.

For both females and males, sexual abuse most commonly took place in a home, either the home of the child who experienced the sexual abuse or the home of the perpetrator. The high incidence of sexual abuse in the of home of the child or someone else's home, places assumed to be safe, underscores the hidden nature of sexual abuse and presents a significant challenge to preventing and responding to sexual abuse in Haiti. These findings are similar to those found in many other cultures. In addition, there was a relatively high proportion of child sexual abuse that occurred on the road. In fact, in the year prior to the survey, sexual abuse among 13–17 year olds females and males most commonly occurred on a road; incidents of unwanted touching contributed to this finding as did attempted sex, especially against females. These findings may reflect the impact of the earthquake and the resulting social disruption, which may have increased the vulnerability of children to sexual abuse in public places such as roads.

The study identified several potential risk factors that may increase the vulnerability of children to violence in Haiti. The identification of such risk factors, in addition to describing the patterns of perpetration and location of violent incidents, are critical for the development of effective prevention strategies for addressing the problem of violence against children. Certain demographic factors — level of education (i.e., completing less than primary) and working for money or other payments — were associated with increased risk for experiencing violence during childhood. This study also confirms prior reports that childhood domestic servitude is associated with the likelihood of these children being abused.³⁶ Specifically, childhood domestic servitude was associated with a higher prevalence of sexual abuse, as well as physical and emotional violence .

In addition, the study supports prior reports from Haiti following the January 2010 earthquake and other global studies suggesting that natural disasters may increase the risk of violence.^{26, 27} To the best of our knowledge,

this is the first nationally representative survey to examine the impact of a large scale natural disaster on the prevalence of sexual abuse among displaced children and youth as compared to those who were not displaced. Specifically, the study showed that while there was no significant difference in rates sexual of abuse experienced by displaced females as compared to non-displaced females, female children and youth living in camps or tent settlements were at increased risk for sexual abuse following the January 2010 earthquake compared to females not living in camps or tent settlements.

Both reporting of violence and subsequent access to and utilization of services in Haiti are poor. Those who experienced child sexual abuse sometimes told someone about their experience, but rarely received services. The study found that approximately 4 out of 10 females and 6 out of 10 males who experienced childhood sexual abuse did not report their experiences to anyone. The majority of females and males who reported an incident, told someone other than a trained service provider, most commonly a friend or relative. A similar pattern of reporting was observed among 13 to 17 year olds in the 12 months prior to the survey. Among those who experienced child sexual abuse, about 1 in 10 females and males received any type of professional service, yet about 2 out of 10 would have liked additional services, especially counseling. Both females and males most commonly indicated that their reasons for not utilizing services were that they did not want or need them; that they did not feel sexual abuse was a problem; that they perceived the services being offered as useless; and, that they had no knowledge about types or locations of services. Three key barriers to service usage that were noted by respondents included that they were afraid to cause further violence, that they could not afford the available services or it was too far to go to get them. The frequency and patterns of service utilization for those individuals reporting incidents of sexual abuse in the 12 months prior to the survey (June 2012) were similar to those reporting any previous history of childhood sexual abuse. This finding suggests that, despite increases in various types of services following the January 2010 earthquake, utilization of services for child sexual abuse remained low.

Among those who experienced child physical violence, only 1 in 10 females and males received any type of professional services, yet about 1 out of 7 would have liked additional services, especially counseling and medical services. Both females and males experiencing physical violence reported the following as common reasons for their nonutilization of services: they did not want or need them; they felt physical violence was not a problem; they perceived the services offered as useless; and, they had no knowledge about types and locations of services. As with sexual violence, patterns of service utilization among those who experienced physical violence in the 12 months prior to the survey were similar to those who had experienced any physical violence prior to age 18 years. This finding is especially concerning, given that among 13–17 year olds who experienced physical violence by an adult household member or an authority figure in the 12 months preceding the survey, three-fourths of females and two-thirds of boys had at least one incident in which they were injured. Furthermore, among those injured, 1 out of 4 females and 1 out of 6 males had a severe injury resulting in either deep wounds, broken bones, broken teeth, blackened or charred skin, or permanent injury or disfigurement.

Three potential strategies for improving and strengthening the utilization of legal, health, and social response services for sexual abuse and physical violence by children in Haiti include: first, educating children that any type of abuse and violence is a problem and that reporting and receiving services are important; second, overcoming the social pressures that inhibit children who experience such incidents from reporting what has happened to them, and third, ensuring that when children seek services, those services are available and provided with sensitivity and a high quality of care. In improving and strengthening access to services, it is also important to consider disincentives for service utilization among children, such as the potential for retaliation from their abusers. Equally important is the provision of information to people who children naturally identify as their advocates — relatives and friends, and trusted authority figures. Referrals to the appropriate pool of services must begin close to the site of where the abuse and violence typically occurs — in homes and neighborhoods — with trusted and capable adults and young people engaged in the process.

In Haiti, as has been shown worldwide, exposure to violence as a child was associated with a range of short-term health consequences, including sexually transmitted infections and suicidal ideation. These findings are consistent with decades of research in the neurobiological, behavioural, and social sciences that indicate, quite conclusively, that childhood exposure to violence can impact the development of the brain and subsequent vulnerability to a broad range of mental and physical health problems, ranging from the short-term consequences identified in this study to long-term health conditions such as cardiovascular disease and diabetes.^{12, 38, 39, 45, 46, 47} Reducing the prevalence of violence against children in Haiti is, therefore, likely to reduce the incidence and costs of future mental and physical health problems in the population.

Furthermore, violence during childhood has also been shown to increase the likelihood of engaging in unprotected sex, having multiple partners, participating in sex work and engaging in transactional sex — all behaviors that increase the risk STIs including HIV.^{48,49} Our study was generally consistent with these findings and demonstrated that youth who experienced child sexual abuse, physical violence, and emotional violence were more likely to have multiple sex partners, more likely to have received gifts, food, or favors in exchange for sex, and more likely to report infrequent condom use, than those who had not experienced abuse or violence during childhood.

This study also examined self-reported patterns of HIV/AIDS testing knowledge and behavior in relation to childhood sexual abuse. Among both girls and boys ages 13–17, less than half knew where to go for HIV testing. Irrespective of whether sexual abuse had occurred among this age group in the previous 12 months, testing was essentially non-existent for boys and accessed by only a minority of girls. Among participants 18–24 years of age who experienced any childhood sexual abuse before age 18, approximately half had never been tested for HIV. These findings highlight the need to increase awareness of the relationship between sexual abuse and risk for HIV and to increase access to HIV testing for children exposed to sexual abuse.

Finally, this survey provided useful data regarding cultural norms influencing the occurrence and continuation of violence against children. Results show that social acceptance of the use of violence by husbands against their wives was highly prevalent among 13 to 17 year old children, with half of girls and a third of boys reporting that a man is justified in hitting or beating his wife under certain circumstances. Although the 13–17 year old age group was significantly more likely than their 18–24 year old counterparts to condone such domestic violence, both females and males in the older age group also commonly agreed that such violence by husbands against their wives is justified. In summary, these findings, coupled with the high prevalence of physical violence against girls and boys, raise urgent questions regarding how to reverse the social and cultural legitimacy of violence in Haiti.

16.1.2 STRENGTHS AND LIMITATIONS

The VACS in Haiti is the first study to provide nationally-representative estimates of violence against children in this country. Interviewers obtained high individual and household response rates among eligible participants, reflecting a strong design, well-trained interviewers, and a national willingness to participate. These study strengths also provide confidence that the sample interviewed was representative of 18 to 24 year olds and 13 to 17 year olds in Haiti. An additional strength of this study is the depth of information collected, notably on the context and circumstances for sexual abuse. Large-scale health surveys typically ask only a few questions on sexual and other forms of violence. The breadth of information on the context of violence against children, especially sexual abuse, can considerably enhance both prevention and response efforts.

The findings in this report are subject to at least four limitations. First, since this is a household survey, the experiences of children living outside of family care (e.g., street children, children living in orphanages) are not enumerated. These children are likely to be at higher risk for victimization so the results from a household sample are likely conservative estimates of the true prevalence. Second, data were collected on first and most recent event of sexual abuse for each of the four types of sexual abuse (i.e., unwanted touching, unwanted attempted sex,

pressured sex, and physically forced sex) experienced. Therefore, contextual data for respondents who experienced more than two events of a particular type of sexual abuse were not collected. Third, prevalence estimates may be underestimated as estimates are based on self-reported violence. Previous research suggests that it is not uncommon for adults who have experienced child abuse to have no memory of that abuse, particularly when that abuse occurred at a young age and by someone well known to the victim.⁵⁰ Prior research suggests that some respondents may have been less likely to disclose an incident if the perpetrator was known to them.⁵¹ Last, the survey relied on self-reported HIV testing behavior and STI symptoms and self-reported diagnosis; if specimens from respondents could have been attained then the relationship between sexual abuse victimization and HIV/STI contraction could be further explored and understood within the VACS Haiti.

The magnitude of the problem of violence against children and the contexts and circumstances under which these occurred are critically important to understanding next steps toward strengthening the protection of children in Haiti and the prevention of violence. Indeed, the data from this survey offer rich opportunities for further analysis of issues around violence against children. In future studies, it will be important to build upon these initial findings and explore risk and protective factors for violence against children. A better understanding of these factors can increase the utility of these data for guiding the development of prevention strategies and response.

16.1.3 IMPLICATIONS FOR PREVENTION AND RESPONSE

This study, and the results herein, represent a critical step in addressing the problem of violence against children in the Republic of Haiti by providing evidence in its most basic form — information on the magnitude and characteristics of the problem. The results of this survey will help the Government of Haiti to enhance their efforts to break the silence around violence against children and establish a stronger foundation for both prevention and response, nested within a nationally supported Child Protection System.

Identifying violence at the national level is an essential first step towards preventing violence in communities and making the institutions that should provide protection and services to children accountable. Efforts to prevent violence form part of the government's national commitments to uphold the right of each child to his or her human dignity and physical integrity. The survey and its results highlight a tremendous opportunity to support the Haitian government in its response to violence against children. The study results lay bare the fact that additional prevention and response efforts are necessary to address the needs of Haiti's future generation. In other settings, direct support to government structures (ministries, district level governments and community structures that form part of these reporting structures) by international partners and donors has helped to ensure not only that children are protected but that these efforts are sustained. Such collaboration will require an understanding of children's vulnerability as it is represented in the study findings, with specific measures to prevent and respond to violence against children and protect children most at risk. As further understanding of violence in Haiti emerges from this study, then definitions of vulnerability will likely need to be reviewed and reassessed in order to fully capture and protect Haiti's children.

An important cornerstone to both the study and how the results will be addressed has been the role played by the Multi-sectoral Task Force, known as the Comité de Coordination (CC). The CC, a dedicated group of researchers and practitioners from the government ministries and the partners from social welfare, the police and legal system and health care sectors, the United Nations and civil society, has paved the way for a promising multi-sectoral response, inclusive of all key Ministries. Since 2011, when the survey was first discussed, these key officials have collectively determined the scope and implementation of the study and now the response. The CC involvement has ensured that the survey findings would highlight the different contexts in which violence against children occurs, providing important indications of specific sector responses. Equally, the CC provides a forum from which different sectors can review current policy and develop distinct projects and initiatives to address child abuse and other forms of violence in an integrated manner.

National and international stakeholders alike recognize that preventing violence against children in Haiti is complicated by the influence of poverty and a weak social protection framework. Given the scarcity of resources allocated for child protection, it will be critical to build on existing prevention and response initiatives across more recognized structures such as public health, education, and those aimed at addressing specific and well-recognized health problems, such as HIV/AIDS — making the planned multi-sectoral response all the more important.

16.2 PREVENTION AND RESPONSE STRATEGIES

The results of this survey have significant implications for preventing violence in Haiti. In order to build the foundation for violence prevention, efforts should be made to address the following key elements based on the action framework developed by Mercy, et al.⁵²

- Develop a National Action Plan and identify a lead agency
- Enhance the capacity for collecting data
- Increase collaboration and the exchange of information
- Implement and evaluate specific actions to prevent violence
- Strengthen care and support systems for victims

In addition to addressing these key elements, efforts should be made to implement evidence-informed strategies that prevent violence against children as well as to strengthen cross-sector child protection systems and responses.

16.2.1 EVIDENCE-INFORMED STRATEGIES AND PROMISING PRACTICES FOR PREVENTING VIOLENCE AGAINST CHILDREN

Evidence-informed prevention strategies are an integral component of preventing violence in Haiti. The following six strategies are based on WHO evidence on violence prevention.⁵³ It is important to note that each of these strategies incorporate primary, secondary and tertiary prevention strategies.

Increase safe, stable and nurturing relationships between children and their parents and caregivers

Safe, stable, and nurturing relationships (SSNR) between children and their caregivers are the antithesis of maltreatment and other adverse exposures that occur during childhood and compromise health over the lifespan. Young children experience their world through their relationships with parents and caregivers. These relationships are fundamental to the healthy development of the brain and, consequently, the development of physical, emotional, social, behavioral, and intellectual capacities. The following strategies seek to prevent violence against children by promoting SSNRs:

- Parenting training programs that educate parents and caretakers in parenting skills such as child rearing and management strategies are usually centre-based and delivered in groups; these programs can reduce levels of violence among children.⁵⁴
- Home visitation programs use trained personnel to provide family support, health advice, child development education, and life coaching for parents to improve parental care-giving skills and prevent child maltreatment.⁵⁵
- Programs that combine parenting education with child education and incorporate social support may reduce both child maltreatment and youth violence later in life.⁵⁶
- Media (print, radio, television) and other technological interventions (involving on-line or text message components) may increase awareness and provide education regarding child and youth violence; however, these interventions have not been extensively evaluated.⁵⁷

Develop life skills in children and adolescents

Providing children with social skills that promote positive, friendly and cooperative peer relationships can prevent violence. Social skills that can contribute to violence prevention include those that help children manage anger, solve problems pro-socially, adopt a social perspective, resolve conflicts and enhance their moral development. The following strategies seek to help children and youth develop life skills that can prevent violence:

- Preschool enrichment programs that equip children with academic and social skills to increase their chances of success in educational and social settings appear promising.^{58,59,60,61}
- School-based social development programs that seek to improve social and emotional skills and promote positive behavior among children and youth. Evidence suggests that social development programs may reduce violence among adolescents. Life skills development can also help women and girls develop strategies to negotiate safer sex relationships which may prevent HIV transmission.^{62,63,64}
- Academic enrichment programs aim to strengthen academic performance by providing study support and offering recreational activities outside normal school hours; such programs, which focus on youth development, may reduce the potential for young people's subsequent participation in the perpetration of violence.^{65,66,67}

Reduce the availability and harmful use of alcohol

Harmful alcohol use directly affects physical and cognitive function. This can reduce self-control and the ability to process incoming information, making drinkers more likely to resort to violence in confrontations. Alcohol use can both contribute to violence against children and be a consequence of such violence. The following strategies are intended to address the role that alcohol use can have in causing violence against children:

- Evidence suggests that reducing the availability of alcohol by prohibiting the sale of alcohol during certain times can also lower levels of sexual abuse and physical and emotional violence. There is some evidence that raising alcohol prices through higher taxation may reduce violence by lowering consumption.^{68,69,70}
- Negative consequences of problem drinking, including violence against children, can be addressed through clinical interventions known to be effective in reducing the harmful use of alcohol; these include cognitive-behavioral therapy and community interventions that target drinking environments. There is some evidence that by training drinking venue staff in improved management strategies, violence can be reduced by discouraging risky drinking behaviors.⁷¹

Promote gender equality to prevent violence against women

Promoting gender equality and equity is a foundational pillar in the prevention of violence. The complex cultural differences in gender behaviors and roles often create unequal power relations between men and women, with a wide-ranging impact on society. Such inequalities increase the vulnerability of girls and young women to sexual, physical, and emotional violence by men, as well as hindering the ability of female victims to seek and receive services and support. Violence prevention strategies that promote gender equality can be broken into three categories: School-based interventions, community interventions and media interventions.

- School-based interventions seek to address and influence gender norms and equality at an early age before gender stereotypes have a chance to become deeply embedded in children and youth. Promising approaches include dating violence prevention programs that work to increase knowledge about intimate partner violence and HIV prevention, and to promote better communication and healthier, more equitable relationships. School-based interventions that address teachers, as well as friends and classmates, as perpetrators of violence can reduce levels of violence, especially among girls.^{72,73,74,75}

- Community interventions improve gender equality and empower women by reducing economic inequality, strengthening women's economic position, and positively influencing gender norms and stereotypes. Promising strategies that empower women by improving economic status and sexual health include micro-credit programs and life-skills training programs.⁷⁶
- Media interventions raise awareness on issues of violence that disproportionately affect girls and women and convey healthy behaviors to large populations through mass media channels such as television, the radio and the Internet. Interventions that engage with the local community and culture have proven to be the most successful at modifying behaviors and promoting gender equality.^{77,78}

In addition to the strategies outlined above, there are specific strategies that can be implemented to reduce violence against young women and girls in refugee camps or displaced settings. As evidenced in the report, females aged 13–24 living in camps following the earthquake were significantly more likely to have experienced sexual violence than females not living in camps. The following strategies are based on UNHCR guidelines for preventing and responding to violence.⁷⁹

- Life skills development programs, such as literacy programs and vocational education programs, in refugee camps can empower girls and young women thus reducing violence.
- Information, education and communication campaigns promote changes in community attitudes, knowledge and behavior surrounding issues of violence, and may include such topics as gender-based violence prevention, available support services in the camp and conflict resolution.
- Family and community support groups in the camp can help rebuild and strengthen social networks that were lost following the earthquake.
- Designing effective services and facilities can provide children and youth a safer environment and, thereby help reduce violence.

Change cultural and social norms that support violence

Cultural norms influence the acceptability of the use of violence in relationships with both girls and boys. Such norms can either promote violence or protect against it in relationships with children. For example, the widely accepted use of violence, particularly physical violence, as a normal method of discipline in childrearing is endemic worldwide. Interventions that alter cultural norms supportive of violence have great potential to prevent and reduce violence behavior. Although evidence to support such interventions is in early stages of development, a number of areas for promising practices in reducing violence against both girls and boys have been identified.

- Cultural and social norms in Haiti greatly influence individual behavior, including the use of violence as a means of discipline by both parents/relatives and authority figures. In response to the high prevalence of violence among children due to disciplinary action, interventions that address cultural and social norms and encourage alternatives to physical discipline appear to be an important component of preventing and reducing violence against children.^{80, 81}
- Survey findings showed that sexual abuse was commonly perpetrated by dating or romantic partners for both girls and boys. Teen dating violence prevention programs that address the social norms that underlie these behaviors and promote healthy teen relationships may be adopted.⁸²
- Mass-media campaigns are considered promising by many, as they may raise public awareness on the issues highlighted in the report, such as physical violence against children and male violence against girls; such campaigns may help address social and cultural norms that legitimize such violence, and may prepare the ground for a strengthened response system to reduce abuse and violence among children and youth.⁸³

- Laws, policies, and other legal reform efforts that improve the criminal justice system and hold perpetrators of violence accountable can aid in altering norms linked to violence by making clear that these behaviors are unacceptable and thus reduce overall levels of violence.^{84,85}

Reducing violence through victim identification, care and support programs

The consequences of violence against children are costly, common, destructive, and often permanent and hidden. Furthermore, violence compromises the health and well-being of individuals, families, communities, and nations. The cyclical nature of violence is well-recognized, with children who begin as victims commonly growing up to become adults who are perpetrators. In Haiti, access to and use of services for victims of violence should be strengthened. Specifically, such services should be integrated into those that target common consequences of violence, including HIV/AIDS, mental health, and reproductive health services.

- Programs that educate health care providers aid efforts to monitor, identify, treat and intervene in cases of violence. Moreover, education programs promote a fuller understanding of violence and can increase victim identification.^{86,87}
- Screening programs that are implemented universally or among at-risk populations seek to increase identification of victims of violence. Once identified, appropriate interventions and support services can be recommended.^{88,89}
- Following identification, the provision of mental health and social services to support children who have experienced sexual abuse may improve their mental health.⁹⁰
- The goal of child advocacy programs is to provide comprehensive, coordinated, and multi-agency services that care for and support vulnerable children who are victims of violence.^{91,92}

16.2.2 GENERAL STRATEGIES FOR STRENGTHENING CROSS-SECTOR CHILD PROTECTION SYSTEMS AND RESPONSES

There is a strong appreciation for the critical role of linking strong child protection systems with formal and informal community networks in order to maximize the effectiveness of efforts to prevent violence against children and to protect them from its harmful effects. The following strategies address a comprehensive approach to systems strengthening, which involves both formal and informal sectors.

Systems–Strengthening

- Stimulate a civil society response to complement government-led child protection prevention and response services as well as advocacy and awareness.
- Develop and begin to implement a communication strategy to raise awareness on the issues highlighted in the report, particularly to address social and cultural norms that legitimize violence, and to prepare the ground for a strengthened reporting, referral, and response system to abuse and violence against children.
- Continue to support the lead government ministries in order to coordinate prevention and response for violence against children. Such a multi-sectoral response coordinated through the Haitian CC would engage social welfare, police and legal system, education, public health, health care, and organizations and groups working on HIV/AIDS, gender-based violence, and other related areas at the national, regional, and local level.
- In light of the Survey findings, map existing levels of service provision to respond to children who have experienced violence, including capacity for places of safety for children and counseling services, and identify priority areas for support.

- Develop and implement a public information campaign directed at older children and youth that engages them on the barriers they face for reporting and identifies strategies to facilitate children and youth finding information and help.
- Build support for child-focused organisations that work toward ending violence against children. Ensure that children themselves are involved in monitoring and reporting harmful practices in their communities as well as challenging the endorsement of violence.

MONITORING AND EVALUATION

- Develop and implement a monitoring and evaluation (M&E) system measuring evidence from selected departments on how child protection systems can best address violence against children and develop a strategy for national scale up.
- Based on selected intervention results within the first year, develop a national monitoring and evaluation system around the prevention of violence against children and response that triangulates data among the social welfare, education, police and legal, and health sectors in order to develop a multi-sectoral surveillance system to track long-term trends in this problem.
- Integrate key indicators and questions from the Violence Against Children Survey, with appropriate ethical protection for respondents, into ongoing national surveys to strengthen the focus on child protection within routine national surveys.
- Continue to analyze these survey data to uncover patterns that can inform prevention strategies and public policies, including the mapping of risk and protective factors to steer intervention efforts. This effort should be complemented by qualitative inquiry to deepen understandings of the context of violence and appropriate responses.
- Conduct further research into violence against specific groups of children who were not captured in this household survey, such as children living on the street or in institutions.

These recommendations should be considered in light of the culture of Haiti as well as current activities and programs focused on prevention and response to violence that are already on the ground. The results and recommendations in this report offer a significant opportunity to build a strategy for protecting children from violence and, thereby, create a more secure future for the people of Haiti.

APPENDIX A: 2012 VACS HAITI DATA TABLES**Table 3.1.1. Percent of Haitians Aged 18–24 Years Who Experienced any Sexual Abuse¹ Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012**

	Females		Males	
	n	% (95% CI) [§]	n	% (95% CI)
Any sexual abuse prior to age 18 years	820	25.7(21.8–29.6)	701	21.2(17.3–25.1)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 3.1.2. Percent of Haitians Aged 18–24 Years Who Experienced More Than One Incident of Sexual Abuse¹, Among Those Who Experienced At Least One Incident Of Sexual Abuse Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI) [§]	n	% (95% CI)
Multiple incidents of sexual abuse among those who experienced at least one incident of sexual abuse prior to age 18 years	224	69.5 (62.3–76.7)	151	85.4 (79.0–91.7)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 3.1.3. Percent of Haitians Aged 18–24 Years Who Experienced Any Sexual Abuse¹ Prior to Age 18 Years by Demographic Characteristics — Violence Against Children Survey (VACS) in Haiti, 2012

	Any sexual abuse prior to age 18 years			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Marriage				
Ever been married or lived with someone as if married	225	26.9 (20.1–33.8)	53	25.8 (6.9–44.6)
Never been married or lived with someone as if married	593	25.4 (20.3–30.4)	645	21.0 (16.9–25.0)
p-value ²		0.73		0.60
Work				
Ever worked for money or other payments	194	31.3 (23.3–39.3)	358	26.8 (20.6–33.0)
Never worked for money or other payments	626	24.0 (20.0–28.1)	341	15.4 (11.0–19.8)
p-value ²		0.07		0.01
Childhood Domestic Servitude				
Ever worked as child domestic servant	174	33.8 (26.0–41.7)	84	36.1 (22.8–49.4)
Never worked as a child domestic servant	646	23.8 (19.6–27.9)	617	19.0 (15.1–23.0)
p-value ²		0.01		0.01
Education				
Never attended school	46	30.5 (9.1–51.8)	19	*
Completed less than primary	244	33.0 (26.9–39.1)	169	21.7 (15.0–28.4)
Completed primary or higher	530	22.5 (17.6–27.3)	512	21.4 (16.5–26.2)
p-value never attended vs less than primary ²		0.83		0.22
p-value never attended vs primary or higher ²		0.44		0.22
Orphan Status Before Age 18 Years³				
Not an orphan	628	24.0 (19.8–28.2)	521	20.2 (16.2–24.2)
Single	168	31.3 (22.1–40.4)	157	25.3 (16.2–34.5)
Double	19	*	22	*
p-value not an orphan vs single ²		0.10		0.26
p-value not an orphan vs double ²		*		*

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Logistic regression, unadjusted for potential confounders, was used to generate these p-values for these associations

³ Orphan status: single-loss of one parent, double-loss of both parents

* Cell size less than 25

Table 3.1.4. Percent of Haitians Aged 18–24 Years Who Experienced Any Unwanted Sexual Touching Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=792) % (95% CI [§])	Males (n=658) % (95% CI)
Unwanted sexual touching prior to age 18 years	17.0 (13.8–20.2)	16.1 (12.4–19.7)

[§] 95% confidence interval

Table 3.1.5. Percent of Haitians Aged 18–24 Years Who Experienced Any Unwanted Attempted Sex Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=801) % (95% CI [§])	Males (n=673) % (95% CI)
Unwanted attempted sex prior to age 18 years	13.3 (10.1–16.4)	10.1 (7.3–13.0)

[§] 95% confidence interval

Table 3.1.6. Percent of Haitians Aged 18–24 Who Experienced Any Pressured Sex¹ Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=810) % (95% CI [§])	Males (n=682) % (95% CI)
Pressured sex prior to age 18 years	4.9 (3.0–6.7)	6.5 (4.3–8.7)

[§] 95% confidence interval

¹ Pressured sex includes being pressured in a non-physical way to have sex against one's will and sex happened

Table 3.1.7. Percent of Haitians Aged 18–24 Years Who Experienced Physically Forced Sex Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=809) % (95% CI [§])	Males (n=688) % (95% CI)
Physically forced sex prior to age 18 years	6.3 (3.5–9.0)	1.9 (0.8–3.1)

[§] 95% confidence interval

Table 3.1.8. Percent of Haitians Aged 18–24 Years Who Experienced Any Unwanted Completed Sex (Physically Forced Or Pressured) Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=806) % (95% CI [§])	Males (n=674) % (95% CI)
Unwanted completed sex (physically forced or pressured) prior to age 18 years	9.0 (6.3–11.8)	7.6 (5.1–10.1)

[§] 95% confidence interval

Table 3.1.9. Percent of Haitians Aged 18–24 Years Whose First Vaginal or Anal Intercourse Was Unwanted or Against Her/His Will, Among 18–24 Year Olds Who Had Sex Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=381)	Males (n=345)
	% (95% CI [§])	% (95% CI)
First sexual intercourse prior to age 18 years was unwanted or against her/his will	23.1 (17.1–29.0)	11.1 (6.6–15.6)

[§] 95% confidence interval

Table 3.1.10. Distribution of Age at Which Haitians Aged 18–24 Years First Experienced Her/His First Incident Of Sexual Abuse¹, Among 18–24 Year Olds Who Experienced Any Sexual Abuse Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Age (years) at which first experienced her/his first incident of sexual abuse ¹		
≤13	25.1 (16.1–34.0)	29.4 (19.8–39.1)
14–15	28.5 (19.7–37.3)	39.5 (29.5–49.5)
16–17	46.5 (37.1–55.8)	31.1 (22.7–39.5)
Total (n)	100.0 (225)	100.0 (152)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 3.1.11. Percent of Haitians Aged 13–17 Years Who Experienced Any Sexual Abuse¹ in the 12 Months Prior To The Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=636)	Males (n=758)
	% (95% CI [§])	% (95% CI)
Any sexual abuse in the 12 months prior to the survey	19.0 (14.6–23.4)	10.9 (8.0–13.9)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 3.1.12. Percent of Haitians Aged 13–17 Years Old Who Experienced Any Sexual Abuse¹ in the 12 Months Prior to the Survey Demographic Characteristics — Violence Against Children Survey (VACS) in Haiti, 2012

	Any sexual abuse in the past 12 months			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Marriage				
Ever been married or lived with someone as if married	13	*	9	*
Never been married or lived with someone as if married	618	17.9 (13.9–22.0)	749	11.0 (8.1–13.9)
p-value ²		*		*
Work				
Ever worked for money or other payments	40	34.5 (14.6–54.3)	210	16.9 (9.4–24.4)
Never worked for money or other payments	596	18.0 (13.6–22.5)	547	8.2 (5.6–10.7)
p-value ²		0.06		0.01
Childhood Domestic Servitude				
Ever worked as child domestic servant	133	28.5 (16.9–40.2)	107	15.9 (4.1–27.7)
Never worked as a child domestic servant	503	17.0 (12.6–21.3)	650	10.2 (7.5–12.8)
p-value ²		0.03		0.27
Education				
Never attended school	16	*	17	*
Completed less than primary	381	19.0 (13.2–24.7)	469	13.0 (8.9–17.0)
Completed primary or higher	239	18.7 (12.7–24.7)	272	7.9 (4.2–11.6)
p-value less than primary vs primary or higher ²		0.95		0.06
Orphan Status Before Age 18 Years³				
Not an orphan	493	19.0 (13.9–24.2)	596	10.0 (6.7–13.4)
Single	118	20.3 (10.6–29.9)	139	12.3 (5.7–18.9)
Double	14	*	15	*
p-value not an orphan vs single ²		0.76		0.27
p-value not an orphan vs double ²		*		*

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Logistic regression, unadjusted for potential confounders, was used to generate p-values for these associations

³ Orphan Status: single-loss of one parent, double-loss of both parents

Table 3.1.13. Percent of Haitians Aged 13–17 Years Who Experienced Any Sexual Touching in the 12 Months Prior To The Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=629)	Males (n=744)
	% (95% CI [§])	% (95% CI)
Unwanted sexual touching in the 12 months prior to the survey	15.7 (11.6–19.8)	8.4 (5.8–11.0)

[§] 95% confidence interval

Table 3.1.14. Percent of Haitians Aged 13–17 Years Who Experienced Any Unwanted Attempted Sex in the 12 Months Prior To The Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=632)	Males (n=746)
	% (95% CI [§])	% (95% CI)
Unwanted attempted sex in the 12 months prior to the survey	7.3 (4.7–9.8)	3.4 (2.0–4.9)

[§] 95% confidence interval

Table 3.1.15. Percent of Haitians Aged 13–17 Years Who Experienced Any Pressured Sex¹ in the 12 Months Prior To The Survey — Violence Against Children Survey (VACS) in Haiti, 2012.

	Females (n=635)	Males (n=758)
	% (95% CI [§])	% (95% CI)
Pressured sex in the 12 months prior to the survey	3.4 (1.6–5.2)	1.8 (0.6–3.1)

[§] 95% confidence interval

¹ Pressured sex includes: being pressured in a non-physical way to have sex against one's will and sex happened

Table 3.1.16. Percent of Haitians Aged 13–17 Years Who Experienced Any Physically Forced Sex in the 12 Months Prior To The Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=631)	Males (n=755)
	% (95% CI [§])	% (95% CI)
Physically forced sex in the 12 months prior to the survey	1.9 (0.6–3.1)	1.8 (0.7–2.9)

[§] 95% confidence interval

Table 3.2.1. Percent of Haitians Aged 18–24 Years Who Experienced Sexual Exploitation (Receiving Money Or Goods¹ For Sex) Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Received money, gifts, food, or favors in exchange for sex prior to age 18 years	821	4.2 (2.7–5.7)	701	6.8 (4.6–8.9)
Received money for sex prior to age 18 years	808	3.7 (2.3–5.1)	697	1.9 (0.7–3.1)
Received gifts, food, or favors for sex prior to age 18 years	817	1.9 (0.9–2.9)	696	5.5 (3.6–7.5)

[§] 95% confidence interval

¹Goods includes: gifts, food, favors

Table 3.2.2. Percent of Haitians Aged 18–24 Years Who Reported Various Methods or Locations to Meet People Who Paid Them For Sex, Among Those Who Received Money for Sex Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Methods or locations to meet people who paid for sex		
Friends	56.7 (35.6–77.88.0)	*
Discos/Bars/Clubs	23.6 (4.7–42.4)	*
Streets/Main Roads/Truck Stops	60.2 (39.1–81.3)	*
Tourist Spots/Resorts	15.5 (3.2–27.8)	*
Schools	27.2 (7.8–46.7)	*
Home	15.5 (1.2–29.9)	*
Other	11.6 (0.0–27.5)	*
Total* (n)	210.3 (41)	* (17)

[§] 95% confidence interval

*Total sum may be greater than 100%

Table 3.2.3. Percent of Haitians Aged 13–17 Years Who Experienced Sexual Exploitation (Receiving Money or Goods¹ for Sex) in the 12 Months Prior To The Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Received money, gifts, food, or favors in exchange for sex in the 12 months prior to the survey	636	2.2 (0.8–3.7)	758	3.0 (1.2–4.9)
Received money for sex in the 12 months prior to the survey	632	1.9 (0.6–3.2)	755	1.3 (0.4–2.3)
Received gifts, food, or favors for sex in the 12 months prior to the survey	635	0.7 (0.0–1.5)	756	2.5 (0.7–4.2)

[§] 95% confidence interval

¹Goods includes: gifts, food, favors

Table 4.1.1. Percent of Haitians Aged 18–24 Years Who Experienced Any Physical Violence¹ by Adult Household Members or Authority Figures in the Community Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any physical violence ¹ by an adult household member or authority figure prior to age 18 years	821	60.5 (54.4–66.7)	701	57.2 (51.8–62.5)
Any physical violence ¹ by an adult household member prior to age 18 years	821	55.9 (50.7–61.2)	701	54.4 (49.1–59.6)
Any physical violence ¹ by an authority figure prior to age 18 years	821	21.1 (14.9–27.4)	701	20.0 (15.3–24.7)

[§] 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 4.1.2. Percent of Haitians Aged 18–24 Years Who Experienced Any Physical Violence¹ Prior to Age 18 Years By Demographic Characteristics — Violence Against Children Survey (VACS) in Haiti, 2012

	Any physical violence prior to age 18 years			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Marriage				
Ever been married or lived with someone as if married	225	56.5 (46.5–66.5)	53	68.2(51.8–84.5)
Never been married or lived with someone as if married	594	61.8 (54.8–68.7)	645	56.6 (50.9–62.2)
p-value ²		0.35		0.20
Work				
Ever worked for money or other payments	194	63.9 (54.5–73.3)	358	62.8 (55.0–70.7)
Never worked for money or other payments	627	59.5 (52.7–66.4)	341	51.5 (43.0–60.1)
p-value ²		0.40		0.07
Childhood Domestic Servitude				
Ever worked as child domestic servant	174	68.8 (59.6–78.0)	84	65.0 (52.3–77.7)
Never worked as a child domestic servant	647	58.6 (51.7–65.5)	617	56.0 (50.3–61.7)
p-value ²		0.06		0.19
Education				
Never attended school	46	59.9 (38.9–80.9)	19	*
Completed less than primary	244	66.7 (60.0–73.5)	169	65.6 (56.9–74.3)
Completed primary or higher	531	58.0 (49.9–66.2)	512	53.9 (48.0–59.8)
p-value never attended school vs less than primary ²		0.53		*
p-value less than primary vs primary or higher ²		0.89		0.41
Orphan Status Before Age 18 Years³				
Not an orphan	629	60.7 (53.5–67.8)	521	56.6 (49.9–63.3)
Single	168	63.8 (54.6–72.9)	157	59.0 (49.9–68.1)
Double	19	*	22	*
p-value not an orphan vs single ²		0.57		0.60
p-value not an orphan vs double ²		*		*

[§] 95% confidence interval

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

² Logistic regression, unadjusted for potential confounders, was used to generate these p-values for these associations

³ Orphan Status: single-loss of one parent, double-loss of both parents

* Cell size less than 25

Table 4.1.3. Percent of Haitians Aged 18–24 Years Who Experienced Physical Violence by an Adult Household Member Prior to Age 18 Years by Type of Violence — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Punching, kicking, whipping, beating with an object	757	60.8 (55.1–66.6)	635	59.6 (54.0–65.2)
Choking, smothering, trying to drown	815	1.9 (0.8–3.0)	699	4.2 (2.1–6.4)
Burning, scalding intentionally	819	1.1 (0.3–1.9)	701	2.9 (0.3–5.4)
Using or threatening to use a gun, knife or other weapon	814	3.7 (2.2–5.1)	696	5.6 (3.5–7.8)

[§] 95% confidence interval

Table 4.1.4. Percent of Haitians Aged 18–24 Years Who Experienced Physical Violence by an Authority Figure Prior to Age 18 Years by Type of Violence — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Punching, kicking, whipping, beating with an object	796	21.3 (14.8–27.9)	680	20.1 (15.0–25.1)
Choking, smothering, trying to drown	818	0.2 (0.0–0.5)	701	0.1 (0.0–0.3)
Burning, scalding intentionally	821	0.0	701	0.1 (0.0–0.2)
Using or threatening to use a gun, knife or other weapon	821	0.2 (0.0–0.6)	700	2.2 (1.0–3.5)

[§] 95% confidence interval

Table 4.1.5. Percent of Haitians Aged 13–17 Years Who Experienced Any Physical Violence¹ by Adult Household Members or Authority Figures in the Community in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=636)		Males (n=758)	
	n	% (95% CI [§])	n	% (95% CI)
Any physical violence by an adult household member or authority figure in the 12 months prior to the survey	636	38.1 (32.1–44.2)	758	36.4 (31.0–41.9)
Any physical violence by an adult household member in the 12 months prior to the survey	636	32.1 (26.6–37.7)	758	30.6 (25.4–35.9)
Any physical violence by an authority figure in the 12 months prior to the survey	636	16.3 (11.8–20.8)	758	15.9 (12.0–19.8)

[§] 95% confidence interval

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 4.1.6. Percent of Haitians Aged 13–17 Years Who Experienced Any Physical Violence¹ in the 12 Months Prior to the Survey by Demographic Characteristic — Violence Against Children Survey (VACS) in Haiti, 2012

	Any physical violence in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	N	% (95% CI)
Marriage				
Ever been married or lived with someone as if married	13	*	9	*
Never been married or lived with someone as if married	618	38.2 (32.0–44.4)	749	36.4 (30.8–41.9)
p-value ²		*		*
Work				
Ever worked for money or other payments	40	44.9 (25.5–64.2)	210	40.7 (26.9–54.6)
Never worked for money or other payments	596	37.7 (31.6–43.9)	547	34.5 (29.5–39.5)
p-value ²		0.46		0.40
Childhood Domestic Servitude				
Ever worked as child domestic servant	133	59.0 (46.5–71.5)	107	45.6 (26.7–64.6)
Never worked as a child domestic servant	503	33.7 (27.4–40.0)	650	35.0 (30.5–39.5)
p-value ²		0.00		0.20
Education				
Never attended school	16	*	17	*
Completed less than primary	381	43.7 (36.7–50.7)	469	44.9 (36.6–53.2)
Completed primary or higher	239	30.1 (22.1–38.1)	272	25.0 (20.2–29.8)
p-value less than primary vs primary or higher ²		0.07		0.00
Orphan Status Before Age 18 Years³				
Not an orphan	493	39.2 (32.4–46.0)	596	38.0 (31.7–44.2)
Single	118	34.7 (25.0–44.3)	139	31.5 (20.5–42.5)
Double	14	*	15	*
p-value not an orphan vs single ²		0.32		0.34

[§] 95% confidence interval

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

² Logistic regression, unadjusted for potential confounders, was used to generate p-values for these associations

³ Orphan Status: single-loss of one parent, double-loss of both parents

* Cell size less than 25

Table 4.1.7. Percent of Haitians Aged 13–17 Years Who Experienced Physical Violence by an Adult Household Member in the 12 Months Prior to the Survey by Type of Violence — Violence Against Children Survey (VACS) in Haiti, 2012

	Physical violence by an adult household member in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Punching, kicking, whipping, beating with an object	630	30.8 (25.3–36.4)	737	29.2 (24.5–33.9)
Choking, smothering, trying to drown	636	2.5 (0.9–4.0)	758	1.3 (0.3–2.3)
Burning, scalding intentionally	636	0.8 (0.1–1.5)	758	0.4 (0.0–0.8)
Using or threatening to use a gun, knife or other weapon	636	5.5 (3.1–7.9)	755	4.0 (1.2–6.8)

[§] 95% confidence interval

Table 4.1.8. Percent of Haitians Aged 13–17 Years Who Experienced Physical Violence by an Authority Figure in the 12 Months Prior to the Survey by Type of Violence — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Punching, kicking, whipping, beating with an object	634	16.4 (11.8–20.9)	752	15.9 (11.8–20.1)
Choking, smothering, trying to drown	636	0.0	757	0.0
Burning, scalding intentionally	636	0.0	758	0.0
Using or threatening to use a gun, knife or other weapon	636	0.0	758	0.5 (0.1–1.0)

[§] 95% confidence interval

Table 4.1.9. Percent of Haitians Aged 13–17 Years Who Believed That Their Most Recent Experience of Physical Violence Was a Result of Disciplinary Action or Intended as a Punishment Among Those Who Experienced Any Physical Violence¹ in the 12 Months Prior to The Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Disciplinary action by an adult household member or authority figure in the community	231	90.0 (84.1–95.9)	259	85.7 (76.1–95.3)
Disciplinary action by an adult household member	195	90.0 (84.4–95.7)	213	77.8 (61.1–94.4)
Disciplinary action by an authority figure in the community	91	90.5 (78.6–100.0)	112	92.3 (87.9–96.8)

[§] 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 4.1.10. Percent of Haitians Aged 13–17 Years Who Experienced Any Physical Harm or Injury as the Result of Any Experience of Physical Violence¹ in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=248)	Males (n=269)
	% (95% CI [§])	% (95% CI)
Any physical injury as a result of physical violence in the 12 months prior to the survey	74.4 (67.8–81.0)	60.9 (53.2–68.6)

[§] 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 4.1.11. Percent of Haitians Aged 13–17 Years Who Experienced the Most Severe Levels of Physical Harm or Injury Due to A Physical Injury Among Those Who Experienced Any Physical Violence¹ in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Types of physical harm or injury due to physical violence in the 12 months prior to the survey		
Cuts, scratches, bruises, aches, redness, swelling, or other minor marks	55.5 (44.4–66.7)	62.3 (52.6–72.0)
Sprains, dislocations, or blistering of the skin	16.9 (7.9–25.8)	21.5 (13.9–29.0)
Deep wounds broken bones, broken teeth, or blackened or charred skin	13.8 (6.2–21.4)	9.7 (4.3–15.1)
Miscarriage	0.0	N/A
Permanent injury or disfigurement	13.8 (7.0–20.6)	6.5 (2.5–10.5)
Total (n)	100.0 (225)	100.0 (152)

[§] 95% confidence interval

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 5.1.1. Percent of Haitians Aged 18–24 Years Who Experienced Any Emotional Violence¹ by an Adult Household Member Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=817)	Males (n=700)
	% (95% CI [§])	% (95% CI)
Emotional violence by an adult household member prior to age 18 years	34.6 (29.5–39.7)	27.2 (22.6–31.8)

[§] 95% confidence interval

¹ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 5.1.2. Percent of Haitians Aged 18–24 Years Who Experienced Any Emotional Violence¹ Prior to Age 18 Years by Demographic Characteristics — Violence Against Children Survey (VACS) in Haiti, 2012

	Any emotional violence prior to age 18 years			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Marriage				
Ever been married or lived with someone as if married	224	39.0 (30.3–47.7)	52	27.3 (10.0–44.7)
Never been married or lived with someone as if married	591	33.3 (27.9–38.7)	645	27.3 (22.5–32.0)
p-value ²		0.20		0.99
Work				
Ever worked for money or other payments	194	43.3 (31.9–54.7)	358	35.6 (28.5–42.7)
Never worked for money or other payments	623	32.0 (26.3–37.7)	340	18.4 (13.7–23.1)
p-value ²		0.07		0.00
Childhood Domestic Servitude				
Ever worked as child domestic servant	172	51.6 (41.7–61.5)	84	43.5 (30.7–56.3)
Never worked as a child domestic servant	645	30.5 (24.5–36.5)	616	24.8 (19.6–30.0)
p-value ²		0.00		0.01
Education				
Never attended school	45	23.2 (8.1–38.3)	18	*
Completed less than primary	243	39.4 (31.4–47.5)	169	40.8 (29.8–51.7)
Completed primary or higher	529	33.3 (27.1–39.4)	512	23.3 (17.7–28.9)
p-value less than primary vs primary or higher ²		0.07		0.01
p-value less than primary vs never attended school ²		0.28		*
Orphan Status Before Age 18 Years³				
Not an orphan	626	30.9 (25.4–36.4)	521	25.6 (18.9–32.3)
Single	167	44.4 (35.0–53.9)	157	28.0 (19.8–36.2)
Double	19	*	21	*
p-value not an orphan vs single ²		0.06		0.71

[§] 95% confidence interval

¹ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

² Logistic regression, unadjusted for potential confounders, was used to generate p-values for these associations

³ Orphan status: single-loss of one parent, double-loss of both parents

* Cell size less than 25

Table 5.1.3. Percent of Haitians Aged 18–24 Years Who Experienced Any Emotional Violence¹ by an Adult Household Member Prior to Age 18 Years By Type — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Said were not loved or did not deserve to be loved	803	17.2 (12.9–21.6)	679	11.6 (7.0–16.1)
Said they wished you had never been born or were dead	804	11.2 (8.6–13.8)	687	10.6 (7.1–14.2)
Ridiculed or put down, said were stupid or worthless	794	17.5 (14.3–20.7)	676	19.3 (14.7–23.9)
Threaten to abandon or threaten to force to leave home	810	16.0 (12.3–19.7)	690	11.6 (8.8–14.4)

[§] 95% confidence interval

¹ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 5.1.4. Percent of Haitians Aged 13–17 Years Who Experienced Any Emotional Violence¹ by an Adult Household Member in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=635)	Males (n=756)
	% (95% CI [§])	% (95% CI)
Emotional violence by an adult household member in the 12 months prior to the survey	27.8 (23.0–32.6)	16.2 (12.5–19.9)

[§] 95% confidence interval

¹ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 5.1.5. Percent of Haitians Aged 13–17 Years Who Experienced Any Emotional Violence¹ in the 12 Months Prior to the Survey by Demographic Characteristic — Violence Against Children Survey (VACS) in Haiti, 2012

	Any emotional violence in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI) [§]	n	% (95% CI)
Marriage				
Ever been married or lived with someone as if married	13	*	9	*
Never been married or lived with someone as if married	617	27.7 (22.8–32.6)	747	15.9 (12.2–19.6)
p-value ²		*		*
Work				
Ever worked for money or other payments	40	32.1 (9.3–54.9)	209	21.4 (13.2–29.6)
Never worked for money or other payments	595	27.5 (22.8–32.3)	546	13.8 (10.2–17.3)
p-value ²		0.68		0.05
Childhood Domestic Servitude				
Ever worked as child domestic servant	133	40.1 (29.0–51.2)	106	29.2 (17.6–40.9)
Never worked as a child domestic servant	502	25.2 (19.7–30.7)	649	14.1 (10.4–17.8)
p-value ²		0.01		0.00
Education				
Never attended school	16	*	16	*
Completed less than primary	381	28.1 (21.9–34.3)	468	19.4 (14.0–24.7)
Completed primary or higher	238	26.6 (19.5–33.6)	272	10.7 (6.7–14.7)
p-value less than primary vs primary or higher ²		0.74		0.01
Orphan Status Before Age 18 Years³				
Not an orphan	492	27.3 (22.2–32.3)	595	15.1 (11.1–19.1)
Single	118	31.0 (21.3–40.7)	138	20.5 (10.3–30.8)
Double	14	*	15	*
p-value not an orphan vs single ²		0.38		0.71

[§] 95% confidence interval

¹ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

² Logistic regression, unadjusted for potential confounders, was used to generate these p-values for these associations

³ Orphan status: single-loss of one parent, double-loss of both parents

* Cell size less than 25

Table 5.1.6. Percent of Haitians Aged 13–17 Years Who Experienced Any Emotional Violence¹ by an Adult Household Member in the 12 Months Prior to the Survey By Type — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Said were not loved or did not deserve to be loved	629	14.7(10.7–18.7)	749	6.4 (4.3–8.6)
Said they wished you had never been born or were dead	627	9.8 (6.7–13.0)	749	4.3 (2.6–6.0)
Ridiculed or put down, said were stupid or worthless	630	16.1 (12.1–20.0)	747	10.9 (7.9–13.8)
Threaten to abandon or threaten to force to leave home	632	12.0 (8.7–15.3)	753	5.5 (3.6–7.4)

[§] 95% confidence interval

¹Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 6.1. Distribution of Types of Violence Experienced Prior to Age 18 Years, Among 18–24 Year Olds — Violence Against Children Survey (VACS) in Haiti, 2012

	Types of Violence	
	Females	Males
	% (95% CI [§])	% (95% CI)
Sexual Abuse ¹ only	2.5 (1.6–3.5)	5.9 (3.3–8.5)
Physical Violence ² only	23.6 (19.2–27.9)	30.1 (25.4–34.9)
Emotional Violence ³ only	6.1 (3.8–8.4)	6.1 (3.1–9.1)
Sexual Abuse and Physical Violence	10.0 (6.9–13.1)	6.6 (3.8–9.4)
Sexual Abuse and Emotional Violence	1.4 (0.5–2.3)	0.6 (0.0–1.2)
Physical and Emotional Violence	15.2 (11.6–18.8)	12.3 (8.6–15.9)
Sexual Abuse, and Physical and Emotional Violence	11.8 (9.0–14.6)	8.1 (5.9–10.4)
No Violence	29.4 (23.6–35.3)	30.3 (25.2–35.4)
Total (n)	100.0 (821)	100.0 (701)

[§] 95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 6.2. Distribution of Types of Violence Experienced in the 12 Months Prior to the Survey, Among 13–17 Year Olds — Violence Against Children Survey (VACS) in Haiti, 2012

	Types of Violence	
	Females	Males
	% (95% CI [§])	% (95% CI)
Sexual Abuse ¹ only	6.6 (4.2–8.9)	5.3 (3.5–7.1)
Physical Violence ² only	17.1 (13.5–20.7)	24.8 (19.2–30.3)
Emotional Violence ³ only	7.3 (2.4–12.1)	4.6 (2.6–6.6)
Sexual Abuse and Physical Violence	2.5 (1.1–4.0)	1.7 (0.7–2.6)
Sexual Abuse and Emotional Violence	2.0 (0.8–3.1)	1.5 (0.0–3.5)
Physical and Emotional Violence	10.6 (7.1–14.0)	7.5 (5.3–9.7)
Sexual Abuse, and Physical and Emotional Violence	7.9 (5.1–10.7)	2.5 (0.6–4.4)
No Violence	46.0 (40.5–51.5)	52.2 (46.7–57.6)
Total (n)	100.0 (636)	100.0 (758)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 7.1. Any Sexual Abuse¹ Following the January 2010 Earthquake Among 13–24 Years Olds Who Were Displaced² as a Result Of The Earthquake — Violence Against Children Survey (VACS) in Haiti, 2012

	Any sexual abuse post earthquake			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Displaced	405	28.9 (21.2–36.5)	376	15.2 (10.6–19.9)
Not Displaced	1051	25.4 (22.0–28.9)	1081	21.5 (18.4–24.7)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Displaced includes: moving households or changing where one lived as a result of the earthquake

Table 7.2. Any Sexual Abuse¹ Among 13–24 Years Olds Who Were Living in a Camp or Tent Settlement Following the Earthquake In January 2010 — Violence Against Children Survey (VACS) in Haiti, 2012

	Any sexual abuse post earthquake			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Living in Camp or Tent Settlement	301	34.7 (27.1–42.4)	284	21.6 (15–28.3)
Not Living in Camp or Tent Settlement	1156	24.3 (20.7–27.8)	1174	19.6 (16.6–22.7)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 8.1.1. Percent of Haitians Aged 18–24 Years Who Experienced Any Sexual Abuse Prior to Age 18 by Perpetrator of First Event of Sexual Abuse — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Family Member	6.4 (2.1–10.7)	0.0
Boyfriend/ Girlfriend or Romantic Partner	28.9 (20.8–36.9)	32.2 (21.6–42.7)
Friend or Classmate	23.2 (15.3–31.2)	51.8 (41.3–62.4)
Neighbor	22.3 (15.2–29.4)	6.9 (2.9–11.0)
Stranger	15.5 (9.4–21.7)	6.0 (0.0–12.8)
Other	3.7 (1.1–6.3)	3.1 (0.0–7.5)
Total (n)	100.0 (224)	100.0 (148)

[§] 95% confidence interval

Table 8.1.2. Percent of Haitian Females Aged 18–24 Years Who Experienced Their First Incident of Unwanted Sexual Touching, Unwanted Attempted Sex, Physically Forced Sex, or Pressured Sex Prior to Age 18 Years by Perpetrator of First Event — Violence Against Children Survey (VACS) in Haiti, 2012

	Unwanted Sexual Touching Prior to Age 18 years	Unwanted Attempted Sex Prior to Age 18 years	Pressured Sex Prior to Age 18 years	Physically Forced Sex Prior to Age 18 years
	% (95% CI) [§]	% (95% CI)	% (95% CI)	% (95% CI)
Family Member	8.0 (1.7–14.2)	4.4 (0.9–7.8)	0.0	6.6 (0.0–13.6)
Boyfriend/ Girlfriend or Romantic Partner	15.6 (6.7–24.4)	36.9 (25.8–47.9)	46.2 (26.0–66.4)	36.3 (18.0–54.7)
Friend or Classmate	29.9 (19.8–40.0)	18.1 (8.3–27.8)	24.7 (8.0–41.4)	22.0 (7.2–36.8)
Neighbor	20.9 (11.6–30.3)	22.2 (12.7–31.6)	6.4 (0.0–12.9)	21.2 (2.7–39.7)
Stranger	22.1 (13.5–30.7)	12.0 (5.5–18.5)	19.6 (3.5–35.7)	12.4 (2.0–22.7)
Other	3.6 (0.0–7.9)	6.5 (1.4–11.6)	3.1 (0.0–6.6)	1.5 (0.0–3.4)
Total (n)	100.0 (145)	100.0 (118)	100.0 (45)	100.0 (54)

[§] 95% confidence interval

Table 8.1.3. Percent of Haitian Males Aged 18–24 Years Who Experienced Their First Incident Of Unwanted Sexual Touching, Unwanted Attempted Sex, Physically Forced Sex, or Pressured Sex Prior to Age 18 Years by Perpetrator of First Event — Violence Against Children Survey (VACS) in Haiti, 2012

	Unwanted Sexual Touching Prior to Age 18 years	Unwanted Attempted Sex Prior to Age 18 years	Pressured Sex Prior to Age 18 years	Physically Forced Sex Prior to Age 18 years
	% (95% CI) [§]	% (95% CI)	% (95% CI)	% (95% CI)
Family Member	0.0	0.0	0.0	*
Boyfriend/ Girlfriend or Romantic Partner	31.2 (18.1–44.2)	36.3 (20.8–51.9)	30.2 (16.5–43.9)	*
Friend or Classmate	54.5 (41.7–67.3)	48.5 (31.3–65.7)	53.1 (36.9–69.3)	*
Neighbor	7.0 (1.8–12.2)	0.9 (0.0–2.8)	9.1 (0.0–18.5)	*
Stranger	3.1 (0.0–6.9)	10.1 (0.0–23.5)	7.6 (0.0–20.5)	*
Other	4.2 (0.0–10.2)	4.2 (0.0–12.2)	0.0	*
Total (n)	100.0 (100)	100.0 (60)	100.0 (49)	(17)

[§] 95% confidence interval

* Cell size less than 25

Table 8.1.4 Percent of Perpetrators Perceived to be 5 or More Years Older, by Haitians Aged 18–24 Years Who Experienced Any Incident of Sexual Abuse¹ Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=217)	Males (n=146)
	% (95% CI [§])	% (95% CI)
Perpetrator of sexual abuse perceived to be 5 or more years older	78.1 (70.1–86.2)	34.8 (23.3–46.4)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 8.1.5 Percent of Haitians Aged 13–17 Years Who Experienced Any Sexual Abuse¹ in the 12 Months Prior to the Survey by Perpetrator of Most Recent Event of Sexual Abuse — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Family Member	4.7 (1.4–8.0)	0.0
Boyfriend/ Girlfriend or Romantic Partner	20.2 (11.5–28.9)	10.2 (3.0–17.4)
Friend or Classmate	42.0 (29.4–54.6)	75.2 (58.1–92.3)
Neighbor	13.2 (3.1–23.3)	5.7 (0.0–11.9)
Stranger	17.0 (7.2–26.9)	8.9 (0.0–19.8)
Other	2.9 (0.0–7.2)	0.0
Total (n)	100.0 (116)	100.0 (79)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 8.1.6. Percent of Haitian Females Aged 13–17 Years Who Experienced Unwanted Sexual Touching, Unwanted Attempted Sex, Physically Forced Sex, or Pressured Sex in the 12 Months Prior to the Survey, by Perpetrator of Most Recent Event of Sexual Abuse — Violence Against Children Survey (VACS) in Haiti, 2012

	Unwanted Sexual Touching in the 12 months prior to the survey	Unwanted Attempted Sex in the 12 months prior to the survey	Pressured Sex in the 12 months prior to the survey	Physically Forced Sex in the 12 months prior to the survey
	% (95% CI) [§]	% (95% CI)	% (95% CI)	% (95% CI)
Family Member	4.0 (0.8–7.3)	4.0 (0.0–10.6)	*	*
Boyfriend/ Girlfriend or Romantic Partner	8.4 (1.0–15.8)	27.4 (11.1–43.8)	*	*
Friend or Classmate	44.9 (31.6–58.2)	38.8 (18.5–59.1)	*	*
Neighbor	15.9 (4.0–27.8)	10.0 (1.6–18.4)	*	*
Stranger	23.0 (12.2–33.7)	19.8 (5.2–34.4)	*	*
Other	3.9 (0.0–9.0)	0.0	*	*
Total (n)	100 (95)	100 (53)	13	19

[§] 95% confidence interval

* Cell size less than 25

Table 8.1.7. Percent of Haitian males Aged 13–17 Years Who Experienced Unwanted Sexual Touching, Unwanted Attempted Sex, Physically Forced Sex, or Pressured Sex in the 12 Months Prior to the Survey by Perpetrator of Most Recent Event of Sexual Abuse — Violence Against Children Survey (VACS) in Haiti, 2012

	Unwanted Sexual Touching in the 12 months prior to the survey	Unwanted Attempted Sex in the 12 months prior to the survey	Pressured Sex in the 12 months prior to the survey	Physically Forced Sex in the 12 months prior to the survey
	% (95% CI) [§]	% (95% CI)	% (95% CI)	% (95% CI)
Family Member	0.0	0.0	*	*
Boyfriend/ Girlfriend or Romantic Partner	9.2 (2.5–15.9)	14.8 (0.0–32.0)	*	*
Friend or Classmate	74.8 (58.5–91.1)	69.3 (50.7–87.9)	*	*
Neighbor	7.3 (0.0–15.1)	4.8 (0.0–11.9)	*	*
Stranger	8.7 (0.0–22.7)	11.0 (0.0–23.1)	*	*
Other	0.0	0.0	*	*
Total (n)	100.0 (58)	100.0 (31)	14	19

[§] 95% confidence interval

* Cell size less than 25

Table 8.2.1. Percent of Haitians Aged 18–24 Years Who Experienced Any Physical Violence by a Parent, Caregiver, or Other Adult Relative Prior to the Age of 18 Years, by Perpetrator of Any Incident — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Father	44.9 (38.6–51.2)	61.7 (55.1–68.2)
Mother	60.3 (53.6–67.0)	62.5 (56.5–68.5)
Brother	14.2 (8.5–19.9)	17.8 (13.0–22.7)
Sister	6.7 (3.6–9.7)	7.6 (3.1–12.1)
Uncle	6.5 (3.4–9.7)	11.6 (6.7–16.6)
Aunt	11.9 (7.8–16.1)	14.3 (8.0–20.6)
Cousin	4.8 (1.5–8.0)	3.1 (0.7–5.5)
Grandparent	2.4 (0.8–4.0)	4.0 (1.8–6.2)
Godparent	4.4 (1.4–7.5)	0.5 (0.0–1.3)
Other Relative/Caregiver [§]	2.1 (0.8–3.5)	1.7 (0.0–3.7)
Someone Else	4.7 (1.3–8.0)	8.1 (4.4–11.8)
Total# (n)	162.9 (426)	192.9 (325)

[§] 95% confidence interval

[§]Other caregivers include caregiver of respondents and other people in home

[#] Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident

Table 8.2.2. Percent of Haitians Aged 18–24 Years Who Experienced Any Physical Violence by an Authority Figure Prior to the Age of 18 Years, by Perpetrator of Any Incident — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Male Teacher	89.4 (82.7–96.1)	82.5 (75.1–89.8)
Female Teacher	27.8 (18.9–36.7)	39.4 (27.6–51.2)
Other Authority Figure [§]	3.6 (0.0–7.3)	13.2 (6.2–20.3)
Total# (n)	120.8 (150)	135.1 (126)

[§] 95% confidence interval

[§]Other authority figures include police, community leaders, religious leaders, MINUSTAH/UNPOL and other security personnel

[#]Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident.

Table 8.2.3. Percent of Haitians Aged 13–17 Years Who Experienced Any Physical Violence by a Parent, Caregiver, or Other Adult Relative in the 12 Months Prior to the Survey by Perpetrator of Any Incident of Physical Violence — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Father	44.7 (36.7–52.7)	59.5 (49.8–69.2)
Mother	62.7 (54.0–71.5)	61.9 (51.4–72.4)
Brother	17.9 (10.9–25.0)	20.7 (11.1–30.3)
Sister	13.8 (8.1–19.5)	7.1 (3.9–10.3)
Uncle	8.8 (4.1–13.5)	19.2 (9.7–28.8)
Aunt	14.3 (7.2–21.4)	20.9 (10.9–30.9)
Cousin	6.8 (2.8–10.9)	6.2 (1.6–10.8)
Grandparent	5.8 (1.6–10.0)	14.8 (7.3–22.3)
Godparent	0.5 (0.0–1.2)	3.7 (0.0–8.4)
Other Relative/Caregiver [§]	2.9 (0.4–5.5)	1.7 (0.0–4.5)
Someone Else	4.8 (0.5–9.2)	11.7 (5.5–18.0)
Total# (n)	183.0 (181)	227.4 (165)

[§] 95% confidence interval

[§]Other caregivers include caregiver of respondent and other people in home

[#] Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident

Table 8.2.4. Percent of Haitians Aged 13–17 Years Who Experienced Any Physical Violence by an Authority Figure in the 12 Months Prior to the Survey, by Perpetrator of Any Incident of Physical Violence — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Male Teacher	86.2 (76.7–95.7)	92.0 (85.8–98.1)
Female Teacher	36.3 (20.0–52.6)	33.6 (21.3–45.8)
Other Authority Figure [§]	5.1 (0.0–12.9)	8.9 (1.2–16.6)
Total# (n)	127.6 (86)	134.5 (97)

[§] 95% confidence interval

[§]Other authority figures include police, community leaders, religious leaders, MINUSTAH/UNPOL and other security personnel

[#] Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident

Table 8.3.1. Percent of Haitians Aged 18–24 Years Who Experienced Emotional Violence by a Parent, Caregiver, or Other Adult Household Member Prior to Age 18 Years, by Perpetrator of Any Incident — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI) [§]	% (95% CI)
Father	29.1 (21.5–36.7)	32.2 (22.6–41.8)
Mother	42.7 (33.4–52.1)	40.0 (28.1–51.9)
Brother	9.8 (5.9–13.8)	15.2 (7.0–23.5)
Sister	17.3 (10.4–24.1)	13.1 (3.5–22.6)
Uncle	11.6 (6.9–16.3)	11.8 (5.1–18.5)
Aunt	23.0 (14.3–31.7)	19.4 (11.0–27.8)
Cousin	15.1 (8.6–21.6)	4.9 (1.7–8.2)
Grandparent	2.2 (0.5–4.0)	7.4 (2.1–12.7)
Godparent	1.8 (0.0–3.7)	0.5 (0.0–1.2)
Other Relative/Caregiver	1.3 (0.0–2.6)	4.8 (0.6–9.0)
Someone Else	9.7 (3.6–15.9)	12.7 (6.6–18.7)
Total[#] (n)	163.6 (275)	162 (173)

[§] 95% confidence interval

[#] Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident

Table 8.3.2. Percent of Haitians Aged 13–17 Years Who Experienced Emotional Violence by a Parent, Caregiver, or Other Adult Household Member in the 12 Months Prior to the Survey, by Perpetrator of Any Incident — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI) [§]	% (95% CI)
Father	33.2 (24.7–41.7)	31.6 (21.9–41.3)
Mother	57.5 (47.8–67.2)	34.3 (26.0–42.6)
Brother	10.3 (5.0–15.6)	8.9 (2.8–15.0)
Sister	23.1 (12.4–33.8)	10.0 (3.5–16.6)
Uncle	4.7 (1.3–8.1)	13.7 (5.2–22.2)
Aunt	19.1 (9.3–28.8)	11.6 (5.6–17.7)
Cousin	7.0 (2.7–11.4)	6.3 (1.9–10.7)
Grandparent	6.0 (1.9–10.0)	14.2 (5.5–22.9)
Godparent	0.0	1.0 (0.0–3.1)
Other Relative/Caregiver	2.0 (0.1–4.0)	4.3 (0.0–9.7)
Someone Else	10.1 (1.1–19.1)	15.9 (6.5–25.3)
Total[#] (n)	173.0 (161)	151.8 (120)

[§] 95% confidence interval

[#] Total sum may be greater than 100% because respondents could have identified more than one perpetrator for a given incident.

Table 9.1.1. Percent of Haitians Aged 18–24 Years Who Experienced Their First Incident of Sexual Abuse¹ Prior to Age 18 Years Occurred at Various Locations — Violence Against Children Survey (VACS) in Haiti, 2012

	Any sexual abuse prior to age 18 years	
	Females	Males
	% (95% CI [§])	% (95% CI)
Respondent's Home/Tent	40.4 (30.8–50.0)	38.8 (26.7–50.9)
Perpetrator's Home/Tent	18.4 (11.1–25.7)	20.3 (13.0–27.6)
Someone else's Home/Tent	12.4 (6.9–17.9)	5.0 (0.7–9.4)
On a road	22.4 (17.4–27.5)	13.9 (7.0–20.8)
School	2.0 (0.1–3.9)	7.0 (0.0–14.6)
Natural Area [^]	3.1 (0.2–6.0)	13.7 (4.6–22.8)
Other [§]	1.3 (0.0–2.7)	1.2 (0.0–2.6)
Total (n)	100.0 (223)	100.0 (149)

[§] 95% confidence interval

[^] Includes field, body of water, or other natural area

[§] Includes market/shop, inside a car/bus, toilet/latrine

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 9.1.2. Percent of Haitian Females Aged 18–24 Years Who Experienced Their First Incident of Unwanted Sexual Touching, Attempted Sex, Physically Forced Sex, or Pressured Sex Prior to Age 18 Years at Various Locations — Violence Against Children Survey (VACS) in Haiti, 2012

	Unwanted Sexual Touching Prior to age 18 years	Attempted Sex Prior to age 18 years	Pressured Sex Prior to age 18 years	Physically Forced Sex Prior to age 18 years
	% (95% CI [§])	% (95% CI)	% (95% CI)	% (95% CI)
Respondent's Home/Tent	34.6 (23.6–45.5)	46.6 (33.6–59.6)	43.3 (18.3–68.3)	41.2 (24.7–57.7)
Perpetrator's Home/Tent	11.6 (5.7–17.6)	23.2 (12.0–34.4)	23.0 (4.3–41.7)	22.1 (8.4–35.8)
Someone else's Home/Tent	12.1 (5.0–19.3)	11.2 (2.8–19.6)	23.0 (4.2–41.9)	20.7 (7.9–33.6)
On a road	32.6 (23.0–42.2)	14.8 (6.7–22.8)	6.8 (0.0–13.6)	11.4 (0.0–23.7)
School	2.6 (0.0–5.3)	0.6 (0.0–1.9)	0.0	0.0
Natural Area [^]	3.8 (0.0–8.1)	3.3 (0.0–8.3)	3.6 (0.0–8.1)	2.1 (0.0–5.5)
Other [§]	2.6 (0.0–5.3)	0.3 (0.0–0.8)	0.3 (0.0–0.9)	2.5 (0.0–7.5)
Total (n)	100.0 (144)	100.0 (118)	100.0 (45)	100.0 (54)

[§] 95% confidence interval

[^] Includes field, body of water, or other natural area

[§] Includes market/shop, inside a car/bus, toilet/latrine

Table 9.1.3. Percent of Haitian Males Aged 18–24 Years Who Experienced Their First Incident of Unwanted Sexual Touching, Attempted Sex, Physically Forced Sex, or Pressured Sex Prior to Age 18 Years at Various Locations — Violence Against Children Survey (VACS) in Haiti, 2012

	Unwanted Sexual Touching Prior to age 18	Attempted Sex Prior to age 18	Pressured Sex Prior to age 18	Physically Forced Sex Prior to age 18
	% (95% CI [§])	% (95% CI)	% (95% CI)	% (95% CI)
Respondent's Home/Tent	44.7 (30.0–59.4)	42.3 (27.0–57.7)	47.7 (31.9–63.5)	*
Perpetrator's Home/Tent	17.6 (10.2–25.0)	23.1 (12.3–34.0)	19.7 (7.3–32.1)	*
Someone else's Home/Tent	1.6 (0.0–3.3)	9.3 (0.0–21.5)	9.9 (0.5–19.2)	*
On a road	15.1 (6.6–23.6)	9.5 (0.5–18.5)	5.2 (0.0–11.8)	*
School	8.9 (0.0–19.2)	2.1 (0.0–5.1)	1.7 (0.0–4.9)	*
Natural Area [^]	8.7 (0.4–16.9)	12.9 (0.0–27.2)	10.3 (0.0–23.6)	*
Other [§]	3.4 (0.0–8.9)	0.7 (0.0–2.2)	5.6 (0.0–14.3)	*
Total (n)	100.0 (100)	100.0 (60)	100.0 (49)	(17)

[§] 95% confidence interval

[^] Includes field, body of water, or other natural area

[§] Includes market/shop, inside a car/bus, toilet/latrine

* Cell size less than 25

Table 9.1.4. Percent of Haitians Aged 13–17 Years Who Experienced Their Most Recent Incident of Any Sexual Abuse¹ in the 12 Months Prior to the Surveys at Various Locations — Violence Against Children Survey (VACS) in Haiti, 2012

	Any Sexual Abuse in past 12 months	
	Females	Males
	% (95% CI [§])	% (95% CI [§])
Respondent's Home/Tent	25.6 (15.4–35.8)	23.3 (8.9–37.6)
Perpetrator's Home/Tent	15.5 (5.5–25.6)	23.1 (10.9–35.4)
Someone else's Home/Tent	10.1 (2.7–17.5)	3.1 (0.0–6.7)
On a road	27.8 (16.7–39.0)	32.7 (14.6–50.8)
School	13.7 (5.9–21.4)	9.9 (1.6–18.1)
Natural Area [^]	4.7 (0.0–10.6)	5.7 (0.5–11.0)
Other [§]	2.6 (0.4–4.9)	2.2 (0.0–5.1)
Total (n)	100.0 (117)	100.0 (79)

[§] 95% confidence interval

[^] Includes field, body of water, or other natural area

[§] Includes market/shop, inside a car/bus, toilet/latrine

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 9.1.5. Percent of Haitian Females Aged 13–17 Years Who Experienced Their Most Recent Incident of Unwanted Sexual Touching, Attempted Sex, Physically Forced Sex, or Pressured Sex in the 12 Months Prior to the Survey at Various Locations — Violence Against Children Survey (VACS) in Haiti, 2012

	Unwanted Sexual Touching in the 12 months prior to the survey	Attempted Sex in the 12 months prior to the survey	Pressured Sex in the 12 months prior to the survey	Physically Forced Sex in the 12 months prior to the survey
	% (95% CI) [§]	% (95% CI)	% (95% CI)	% (95% CI)
Respondent's Home/Tent	13.4 (5.1–21.7)	42.1 (26.1–58.2)	*	*
Perpetrator's Home/Tent	11.5 (0.7–22.3)	17.7 (5.3–30.0)	*	*
Someone else's Home/Tent	13.1 (4.4–21.7)	8.3 (0.0–21.5)	*	*
On a road	36.9 (23.9–49.9)	21.9 (11.1–32.7)	*	*
School	18.9 (8.6–29.2)	1.5 (0.0–4.3)	*	*
Natural Area [^]	3.1 (0.0–7.7)	4.1 (0.0–9.2)	*	*
Other [§]	3.1 (0.4–5.9)	4.5 (0.0–10.3)	*	*
Total (n)	100.0 (96)	100.0 (53)	(19)	(13)

[§] 95% confidence interval

[^] Includes field, body of water, or other natural area

[§] Includes market/shop, inside a car/bus, toilet/latrine

* Cell size less than 25

Table 9.1.6. Percent of Males Aged 13–17 Years Who Reported Their Most Recent Incident of Unwanted Sexual Touching, Attempted Sex, Physically Forced Sex, or Pressured Sex in the 12 Months Prior to the Survey at Various Locations — Violence Against Children Survey (VACS) in Haiti, 2012

	Unwanted Sexual Touching in the 12 months prior to the survey	Attempted Sex in the 12 months prior to the survey	Pressured Sex in the 12 months prior to the survey	Physically Forced Sex in the 12 months prior to the survey
	% (95% CI) [§]	% (95% CI)	% (95% CI)	% (95% CI)
Respondent's Home/Tent	16.5 (2.7–30.3)	25.6 (5.8–45.4)	*	*
Perpetrator's Home/Tent	19.5 (6.1–32.9)	36.8 (15.6–58.1)	*	*
Someone else's Home/Tent	2.9 (0.0–7.3)	2.5 (0.0–7.6)	*	*
On a road	37.9 (15.9–60.0)	13.7 (1.9–25.6)	*	*
School	12.6 (2.3–23.0)	8.0 (0.0–19.2)	*	*
Natural Area [^]	8.0 (1.1–15.0)	7.5 (0.0–15.7)	*	*
Other [§]	2.5 (0.0–5.7)	5.9 (0.0–14.3)	*	*
Total (n)	100.0 (58)	100.0 (31)	(19)	(14)

[§] 95% confidence interval

[^] Includes field, body of water, or other natural area

[§] Includes market/shop, inside a car/bus, toilet/latrine

* Cell size less than 25

Table 10.1.1. Person Told About Any About Any Incident of Sexual Abuse¹ Among 18–24 Year Olds Who Experienced at Least One Incident of Sexual Abuse Prior to Age 18 Years[#] — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Told someone about any incident of sexual abuse ¹	221	57.0 (48.3–65.7)	150	37.4 (28.1–46.7)
Of those who told someone, told a relative	114	47.8 (34.2–61.3)	53	23.3 (9.0–37.7)
Of those who told someone, told a spouse, boyfriend/girlfriend or partner	114	4.5 (0.0–10.1)	53	1.7 (0.0–4.2)
Of those who told someone, told a service provider or authority figure	114	1.2 (0.0–3.0)	53	0.0
Of those who told someone, told a friend	114	48.2 (35.0–61.4)	53	89.3 (79.8–98.9)
Of those who told someone, told someone else	114	2.6 (0.0–5.6)	53	0.0

[§] 95% confidence interval

[#]Total sum may be greater than 100% because incidents could have been told to more than one person

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex prior to age 18 years

Table 10.1.2. Person Told About Any About Any Incident Of Sexual Abuse¹ Among 13–17 Year Olds Who Experienced at Least One Incident of Sexual Abuse in the 12 Months Prior to the Survey[#] — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Told someone about any incident of sexual abuse ¹	117	55.4 (43.1–67.7)	80	39.5 (23.6–55.3)
Of those who told someone, told a relative	69	40.8 (19.9–61.8)	32	29.6 (13.3–45.9)
Of those who told someone, told a spouse, boyfriend/girlfriend or partner	69	0.0	32	6.9 (0.0–17.5)
Of those who told someone, told a service provider or authority figure	69	0.3 (0.0–0.8)	32	0.0
Of those who told someone, told a friend	69	57.2 (37.4–77.1)	32	64.7 (48.5–80.8)
Of those who told someone, told someone else	69	9.3 (0.0–19.8)	32	0.0

[§] 95% confidence interval

[#] Total sum may be greater than 100% because incidents could have been told to more than one person

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 10.2.1. Percent of Haitians Aged 18–24 Years Who Received Professional Services for Any Incident of Sexual Abuse¹ Among Those Who Experienced at Least One Incident of Sexual Abuse Prior to Age 18 Years by Type of Services — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Medical Services	221	8.8 (0.8–16.9)	150	5.0 (0.6–9.3)
Legal Counsel	221	1.2 (0.0–2.7)	150	0.4 (0.0–1.3)
Police, Security, or Protection Services	221	1.8 (0.0–3.8)	150	2.4 (0.0–6.4)
Professional Counseling	220	3.5 (0.0–8.7)	150	2.0 (0.0–4.1)

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

[§] 95% confidence interval

Table 10.2.2. Percent of Haitians Aged 18–24 Years Who Reported Various Reasons Why They Did Not Try to Seek Services For Incidents Of Sexual Abuse¹ Among Those Who Experienced Any Sexual Abuse Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Did not know about services or did not know where to find them	25.7 (17.4–34.0)	21.7 (10.6–32.9)
Afraid of causing more violence or getting in trouble	14.3 (8.2–20.5)	9.0 (3.2–14.9)
Maintain personal privacy / embarrassment for self or family	7.5 (1.5–13.5)	2.5 (0.0–6.5)
In relationship with abuser / did not want abuser to get in trouble	7.9 (3.2–12.6)	1.2 (0.0–2.8)
Too far to services	2.8 (1.0–4.6)	13.5 (4.9–22.1)
Afraid of being abandoned	1.4 (0.0–3.3)	0.9 (0.0–2.6)
Did not want / need services or did not think it was a problem	58.2 (46.8–69.5)	65.4 (53.3–77.4)
Could not afford transport or service fees	6.3 (2.4–10.2)	8.5 (1.9–15.0)
Felt it was useless	26.8 (17.7–35.9)	35.8 (24.9–46.7)
There was no one to help/was too young to handle on own	10.0 (4.6–15.4)	3.3 (0.7–5.9)
Other reason	0.2 (0.0–0.6)	3.8 (0.4–7.1)
Total[#] (n)	161.1 (217)	165.6 (144)

[§] 95% confidence interval

[#] Total sum may be greater than 100% because multiple barrier to receiving services were reported

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 10.2.3. Percent of Haitians Aged 13–17 Years Who Received Professional Services For Any Incident of Sexual Abuse¹ Among Those Who Experience At Least One Incident of Sexual Abuse in the 12 Months Prior to the Survey by Type of Service — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Medical Services	117	4.4 (0.2–8.6)	80	1.0 (0.0–2.9)
Legal Counsel	117	3.7 (0.0–7.9)	79	1.0 (0.0–2.9)
Police, Security, or Protection Services	117	4.7 (0.0–9.8)	80	1.0 (0.0–2.9)
Professional Counseling	116	3.4 (0.0–7.1)	80	1.0 (0.0–3.0)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 10.2.4. Percent of Haitians Aged 13–17 Years Who Reported Various Reasons Why They Did Not Try to Seek Services For Incidents Of Sexual Abuse¹ Among Those Who Experienced Any Sexual Abuse in the 12 Months Prior to The Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Did not know about services or did not know where to find them	30.2 (19.6–40.8)	22.0 (9.7–34.2)
Afraid of causing more violence or getting in trouble	21.5 (10.4–32.6)	9.9 (3.6–16.1)
Maintain personal privacy / embarrassment for self or family	4.9 (0.0–10.9)	2.6 (0.0–5.7)
In relationship with abuser / did not want abuser to get in trouble	3.4 (0.0–7.9)	8.5 (0.0–18.8)
Too far to services	2.8 (0.0–5.6)	3.2 (0.0–7.5)
Afraid of being abandoned	1.8 (0.0–3.7)	0.0 (0.0–0.0)
Did not want / need services or did not think it was a problem	62.0 (49.6–74.3)	73.7 (64.0–83.4)
Could not afford transport or service fees	5.3 (1.0–9.7)	3.1 (0.0–6.6)
Felt it was useless	22.7 (13.3–32.2)	38.7 (24.1–53.4)
There was no one to help/was too young to handle on own	15.9 (8.0–23.8)	2.4 (0.0–5.2)
Other reason	0.7 (0.0–2.0)	0.5 (0.0–1.4)
Total# (n)	171.2 (111)	164.6 (75)

[§] 95% confidence interval

Total sum may be greater than 100% because multiple barrier to receiving services were reported

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 10.3.1. Percent of Haitians Aged 18–24 Years Who Wanted Other Services That Were Not Available, Among Those Who Experienced Any Sexual Abuse¹ Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=213)	Males (n=147)
	% (95% CI [§])	% (95% CI)
Wanted other services that were not available	17.1 (8.1–26.2)	19.8 (10.1–29.6)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 10.3.2. Percent of Haitians Aged 18–24 Years Who Specified The Type(S) of Additional Services They Would Like to Have Received Among Those Who Experienced Sexual Abuse¹ Prior to Age 18 Years And Wanted Services That Were Not Available — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Counseling Services	61.3 (33.3–89.3)	84.9 (70.1–99.8)
Medical Services	26.4 (5.4–47.4)	29.1 (6.7–51.5)
Legal Counsel	30.6 (1.6–59.6)	8.0 (0.0–16.6)
Police Services	16.0 (0.0–32.8)	2.8 (0.0–7.0)
Educational Programs	27.0 (7.6–46.5)	14.5 (0.0–33.3)
Other services ²	20.2 (1.0–39.4)	1.4 (0.0–4.2)
Total[#] (n)	181.5 (34)	139.3 (25)

[§] 95% confidence interval

[#] Total sum may be greater than 100% because respondents could have identified more than one additional service that they desired.

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Other services includes: traditional healer services, shelter, and economic assistance

Table 10.3.3. Percent of Haitians Aged 13–17 Years Who Wanted Other Services That Were Not Available, Among Those Who Experienced Any Sexual Abuse¹ in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=114)	Males (n=75)
	% (95% CI [§])	% (95% CI)
Wanted other services that were not available	21.3 (12.0–30.5)	15.0 (7.2–22.8)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 10.3.4. Percent of Haitians Aged 13–17 Years Who Specified the Type(s) of Additional Services They Would Like to Have Received Among Those Who Experienced Sexual Abuse¹ in the 12 Months Prior to the Survey and Wanted Services That Were Not Available — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	% (95% CI [§])		% (95% CI)	
Counseling Services	39.7 (15.0–64.4)		*	
Medical Services	31.9 (8.1–55.7)		*	
Legal Counsel	10.4 (0.0–25.7)		*	
Police Services	16.0 (0.2–31.8)		*	
Educational Programs	7.3 (0.0–21.1)		*	
Other services ²	11.6 (0.0–23.8)		*	
Total# (n)	(25)		(13)	

[§] 95% confidence interval

* Cell size less than 25

Total sum may be greater than 100% because respondents could have identified more than one additional service that the desired

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Other services includes: traditional healer services, shelter, and economic assistance

Table 11.1.1. Percent of Haitians Aged 18–24 Years Who Received Professional Services for Any Incident Of Physical Violence¹ Among Those Who Experienced at Least One Incident of Physical Violence Prior to Age 18 Years by Type of Services — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Medical Services	476	10.1 (6.7–13.5)	403	8.9 (5.6–12.2)
Legal Counsel	476	0.5 (0.0–1.0)	403	2.8 (0.7–4.8)
Police, Security, or Protection Services	475	1.0 (0.1–1.8)	402	1.9 (0.3–3.4)
Professional Counseling	474	1.0 (0.2–1.9)	401	2.6 (0.8–4.4)

[§] 95% confidence interval

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 11.1.2. Percent of Haitians Aged 18–24 Years Who Reported Various Reasons Why They Did Not Receive Services for Incidents of Physical Violence¹ Among Those Who Experienced any Physical Violence Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	% (95% CI [§])		% (95% CI)	
Did not know about services or did not know where to find them	21.6 (15.2–27.9)		14.3 (9.6–18.9)	
Thought deserved violence / was for disciplinary reasons	3.8 (1.0–6.6)		1.2 (0.1–2.4)	
Afraid of causing more violence or getting in trouble	8.5 (4.8–12.3)		12.2 (7.4–17.1)	
Maintain personal privacy/ embarrassment for self or family	2.0 (0.0–4.4)		0.5 (0.0–1.1)	
Abuser was a family member / did not want abuser to get in trouble	8.5 (4.1–12.9)		6.0 (1.9–10.1)	
Too far to services	1.4 (0.0–2.9)		2.9 (0.9–4.9)	
Afraid of being abandoned	1.2 (0.1–2.3)		1.6 (0.0–3.4)	
Did not want/need services or did not think it was a problem	63.4 (55.2–71.5)		61.8 (53.6–69.9)	
Could not afford service or transport fees	7.0 (2.6–11.3)		5.9 (3.3–8.6)	
Felt it was useless	33.2 (26.5–39.9)		38.2 (30.1–46.4)	
There was no one to help/was too young to handle on own	9.1 (5.0–13.2)		6.6 (3.2–10.1)	
Other reason	1.7 (0.1–3.4)		0.4 (0.0–0.9)	
Total# (n)	161.4 (470)		151.6 (398)	

[§] 95% confidence interval

[#] Total sum may be greater than 100% because multiple barriers to receiving services were reported

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 11.1.3. Percent of Haitians Aged 13–17 Years Who Received Professional Services for any Incident of Physical Violence¹ Among Those Who Experienced At Least One Incident of Physical Violence in the 12 Months Prior to the Survey by Type of Service — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Medical Services	237	5.4 (2.6–8.2)	271	6.5 (2.9–10.1)
Legal Counsel	237	0.6 (0.0–1.8)	271	0.0
Police, Security, or Protection Services	236	0.6 (0.0–1.8)	270	0.4 (0.0–1.1)
Professional Counseling	237	0.4 (0.0–0.8)	270	0.5 (0.0–1.4)

[§] 95% confidence interval

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 11.1.4. Percent of Haitians Aged 13–17 Years Who Reported Various Reasons Why They Did Not Receive Services for Incidents of Physical Violence¹ Among Those Who Experienced Any Physical Violence in the 12 Months Prior To The Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Did not know about services or did not know where to find them	23.3 (15.2–31.4)	21.8 (14.9–28.8)
Thought deserved violence / was for disciplinary reasons	7.0 (0.1–13.9)	4.8 (0.8–8.8)
Afraid of causing more violence or getting in trouble	8.7 (4.0–13.5)	6.0 (2.3–9.7)
Maintain personal privacy/ embarrassment for self or family	1.8 (0.4–3.2)	0.8 (0.0–2.2)
Abuser was a family member / did not want abuser to get in trouble	8.1 (3.7–12.5)	5.1 (1.7–8.6)
Too far to services	2.5 (0.3–4.6)	1.8 (0.2–3.3)
Afraid of being abandoned	2.9 (0.7–5.1)	1.3 (0.0–2.7)
Did not want/need services or did not think it was a problem	67.1 (60.8–73.4)	65.3 (57.4–73.1)
Could not afford service or transport fees	8.1 (3.1–13.2)	5.6 (1.7–9.5)
Felt it was useless	28.5 (19.1–37.9)	35.6 (27.5–43.7)
There was no one to help/was too young to handle on own	8.9 (5.7–12.1)	10.9 (5.5–16.2)
Other reason	0.8 (0.0–2.0)	1.2 (0.0–2.8)
Total[#] (n)	167.7 (232)	160.2 (261)

[§] 95% confidence interval

[#]Total sum may be greater than 100% because multiple barriers to receiving services were reported

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 11.2.1. Percent of Haitians Aged 18–24 Years Who Wanted Other Services That Were Not Available, Among Those Who Experienced any Physical Violence¹ Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=471)	Males (n=388)
	% (95% CI [§])	% (95% CI)
Wanted other services that were not available	15.6 (9.6–21.7)	22.4 (16.0–28.9)

[§] 95% confidence interval

¹Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 11.2.2. Percent of Haitians Aged 18–24 Years Who Specified The Type(s) of Additional Services They Would Like to Have Received Among Those Who Experienced Physical Violence¹ Prior to Age 18 Years and Wanted Services That Were Not Available — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Counseling Services	48.3 (25.7–70.9)	55.4 (38.3–72.6)
Medical Services	28.9 (18.1–39.7)	41.5 (25.2–57.8)
Legal Counsel	9.2 (0.0–21.1)	16.2 (6.2–26.3)
Police Services	3.8 (0.0–8.3)	6.4 (1.9–10.9)
Educational Programs	13.5 (0.0–28.4)	30.6 (16.5–44.7)
Other services ²	13.0 (1.1–24.9)	16.2 (4.5–27.8)
Total# (n)	116.7 (58)	166.3 (78)

[§] 95% confidence interval

[#] Total sum may be greater than 100% because respondents could have identified more than one additional service that they desired.

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

² Other services includes: traditional healer services, shelter, economic assistance, and basic necessities such as water, food, and clothing

Table 11.2.3. Percent of Haitians Aged 13–17 Years Who Wanted Other Services That Were Not Available, Among Those Who Experienced Any Physical Violence¹ in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Females (n=228)	Males (n=252)
	% (95% CI [§])	% (95% CI)
Wanted other services that were not available	14.6 (8.4–20.7)	13.3 (6.8–19.9)

[§] 95% confidence interval

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 11.2.4. Percent of Haitians Aged 13–17 Years Who Specified the Type(s) of Additional Services They Would Like To Have Received Among Those Who Experienced Physical Violence¹ in the 12 Months Prior to the Survey and Wanted Services That Were Not Available — Violence Against Children Survey (VACS) in Haiti, 2012

	Females	Males
	% (95% CI [§])	% (95% CI)
Counseling Services	59.8 (42.1–77.4)	49.9 (31.5–68.3)
Medical Services	38.9 (21.3–56.6)	60.8 (38.4–83.3)
Legal Counsel	2.8 (0.0–7.7)	6.7 (0.0–14.1)
Police Services	8.5 (0.0–21.1)	14.1 (1.9–26.4)
Educational Programs	18.3 (1.1–35.5)	34.3 (12.1–56.6)
Other services ²	20.2 (6.1–34.3)	12.8 (0.0–27.4)
Total# (n)	148.5 (35)	178.6 (37)

[§] 95% confidence interval

[#] Total sum may be greater than 100% because respondents could have identified more than one additional service that they desired

¹ Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

² Other services includes: traditional healer services, shelter, economic assistance, and basic necessities such as water, food, and clothing

Table 12.1.1 Percent of Haitian Females Aged 18–24 Years Who Reported Moderate and Serious Mental Distress Among Those Who Did and Did Not Experience Sexual Abuse¹ or Physical² or Emotional³ Violence Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Mental Health & Violence in the Past 30 Days		
		Moderate mental distress ⁴	Serious mental distress ⁵
	n	% (95% CI [§])	% (95% CI)
Any sexual abuse ¹ prior to age 18 years	225	66.8 (58.2–75.5)	20.7 (13.3–28.1)
No sexual abuse ¹ prior to age 18 years	595	60.1 (54.6–65.6)	21.3 (16.5–26.1)
Any physical violence ² prior to age 18 years	491	63.6 (57.6–69.6)	20.9 (15.8–26.0)
No physical violence ² prior to age 18 years	330	59.1 (51.7–66.5)	21.5 (14.5–28.5)
Any emotional violence ³ prior to age 18 years	283	60.9 (53.2–68.5)	27.6 (20.8–34.5)
No emotional violence ³ prior to age 18 years	534	62.7 (56.6–68.8)	17.2 (12.0–22.5)

§ 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

⁴ Moderate mental distress K6 score ≥ 5 but <13

⁵ Serious mental distress K6 score ≥ 13

Table 12.1.2. Percent of Haitian Females Aged 18–24 Years Who Reported Health Outcomes Among Those Who Did and Did Not Experience Sexual Abuse¹ or Physical² or Emotional³ Violence Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Health Outcomes & Violence Respondents who reported...									
	Ever Drank Alcohol		Ever Smoked Cigarettes		Ever Thought of Suicide		Ever Attempted Suicide ⁴		Diagnosis or Symptom of STI ⁵	
	n	% (95% CI [§])	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Any sexual abuse ¹ prior to age 18 years	225	33.9 (24.2–43.5)	225	6.7 (0.7–12.6)	225	39.7 (31.4–47.9)	88	12.9 (2.7–23.1)	225	77.3 (71.5–83.1)
No sexual abuse ¹ prior to age 18 years	595	35.4 (30.4–40.3)	595	3.2 (1.2–5.1)	595	27.3 (22.4–32.2)	145	6.5 (1.0–12.1)	595	56.8 (52.2–61.5)
Any physical violence ² prior to age 18 years	491	37.1 (29.6–44.7)	491	4.5 (1.9–7.1)	491	33.0 (27.2–38.7)	160	8.2 (2.5–13.9)	491	68.9 (64.1–73.7)
No physical violence ² prior to age 18 years	330	31.7 (25.2–38.1)	330	3.5 (0.9–6.0)	330	26.7 (18.6–34.9)	74	9.5 (0.2–18.8)	330	51.7 (45.4–57.9)
Any emotional violence ³ prior to age 18 years	283	40.3 (32.3–48.3)	283	4.8 (1.1–8.6)	283	40.5 (34.2–46.8)	114	10.6 (3.4–17.8)	283	71.4 (65.3–77.6)
No emotional violence ³ prior to age 18 years	534	32.4 (27.1–37.6)	534	3.7 (1.3–6.1)	534	24.8 (18.6–31.1)	118	7.1 (0.3–13.9)	534	56.9 (52.1–61.8)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

⁴ Among those who reported thinking of suicide

⁵ Symptoms include: abnormal vaginal discharge or genital sore/ulcer

Table 12.1.3. Percent of Haitian Females Aged 18–24 Years Who Reported Pregnancy, Among Those Who Experienced Unwanted Completed Sex¹ — Violence Against Children Survey (VACS) in Haiti, 2012

	Reported ever getting pregnant as result of unwanted completed sex ¹		Reported never getting pregnant as result of unwanted completed sex ¹	
	n	% (95% CI [§])	n	% (95% CI)
Reported ever experiencing unwanted completed sex ¹	185	16.0 (10.8–21.2)	185	84.0 (78.8–89.2)

[§] 95% confidence interval

¹ Unwanted completed sex includes: physically forced sex and pressured sex.

Table 12.1.4. Percent of Haitian Males Aged 18–24 Years Who Reported Moderate and Serious Mental Distress Among Those Who Did and Did Not Experience Sexual Abuse¹ or Physical² or Emotional³ Violence Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Mental Health & Violence In the past 30 days		
		Moderate mental distress ⁴	Serious mental distress ⁵
	n	% (95% CI [§])	% (95% CI)
Any sexual abuse ¹ prior to age 18	152	57.9 (48.6–67.2)	16.1 (9.2–23.1)
No sexual abuse ¹ prior to age 18	549	62.8 (57.5–68.0)	7.2 (4.7–9.7)
Any physical violence ² prior to age 18	406	64.5 (59.0–70.1)	11.5 (7.7–15.2)
No physical violence ² prior to age 18	295	58.0 (51.3–64.7)	5.9 (3.0–8.8)
Any emotional violence ³ prior to age 18	179	66.4 (58.2–74.6)	14.5 (8.1–20.9)
No emotional violence ³ prior to age 18	521	60.3 (55.3–65.2)	6.6 (4.4–8.9)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

⁴ Moderate mental distress K6 score ≥ 5 but < 13

⁵ Serious mental distress K6 score ≥ 13

Table.12.1.5. Percent of Haitian Males Aged 18–24 Years Who Reported Health Outcomes Among Those Who Did and Did Not Experience Sexual Abuse¹ or Physical² or Emotional³ Violence Prior to Age 18 Years — Violence Against Children Survey (VACS) in Haiti, 2012

	Health Outcomes & Violence									
	Ever Drank Alcohol		Ever Smoked Cigarettes		Ever Thought of Suicide		Ever Attempted Suicide ⁴		Diagnosis or Symptom of STI ⁵	
	n	% (95% CI) [§]	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Any sexual abuse ¹ prior to age 18	151	64.0 (50.2–77.7)	152	17.4 (8.1–26.7)	152	13.2 (6.2–20.3)	25	21.6 (0.0–47.8)	152	30.7 (19.8–41.5)
No sexual abuse ¹ prior to age 18	548	57.0 (50.1–64.0)	548	10.1 (6.4–13.7)	548	8.3 (5.6–11.1)	53	12.5 (2.6–22.5)	549	20.3 (15.6–25.1)
Any physical violence ² prior to age 18	405	59.7 (51.6–67.7)	406	10.0 (6.2–13.9)	406	11.7 (7.8–15.6)	53	16.7 (2.7–30.7)	406	23.2 (17.2–29.1)
No physical violence ² prior to age 18	294	56.9 (49.7–64.2)	294	13.7 (8.2–19.3)	294	6.3 (2.9–9.6)	25	11.6 (0.0–24.4)	295	21.6 (13.9–29.4)
Any emotional violence ³ prior to age 18	178	69.1 (59.1–79.0)	179	18.5 (10.4–26.5)	179	17.4 (9.6–25.2)	40	19.8 (1.6–38.0)	179	33.3 (23.7–42.9)
No emotional violence ³ prior to age 18	520	54.9 (47.2–62.5)	520	9.1 (5.5–12.7)	520	6.4 (3.8–9.1)	38	10.6 (1.8–19.3)	521	18.6 (14.5–22.8)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

⁴ Among those who reported thinking of suicide

⁵ Symptoms include: abnormal discharge from penis or sore/ulcer on or near penis

Table 12.2.1. Percent of Haitian Females Aged 13–17 Years Who Reported Moderate and Serious Mental Distress Among Those Who Did And Did Not Experience Sexual Abuse¹ or Physical² or Emotional³ Violence in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Mental Health & Violence In the past 30 days		
		Moderate mental distress ⁴	Serious mental distress ⁵
	n	% (95% CI [§])	% (95% CI)
Any sexual abuse ¹ in the 12 months prior to the survey	119	57.4 (45.0–69.9)	21.4 (11.6–31.1)
No sexual abuse ¹ in the 12 months prior to the survey	517	53.1 (47.3–59.0)	11.1 (7.0–15.3)
Any physical violence ² in the 12 months prior to the survey	249	49.1 (42.1–56.2)	20.3 (13.2–27.4)
No physical violence ² in the 12 months prior to the survey	387	56.9 (50.0–63.9)	8.6 (4.9–12.3)
Any emotional violence ³ in the 12 months prior to the survey	171	49.7 (42.9–56.4)	25.5 (14.6–36.5)
No emotional violence ³ in the 12 months prior to the survey	464	55.7 (48.9–62.5)	8.1 (5.0–11.2)

§ 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

⁴ Moderate mental distress K6 score ≥ 5 but < 13

⁵ Serious mental distress K6 score > 13

Table 12.2.2. Percent of Haitian Females Aged 13–17 Years Who Reported Health Outcomes Among Those Who Did And Did Not Experience Sexual Abuse¹ or Physical² or Emotional Violence³ in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Health Outcomes & Violence Respondents who reported									
	Ever Drank Alcohol		Ever Smoked Cigarettes		Ever Thought of Suicide		Ever Attempted Suicide ⁴		Diagnosis or Symptom of STI ⁵	
	n	% (95% CI ⁶)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Any sexual abuse ¹ in the 12 months prior to the survey	119	41.5 (26.0–56.9)	119	1.7 (0.0–5.1)	119	46.1 (34.5–57.6)	46	9.4 (0.0–19.5)	119	64.8 (54.3–75.2)
No sexual abuse ¹ in the 12 months prior to the survey	517	19.3 (14.6–24.0)	516	0.7 (0.0–1.4)	517	16.3 (12.2–20.3)	84	21.6 (4.0–39.2)	516	34.4 (29.1–39.7)
Any physical violence ² in the 12 months prior to the survey	249	24.7 (17.6–31.9)	249	0.4 (0.0–1.1)	249	28.8 (21.1–36.6)	68	15.9 (4.5–27.4)	248	44.3 (35.4–53.2)
No physical violence ² in the 12 months prior to the survey	387	22.7 (16.4–29.0)	386	1.2 (0.0–2.5)	387	17.7 (12.8–22.5)	62	17.5 (0.0–38.8)	387	37.6 (31.3–43.9)
Any emotional violence ³ in the 12 months prior to the survey	171	33.5 (22.5–44.4)	171	2.2 (0.0–4.8)	171	46.3 (36.3–56.4)	70	24.1 (5.5–42.6)	171	54.8 (46.2–63.4)
No emotional violence ³ in the 12 months prior to the survey	464	19.7 (14.8–24.6)	463	0.3 (0.0–1.1)	464	12.6 (8.5–16.6)	60	6.0 (0.5–11.5)	463	34.4 (28.5–40.3)

⁶ 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

⁴ Among those who reported thinking of suicide

⁵ Symptoms include: abnormal vaginal discharge or genital sore/ulcer

Table 12.2.3 Percent of Haitian Females Aged 13–17 Years Who Reported Pregnancy, Among Those Who Experienced Unwanted Completed Sex¹ — Violence Against Children Survey (VACS) in Haiti, 2012

	Reported ever getting pregnant as result of unwanted completed sex ¹		Reported never getting pregnant as result of unwanted completed sex ¹	
	n	% (95% CI [§])	n	% (95% CI)
Reported ever experiencing unwanted completed sex ¹	53	10.9 (0.0–22.9)	53	89.1 (77.1–100.0)

[§] 95% confidence interval

¹Unwanted completed sex includes: physically forced sex and pressured sex.

Table 12.2.4. Percent of Haitian Males Aged 13–17 Years Who Reported Moderate and Serious Mental Distress Among Those Who Did And Did Not Experience Sexual Abuse¹ or Physical² or Emotional³ Violence in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Mental Health & Violence In the past 30 days		
		Moderate mental distress ⁴	Serious mental distress ⁵
	n	% (95% CI [§])	% (95% CI)
Any sexual abuse ¹ in the 12 months prior to the survey	82	64.2 (47.1–81.3)	4.2 (0.0–8.8)
No sexual abuse ¹ in the 12 months prior to the survey	676	52.2 (47.4–57.0)	6.5 (3.9–9.1)
Any physical violence ² in the 12 months prior to the survey	273	53.6 (47.1–60.2)	9.6 (4.8–14.3)
No physical violence ² in the 12 months prior to the survey	485	53.5 (46.3–60.7)	4.3 (2.1–6.6)
Any emotional violence ³ in the 12 months prior to the survey	131	62.0 (50.7–73.2)	14.0 (6.9–21.1)
No emotional violence ³ in the 12 months prior to the survey	625	51.8 (46.5–57.1)	4.8 (2.3–7.3)

[§] 95% confidence interval

¹Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

⁴Moderate mental distress K6 score ≥ 5 but <13

⁵Serious mental distress K6 score >13

Table 12.2.5. Percent of Haitian males Aged 13–17 Years Who Reported Health Outcomes Among Those Who Did And Did Not Experience Sexual Abuse¹ or Physical² or Emotional³ Violence in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	Health Outcomes & Violence									
	Ever Drank Alcohol		Ever Smoked Cigarettes		Ever Thought of Suicide		Ever Attempted Suicide ⁴		Diagnosis or Symptom of STI ⁵	
	n	% (95% CI [§])	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)
Any sexual abuse ¹ in the 12 months prior to the survey	82	52.1 (37.4–66.8)	82	8.7 (0.0–18.1)	82	6.7 (2.3–11.1)	10	*	81	24.1 (13.2–34.9)
No sexual abuse ¹ in the 12 months prior to the survey	675	36.0 (31.6–40.4)	676	3.6 (0.0–7.3)	676	6.3 (4.2–8.4)	42	8.7 (0.2–17.1)	674	18.1 (13.6–22.5)
Any physical violence ² in the 12 months prior to the survey	272	41.2 (34.3–48.1)	273	7.0 (0.0–14.2)	273	10.2 (6.8–13.7)	31	12.1 (0.0–24.7)	271	21.6 (13.1–30.1)
No physical violence ² in the 12 months prior to the survey	485	35.8 (30.3–41.3)	485	2.6 (0.2–5.0)	485	4.1 (1.9–6.3)	21	*	484	17.1 (12.3–21.9)
Any emotional violence ³ in the 12 months prior to the survey	131	42.4 (31.6–53.2)	131	3.8 (0.5–7.2)	131	13.7 (8.2–19.2)	20	*	130	26.2 (16.2–36.2)
No emotional violence ³ in the 12 months prior to the survey	625	37.0 (32.1–41.8)	625	4.2 (0.0–9.2)	625	5.0 (2.9–7.0)	32	1.7 (0.0–5.2)	623	17.4 (13.3–21.4)

[§] 95% confidence interval

* Cell size less than 25

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

² Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

³ Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

⁴ Among those who reported thinking of suicide

⁵ Symptoms include: abnormal discharge from penis or sore/ulcer on or near penis

Table 13.1.1. HIV Testing Knowledge And Behavior Among Haitians Aged 13–17 Years Who Have Ever Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
HIV testing knowledge				
Know where to go for HIV Test	118	48.6 (36.6–60.6)	294	40.5 (30.8–50.3)
HIV testing behavior				
Never tested for HIV	119	77.7 (68.9–86.5)	297	88.0 (83.3–92.8)
Tested for HIV and received test results	22	*	37	84.1 (67.9–100.0)

* Cell size less than 25

[§] 95% confidence interval

Table 13.1.2. HIV Testing Knowledge And Behavior Among Haitians Aged 18–24 Years Who Have Ever Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI) [§]	n	% (95% CI)
HIV testing knowledge				
Know where to go for HIV Test	614	74.6 (69.1–80.1)	539	64.6 (55.9–73.3)
HIV testing behavior				
Never tested for HIV	618	48.8 (43.1–54.5)	539	70.1 (64.2–76.0)
Tested for HIV and received test results	305	93.9 (90.6–97.3)	167	98.4 (96.2–100.0)

[§] 95% confidence interval

Table 13.1.3. HIV Testing Knowledge And Behavior By Pregnancy Status Among Haitian Females Aged 18–24 Years Who Have Ever Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	HIV testing knowledge and behavior among 18–24 year old Haitian females who ever had sexual intercourse			
	Ever Pregnant		Never Pregnant	
	n	% (95% CI) [§]	n	% (95% CI)
HIV testing knowledge				
Know where to go for HIV Test	320	76.6 (68.0–85.1)	293	72.7 (66.1–79.3)
HIV testing behavior				
Ever tested for HIV	322	62.2 (51.8–72.6)	310	41.2 (33.6–48.7)

[§] 95% confidence interval

Table 13.1.4 HIV Testing Knowledge And Behavior Among Haitian Females Aged 18–24 Years Who Have Ever Had Sexual Intercourse by Experiences of Childhood Sexual Abuse — Violence Against Children Survey (VACS) in Haiti, 2012

	HIV/AIDS–Testing Knowledge		HIV/AIDS–Testing Behavior			
	Know where to go for HIV Test		Never Tested for HIV		Tested for HIV and Received Test Results	
	n	% (95% CI [§])	n	% (95% CI)	n	% (95% CI)
Reported experiencing any sexual abuse ¹ prior to age 18 years	192	69.5 (59.5–79.5)	192	54.7 (45.7–63.7)	86	93.4 (87.5–99.4)
Reported no sexual abuse ¹ prior to age 18 years	421	76.7 (71.0–82.5)	425	46.3 (39.1–53.6)	218	94.1 (89.7–98.5)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 13.1.5. HIV Testing Knowledge And Behavior Among Haitian Males Aged 18–24 Years Who Have Ever Had Sexual Intercourse by Experiences of Childhood Sexual Abuse — Violence Against Children Survey (VACS) in Haiti, 2012

	HIV/AIDS–Testing Knowledge		HIV/AIDS–Testing Behavior			
	Know where to go for HIV Test		Never Tested for HIV		Tested for HIV and Received Test Results	
	n	% (95% CI [§])	n	% (95% CI)	n	% (95% CI)
Reported experiencing any sexual abuse ¹ prior to age 18 years	109	50.1 (35.5–64.7)	192	86.0 (79.0–93.0)	20	*
Reported no sexual abuse ¹ prior to age 18 years	185	35.7 (26.2–45.2)	425	89.1 (83.5–94.7)	17	*

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

* Cell size less than 25

Table 13.1.6. HIV Testing Knowledge And Behavior Among Haitian Females Aged 13–17 Years Old Who Have Ever Had Sexual Intercourse by Experiences of Any Sexual Abuse¹ in the 12 Months Prior to the Survey — Violence Against Children Survey (VACS) in Haiti, 2012

	HIV/AIDS–Testing Knowledge		HIV/AIDS–Testing Behavior			
	Know where to go for HIV Test		Never Tested for HIV		Tested for HIV and Received Test Results	
	n	% (95% CI [§])	n	% (95% CI)	n	% (95% CI)
Any sexual abuse in the 12 months prior to the survey	45	47.3 (30.8–63.8)	45	76.2 (60.2–92.3)	8	*
Any sexual abuse in the 12 months prior to the survey	73	49.4 (34.1–64.6)	73	78.6 (67.8–89.4)	14	*

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

* Cell size less than 25

Table 13.1.7. HIV Testing Knowledge and Behavior Among Haitian Males Aged 13–17 Years Old Who Have Ever Had Sexual Intercourse by Experiences of Any Sexual Abuse¹ in the 12 Months Prior to the Survey—Abuse Against Children Survey (VACS) in Haiti, 2012

	HIV/AIDS– Testing Knowledge		HIV/AIDS–Testing Behavior			
	Know where to go for HIV Test		Never Tested for HIV		Tested for HIV and Received Test Results	
	n	% (95% CI [§])	n	% (95% CI)	n	% (95% CI)
Any sexual abuse in the 12 months prior to the survey	50	53.6 (31.6–75.5)	50	95.0 (89.9–100.0)	5	*
Any sexual abuse in the 12 months prior to the survey	244	37.6 (29.0–46.2)	246	86.5 (80.7–92.3)	32	84.5 (67.3–100.0)

[§] 95% confidence interval

¹ Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

*Cell size less than 25

Table 14.1.1. Sexual Risk Taking Behaviors in the 12 Months Prior to the Survey Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Multiple sex partners ¹ in the 12 months prior to the survey	401	31.2 (23.9–38.5)	292	66.9 (58.9–74.8)
Infrequent condom use ² in the 12 months prior to the survey	435	74.9 (68.9–80.9)	311	42.3 (35.6–49.0)
Any transactional sex ³ in the 12 months prior to the survey	441	2.8 (1.0–4.5)	318	0.0

[§] 95% confidence interval

¹ Multiple sexual partners in the 12 months prior to the survey: 2 or more people with whom the respondent engaged in sexual intercourse in the 12 months prior to the survey

² Infrequent condom use in the 12 months prior to the survey: never or sometimes use condoms in the 12 months prior to the survey

³ Transactional sex includes receiving money, gifts, food, or favors for sex

Table 14.2.1. Multiple Sex Partners in the 12 Months Prior to the Survey¹ by Experience of Sexual Abuse² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Multiple sexual partners in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any sexual abuse ² prior to age 18 years	116	36.4 (23.6–49.2)	64	79.7 (69.7–89.6)
No sexual abuse ² prior to age 18 years	284	29.4 (22.1–36.7)	228	63.2 (54.3–72.1)

[§] 95% confidence interval

¹Multiple sex partners in the 12 months prior to the survey: 2 or more people with whom the respondent engaged in sexual intercourse in the 12 months prior to the survey

² Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 14.2.2. Infrequent Condom Use in the 12 Months Prior to the Survey¹ By Experience Of Sexual Abuse² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Infrequent condom use in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any sexual abuse ² prior to age 18 years	125	80.8 (71.2–90.5)	69	58.0 (41.9–74.1)
No sexual abuse ² prior to age 18 years	309	72.9 (65.5–80.3)	242	37.7 (29.7–45.8)

[§] 95% confidence interval

¹Infrequent condom use in the 12 months prior to the survey: never or sometimes use condoms in the 12 months prior to the survey

² Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 14.2.3. Transactional Sex in the 12 Months Prior to the Survey¹ by Experience of Sexual Abuse² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Any transactional sex in past 12 months			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any sexual abuse ² prior to age 18 years	126	7.8 (1.8–13.8)	71	0.0
No sexual abuse ² prior to age 18 years	314	1.1 (0.1–2.2)	247	0.0

[§] 95% confidence interval

¹Transactional sex in the 12 months prior to the survey includes: receiving money, gifts, food, or favors for sex in the 12 months prior to the survey

² Sexual abuse includes: unwanted sexual touching, unwanted attempted sex, pressured sex, and physically forced sex

Table 14.2.4. Multiple Sex Partners in the 12 Months Prior to the Survey¹ by Experience of Physical Violence² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Multiple sexual partners in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any physical violence ² prior to age 18 years	241	34.5 (25.6–43.4)	172	67.8 (58.0–77.5)
No physical violence ² prior to age 18 years	160	26.2 (16.5–35.8)	120	65.8 (52.8–78.7)

[§] 95% confidence interval

¹Multiple sex partners in the 12 months prior to the survey: 2 or more people with whom the respondent engaged in sexual intercourse in the 12 months prior to the survey

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 14.2.5. Infrequent Condom Use in the 12 Months Prior to the Survey¹ by Experience of Physical Violence² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Infrequent condom use in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any physical violence ² prior to age 18 years	263	79.8 (72.7–86.9)	181	45.7 (37.8–53.6)
No physical violence ² prior to age 18 years	172	67.5 (55.5–79.4)	130	38.2 (28.0–48.4)

[§] 95% confidence interval

¹Infrequent condom use in the 12 months prior to the survey: never or sometimes use condoms in the 12 months prior to the survey

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 14.2.6. Transactional Sex in the 12 Months Prior to the Survey¹ by Experience of Physical Violence² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Any transactional sex in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any physical violence ² prior to age 18 years	265	4.6 (1.7–7.6)	0	0.0
No physical violence ² prior to age 18 years	176	0.0	0	0.0

[§] 95% confidence interval

¹Transactional sex² includes: receiving money, gifts, food, or favors for sex in the 12 months prior to the survey

²Physical violence includes: punching, kicking, whipping, beating with an object, choking, smothering, trying to drown, burning or scalding intentionally, using or threatening to use a gun, or knife or other weapon

Table 14.2.7. Multiple Sex Partners in the 12 Months Prior to the Survey¹ by Experience of Emotional Violence² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Multiple sexual partners in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any emotional violence ² prior to age 18 years	142	40.2 (26.0–54.4)	71	66.1 (49.8–82.3)
No emotional violence ² prior to age 18 years	256	25.6 (18.1–33.2)	220	66.7 (58.3–75.1)

[§] 95% confidence interval

¹Multiple sex partners in the 12 months prior to the survey: 2 or more people with whom the respondent engaged in sexual intercourse in the 12 months prior to the survey

² Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 14.2.8. Infrequent Condom Use in the 12 Months Prior to the Survey¹ by Experience of Emotional Violence² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Infrequent condom use in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any emotional violence ² prior to age 18 years	153	87.3 (80.5–94.0)	76	56.1 (42.1–70.1)
No emotional violence ² prior to age 18 years	279	68.0 (60.7–75.3)	234	38.8 (31.0–46.6)

[§] 95% confidence interval

¹Infrequent condom use in the 12 months prior to the survey: never or sometimes use condoms in the 12 months prior to the survey

² Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 14.2.9. Transactional Sex in the 12 Months Prior to the Survey¹ by Experience of Emotional Violence² Prior to Age 18 Years Among 19–24 Years Olds Who Had Sexual Intercourse — Violence Against Children Survey (VACS) in Haiti, 2012

	Any transactional sex in the 12 months prior to the survey			
	Females		Males	
	n	% (95% CI [§])	n	% (95% CI)
Any emotional violence ² prior to age 18 years	156	5.2 (1.9–8.4)	0	0.0
No emotional violence ² prior to age 18 years	282	1.5 (0.0–3.3)	0	0.0

[§] 95% confidence interval

¹Transactional sex in the 12 months prior to the survey includes: receiving money, gifts, food, or favors for sex in the 12 months prior to the survey

² Emotional violence includes: being ridiculed or put down, being made to feel unwanted or unloved, or being threatened with abandonment

Table 15.1. Endorsement of One or More Circumstances Where Spousal Violence is Acceptable by Sex And Age — Violence Against Children Survey (VACS) in Haiti, 2012

Attitudes regarding spousal abuse and violence Acceptance of a husband beating his wife if she												
Goes out Without Telling Him		Neglects the Children		Argues with Him		Refuse to have Sex with Him		Burns the Food		Acceptance of one or more		
n	% (95% CI) [§]	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	
Female												
13–17 years	588	27.7 (21.4–34.0)	579	28.7 (23.8–33.6)	581	23.7 (18.3–29.2)	545	17.1 (13.2–21.0)	579	15.4 (11.1–19.6)	603	48.2 (42.3–54.1)
18–24 years	808	19.0 (15.5–22.5)	804	22.1 (17.8–26.5)	804	16.3 (13.2–19.3)	793	12.6 (9.1–16.1)	806	7.5 (4.9–10.2)	818	37.5 (32.5–42.5)
Male												
13–17 years	712	22.5 (17.8–27.3)	712	27.4 (22.3–32.5)	710	16.6 (13.0–20.2)	686	12.9 (8.3–17.6)	726	12.2 (7.7–16.7)	737	41.4 (36.5–46.3)
18–24 years	687	17.7 (13.0–22.3)	692	19.0 (14.8–23.3)	680	15.0 (10.4–19.6)	680	9.9 (6.5–13.4)	691	7.9 (5.1–10.7)	699	31.1 (25.9–36.2)

[§] 95% confidence interval

Table 15.2. Endorsement of One or More Circumstances Where it is Acceptable for Gender Biases Towards Sexual Practices and Intimate Partner Violence by Sex And Age — Violence Against Children Survey (VACS) in Haiti, 2012

Attitudes regarding sex												
Men Decide when to have Sex		Men Need More Sex		Men Need Other Women		Women Who Carry Condoms are "loose"		Women Should Tolerate Violence to Keep Family Together		Acceptance of one or more		
n	% (95% CI) [§]	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	n	% (95% CI)	
Female												
13–17 years	485	31.4 (24.7–38.0)	455	45.3 (39.1–51.6)	549	23.7 (18.9–28.5)	501	41.8 (34.5–49.2)	565	13.4 (9.6–17.1)	589	60.1 (54.8–65.5)
18–24 years	780	26.8 (22.0–31.6)	699	38.4 (32.8–44.1)	793	21.4 (17.0–25.7)	765	40.3 (34.5–46.1)	805	13.3 (9.9–16.6)	819	59.4 (53.3–65.5)
Male												
13–17 years	620	40.6 (35.4–45.8)	599	51.3 (46.6–56.1)	680	33.8 (28.7–38.8)	632	53.6 (48.4–58.8)	682	20.0 (16.5–23.5)	725	73.8 (69.7–77.8)
18–24 years	665	30.5 (25.3–35.8)	619	46.0 (40.2–51.8)	664	38.6 (33.3–43.8)	668	41.0 (34.5–47.5)	677	13.9 (10.5–17.3)	695	69.4 (64.1–74.8)

[§] 95% confidence interval



APPENDIX B: WEIGHTING PROCEDURES, QUALITY ASSURANCE, AND ESTIMATES OF SAMPLING ERROR

The 2011 Haiti VACS was a nationally representative household survey of all non-institutionalized women and men aged 13 to 24 years designed to produce data on sexual, physical, and emotional violence in childhood.

The sampling frame was originally compiled by the Institut Haitien de Statistique et d'Informatique for the national population census in 2003. In preparation for several national surveys, the sampling frame was updated in 2011 to specifically account for rapidly expanding cities and communes affected by the January 2010 earthquake. In addition, the Camp Coordination Camp Management (CCCM) provides quarterly census data on the IDP camps as a result of the earthquake.

To calculate separate male and female prevalence estimates for violence victimization, a split sample approach was used. This means that the survey for females was conducted in different SDEs than the survey for males. The split sample approach serves to protect the confidentiality of respondents, and eliminates the chance that a male perpetrator of a sexual assault and the female who was the victim of his sexual assault in the same community would both be interviewed. The design also eliminates the chance that a female perpetrator and a male victim of sexual violence from the same community would both be interviewed.

For the non-camp sample the following assumptions were used to estimate the sample size: 95% confidence interval (CI) of $\pm 2.0\%$ around an estimated prevalence of sexual violence against children of 30%, and a design effect of 2.0. The calculated sample size based on these assumptions was 1008 completed interviews for males and 1008 completed interviews for females. Adjustment to the sample size for eligibility as well as non-response resulted in a target of 2752 households in 79 SDEs for the female sample and 3415 households in 98 SDEs for the male sample.

STAGES OF SELECTION

The 2011 Haiti VACS non-camp sample used a stratified three-staged sample design. At the first stage the 177 SDE were selected with the probability of selection proportional to the estimated number of households from the 2011 Haitian Institute of Statistics and Information (IHSI) update of the national population census in 2003. The 177 SDEs were allocated across the 11 Domaines in Haiti with the allocation based on population size in each Domaine. The 177 SDEs were then be divided by gender (79 female and 98 male SDEs [differences based on varying gender response rates])(Appendix Table B1).

At the second stage a cluster of 35 households in each SDE was systematically selected. Following the selection of the 177 SDEs, a new mapping and listing of structures and households was performed in each of the 177 selected SDEs.

In the final stage of selection one eligible respondent (male or female based on the gendering of the SDE) was randomly selected from the list of all eligible females (or males) in each household.

SAMPLING ALLOCATION

Table B1: Allocation of 177 PSU by Domaine — Violence Against Children Survey in Haiti, 2012

Domaine	Percent	Allocation
Aire Metropolitaine	19.9	35
Artibonite	16.2	29
Centre	7.3	13
Grand'Anse	4.5	8
Nippes	3.3	6
Nord	10.3	18
Nord-Est	4.0	7
Nord-Ouest	6.7	12
Ouest	14.3	25
Sud	7.8	14
Sud-Est	5.8	10
TOTAL	100.0	177

To account for the estimated 5% of the population (519,164 persons) residing in IDP camps/tents a separate sampling stratum was determined. The camp sample was proportionally allocated and was determined to be 5.6% of the total national population. Second, the non-camp sample was fixed at 1008 (the number of completed interviews for each sex) in order to safeguard sufficient sample size for the non-camp population. Since the camp population was in flux, this ensured that the non-camp sample size was not jeopardized. Based on these strategies, the desired sample size was 60 completed female interviews and 60 completed male interviews. Adjusting for eligibility and non-response at the household and individual levels, using the numbers above for non-camp sample, 164 and 204 households were estimated to yield the necessary number of completed interviews for females and males, respectively.

WEIGHTING PROCEDURE

Weighting

Weighting is a method used to obtain parameters from the data set resulting from sampling so as to represent the total population. VACS used a three step weighting procedure: (Step 1) computation of base weight for each sample respondent; (Step 2) adjustment of the base weights for non-response; and (Step 3) post-stratification calibration adjustment of weights to known population totals.

Base Weight

Base weights were calculated that are inversely proportional to the overall selection probabilities for each sample respondent (Step 1). Calculations in this stage included probabilities of selection of EAs, selection of households, gender specification, and selection of eligible individuals.

Adjustment for Unit Non-response

In Step 2, base weights were adjusted to compensate for the losses in the sample outcome due to non-response (Appendix Table B2 shows household and individual response rates). In this step, non-response adjustments were made for non-responding EAs, non-responding households and nonresponding respondents. Due to some non-

responding enumeration areas (EAs), nonresponse adjustments were made at the PSU-level for both the male and female EAs applied at the domaine level (Appendix Table B7 & B8 present PSU-level nonresponse adjustment factors for female and male EAs). The household-level non-response adjustment was performed by using weighted data by domaine and SDE. For the person-level non-response adjustment, weighting cells were formed taking into account domaine, age group (13–17 or 18–24), and sex. In the VACS protocol, it is recommended that any household–or person-level non-response adjustment component that exceeds 3.00, should be set to 3.00. For the 2012 Haiti VACS, there were no values larger than 3.0 in either the household-level and the person-level adjustment factors for non-response.

Household-level Response Rate

Using the household disposition codes, the household-level response rates were computed separately for each sample EA using the formula below.

$$\text{Household-level Response Rate} = \frac{[1]+[2]}{[1]+[2]+[3]+[6]+[7]}$$

where:

[1]+[2]+[3]+[6]+[7] = Completed Household Survey, 1 person selected

[2] = Completed Household Survey, no one selected

[3] = Household refusal

[4] = Unoccupied/Vacant/Abandoned

[5] = Demolished

[6] = Household respondent incapacitated

[7] = Other Household non-response

The corresponding household-level weighting class adjustment was computed as one divided by the weighted household response rate for each sampled EA. Appendix Table B3 and B4 lists all household-level nonresponse adjustment factors for female and male EAs.

Person-level Response Rate

Person-level non response adjustment was performed by using individual-level response rate calculating formula by a combination of weighting class variables. As with the household adjustment component, the person-level adjustment component was computed as one divided by the weighted person-level response rate for each weighting cell. Appendix Table B5 and B6 are the person-level non-response adjustment factors for female and male EAs.

$$\text{Individual-level Response Rate} = \frac{[8]}{[8]+[10]+[11]+[12]}$$

where:

[8] = Completed Individual Survey

[9] = Selected Individual Later Determined Ineligible

[10] = Selected respondent refusal

[11] = Selected respondent incapacitated

[12] = Other individual non response

Table B2: Household and Individual Response Rates by Sex — Violence Against Children Survey in Haiti, 2012

	Females	Males
Household Response Rate		
Completed household survey (1 person selected) [1]	1568	1652
Completed household—no eligible in household [2]	1026	1503
Household refusal [3]	65	60
Unoccupied/vacant/abandoned [4]	71	86
Demolished [5]	11	3
Household respondent incapacitated [6]	1	0
Other household non-response [7]	160	191
TOTAL	2902	3495
Household Response Rate*	92.0%	92.6%
Individual Response Rate		
Completed individual survey [8]	1457	1459
Selected individual later determined ineligible [9]	3	3
Selected respondent refused [10]	27	36
Selected respondent incapacitated [11]	15	22
Other individual non-response [12]	66	132
TOTAL	1568	1652
Individual Response Rate**	93.1%	88.5%
Overall Response Rate***	85.6%	82.0%

*Household Response Rate = $((1)+(2))/((1)+(2)+(3)+(6)+(7))*100$

**Individual Response Rate = $((8)/((8)+(10)+(11)+(12))*100$

***Overall Response Rate = Household Response Rate * Individual Response Rate

**Table B3: Household-level Nonresponse Adjustments for Female Enumeration Areas
–Haiti Violence Against Children Survey, 2012**

Domaine	PSU	Household Non-response Adjustment	Domaine	PSU	Household Non-response Adjustment	Domaine	PSU	Household Non-response Adjustment
12	11101660567	1.148	10	62101014012	1.061	4	12101010009	1
12	11190159532	1.029	10	62303024018	1.091	4	12103021025	1.029
12	11190262547	1.097	10	63103001010	1.030	4	12103029039	1.207
12	11190336558	1.684	10	63202023009	1.061	4	13103007015	1.094
12	11190381628	1	10	64102019011	1.207	4	13103021019	1
12	11190395631	1.097	9	82204005003	1.029	4	13109008071	1.167
12	11190487598	1.065	9	82301004003	1.059	4	13301007011	1
12	11190492601	1	9	83101002006	1	4	13403011003	1.207
12	11201122027	1	8	84104001001	1.063	4	13404010004	1.029
12	11290195528	1.417	8	85103011001	1	3	71190057504	1.029
12	11290242544	1.737	8	85204009002	1	3	71203021017	1.029
12	11390182538	1.063	7	31180017024	1.129	3	73105003004	1
12	11390199541	1.031	7	31190032507	1.129	3	73181001007	1.129
12	11490050506	1.207	7	31201009006	1.1	3	73202015008	1.031
12	11490056513	1.292	7	33103005007	1.033	3	74390002501	1
11	51101033019	1.097	7	33201005004	1	3	75101009005	1.458
11	51190120528	1.029	7	34501006001	1	2	21101026027	1
11	52105001027	1.185	7	37105006012	1.063	2	21106020028	1
11	52390001501	1.148	7	37108005002	1.029	2	21112007013	1
11	53101010005	1.029	6	41302001001	1	2	23402011005	1
11	53102035017	1.4	6	42190019505	1	1	11101119999	1.053
11	53103004016	1.063	6	42201006003	1	1	11201041999	1.455
11	53106011020	1.061	5	91106010002	1	1	11201362999	1.094
11	53190023512	1.207	5	91190061504	1.029	1	11803018999	1.125
11	53302013006	1.029	5	91390001501	1	1	13102484999	1.296
11	54201060019	1.136	5	93203002002	1.063			
11	54401005002	1.207	5	93407008008	1			
11	55106008005	1.172	4	11310002002	1			
10	61203018008	1.346	4	11402014013	1			

**Table B4: Household-level Nonresponse Adjustments for Male Enumeration Areas
–Haiti Violence Against Children Survey, 2012**

Domaine	PSU	Household Non-Response Adjustment	Domaine	PSU	Household Non-response Adjustment	Domaine	PSU	Household Non-Response Adjustment
12	11101343560	1.061	10	62103023002	1.030	4	12101027012	1.029
12	11190411627	1.061	10	62104011025	1.030	4	12103035039	1.029
12	11190490600	1.065	10	62202003010	1.111	4	12111001003	1.061
12	11190527593	1.029	10	63102020003	1.031	4	12190023503	1
12	11201177036	1.030	9	81103005020	1.179	4	12307009005	1
12	11202045044	1.029	9	81190007502	1.129	4	13102049053	1.031
12	11290057513	1	9	82103010002	1.061	4	13102075043	1.133
12	11290075540	1	9	83105004003	1.097	4	13190005504	1.094
12	11290177524	1.065	9	83405011001	1.207	4	14101008007	1.063
12	11290305563	1.061	8	85305007006	1.133	4	14101030013	1.172
12	11390029506	1.138	8	85401006004	1.148	4	14103014030	1
12	11390196540	1	8	85401017006	1	4	14203015016	1
12	11390241550	1.030	7	31103004004	1	4	14204005012	1.061
12	11490106520	1.36	7	31180057022	1	3	71102003004	1.061
12	11490114531	1.061	7	32103018012	1	3	71104019015	1
12	11490116531	1.214	7	32106006002	1.030	3	71190010507	1.061
11	51105015032	1.094	7	32301006002	1.129	3	71201016005	1.030
11	52104013012	1.029	7	33105008004	1.167	3	73108003020	1.061
11	52106033009	1.143	7	34201003006	1.065	3	73301006002	1.029
11	52107011002	1	7	35202005007	1.029	3	73305010011	1.029
11	53190050510	1	7	36102012008	1	2	21103004029	1.061
11	53190051510	1	7	36190003503	1.061	2	22204001009	1
11	53202022022	1	6	41180002002	1.063	2	23107012011	1.25
11	53203016032	1	6	42102003004	1.061	2	23190003501	1.031
11	53290002501	1.061	6	43190016503	1.094	2	23402008005	1
11	54102007006	1.029	6	43302006001	1	2	23490010502	1.129
11	54102039015	1.063	5	91103010015	1.161	1	11101075999	1.167
11	54102045008	1.091	5	91106023005	1.296	1	11102001999	1
11	54104002037	1.179	5	91107016008	1	1	11201147999	1.071
11	54205020032	1.938	5	91190048510	1.32	1	11201527999	1.217
11	54490012504	1.269	5	93301013010	1.1	1	11405337999	1.214
11	55290002501	1.063	5	93402005027	1.097	1	13102480999	3
10	61103006016	1	5	93490004501	1.029			
10	61301012005	1.129	4	11502011008	1.061			

**Table B5: Person-level Nonresponse Adjustment Factors for Female Enumeration Areas
–Haiti Violence Against Children Survey, 2012**

Domaine	Age Category	Person Non-response Adjustment
12	13 to 17	1.099
12	18 to 24	1.067
11	13 to 17	1.057
11	18 to 24	1.107
10	13 to 17	1.122
10	18 to 24	1.135
9	13 to 17	1
9	18 to 24	1.026
8	13 to 17	1
8	18 to 24	1
7	13 to 17	1.050
7	18 to 24	1.113
6	13 to 17	1.009
6	18 to 24	1.012
5	13 to 17	1.046
5	18 to 24	1.100
4	13 to 17	1.011
4	18 to 24	1.001
3	13 to 17	1.017
3	18 to 24	1.038
2	13 to 17	1.003
2	18 to 24	1
1	13 to 17	1.005
1	18 to 24	1.204

**Table B6: Person-level Nonresponse Adjustment Factors for Male Enumeration Areas
–Haiti Violence Against Children Survey, 2012**

Domaine	Age Category	Person Non-response Adjustment
12	13 to 17	1.026
12	18 to 24	1.044
11	13 to 17	1.087
11	18 to 24	1.214
10	13 to 17	1.025
10	18 to 24	1.050
9	13 to 17	1.033
9	18 to 24	1.080
8	13 to 17	1
8	18 to 24	1.168
7	13 to 17	1.047
7	18 to 24	1.054
6	13 to 17	1.194
6	18 to 24	1.188
5	13 to 17	1.030
5	18 to 24	1.286
4	13 to 17	1.088
4	18 to 24	1.144
3	13 to 17	1.033
3	18 to 24	1.082
2	13 to 17	1.025
2	18 to 24	1.117
1	13 to 17	1.340
1	18 to 24	1.416

Table B7: PSU-level Nonresponse Adjustment Factors for Female Enumeration Areas –Haiti Violence Against Children Survey, 2012

Domaine	PSU Non-response Adjustment
12	1.215
11	1
10	1
9	1
8	1
7	1
6	1
5	1
4	1
3	1
2	1
1	1

Table B8: PSU-level Nonresponse Adjustment Factors for Male Enumeration Areas –Haiti Violence Against Children Survey, 2012

Domaine	PSU Non-response Adjustment
12	1.163
11	1
10	1.255
9	1
8	1
7	1
6	1
5	1
4	1
3	1
2	1
1	1

Post-stratification Calibration Adjustment

In the final stage of the weighting process (Step 3), calibration adjustment was done to adjust weights to conform with the IHSI statistical 2011 population projections distributed by domaine, age group (13–17 or 18–24), and sex. These variables were used to form weighting cells. Appendix Table B9 and B10 present the post-stratification calibration adjustment factors for female and male EAs. Calibration was not performed on the camps as no population data were available. Appendix Table B9 presents the post-stratification calibration adjustment factors.

**Table B9: Calibration Adjustments for Female Enumeration Areas
–Haiti Violence Against Children Survey, 2012**

Domaine	Age Category	Weighted Sum of the Sample	CENSUS	Calibration
12	13 to 17	132996.025	145419	1.093
12	18 to 24	226190.348	218188	0.965
11	13 to 17	64429.389	88020	1.366
11	18 to 24	115579.659	112248	0.971
10	13 to 17	30234.579	35652	1.179
10	18 to 24	33369.752	41242	1.236
9	13 to 24	28975.523	44551	1.538
8	13 to 24	27969.211	32382	1.158
7	13 to 17	62389.725	56114	0.899
7	18 to 24	80829.478	71332	0.882
6	13 to 17	37848.799	19284	0.510
6	18 to 24	48246.447	23163	0.480
5	13 to 17	36903.758	37498	1.016
5	18 to 24	26870.646	46754	1.740
4	13 to 17	114076.374	71520	0.627
4	18 to 24	191238.123	107026	0.560
3	13 to 17	37266.595	37342	1.002
3	18 to 24	30733.070	42333	1.377
2	13 to 17	27983.133	31643	1.131
2	18 to 24	49786.710	32890	0.661

**Table B10: Calibration Adjustments for Male Enumeration Areas
–Haiti Violence Against Children Survey, 2012**

Domaine	Age Category	Weighted Sum of the Sample	CENSUS	Calibration
12	13 to 17	137948.1485	126457	0.916
12	18 to 24	163254.7758	202448	1.240
11	13 to 17	89792.38985	93494	1.041
11	18 to 24	105302.4722	110455	1.048
10	13 to 17	49215.53922	40854	0.83
10	18 to 24	42076.68338	42731	1.015
9	13 to 17	28202.58506	26802	0.950
9	18 to 24	37471.18312	28455	0.759
8	13 to 24	19988.42401	40622	2.032
7	13 to 17	97739.30616	57438	0.587
7	18 to 24	66360.98974	69503	1.047
6	13 to 24	63884.5702	44329	0.693
5	13 to 17	31084.06291	40866	1.314
5	18 to 24	43284.66826	47395	1.094
4	13 to 17	121022.0064	67531	0.558
4	18 to 24	97986.33013	108115	1.103
3	13 to 17	32415.23164	44380	1.369
3	18 to 24	28811.18183	50729	1.760
2	13 to 17	36373.08634	36662	1.007
2	18 to 24	35563.14784	34596	0.972

Final Weights

The final weights assigned to each responding unit were computed as the product of the base weights, the non-response adjustment factors and post-stratification calibration adjustment factors. The final weights were used in all analysis to produce estimates of population parameters.

Effect of Variable Sample Weights on the Precision of Survey Weights

Variation in sample weights can increase the amount of sampling error in survey estimates and lead to larger standard errors of these estimates. The multiplicative increase in the variance of survey estimates depends on how variable the weights are for the set of sample observations that are used to produce the estimates. The more variable the weights are, the larger is the value of Meff. It is preferable for the Meff to be less than 2.00. In Appendix Table B11 and B12, the values of Meff are shown for females and males. This indicates that variation in sample weights increases the variation of estimates by these Meff factors respectively. For these data, the values of Meff imply that the effort to reduce the effect of variable weights on estimates, such as weight trimming, is not required.

**Table B11: Multiplicative Effect Female Overall
–Haiti Violence Against Children Survey, 2012**

n	Meff
1457	1.839

**Table B12: Multiplicative Effect Male Overall
–Haiti Violence Against Children Survey, 2012**

n	Meff
1459	1.857

Estimates of Sampling Error

Sampling errors for the Haiti VACS are calculated for selected variables considered to be of primary interest. The results are presented in Appendix Tables B13 and B14 by gender. These tables present the value of the statistic (R), its standard error (SE), the number of unweighted (N) cases, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits ($R \pm 1.96SE$), for each variable. The DEFT is considered undefined when the standard error considering simple random sample is zero (when the estimate is close to 0 or 1).

Table B13: Sampling errors for female sample–Haiti Violence Against Children Survey (VACS), 2012

Indicator	Age Group	Unweighted count	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Any Childhood Sexual Abuse	18–24 years old prior to age 18	820	25.710	1.970	1.953	21.783	29.637	0.077
	13–17 years old in the 12 months prior to the survey	636	18.989	2.190	1.980	14.624	23.355	0.115
Reported experiencing any sexual touching	18–24 years old prior to age 18	792	17.014	1.611	1.658	13.804	20.223	0.095
	13–17 years old in the 12 months prior to the survey	629	15.711	2.063	2.018	11.599	19.823	0.131
Reported experiencing any unwanted attempted sex	18–24 years old prior to age 18	801	13.285	1.589	1.746	10.119	16.451	0.120
	13–17 years old in the 12 months prior to the survey	632	7.262	1.271	1.513	4.729	9.795	0.175
Reported experiencing any pressured sex	18–24 years old prior to age 18	810	4.868	0.913	1.487	3.049	6.686	0.187
	13–17 years old in the 12 months prior to the survey	635	3.379	0.919	1.641	1.547	5.211	0.272

Indicator	Age Group	Unweighted count	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Reported experiencing physically forced sex	18–24 years old prior to age 18	809	6.271	1.368	2.639	3.545	8.997	0.218
	13–17 years old in the 12 months prior to the survey	631	1.868	0.630	1.363	0.613	3.123	0.337
Reported experiencing any unwanted completed sex (physically forced or pressured)	18–24 years old prior to age 18	806	9.038	1.383	1.926	6.283	11.794	0.153
	13–17 years old in the 12 months prior to the survey	632	4.300	0.953	1.393	2.400	6.199	0.222
Reported experiencing their first incident of sexual abuse where the perpetrator was perceived to be 5 or more years older	18–24 years old prior to age 18	217	78.123	4.045	1.993	70.062	86.184	0.052
Reported experiencing more than one incident of sexual abuse, among those who experienced at least one incident of sexual abuse	18–24 years old prior to age 18	224	69.502	3.595	1.080	62.337	76.667	0.052

Indicator	Age Group	Unweighted count	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Reported talking to or receiving services for any incident of sexual abuse ¹ , among those who experienced at least one incident of sexual abuse	18–24 years old prior to age 18	221	9.988	4.076	3.971	1.864	18.113	0.408
	13–17 years old in the 12 months prior to the survey	117	8.585	2.866	1.214	2.873	14.297	0.334
Reported that they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred	18–24 years old prior to age 18	221	56.973	4.369	1.775	48.266	65.681	0.077
	13–17 years old in the 12 months prior to the survey	117	55.440	6.191	1.800	43.100	67.780	0.112
Reported receiving any money, food, gifts, or other favors to have sexual intercourse or to perform other sexual acts	18–24 years old prior to age 18	821	4.231	0.753	1.132	2.730	5.733	0.178
	13–17 years old in the 12 months prior to the survey	636	2.221	0.732	1.566	0.762	3.679	0.329
Reported that first incident of sexual intercourse was unwanted	18–24 years old prior to age 18	381	23.062	2.971	1.625	17.141	28.984	0.129
	13–17 years old in the 12 months prior to the survey	115	32.140	5.059	1.208	22.056	42.223	0.157
Reported experiencing any physical violence	18–24 years old prior to age 18	821	60.545	3.092	3.234	54.383	66.707	0.051
	13–17 years old in the 12 months prior to the survey	636	38.149	3.024	2.460	32.123	44.175	0.079

Indicator	Age Group	Unweighted count	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Reported experiencing any physical violence by an adult household member	18–24 years old prior to age 18	821	55.942	2.635	2.506	50.691	61.193	0.047
	13–17 years old in the 12 months prior to the survey	636	32.150	2.743	2.190	26.683	37.616	0.085
Reported experiencing any physical violence by an authority figure	18–24 years old prior to age 18	821	21.124	3.161	4.800	14.826	27.423	0.150
	13–17 years old in the 12 months prior to the survey	636	16.321	2.260	2.374	11.817	20.824	0.138
Reported experiencing any emotional violence by an adult household member	18–24 years old prior to age 18	817	34.625	2.588	2.294	29.468	39.782	0.075
	13–17 years old in the 12 months prior to the survey	635	27.794	2.419	1.849	22.972	32.616	0.087

Table B14: Sampling errors for male sample–Haiti Violence Against Children Survey (VACS), 2012.

Indicator	Age Group	Unweighted count	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Any Childhood Sexual Abuse	18–24 years old prior to age 18	701	21.188	2.063	1.962	17.090	25.286	0.097
	13–17 years old in the 12 months prior to the survey	758	21.211	1.906	1.345	17.425	24.997	0.090
Reported experiencing any sexual touching	18–24 years old prior to age 18	792	16.060	1.875	1.925	12.334	19.786	0.117
	13–17 years old in the 12 months prior to the survey	744	8.384	1.312	1.666	5.776	10.991	0.157
Reported experiencing any unwanted attempted sex	18–24 years old prior to age 18	673	10.144	1.434	1.566	7.295	12.993	0.141
	13–17 years old in the 12 months prior to the survey	746	3.426	0.732	1.207	1.972	4.880	0.214
Reported experiencing any pressured sex	18–24 years old prior to age 18	682	6.490	1.163	1.879	4.179	8.802	0.179
	13–17 years old in the 12 months prior to the survey	758	1.835	0.625	1.640	0.594	3.077	0.340
Reported experiencing physically forced sex	18–24 years old prior to age 18	688	1.926	0.564	1.358	0.807	3.046	0.293
	13–17 years old in the 12 months prior to the survey	755	1.797	0.566	1.369	0.673	2.922	0.315

Indicator	Age Group	Unweighted count	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Reported experiencing any unwanted completed sex (physically forced or pressured)	18–24 years old prior to age 18	674	7.622	1.283	1.910	5.073	10.170	0.168
	13–17 years old in the 12 months prior to the survey	755	3.336	0.872	1.777	1.604	5.068	0.261
Reported experiencing their first incident of sexual abuse where the perpetrator was perceived to be 5 or more years older	18–24 years old prior to age 18	146	34.843	5.824	2.397	23.272	46.414	0.167
Reported experiencing more than one incident of sexual abuse, among those who experienced at least one incident of sexual abuse	18–24 years old prior to age 18	151	85.353	3.219	1.586	78.958	91.747	0.038
Reported talking to or receiving services for any incident of sexual abuse ¹ , among those who experienced at least one incident of sexual abuse	18–24 years old prior to age 18	150	6.576	2.337	1.700	1.934	11.218	0.355
	13–17 years old in the 12 months prior to the survey	80	1.022	0.978	0.747	0	2.964	0.957
Reported that they had told someone about any experience of sexual abuse where at least one incident of sexual abuse occurred	18–24 years old prior to age 18	150	37.424	4.678	1.681	28.130	46.718	0.125
	13–17 years old in the 12 months prior to the survey	80	39.493	7.975	2.103	23.649	55.337	0.202

Indicator	Age Group	Unweighted count	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Reported receiving any money, food, gifts, or other favors to have sexual intercourse or to perform other sexual acts	18–24 years old prior to age 18	701	6.779	1.092	1.507	4.609	8.950	0.161
	13–17 years old in the 12 months prior to the survey	758	3.023	0.933	2.247	1.170	4.876	0.309
Reported that first incident of sexual intercourse was unwanted	18–24 years old prior to age 18	345	11.063	2.250	1.831	6.592	15.533	0.203
	13–17 years old in the 12 months prior to the survey	253	19.485	3.656	1.627	12.222	26.748	0.188
Reported experiencing any physical violence	18–24 years old prior to age 18	701	57.165	2.859	2.271	51.485	62.845	0.050
	13–17 years old in the 12 months prior to the survey	758	36.427	2.828	2.615	30.808	42.046	0.078
Reported experiencing any physical violence by an adult household member	18–24 years old prior to age 18	701	54.360	2.801	2.146	48.795	59.925	0.052
	13–17 years old in the 12 months prior to the survey	758	30.648	2.659	2.518	25.366	35.931	0.087
Reported experiencing any physical violence by an authority figure	18–24 years old prior to age 18	701	20.027	2.839	4.148	14.387	25.668	0.142
	13–17 years old in the 12 months prior to the survey	758	15.881	2.024	2.322	11.860	19.903	0.127

Indicator	Age Group	Unweighted count	Estimate Percent	Standard Error of Percent	Design Effect	95% Lower Limit	95% Upper Limit	Relative Error
Reported experiencing any emotional violence by an adult household member	18–24 years old prior to age 18	700	27.177	2.376	2.138	22.457	31.898	0.087
	13–17 years old in the 12 months prior to the survey	756	16.191	1.867	1.938	12.483	19.899	0.115



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ENDNOTES

1. Articles 19 and 34 of the Convention on the Rights of the Child, 1989.
2. Long, S. (2011). Protecting Children Affected by HIV Against Abuse, Exploitation, Violence, and Neglect. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1.
3. Cluver, L. Orkin, M., Boyes, M., Gardner, F., Meinck, F. (2011). Transactional Sex Amongst AIDS-Orphaned and AIDS-Affected Adolescents Predicted by Abuse and Extreme Poverty, *Journal of Acquired Immune Deficiency Syndromes*, 58, 336-34.
4. Krug EG et al., eds. World report on violence and health. Geneva, World Health Organization, 2002.
5. The United Nations Secretary-General's Study on Violence against Children. 2006. Available at <http://www.unicef.org/violencestudy/index.html>.
6. World Health Organization. The Global Burden of Disease: Causes of death 2008 summary tables. Geneva, World Health Organization, 2011. Available at <http://www.who.int/evidence/bod>
7. UNICEF, Child Disciplinary Practices at Home: Evidence from a Range of Low-and Middle-Income Countries, New York, 2010.
8. World Health Organization (2005). Multi-country study on women's health and domestic violence against women. Geneva, Switzerland.
9. Reza A., Breiding, M., Gulaid, J., Mercy, J., Blanton, C., Mthethwaet Z., et al. (2009). Sexual violence and its health consequences for female children in Swaziland: a cluster survey study. *The Lancet*, 373, 1966-1972.
10. Violence against Children in Tanzania: Findings from a National Survey, 2009. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood. Dar es Salaam, Tanzania: United Nations Children's Fund Tanzania Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, and Muhimbili University of Health and Allied Sciences, 2011.
11. Violence against Children in Kenya: Findings from a National Survey, 2010. Summary Report on the Prevalence of Sexual, Physical and Emotional Violence, Context of Sexual Violence, and Health and Behavioral Consequences of Violence Experienced in Childhood. Nairobi, Kenya: United Nations Children's Fund Kenya Country Office, Division of Violence Prevention, National Center for Injury Prevention and Control, U.S. Centers for Disease Control and Prevention, and the Kenya National Bureau of Statistics, 2012.
12. Repetti RL, Taylor SE, Seeman TE. Risky families: family social environments and the mental and physical health of offspring. *Psychological Bulletin*. 2002; 128(2):330-66.
13. Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*. 1998; 14:245-58.
14. Kendall-Tackett KA, Echenrode J. The effects of neglect on academic achievement and disciplinary problems: a developmental perspective. *Child Abuse and Neglect*. 1996; 20:161-69.
15. IMPACT, The situation of orphans in Haiti: A Summary Assessment.
16. Population Council, The Haiti adolescent experience in-depth: Using data to identify and reach the most vulnerable young people: Haiti 2005/06, 2009, Population Council: New York.

17. UNICEF Haiti. Statistics at a glance. Available from: http://www.unicef.org/infobycountry/haiti_statistics.html.
18. Balsari S, Lemery J, Williams TP, and Nelson B D, Protecting the Children of Haiti. *New England Journal of Medicine*. 2010; 363(9): e25.
19. Central Intelligence Agency. The World Factbook: Haiti. [cited 2011 October 17]; Available from: <https://www.cia.gov/library/publications/the-world-factbook/geos/ha.html>.
20. The Fund for Peace and Foreign Policy. The Failed States Index 2011. 2011; Available from: <http://www.fundforpeace.org/global/?q=fsi>.
21. Kolbe, A. and R. Hutson, Human rights abuse and other criminal violations in Port-au-Prince, Haiti: a random survey of households. *Lancet*, 2006.
22. GHESKIO and USAID, Sexual Violence in Haiti: GHESKIO's Response and Recommendations, 2010: Port-au-Prince.
23. Reza, A., Violence Against Children in Swaziland: Findings from a National Survey on Violence Against Children in Swaziland, May 15–June 16, 2007, 2008, CDC/UNICEF Report.
24. Wilman, A. and L. Marceling, "If they could make us disappear, they would!"—Youth and Violence in Cite Soleil, Haiti. *Journal of Community Psychology*, 2010. 38(4): p. 515–31.
25. USAID, Gender-based Violence in Haiti, January 2011.
26. Biwas, A. and et al, Unintentional injuries and parental violence against children during flood: a study in rural Bangladesh. *Rural and Remote Health*, 2010. 10(1199).
27. Catani, C., Tsunami, war, and cumulative risk in the lives of Sri Lankan School children. *Child Development*, 2010. 81(4): p. 1176–1191.
28. Breiding, M. and et al, Risk factors associated with the experience of childhood sexual violence among females in the Swaziland, *Bulletin of the World Health Organization*.
29. International Organization for Migration. Camp Coordination and Camp Management Cluster, Displacement Tracking Matrix V2.0. Update January 7, 2011.
30. UNICEF, Children of Haiti: Milestones and looking forward six months, 2010: New York.
31. Amnesty International, Haiti: After the earthquake—initial mission findings March 2010, 2010, *Amnesty International Publications*: London.
32. Gupta, J. and A. Agrawal, Chronic aftershocks of an earthquake on the well-being of children in Haiti: violence, psychosocial health, and slavery. *Canadian Medical Association Journal*, 2010. 182(18).
33. Institute for Justice and Democracy in Haiti, Our bodies are still trembling: Haitian women's fight against rape, July, 2010.
34. Violence against Children Survey (VACS) Haiti: Focus Groups to Inform VACS Haiti. Report for the Comité de Coordination. Port-au-Prince, Haiti: Centers for Disease Control and Prevention, Interuniversity Institute for Research and Development, 2011.
35. World Health Organization, *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*, 2001, Department of Gender and Women's Health, World Health Organization: Geneva, Switzerland.

36. Pan American Development Foundation, U.S. Agency for International Development/Haiti Mission, *Lost Childhoods in Haiti: Quantifying Child Trafficking, Restavèks and Victims of Violence*, 2009.
37. UNICEF, *At a Glance: Haiti*. UNICEF and partners help child domestic workers in Haiti regain their rights , Available from: http://www.unicef.org/infobycountry/haiti_39418.html
38. Kessler, R.C., Barker, P.R., Colpe, L.J., Epstein, J.F., Gfroerer, J.C., Hiripi, E., Howes, M.J., Normand, S.L.T., Manderscheid, R.W., Walters, EE, Zaslavsky AM. Screening for serious mental illness in the general population. *Arch Gen Psychiatry*. 2003 Feb;60(2):184–9.
39. J. Prochaska, H. Sung, W. Max, Y. Shi, M. Ong.(2012). Validity study of the K6 scale as a measure of moderate mental distress based on mental health treatment need and utilization. *Int. J. Methods Psychiatr. Res.* 21(2): 88–97.
40. Putnam FW. Ten–year research update review: child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2003; 42(3): 269–78.
41. Ramiro LS, Madrid BJ, Brown DW. Adverse childhood experiences (ACE) and health–risk behaviors among adults in a developing country setting. *Child Abuse and Neglect*. 2010; 34(11): 842–55.
42. WHO. *The Cycles of Violence: The relationship between childhood maltreatment and the risk of later becoming a victim or perpetrator of violence*. World Health Organization, Geneva. 2007
43. Glasser et al. Cycle of child sexual abuse: links between being a victim and becoming a perpetrator. *British Journal of Psychiatry*. 2001 Dec;179:482–94.
44. Jewkes et al. Rape perpetration by young, rural South Africa men: Prevalence, patterns and risk factors. *Social Science and Medicine*. 2006, volume 63, Issue 11, 2949–2961.
45. Jewkes R, Sen P, and Garcia–Moreno C. Sexual Violence. *In World Report on Violence and Health*. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, and Lozano R, Eds.; Geneva: World Health Organization. 2002: 147–182.
46. Testa M, VanZile–Tamsen C, and J Livingston. Childhood sexual abuse, relationship satisfaction, and sexual risk taking in a community sample of women. *Journal of Consulting and Clinical Psychology*. 2005; 73(6): 1116–1124.
47. Cutajar MC, Mullen PE, Ogloff JR, Thomass SD, Wells DLm Spataro J. Psychopathology in a large cohort of sexually abused children followed up to 43 years. *Child Abuse and Neglect*. September 2010 (E–published ahead of print).
48. Sexual Violence Research Initiative. “Sexual Violence and HIV: Factsheet.” 2006: <http://www.svri.org/hiv.htm>.
49. Campbell J, Baty ML, Ghandour RM, Stockman JK, Wagman J. The intersection of intimate partner violence against women and HIV/AIDS: a review. *International Journal of Injury Control and Safety Promotion*. 2008; 15(4), 221–231.
50. Williams LM. Recall of childhood trauma: a prospective study of women’s memories of child sexual abuse. *J Consult Clin Psychol* 1994; 62: 1167–76.
51. Ullman, SE: Social Reactions to Child Sexual Abuse Disclosures: A Critical Review, *Journal of Child Sexual Abuse*. 2002; 12(1): 89–121.
52. Mercy JA, Butchart A, Rosenberg ML, Dahilberg L, Harvey A. Preventing violence in developing countries: a framework for action. *International Journal of Injury Control and Safety Promotion*. 2008;15(4):197–208.

53. World Health Organization. Violence prevention: the evidence. 2009. Available at: <http://www.who.int/violenceprevention/publications/en/index.html>. Accessed February 20, 2013.
54. Knerr W, Gardner F, and Cluver L. Improving positive parenting skills and reducing harsh and abusive parenting in low- and middle-income countries: A systematic review. *Prevention Science*. 2013. DOI 10.1007/s11121-012-0314-1.
55. MacMillan HL et al. Interventions to prevent child maltreatment and associated impairment. *Lancet*. 2008; DOI:10.1016/S0140-6736(08)61708-0.
56. Barlow J, Simkiss D, Stewart-Brown S. Interventions to prevent or ameliorate child physical abuse and neglect: findings from a systematic review of reviews. *Journal of Children's Services*, 2006, 1:6-28.
57. Sanders MR, Montgomery DT, Brechman-Toussaint ML. The mass media and the prevention of child behavior problems: the evaluation of a television series to promote positive outcomes for parents and their children. *Journal of Child Psychology and Psychiatry*, 2000, 41:939-948.
58. Schweinhart L et al. *Lifetime effects: the High/Scope Perry Preschool Study through age 40*. Ypsilanti, MI, High/Scope Press, 2005.
59. Reynolds AJ, Ou SR, Topitzes JW. Paths of effects of early childhood intervention on educational attainment and delinquency: a confirmatory analysis of the Chicago Child-Parent Centers. *Child Development*, 2004, 75:1299-1328.
60. Reynolds AJ, Temple JA, Ou SR. School-based early intervention and child well-being in the Chicago Longitudinal Study. *Child Welfare*, 2003, 82:633-656.
61. Reynolds AJ et al. Effects of a School-based, early childhood intervention on adult health and wellbeing: a 19-year follow-up of low-income families. *Archive of Pediatrics & Adolescent Medicine*, 2007, 161:730-739.
62. Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-based Universal Interventions. *Child Development*, 82(1), 405-432.
63. Gavin, L. E., Catalano, R. F., David-Ferdon, C., Gloppen, K. M., & Markham, C. M. (2010). A Review of Positive Youth Development Programs That Promote Adolescent Sexual and Reproductive Health. *Journal of Adolescent Health*, 46 (3, Supplement), S75-S91.
64. Hahn R, Fuqua-Whitley D, Wethington H, et al. Effectiveness of universal School-based programs to prevent violent and aggressive behavior: a systematic review. *American Journal of Preventive Medicine*, 2007; 33(2S):S114-29.
65. Murray LF, Belenko S. CASASTART: a community based, school-centered intervention for high-risk youth. *Substance Use & Misuse*, 2005, 40:913-933.
66. SAMHSA national registry of evidence-based programs and practices. (http://www.nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=121, accessed 5 February 2009).
67. Grossman J et al. *Multiple choices after school: findings from the Extended-Service Schools initiative*. Philadelphia, Public/Private Enterprises, 2002.
68. WHO-ISPACAN (2006). *Preventing child maltreatment: a guide to taking action and generating evidence*. Geneva: WHO.

69. Cohen AB. *Sobering up: the impact of the 1985–1988 Russian anti-alcohol campaign on child health*. Boston, MA, Tufts University, 2007.
70. Duailibi S et al. The effect of restricting opening hours on alcohol-related violence. *American Journal of Public Health*, 2007, 97:2276–2280.
71. Dinh-Zarr TB et al. Interventions for preventing injuries in problem drinkers (review). *Cochrane Database of Systematic Reviews*, 2004, 3:CD001857.
72. Hickman LJ, Jaycox LH, Aronoff J. Dating violence among adolescents: prevalence, gender distribution, and prevention programme effectiveness. *Trauma, Violence and Abuse*, 2004, 5: 123–142.
73. Avery-Leaf S, Cascardi, M. Dating violence education: prevention and early intervention strategies. In: Schewe PA, ed. *Preventing violence in relationships: interventions across the life span*. Washington, DC, American Psychological Association, 2002.
74. Foshee VA et al. Assessing the effects of the dating violence prevention program “Safe Dates” using random coefficient regression modeling. *Prevention Science*, 2005, 6:245–257.
75. Foshee VA et al. An evaluation of safe dates an adolescent dating violence prevention programme. *American Journal of Public Health*, 1998, 88:45–50.
76. Pronyk PM et al. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomized trial. *Lancet*, 2006, 368:1973–83.
77. Usdin S, Scheepers E, Goldstein S et al. Achieving social change on gender-based violence: a report on the impact evaluation on Soul City’s fourth series. *Social Science and Medicine*, 2005, 61:2434–2445.
78. Solórzano I et al. *Catalyzing personal and social change around gender, sexuality, and HIV: impact evaluation of Puntos de Encuentro’s communication strategy in Nicaragua*. Washington, DC, Population Council, 2008.
79. UN High Commissioner for Refugees. Sexual and Gender-based Violence Against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response. 2003. Available at: <http://www.unhcr.org/refworld/docid/3edcd0661.html>. Accessed February 20, 2013.
80. Brookmeyer, K. A., Henrich, C. C., & Schwab–Stone, M. (2005). Adolescents Who Witness Community Violence: Can Parent Support and Prosocial Cognitions Protect Them From Committing Violence? *Child Development*, 76(4), 917–929.
81. Lansford, J. E., & Dodge, K. A. (2008). Cultural Norms for Adult Corporal Punishment of Children and Societal Rates of Endorsement and Use of Violence. *Parenting*, 8(3), 257–270.
82. *Choose Respect campaign* (<http://www.chooserespect.org>, accessed 17 March 2009).
83. Snyder LB, Hamilton MA. A meta-analysis of U.S. Health campaign effects on behavior: emphasize enforcement, exposure, and new information, and beware the secular trend. In Hornik R, ed. *Public Health Communication: Evidence for Behaviour Change*. Hillsdale, NJ, Lawrence Erlbaum Associates, 2002.
84. Durrant JE. Evaluating the success of Sweden’s corporal punishment ban. *Child Abuse and Neglect*, 1999, 23:435–448.0.
85. Durrant JE. From mopping up the damage to preventing the flood: The role of social policy in the prevention of violence against children. *Social Policy Journal of New Zealand*, 2006, 27:1–17.

86. Rönnerberg AKM, Hammerström A. Barriers within the health care system to dealing with sexualized violence: a literature review. *Scandinavian Journal of Public Health*, 2000, 28:222–229.
87. Cann K et al. Domestic violence: a comparative study of survey levels of detection, knowledge, and attitudes in healthcare workers. *Public Health*, 2001, 115:89–95.
88. Olive P. Care for emergency department patients who have experienced domestic violence: a review of the evidence base. *Journal of Clinical Nursing*, 2007, 16:1736–1748.
89. Colombini M, Mayhew S, Watts C. Health-sector responses to intimate partner violence in low- and middle-income settings: a review of current models, challenges and opportunities. *Bulletin of the World Health Organization*, 2008, 86:635–642.
90. MacDonald G, Higgins JPT, Ramchandani P. Cognitive-behavioural interventions for children who have been sexually abused. *Cochrane Database of Systematic Reviews*, Issue 4. Art.No.:CD001930. DOI:10.1002/14651858.CD001930.pub2.
91. Shadion A et al. *Executive summary. Findings from the MCAC cost-benefit analysis of community responses to child maltreatment.* (<http://www.nationalcac.org/professionals/research/CBA%20Executive%20Summary.pdf>. accessed 27 November 2008)
92. Wolfeich P, Loggins B. Evaluation of the children's advocacy center model: efficiency, legal and revictimization outcomes. *Child and Adolescent Social Work Journal*, 2007, 24:333–352.

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