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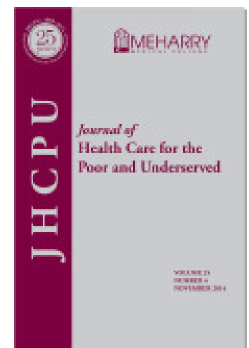

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Language of Sexual Violence in Haiti: Perceptions of Victims, Community-level Workers, and Health Care Providers

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Abstract: Non-partner sexual violence (NPSV), an important risk factor for HIV, is of global public health significance and understudied. The 2010 earthquake interacted syndemically with structural factors to increase sexual violence and HIV risk for women in Cité Soleil, Haiti. We used an exploratory sequential qualitative design and Grounded Theory to investigate language/terminology for NPSV, victims and perpetrators, and health effects of NPSV on victims, in four focus groups: Health care providers (HCPs) (n=3; n=8), community advocates (n=8), and victims (n=8). Crucial differences exist among stakeholders: HCPs prefer French and possess different explanatory models of illness from victims, who provided more extensive and explicit descriptions (e.g., "strangled like a chicken," "*tuyo*"/"faucet"/ "flooding" for gang rapes). Victims also reported purposeful injury to their external and internal genitalia, signaling STI/HIV risk. Reconciling within-culture differences between victims and HCPs can inform screening, diagnosis, treatment, follow-up and delivery of relevant interventions.

Key words: Haiti, sexual violence, HIV, language, explanatory model of illness, health communication, health care.

Patient-provider communication has long been a topic of discussion in anthropological, nursing, and medical literature. For example, Kleinman proposed the use of *explanatory models* (EM) of illness,[1] in which he integrated sociological and anthropological terminology to enhance understanding of psychiatric patients' subjective experiences.[2] Kleinman established that the EM of a health provider in a medical context often differs from that of the patient. He stated that individual patients' varying clinical realities are based on their social realities. Similarly, patients' social realities include their culturally-constructed explanations of illness and their contextually-formed

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beliefs about the origin, cause, and nature of the illness. Moreover, peoples' perceptions of the course, consequence, and the appropriate treatment of illness influence their help-seeking behavior. Kleinman described medicalized health care as a cultural system in and of itself, emphasizing that "medical beliefs and activities [are grounded] in socio-political structures and in particular local environmental settings."[1[p.86]]

Since Kleinman, several scholars have shown that a shared EM between medical health providers and their clients is essential from the time of initial consultation through treatment.[3,4] A recent example is a study of informal injectionists in Miami-Dade County, Florida.[5] Rahill and colleagues reported that some Haitian immigrants in the United States seek injections from Haitian lay injectionists known as *picuristes*. Picuristes do not have medical training and do not adhere to safe injection practices.[5] Consumers of picuriste injections often knowingly assume health risks because they and the picuristes share the same EM about health and illness, treatment of disease, and what constitutes an ideal healer-patient relationship. Another study conducted by Rahill and colleagues indicates that Haitians, regardless of their residential enclaves, may not access health services if the transactions involved in such contexts are not socially consonant.[6]

Recently, in a study of suicidal ideation and behaviors among patients in a rural medical setting of Haiti, Hagaman and colleagues confirmed that "lay and clinical interpretations and communication" of illness vary not only between but also within cultures.[7[p.62]] They determined that EMs of health providers from formal sectors in Haiti may render them "ill-equipped to respond" to patients' needs and thus lead to underestimation of risk of disease.[7[p.61]] Prior to this report, another study found differences as well as consonance in idioms of distress used by Haitian mental health patients in the rural Central Plateau of Haiti and their health providers.[8]

Lacking from the literature on shared EMs between patients and health providers in Haiti has been knowledge concerning within-culture differences in language used by victims of sexual violence (SV) and available health providers. Also lacking have been emic or first-hand reports of health effects associated with SV. Variations between victims' and health providers' conceptualizations and descriptions of SV and its health effects can hinder effective health screening, diagnosis, and treatment.[7,8]

In the present study, we add to the knowledge on within-culture differences in language used to describe SV and to communicate health effects of non-partner SV (NPSV) on victims who survived the 2010 earthquake and were subsequently raped. (The literature often uses the term *survivor*, but we are using the terminology employed by our study participants to describe themselves.) We report how NPSV is defined in a sample of socio-economically marginalized female victims of SV (hereafter referred to as victims) who reside in Cité Soleil, located on the fringes of Port-au-Prince; we compare the victims' descriptions with those of a sample of community-level female *combatants* (hereafter referred to as combatants). Combatants are advocates or peer counselors who are socio-economically close to the victims, who also have survived SV and who offer scant economic and traditional health support to new victims. We also compared both samples' definitions of NPSV with those of workers at two Haitian health care providers (HCPs): KOFAVIV (Commission of Women Victims for Victims) and FOSREF (Foundation for Reproductive Health and Education).

Our study addresses the World Health Organization's (WHO) stated call for research on NPSV, particularly in poor and disaster affected countries.[9] The WHO noted that there are presumably differences between the experiences of women who experience NPSV and those who are sexually violated by intimate partners. The WHO further stressed that current knowledge of SV against women may fall short of capturing salient aspects of NPSV, particularly when women experience multiple incidents or are raped by multiple perpetrators.

To the best of our knowledge, this is the first study that captures experiences of NPSV and the specific health effects of such experiences on the victims, from multiple perspectives, and in a post-disaster context. Since SV and disasters are both issues of global public health concern, particularly in resource-poor settings, our study is important in its potential to enhance health communication among patients and HCPs in similar contexts around the globe.

Sexual violence as a public health concern. The WHO defines SV as "any sexual act, attempt to obtain a sexual act . . . directed against a person's sexuality using coercion . . . by any person regardless of their relationship to the victim, in any setting . . . includes rape, defined as physically forced or otherwise coerced penetration . . . of the vulva or anus, using a penis, other body parts or an object."[10[p.149]]

Sexual violence against women is a topic of global public health significance. Much of the literature surrounding SV has been in the context of intimate partner violence.[9] The WHO reports that, globally, approximately 30% of women have experienced physical and/or SV at the hands of intimate partners. Little is known about how SV is defined in resource-poor settings and in contexts where the perpetrators are not intimate partners.[9] Less is known about the perspectives of NPSV victims and HCPs who are available to counsel and treat the victims in resource-poor, post-disaster settings.

Increasingly, research reveals that women in post-disaster zones are vulnerable to SV.[11] On January 12th, 2010, an earthquake that measured 7.0 on the Richter scale shook Haiti, causing a loss of over 300,000 lives and leaving extreme structural devastation in its wake.[12] This large-scale disaster also preceded epidemic proportions of SV against Haiti's female residents, and with it, an increase in risk for sexually transmitted infections (STIs) including the Human Immunodeficiency Virus (HIV).[13]

HIV as a public health concern. Over the last three decades, 65 million people globally have been infected with HIV and 25 million have died from the Acquired Immune Deficiency Syndrome (AIDS). Globally, HIV/AIDS rates vary considerably by region, disproportionately affecting certain regions and subgroups, including Haiti, where about 46% of all HIV-positive Caribbean residents live.[14] By the end of 2012, approximately 1.9% of Haitian adults were living with HIV, a decline from the 2.2% reported in 2009, but still the highest reported HIV rate in the Caribbean.[14] The 2010 Haiti earthquake severely taxed the capacity of the nation to continue the downward trend in HIV.[15]

The regional variation in HIV rates around the globe also applies within Haiti. As with other preventable chronic infectious diseases, those most at risk for HIV/AIDS are the disadvantaged and socially marginalized. Among the most marginalized residents of Haiti are the women who reside in the Cité Soleil region of Port-au-Prince. This is confirmed by community leaders at OREZON Cité Soleil (Organization for the Renova-

tion of the Cité Soleil Zone), a trusted grassroots organization that provides resources and services to the residents of Cité Soleil (J. W. Placide, personal communication). Leaders of OREZON who live and work within Cité Soleil assert that HIV prevention and care do not reach much of Haiti's most marginalized residents, i.e., female victims of SV who live in Cité Soleil.

Sexual violence and HIV risk in Cité Soleil. Sexual violence is a particularly crucial health concern for women who reside in Cité Soleil. There, between 50–72% of women are estimated to have been raped (the estimates differ depending on the source).[16,17] Cité Soleil is located on the outskirts of urban Port-au-Prince, and has a population of approximately 375,000. Some sources describe the neighborhood as the most violent place in Haiti[17] and others describe it as "the most dangerous place on earth."[17] The neighborhood has also been described as the poorest zone in the capital.[16,17,18]

According to a female leader at Haiti's AFHAVIH (Association of Haitian Women Infected and Affected by HIV), many women who are raped in Cité Soleil are victims of NPSV and often become pregnant as a result of the rape, particularly because there are often several perpetrators involved and they do not use condoms (F. FLeury, personal communication). St. Camille hospital in Cité Soleil provides free HIV screening, but only pregnant women who are "lucky enough to deliver their babies in the hospital" get tested (F. Fleury, personal communication). However, current knowledge regarding health effects of SV against women indicates that pregnancy is only one among several risks.

Health effects of sexual violence against women. Sexual violence results in physical injuries and trauma regardless of whether the assault is vaginal, anal, or oral. The nature of injury and trauma varies with whether or not penetration occurred, an object was used to penetrate the victim, physical violence was used on other parts of the body, and the number of perpetrators involved.[19] With respect to the female reproductive system, injuries to the mucosal epithelial barrier of the genital tract such as lacerations and abrasions provide an easy path for STIs, including HIV.[19] Other sources confirm that STIs and HIV infection are common outcomes of SV.[10,20,21] Little is known about the specific health consequences for victims of NPSV and where poverty and social marginalization may interact with SV to increase HIV risk.

Intersection of sexual violence, marginalization, and risk of STIs/HIV in Haiti. For Haitian women in Cité Soleil, as with women in other resource-poor settings, poverty, gender inequity, lack of access to education and information, and SV interact to increase the risk of disease, particularly STIs/HIV.[10,16,17,18,20,21,22] Kay Milagro, a nutrition and health center in Cité Soleil documents 35 new HIV cases per month. Additionally, the Saint Catherine hospital in Cité Soleil has documented approximately 45 new HIV cases per month since the beginning of 2013 (J. W. Placide, personal communication). Health care providers in Haiti speak *Kreyòl* that is heavily influenced by French; French medical terms are not easily translatable into *Kreyòl*. Furthermore, OREZON reports that individuals who are seropositive for HIV in Haiti are referred primarily to GHESKIO, the Haitian Group for the Study of Kaposi's Sarcoma and Opportunistic Infections, for follow-up care. The Kreyòl that the medical staff at GHESKIO and in other medical settings in Haiti are likely to speak is more heavily influenced by French than the Kreyòl that patients and people in Haiti (especially residents of Cité Soleil)

generally speak. [23] [J. W. Placide, personal communication] However, less than 25% of the residents of Cité Soleil know how to read or how to speak French, a language that they would know if they had been able to afford tuition at Haitian schools. This disconnect in language even within the same ethnic culture underscores a difference between the medical culture in Haiti and the culture of female residents of Cité Soleil who manage to reach GHESKO in the aftermath of a NPSV incident. Nevertheless, as the foremost provider of STI/HIV testing, counseling, and care in urban Haiti, medical and counseling staff at GHESKIO have been important partners in reducing the burden of AIDS in Haiti over the past two decades. After the 2010 earthquake, they reportedly treated 326 female victims of SV: 52% of these rapes were perpetrated by strangers; weapons were used in 34% of sexual assaults; and 36% involved multiple perpetrators.[24] Mental health symptoms such as sleep disturbances, eating disorders, and flashbacks were reported by over 50% of the victims treated in 2010 and 83% of victims reported fearing HIV contagion in the aftermath of the rape.

Purpose of the study. As part of a larger project to adapt and deliver an HIV evidence-based intervention for victims of SV who reside in Cité Soleil in post-earthquake Haiti and who lacked ready access to GHESKIO and other medical HCPs, we traveled to Haiti in March 2013 to obtain critical knowledge about SV in the Haitian context. We conducted our study in collaboration with a Haitian sociologist and colleague with whom we enjoy prolonged engagement in other Haiti-based projects, and with the support of OREZON Cité Soleil.

We sought the perspectives of the following key stakeholders: victims of SV from Cité Soleil, administrators and staff at KOFAVIV and FOSREF (two of the foremost medical HCPs targeting victims of SV), and combatants. Staff members at KOFAVIV link victims who are aware of their 24-hour "572" hotline with medical, psychological, housing, and legal resources. Employees of FOSREF provide sexual and reproductive health and HIV/AIDs prevention services throughout Haiti. In the present work, we report on the key stakeholders' perspectives on the following:

1) What is the language used to describe SV in Haiti?
2) What do Haitians call the people who have been forced to engage in sexual interaction against their will?
3) What do Haitians call the people who force other people to engage in sexual interaction against their will?
4) What does SV do to the person who has been victimized?

Methods

Study design and sampling. We used an exploratory sequential qualitative design and purposeful sampling to collect qualitative data in four focus groups with a total of 27 participants: FOSREF (n=3), KOFAVIV (n=8), combatants (n=8), and victims (n=8). Each focus group yielded new concepts and definitions, which were then discussed in the subsequent groups.

Study setting. Given the high level of violence and crime in the Cité Soleil region, we conducted the focus groups in a private conference room at the hotel where we

lodged. We had used the hotel conference room in previous studies, and had found it to be safe, private, comfortable, and relatively accessible to potential study participants.

Ethical considerations. The study was approved by the University Institutional Review Board of the University of South Florida, and our Haiti-based colleague confirmed approval of the Haitian National Bioethics Committee. The consent form was available in Haitian *Kreyòl*, French, and English. To ensure that victims or combatants who were preliterate actually provided informed consent, we met with them individually to ensure comprehension and voluntary participation. All participants were given the option of signing with an X and having it witnessed by an OREZON representative or by our Haiti-based colleague. All participants were also given the opportunity to provide a pseudonym in lieu of their real names. Following consent, participants completed a brief demographic questionnaire that was available in Haitian *Kreyòl*, French, and English. The primary facilitator of the focus groups was a female of Haitian-descent who spoke English, French, and Kreyòl fluently and who is a licensed clinical social worker (LCSW). All focus groups were audio-recorded with the informed consent of the participants. We were alert to signs of distress that participants might exhibit when recounting their experiences. We had planned for participants who might require crisis intervention, referrals, or follow-up to be connected with our Haitian colleague's network of health service providers in Haiti.

Data collection. We began with focus groups of HCPs followed by combatants and victims. We began with HCPs because FOSREF works with victims of SV throughout Haiti and KOFAVIV works with victims throughout the capital. Hence, they were likely to have expansive knowledge on the definition of SV and the health effects associated with SV in Haiti. All participants met our established criterion of being at least 18 years of age.

The focus group guides were semi-structured with open-ended questions that reflected Kleinman's EM to the extent that they queried emic descriptions of, for example, how SV is defined and health effects of SV. The guides were available in English, French and Kreyòl and had been translated and back-translated by our Haiti-based colleague and his staff. The focus group guides permitted slight modifications that included exploration of concepts as they emerged, some of which we had not considered or been aware of during development of the guide. For example, it was through our data collection that we discovered that SV in the post-earthquake Haiti context is typically NPSV in which there are multiple perpetrators. Participation in each of the focus groups lasted approximately 90 minutes.

Data management and analysis. Audiotapes of the focus groups were transcribed from Kreyòl and French into English by a multilingual transcriptionist who is fluent in all three languages. To reduce errors and maximize transcription quality, we read each transcript while listening to the audiotape to ensure what was recorded was accurately captured in the text.

We began analysis with the development of categories and codes from the transcribed data, and continued until a clear picture emerged concerning how SV is defined by the various stakeholders. As a first step, we developed a structured codebook to guide our coding within and across the stakeholder groups. A structured codebook contains a code, a brief and full definition of the code, instructions for when to use the code and

when not to use the code, and an illustrative sample of the code in use.[24] In developing the codebook, the first two authors began with *a priori* categories based on the study's aims (e.g., "words used to define SV," "words used to describe perpetrators," "and "health effects"). The codebook was expanded as new codes emerged within the categories.

We read each transcript out loud, in the order in which data were collected, discussing line by line and identifying what lower-level labels to apply from the codebook. We resolved disagreements and returned to audio recordings when clarifications were needed.

ATLAS.ti® 6.2, a software package, was used to provide a hermeneutic or interpretive framework for viewing the textual transcriptions of data across stakeholder groups individually and in concert. The hermeneutic framework enabled us to store, manage, extract, explore, and compare meaningful segments of text in and across the stakeholder groups in a process called constant comparative analysis.[25] The lower-level labels were typed into ATLAS.ti® as open codes and were reviewed to remove duplicates, to merge similar labels, and to tease out labels that appeared different. Within that framework, and using the "code manager" feature, we proceeded to axial coding, which helped us to explore relationships among the categories and to create a network view that provided a graphical representation of relationships among categories. In selective coding, we further discussed the relationships that were observed in the network view, and modified them as needed, based on what our participants had stated. This process also helped us gain a clear perspective on the health effects of SV in the Cité Soleil context, from the perspectives of the key stakeholders.

Results

Study population. The victims ranged in age between 19 and 45 years, and five (62%) were 25 years old or younger. Four had completed 0–5 years of formal education. Two had not completed high school and one had completed 12th grade. None of the victims were employed.

The combatants ranged in age between 23 and 52 years. Each combatant reported at least a secondary education although none had attended a university.

The HCPs were between 25 and 42 years of age. A majority of the 11 HCPs (73%) had completed at least one year of university education.

Differences and similarities in words and language used to describe sexual violence. There were both differences and similarities in the language and words used to describe SV (see Box 1 for a list of various terms, including their translations). We include illustrative quotes to support our findings.

In response to the question on terminology used to describe SV in Haiti, participants across all the focus groups cited *"kadejak"* and *"dappiyanmp"* as descriptions of SV or rape. Staff from KOFAVIV and FOSREF, as well as the victims, explained the meaning of *dappiyanmp*. A KOFAVIV participant reported:

> *Dappiyanmp* means that the act is not consensual . . . that perhaps someone . . . stalked a person . . . and ultimately assaulted her sexually. *Dappiyanmp* is a premeditated violent act that is performed on someone . . . This act of sexual assault is comparable

Box 1.

LANGUAGE USED TO DESCRIBE SEXUAL VIOLENCE

Terms	English translation	FOSREF	KOFAVIV	Combatants	Victims
Kadejak	Rape	x	x	x	x
Dappiyanmp	Gang rape, or rape by one perpetrator; "strangled like a chicken"	x	x	x	x
Gèdè	"Together"—Gang rape	x	x	x	
Viòl	Rape	x			x
Violans	Violence				x
Kenbe	To be held, in this case against one's will; to be caught	x			
Pase sou yo	Pass on them (several people take turns)	x			
Kantè	Tractor trailer	x			
Vòldazi	Theft of asylum/of safety	x			
Kouche	To bed someone				x
Vwadfe	Rape in which firearm is used				x
Tuyo	Faucet			x	
Viv	"Live with sexually"				x
Latriye	Picking through, triage/ selection of victim				x
Tren	Train, Gang rape				x
Pèdi	Loss				x

FOSREF=Foundation for Reproductive Health and Education
KOFAVIV=Commission of Women Victims for Victims

to the act of hunting or grabbing a chicken for slaughter. A person has to use some force to grab on to the bird. Most often the bird will make a loud, squeaking sound when surprised. It's in that context that the term *dappiyanmp* is used to describe a sexual assault in the Haitian language . . . It is also a term that explains that the act is perpetuated by several assailants.

Similarly, a victim confirmed that *dappiyanmp* refers to rape and used the analogy of a chicken that is set for slaughter, but expanded our understanding of *dappiyanmp* by including health effects she endured in addition to loss of consent or the occurrence of forced sex:

> When you take a chicken—to kill the chicken . . . now you may (gestures with hand over mouth and second hand around her own throat) grab the chicken and it makes the sound "piyanmp!" . . . So, they say *dappiyanmp* to describe the noise that the woman makes when . . . when they take her—when. . . . without her consent, because HE HAD FOUGHT WITH ME (She struggles visibly) . . . in the same way when you grab a chicken and YOU SQUEEZE ITS NECK! (she gestures how a chicken struggles)—me too; that is how—I absorbed so many punches—because I struggled—here is where I had been hit very hard (gestures to area immediately below right eye socket). It's here . . . it had become a wound which has germinated into a scar . . . I'm always with it there . . . I didn't want—I didn't expect it . . . Because as long as something is against your will—It's *dappiyanmp* . . . It's like someone who is stealing too you know? Someone who is stealing—like I have something here (gestures to the table) . . . and then the thief wants to take it . . . he PAP PAP—he pulls it—he goes with it—But it's not my will—this is how he does *dappiyanmp* on me—that's how they take the thing—*viòl* . . . (rape).

A combatant described the word *"dappiyanmp"* as meaning a "trap" that is set up to catch a person. Along with the term *"latriye,"* meaning "picking through," the term *dappiyanmp* offers support for health effects of hypervigilance, insomnia and others, detailed later in Table 4.

Regional and within-culture differences that are associated with differences in neighborhoods of residence and level of formal education which exist between victims of sexual violence and health care providers affect the words used to describe different types of SV. These differences underscore the importance of a shared EM and consonant language for describing SV. For example, victims from Cité Soleil used the word *"tren"* (train) to describe a gang rape, whereas FOSREF staff described it as *"Kantè,"* or as *"Vòldazi,"* and FOSREF and KOFAVIV staff as well as combatants were familiar with the word *"gèdè"* ("together"). A KOFAVIV member explained:

> Some terms are used in Port-au-Prince, where GHESKIO, FOSREF, and KOFAVIV are located and others are used in more remote areas, such as Cité Soleil. For example in the rural areas, they may say—oh they did a 'gèdè on someone . . . which means they did a kadejak.

However, the victims in our study reported that they had never heard of the word*"gèdè."*

Participants in the combatants' group added the word *"Tuyo"* (i.e., a faucet) which according to some is used by perpetrators to describe flooding a woman by having multiple perpetrators attack her. One combatant noted and others concurred, "When he can get several other men to rape a woman, he would say: 'Oh, yesterday I did a tuyo on someone.'"

As is evident in Box 1, the victims have several terms that they use to describe SV

that were not mentioned in the HCPs focus groups and there are three words used to describe SV in the HCPs groups that were unknown to the victims.

Characteristics of sexual assaults. The descriptions of the sexual assaults from the victims' and combatants' perspectives provide useful insight into the kinds of health effects that might be expected. Interestingly, these descriptions did not emerge from the analysis of the HCPs focus group transcriptions.

According to our combatant and victim participants, the *kadejak* or *dappiyanmp* are usually premeditated, involve the use of weapons, include several perpetrators who are either strangers or masked so that they are unrecognizable, are committed at night against victims who are without a male adult in residence, and include beatings, strangulation, and severe injury to the genitals and reproductive system. The combatants and victims also emphasized that intercourse with an intimate partner differs significantly from an experience of *kadejak* or *dappiyanmp*. One victim in our study described the characteristics of NPSV in her context:

> They *make* you want it [sex] with the weapon . . . all that is in the definition . . . he could be in the process of having sex with the woman and the firearm is in his hand . . . so if you struggle, he can kill you. . . . We don't know them [perpetrators] because when they are coming to do *kadejak* on us, it's at night that they come . . . they are several . . . we don't *rekonèt* [recognize] . . . . . . my husband was out . . . they followed that it was me alone . . . with the children . . . who were sleeping . . . they came and opened the door of the tent . . . now then, they three of them who did *kadejak* on me . . . they used *kagoul* [face masks] . . . they had weapons in their hands, their faces were *bande* [tied with kerchiefs] . . ."

As noted above, the characteristics of the *dappiyanmp* or *kadejak* included purposeful severe injury to the vagina and internal parts of the reproductive system. For example, victims, and combatants who themselves had been victims, reported that the severity of their forced sex experiences were reflected in the words used by perpetrators to boast about the rapes, e.g., "*kraze matris*," meaning "crushing the uterus." These women confirmed that perpetrators frequently use objects to penetrate and purposely cause severe injuries to the female internal and external genitalia. One combatant explained:

> They put marbles . . . not on—inside the penis. They pull back the foreskin. This is called "kraze matris" (crushing the uterus). They put toothbrushes too . . . they say it's really painful but they do it. I talked to a prisoner who said that it's painful but when they take a woman, they are done with her for good . . . all that is violence. They want to send you to the hospital with a crushed uterus. There are a lot of victims like that . . . when they've done that to you . . . it makes you not be able to walk . . . you become sick in your front [vagina] . . . you sometimes become *anvimen* [rubbed raw; inflamed] . . . it hurts it hurts a lot . . . it becomes all red . . . you can't walk . . . you have to take extra care—drink pills—to not be infected. That means the way the person goes in you . . . because if it's your husband, he'll take his time. But the person, it's something that he is stealing . . . and then it's not him alone—that means he wants them all to have room to pass—that means he enters you with force! . . . And so, he *anvimen* you."

Box 2.

LANGUAGE USED TO DESCRIBE A FEMALE SEXUAL VIOLENCE VICTIM

Terms	English translation	FOSREF	KOFAVIV	Combatants	Victims
Survivante	French word for survivor		x		
Madam (Mrs) Kadejak	Wife of rape		x	x	x
Viktim/ Victime	Victim	x		x	x
Violans	Violence			x	x
V.S. (Violence Sexuelle)	French word for SV		x		
Perdu	She was lost (specifically, her virginity was lost)	x			

FOSREF=Foundation for Reproductive Health and Education
KOFAVIV=Commission of Women Victims for Victims

Description of female victims of sexual violence. The third theme that emerged was a difference in the words used to describe female victims. As is immediately evident from Box 2, KOFAFVIV staff members use primarily French terms, including the term "survivante" (i.e., a French word for survivor). One KOFAFVIV member explained:

> In our sector and based on our training, it's always preferable to use the term 'survivante' to focus on the inner strength of women who have experienced SV. Other organizations and most people use the word 'victims.' Also, in hospital for instance, the term V.S. is used . . . V.S. stands for 'violence sexuelle.'"

In contrast, the majority of the combatants or victims did not understand the French term "survivante" and identified themselves as "viktim," and emphasized that they live with the stigma of being a "victim" of *kadejak* in that community members perpetuate the associated shame and stigma by using derogatory labels in regard to them, e.g., "*Madam* (Mrs.) *Kadejak*," and by referring to their children as "*Pitit* [child of] *kadejak*."

Description of perpetrators. Box 3 illustrates that there were few commonalities in words used by victims and those used by the combatants or the HCPs to describe perpetrators. Except for "*Kadejakè*," none of the words used by combatants overlapped with those mentioned by the HCPs. The victims and combatants were more viscerally

Box 3.

LANGUAGE USED TO DESCRIBE PERPETRATORS

Terms	English translation	FOSREF	KOFAVIV	Combatants	Victims
Malfwa	Wrong morals				x
Asasen	Assassin				x
Kriyèl	Cruel				x
Bandi	Bandit				x
All the bad names				x	x
Satan/ Possessed by a demon / Cursed (an aggressor who assaults children)			x		
Masochist	Used in French		x		
Substance abusers (i.e., "bòz")				x	
Kadejakè	Rapist	x	x	x	
Kriminèl	Criminal			x	
Thieves				x	
Gangs				x	
Aggresseur	French word; judicial term for perpetrator	x	x		

FOSREF=Foundation for Reproductive Health and Education
KOFAVIV=Commission of Women Victims for Victims

and personally expressive, indicating that "all the bad names belong to" the perpetrators for doing "the thing without our consent." Words such as "masochist" and "aggresseur," used by the HCPs, were unfamiliar to the victims and the combatants. A KOFAVIV member explained that "*Kadejakè*" is the *Kreyol* word while the French term *"Aggresseur"* is the "word used in judicial contexts especially if the person has not been proven guilty of the crime." In contrast, the victims used *asasen* (assassin), *bandi* (bandit), and words that seemed to have an emotional as well as a moral connotation (e.g., *Malfwa* [ill-willed; evildoer]) than a judicial connotation.

Health effects. In response to questions regarding health effects, participants from the HCP group referred to "psychological trauma." The victims' and combatants' responses,

Box 4.

SAMPLE OF REPORTED HEALTH EFFECTS

Physiological and neurological	Affective and psychological
Hemorrhaging	Hypervigilance
Hair loss	Flashbacks
Difficulty walking	Foreshortening
Loss of virginity	Guilt
Pregnancies	Dissociation
Physical injuries	Mood disturbances
Sexually transmitted infections	Fear
Constant headaches	Sense of loss
Fainting spells	Sleep related problems
Blackouts	Helplessness
Difficulty breathing	Anxiety
Vision problems	Stress
Constant ringing in ears	Suicidal ideation
	Panic attacks
	Shame

in contrast, fell into three categories: Physiological/biological, Affective/psychological and Neurological. Box 4 illustrates a sample of health effects that were disclosed by the victims and combatants.

Despite the small sample size that we had in this exploratory study, victims and combatants in the present study provided a range of immediate and persistent health effects that they said were a result of SV. Physical effects included hemorrhaging, difficulty walking, constant headaches, and blackouts, as well as hair loss. Moreover, individual victim's statements supported what many others were reporting:

> I have come to have a hemorrhaging—blood that is pouring from me . . . it sometimes lasts a month, pouring on me! And my food is not ok to keep me healthy through this problem—my face sometimes has a lot of pimples . . . my hair—if I don't comb it this way (twists/extensions), I lose it all—from time to time, when I put a comb through it, you look and see the hair falling out.

Neurological manifestations included enduring headaches, ringing in the ears (tinnitus), blackouts, and loss of consciousness. One woman consciously and directly linked her symptoms with being a victim of *dappiyanmp*, which has as part of its definition, being "strangled like a chicken." She stated:

> I have a headache that never leaves me. It's like a ringing . . . Like right now, I'm not good at all. The headache is very strong. It starts from my skull down; no medicine

> would work . . . I'm traumatized, but I *also* have something else . . . I black out; you can be talking to me right now and I can't see you, I can't hear you.

Participants also described affective and psychological problems including insomnia, anxiety, heightened and persistent fear, suicidal ideation, and suicide attempts. One victim described symptoms of hypervigilance as a health effect and all others concurred, echoing, "Yes, yes!"

> At night, I sometimes just hear a footstep—you know my heart *kase* [literally, "breaks"; used to describe a sudden thumping of the heart] . . . the reason my heart *kase* is because it was at night time they had done dappiyanmp on me . . . especially when there is a knock at the door . . . to be hearing the same noises—it can be midnight or one in the morning and I am lying there listening to doors that are closing—And during those times . . . even when I am trying to fall asleep, I have come to have problems falling asleep that have resulted in me not being able to sleep at all.

Discussion

The goal of this study was to investigate how SV is defined in post-earthquake Haiti, and its health effects in that context. We also sought to address the WHO's call for more research on NPSV, particularly in poor and disaster-affected countries and in cases where multiple perpetrators are involved. Our study is the first, to our knowledge, to elicit victims' descriptions of their experience of NPSV and its health effects in an urban Haiti context and to compare those with interpretations offered by combatants and HCPs. Significant variations emerged in how words are used (e.g., gang rape) and meanings that are attached to them (e.g., *dappiyanmp*, *tuyo*). Differences also emerged in the descriptions of health consequences resulting from NPSV. The HCPs spoke about psychological trauma, while victims and combatants provided rich descriptions of myriad ways in which SV has affected their health. Additionally, we found that terms that victims used to describe SV often contained a health effect embedded in its meaning. For instance, the victims provided the most comprehensive definition of *dappiyanmp*. They used *dappiyanmp* to emphasize that they had been "strangled like a chicken." If that is the case then assessment by HCPs needs to include a thorough clinical exam of symptoms related to strangulation, in addition to HIV testing (only two of the victims in our study reported getting tested for HIV after the assault), and test for injuries to the genital tract. Specifically, the HCPs need to know that *dappiyanmp* is not only rape, but a visceral descriptive term that conveys a sudden, unexpected attack on a female, without her consent, in which she experiences strangulation as a method of forcing submission, and in which several perpetrators, often armed, masked and intent on breaking not only the uterus but the spirit of the victim, are involved. A patient who describes having had a "dappiyanmp done on me" is conveying also the enduring biological, psychological, and neurological health effects of the attack, including tinnitus, blackouts, vision changes as well as insomnia, hypervigilance, depression, feelings of worthlessness and hopelessness, and suicidality.[26,27]

The victims' definition of *dappiyanmp* provides insight into the experience of NPSV

from the emic perspective of the victims and combatants. Health providers must be sensitive to the language used by the victims if they are to properly assess the victim's emotional as well as physical health. However, the use of French words was common among HCPs located in Port-au-Prince whereas the combatants and victims from Cité Soleil were more likely to use regional *Kreyòl* words. Among the two groups of HCPs, FOSREF staff knew many more local words for SV than KOFAVIV staff. A reason may be that FOSREF's main target population is sex workers and FOSREF's community agents travel across different communities to work with them. They acknowledged that "based on the person's education is how we speak to them . . ." We recommend the use of terminology that victims are familiar with when screening for NPSV in order to respond effectively to patients who may come from a different locale.

In addition, a difference emerged in how one of the two HCPs views women who have experienced SV and how those women view themselves. For example, the KOFAVIV staff use the word "*survivante*" (survivor) while the victims described themselves as victims. A qualitative difference exists between being called or considered a "survivor" and a "victim." The use of different language by victims and medical HCP reinforces a disconnect in the EM of each stakeholder group and reflects a reduced potential for effective communication. The terms used to describe a patient, whether in a context of self-description or by an HCP, and the extent of disconnection between the views can affect screening, treatment, prognosis, and recovery.

Important to note is that language means more than just French or *Kreyòl*. Victims' perceptions are crucial. Anecdotal information from OREZON indicates that at least two victims from Cité Soleil had contracted HIV and died of AIDS in 2013 because they could not afford transportation to GHESKIO, were embarrassed that they did not have proper clothes to wear to GHESKIO, and were intimidated at the prospect of interacting with HCPs who speak a more French-influenced *Kreyòl* than the *Kreyòl* familiar to them.

The narratives of women also highlight the nature and severity of SV in the context of gang rapes that occur in Cité Soleil. There is often purposeful injury to the reproductive system during penetration by use of objects such as marbles and toothbrushes inserted by perpetrators in their penises. Such injuries can enhance the risk of HIV and other STIs. Further, the risk of infection is increased commensurately with the number of perpetrators involved. In addition, *dappiyanmp* in Haiti increases the risk of unwanted pregnancy as well. All but one of the victims in our study had become pregnant after she was assaulted. These findings underscore the urgent need for evidence-based HIV intervention programs for victims in Cité Soleil. If victims do not receive knowledge about the need for post-exposure prophylaxis in the language they understand, they and their offspring born of "kadejak" will potentially be at high risk for HIV infection.

Seven of the eight victims had children, and all children were conceived as a result of SV, indicating that a condom was either not used or used improperly during the assault. The pregnancies indicate the increased risk for an STI from the assault, since pregnancy presumes that the vaginal environment was directly exposed to sperm. We did not specifically recruit women with children born as a result of SV. Although potentially applicable to all SV victims, it is likely that health effects reported by our victim participants are characteristic of those who had children following the rape.

Further systematic study with a more diverse sample within the context of NPSV is needed to explore differences in health effects between women who have children as a result of SV and those who do not.

Given the group setting of our discussions, we refrained from asking about the number of sexual assaults experienced and the number of perpetrators involved in each incident. It is likely that the pattern of health effects vary based on such variables. More research on health effects based on the number of sexual assaults experienced and perpetrators involved is warranted.

Our study adds to the literature on Haitian explanatory models of illness/pathology. Many studies that have investigated health-related issues and local conceptualizations of illnesses in Haiti have focused on rural Haiti.[7,8] Our study is the first to capture experiences and health effects of NPSV on victims in a remote area of urban Haiti, from multiple perspectives and in a post-disaster context.

Finally, our study adds to the international body of knowledge on cultural conceptualizations and context specific experiences of NPSV in post-disaster settings and therefore can be beneficial for practitioners who deliver health care or conduct trainings in cross-cultural settings. It can be equally useful for locally-based providers who come from areas that are culturally and contextually different from those of the victims they serve. Knowledge regarding language of NPSV can help improve screening, diagnosis, treatment and follow-up. In addition, it can enhance understanding of the context of such violence (e.g., gang rapes, assaults at night) and help in resource planning. Furthermore, victims' descriptions of NPSV can provide insight into the nature and severity of injuries and inform the development of relevant interventions and delivery of services.

Our findings are based on self-reports about SV, which, although limited by participant's memories of sexual assaults and their decisions to disclose such experiences, is also a strength of the study. Women were recruited through OREZON, a well-respected and trusted community-based group in Cité Soleil. Health care providers were recruited by our Haiti-based sociologist colleague. All participants appeared comfortable in sharing rich details about their experiences.

Conclusion. Women in post-disaster settings are particularly vulnerable to SV.[11] In the aftermath of the 2010 earthquake in Haiti, reports of SV against Haiti's women increased, and with it, the risk for STIs/HIV.[13] According to the WHO, more work is needed on SV in post-disaster settings, in particular on NPSV (i.e., definitions, nature, characteristics) and its effect on health of women around the globe. In this study, in the urban Haiti context, differences emerged in the language of NPSV and reports of health effects by victims, combatants and the HCPs. Understanding the language of SV and using such knowledge to augment training of providers, and to improve screening, diagnosis, and treatment is crucial for effectively addressing the needs of victims in poor and post-disaster settings. However, the exploratory nature of our study which targeted a small sample of an understudied and underrepresented group resulted in limited peer-reviewed literature and an inordinate reliance on anecdotal information from trusted community leaders/ informants. Moreover, due to our small sample size, any differences that are evident in the perceptions of the victims and other participants, while interesting and informative, are also speculative and cannot be generalized to

similar populations. Finally, we had scheduled a focus group with GHESKIO staff, an important stakeholder group, but unexpected travel by their staff prevented their meeting with us during our research trip.

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