



# Toward Effective Mental Health Intervention for Children Formerly in Restavèk: An examination of psychological distress and development of locally valid measure

Conducted through the collaboration of

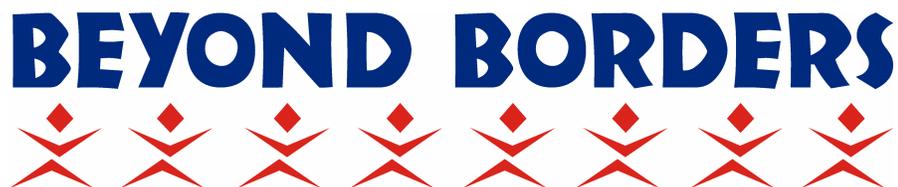
Beyond Borders / Fondasyon Limyè Lavi

Fondation Zanmi Timoun

Foyer l'Escale

and

Restavèk Freedom Foundation



Author: Cara L. Kennedy, PhD

[kennedy.cara@gmail.com](mailto:kennedy.cara@gmail.com)

March, 2012



## TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY</b> .....	<b>4</b>
PURPOSE .....	4
METHODS.....	4
CONCLUSIONS.....	5
RECOMMENDATIONS .....	5
<b>ACKNOWLEDGEMENTS</b> .....	<b>7</b>
<b>INTRODUCTION</b> .....	<b>9</b>
MENTAL HEALTH AND <i>RESTAVÈK</i> .....	9
OPPORTUNITY ADDRESSED IN THE CURRENT STUDY .....	10
<b>METHODOLOGY</b> .....	<b>11</b>
QUALITATIVE STUDY: OVERVIEW .....	11
<i>Training and supervision</i> .....	12
<i>Interviewers</i> .....	12
<i>Language</i> .....	12
<i>Free listing interviews</i> .....	12
<i>Analysis of free list data</i> .....	13
<i>Key informant interviews</i> .....	14
<i>Informed consent</i> .....	14
<i>Analysis of key informant data</i> .....	14
<b>RESULTS</b> .....	<b>15</b>
RESPONDENTS.....	15
Table 1: Free List Respondents Across Sites.....	15
FREE LIST INTERVIEW RESULTS .....	15
Table 2: Problems of Children Who Have Been in <i>Restavèk</i> .....	16
Table 3: Problems of Children Who Have Been in <i>Restavèk</i> .....	17
<i>Free List Question #2</i> .....	18
Table 4: Problems of Children Who Have Returned Home .....	18
Table 5: Problems of Children Who Have Returned Home .....	19
Table 6: Signs of Child Functioning and Well-Being .....	19
Table 7: Signs of Child Functioning and Well-Being .....	20
KEY INFORMANT INTERVIEW RESULTS.....	20
1. <i>Mental Health Symptoms</i> .....	21
Table 8: Causes of Symptoms.....	21
Table 9: Signs and Symptoms.....	22
Table 10: Proposed Solutions to Address Symptoms .....	23
2. <i>Experiences of Violence Post-Restavèk</i> .....	23
Table 11: Causes of Violence Children are Subjected to Post- <i>Restavèk</i> .....	23
Table 12: Types of Violence.....	24
Table 13: Solutions to Address Violence.....	24
3. <i>Being Unwelcome Upon Return Home</i> .....	25
Table 14: Causes of Children Being Unwelcome Upon Return Home .....	25
Table 15: Characteristics of Children Being Unwelcome .....	25



Table 16: Solutions to Address Children Being Unwelcome .....	26
<b>RURAL KEY INFORMANTS .....</b>	<b>26</b>
<i>Lascahobas</i> .....	26
Table 17: Problems of Children Who Have Returned Home .....	26
Table 18: Problems of Children Who Have Returned Home .....	27
3. <i>Being Unwelcome Upon Return Home - Insults</i> .....	28
Table 19: Causes of Insults Endured by Children Who Return Home .....	28
Table 20: Characteristics of Insults Endured by Children Who Return Home .....	28
Table 21: Consequences of Insults Endured by Children Who Return Home .....	29
Table 22: Solutions to Address the Insults Endured by Children Who Return Home .....	29
<i>Saut d’Eau</i> .....	29
Table 23: Problems of Children Who Have Returned Home .....	29
Table 24: Problems of Children Who Have Returned Home .....	29
4. <i>Economic Problems and their Impact on Children who have Returned from Restavèk</i> .....	30
Table 25: What Makes Economic Problems Challenging for Children Who Return Home .....	31
Table 26: Characteristics of Economic Problems Endured by Children Who Return Home .....	31
Table 27: Consequences of Economic Problems Endured by Children Who Return Home .....	31
Table 28: Differential Impact of Economic Problems on Children Who Return Home .....	33
<b>CONCLUSIONS .....</b>	<b>33</b>
<b>RECOMMENDATIONS .....</b>	<b>34</b>
<b>LIMITATIONS .....</b>	<b>36</b>

## Executive Summary

### Purpose

This report describes a qualitative assessment conducted in January 2012 by psychologist Dr. Cara Kennedy in collaboration with Beyond Borders, and with the technical support of psychologist Dr. Laura Murray of Johns Hopkins University. The purpose of the assessment was to better understand the problems of children who have been in domestic servitude (in Haitian Creole, *restavèk*) in Haiti, in order to equip Haitian governmental and local and international nongovernmental service, policy, and advocacy institutions with systematically gathered information on the challenges of former *restavèk* children and their caregivers/families, as well as with a culturally-valid measure for assessing psychological symptoms and adaptive functioning. The purpose of this was to ensure that these institutions are better able to respond to the needs of and evaluate the impact of their interventions with this population. The preliminary results of the qualitative study are reported here. An analysis of the qualitative data will lead both to treatment recommendations and to the development and validation of a measure of psychological distress for this subgroup of children.<sup>1</sup>

The focus of data collection in this study was to understand how children and adults perceive the problems of children who have been in *restavèk* in terms of:

1. The nature of these problems and the language they use to describe them.
2. The causes of these problems.
3. What people do to address these problems or what they feel should be done about them.

A secondary goal was to delineate the types of competent functioning behaviors considered to be important for children and to identify indicators of healthy functioning.

### Methods

To achieve the study purpose, we used two interviewing methods: (1) free-listing and (2) key informant interviews. In free-listing interviews, respondents were asked to list the problems of children who have been in *restavèk*, and then problems of children who have been in *restavèk* and who have returned to their families. Respondents then were asked to list “key informants,” people in the community who were knowledgeable about the problems they listed. These key informants were then interviewed to gather in-depth information about some of the mental health problems and symptoms listed. Key informants were asked specifically about certain problems based on the number of free list respondents who mentioned the problems, their apparent severity, and the likelihood that these problems could be the focus of interventions provided by local service agencies and child welfare institutions. Local interviewers were hired and trained to conduct all interviews in Haitian Creole. The study began in the Port au Prince metropolitan area, and continued in two communities in the Central Plateau: Lascahobas and Saut d’Eau. For Free-Listing in the Port au Prince metropolitan area, 32 adults and 44 children were interviewed, and 38 Key informants were interviewed. In Lascahobas, 20 adults and 7 children were interviewed in Free-Listing, and 7 Key Informants were interviewed. In Saut d’Eau, 13 adults and 9 children were interviewed for Free Listing, and 24 Key Informants were interviewed.

---

<sup>1</sup> See “Assessment of Child Survivors of Restavèk in Haiti: Development and Testing of a Locally Adapted Psychosocial Assessment Instrument” for further information. Available at [www.beyondborders.net](http://www.beyondborders.net).

## Conclusions

Through interviews with children who have lived through the experience of *restavèk* and with the adults who care for them, this study has illuminated the range of problems and symptoms that children experience upon leaving *restavèk*, and obtained detailed information on four of the most prevalent and severe problems that emerged: mental health symptoms (internalizing and externalizing), experiences of violence, experiences of being unwelcome upon return home, in particular humiliation/discrimination, and the mental health impact of children's economic realities upon return home.

From all accounts, children who have been through the *restavèk* exhibit a diverse range of symptoms, both internalizing (crying, sadness, rumination, remembering the bad moments) and externalizing (stealing, fighting, being unruly or disobedient). While we may have expected to hear of a significant number and range of trauma symptoms, there were surprisingly few symptoms that would be considered markers of trauma. It is likely that symptoms co-occur in different variations across children who have different types of experiences while in *restavèk*. Respondents did not often distinguish clearly between children exhibiting internalizing versus externalizing symptoms. Rather, they listed both types of symptoms without making divisions between children who respond to problems with sadness, withdrawal, or crying from others who might act out with fighting, unruly, and stealing behaviors. Based on the interviews in this study, a given child may exhibit both internalizing and externalizing symptoms, and we have yet to determine whether these symptoms exist as syndromes in which certain symptoms co-occur with other symptoms.

Experiences of violence post-*restavèk*, which are in addition to the extensive violence that we know to be a part of *restavèk*, were reported to occur often when children have run away from or left *restavèk* and are in the streets or without an adult to care for them. The trajectory from *restavèk* into the streets has been noted elsewhere, and this study's findings support our understanding of this common trajectory and its detrimental consequences for children. Children in the streets experience all types of violence and exploitation, often used by those more powerful to commit acts of violence.

Reports of experiences of being unwelcome upon return home, and especially of being humiliated and discriminated against, provided an important contribution to our understanding of the particular challenges of children who have returned home. The financial challenges for families whose children return home, which were often the driver of sending the children into the city initially, are immense. The economic pressures families are facing were reported to lead them to be unable to provide a sense of welcome when their child returns, as a result of not being able to support the child as well as their dashed hopes and disappointment that their child would not be "making it" in the city as they had hoped. At the same time, it is important to note that many reported that families are happy to have their children return, and children are more comfortable and happy to be back home.

However, the extremely challenging economic situation of families, in addition to the stigma the child carries home from the experience of *restavèk*, were cited as causes for the child to experience a range of serious mental health symptoms as well as social challenges. The interlocking stigma of poverty and *restavèk* combine forcefully to place the children at risk for mental health problems as well as to be placed in a position where s/he is not accepted and is humiliated by peers and other adults.

## Recommendations

Given the findings revealing significant mental health impact of *restavèk* on children/youth, the duration of their impact, and the reality that a return home does not provide a full and complete remediation of the challenges of *restavèk* nor their sequelae, our first recommendation is that the *restavèk* practice be eliminated, and that all organizations and institutions working for child protection and well-being in Haiti make this the highest priority. In the interim, for each of the principal

problems reported in this study, we provide a preliminary set of recommendations, to be elaborated through meetings with the actors in Haiti who are responsible for child protection, child welfare, transitional care, and reinsertion of children who have been in *restavèk*.

### 1. Mental Health Symptoms:

The symptoms that emerged in this study were reported by a small, convenience sample. Studies of this kind typically are useful for identifying the most common symptoms that are expressed by the population of interest. However, they are not sufficient to determine which symptoms can reasonably be excluded from an assessment of mental health.

- a) Thus, the next step in understanding the full range of symptoms/syndromes for this particular population of children in Haiti will be to validate/adapt a standardized instrument of mental health symptoms that includes all of those symptoms that emerged from this study, as well as symptoms that commonly co-occur with those that emerged. Many/most of the symptoms reported in this study are reflected in the Youth Self-Report (YSR) (Achenbach, 2001), a measure of symptoms developed in the United States. Thus, the YSR will be used as a base set of symptoms, with any additional Haiti-specific symptoms added in addition. In order to determine whether this instrument can be reliably used to identify children with mental health challenges in Haiti, a measurement validation study will be conducted. The quantitative measurement development/validation study will be conducted in June-July 2012 and reported thereafter.
- b) Following the validation of the instrument, the frequency, severity, and co-occurrence of mental health symptoms for children formerly in *restavèk* in Haiti should be determined. This data will enable us to plan for the appropriate mental health intervention to alleviate the symptoms in this population. Based on what we have learned thus far, we anticipate that specific mental health interventions that address both internalizing and externalizing symptoms, that involve family/caregivers, and that provide a degree of flexibility to address the specific challenges of a particular child, are likely to be the most effective. We recommend identifying treatments found to be effective in other similarly affected populations and which are likely to be feasible and acceptable locally.
- c) Even before the measurement study is complete, there are a number of basic mental health recommendations that emerge from an analysis of the symptoms reported. Recognizing the network of service providers and child welfare entities that are involved with children who have left *restavèk* and are in transitional care and/or returning home, we recommend the most basic level of intervention that can be conducted by paraprofessionals and other service providers who have direct and immediate contact with children who have come out of *restavèk*. To help support personnel who are working with children through transitional care, we recommend providing basic training on symptom recognition and supportive and behavioral interventions that can address the commonly-reported internalizing and externalizing symptoms that emerged in this study.

### 2. Experiences of Violence post-*Restavèk*:

The results of this study support our understanding of the trajectory from *restavèk* to the streets, and of the ensuing violence and exploitation that children endure in the streets without a guardian or any sort of protection. We recommend holding meetings with Haitian governmental child protection entities (IBESR, MAST, BPM) to disseminate these findings and emphasize the importance of identifying and providing safe housing and transitional care for children who have left

*restavèk*. Infrastructural mechanisms that ensure that BPM and IBESR can identify and intervene immediately, moving children from the streets to transitional care are critical to preventing the extreme violence and exploitation that children face on the streets.

### 3. Experiences of being Unwelcome, Humiliated, Discriminated Against:

The findings from the rural communities where children have returned home have led us to make several recommendations in the service of improving children's well-being when they return home. While it is important to note that the findings of children being humiliated and discriminated against are based on sampling children and adults from two areas in Haiti, and thus may not reflect the reality nationwide, what we have learned in these two communities leads us to recommend the following:

- a) Haitian and international NGOs working on reinsertion should be aware of these findings and should consider ways to provide family and community-wide awareness-raising and training to help families and communities to understand a child's experiences of *restavèk* and the potential harm of continued stigmatization, discrimination, and humiliation. Participatory, dialogue-based community awareness-raising approaches have been demonstrated to be very effective in changing attitudes and behaviors around child abuse and sending children into *restavèk*. The next important extension of this approach is to help communities to question and challenge norms that continue to stigmatize children who have returned from *restavèk*.
- b) Children who return home and their families should benefit from psychoeducation on the normative responses to the experiences of *restavèk*, as well as basic supportive and behavioral mental health interventions that families can be trained to understand and implement. Involving caregivers and families in understanding the experiences of children, their potential sequelae, and how to address them is expected to provide a more welcoming and supportive environment for the child, reduce his/her sense of isolation, and support him/her in adapting to the home environment.

### 4. Mental Health Impact of Economic Conditions:

Institutions working on reinsertion should collectively identify any mechanisms to support the livelihood and education of the children who have returned from *restavèk* and their families. The results of this study indicate that children who return and are unable to attend school and living in sub-standard economic conditions are subjected to greater discrimination and humiliation than they would be if they were attending school regularly and their families were able to support themselves. In addition, the mental health consequences of living in such conditions are reported to be many, and the experience of returning to such conditions more challenging for children who have been in *restavèk*. While the formal, government-supported reinsertion process includes support for the child's education and the family's income generation activities, these supports are often not sustained by the families beyond the initial, short period immediately following the child's return, due to the extreme level of poverty and lack of support for parents to develop sustained income generating activities. It is clear that the challenge of access to education in rural areas touches all children in rural areas, not only those that return from *restavèk*, and thus the challenge is a substantial one to address.

## Acknowledgements

This study would not have been possible without the generous support of time, resources, and honest sharing from many. We would like to thank Equitas Group for their support and funding of this study, and Beyond Borders for their collaboration in its design and implementation. Special thanks to Foyer l'Escale, the Restavèk Freedom Foundation, and Fondation Zanmi Timoun, the field collaborators that facilitated data collection. To the children and caregivers whose voices are presented here, we humbly offer our deepest thanks: *Mèsi anpil!*

## Introduction

The *restavèk* system in Haiti is a system of child trafficking and forced labor that meets criteria for slavery:<sup>2</sup> *restavèk* children are completely controlled through violence and exploited by the heads of the households for whom they work. Often far from home, isolated and excluded within their own environments, *restavèk* children have no viable options, are under physical control, and thus cannot walk away. *Restavèk* children are abused physically, verbally, emotionally and sexually; forced to do age-inappropriate chores; not sent to school; and treated as inferior to the children of the family. In the largest field survey of human rights violations in Haiti, conducted in 2007-2008, the Pan American Development Foundation (PADF) defined *restavèk* as “an unpaid child servant living and working away from home, who is treated in a manner distinctly different from children born to the household.”<sup>3</sup> Because in all cases of *restavèk* the distinctly different treatment involves abuse, exploitation, neglect, and/or humiliation, this definition is used for the purposes of this study.

In 2007-2008, over 225,000 children, an estimated two-thirds of whom were girls, were living in urban *restavèk* slavery. Over one-third of households in Port au Prince reported housing *restavèk* children, with percentages as high as 44% in the urban slum of Cité Soleil. As *restavèk* is not an exclusively urban phenomenon, total prevalence of *restavèk* in Haiti at the time of that survey was likely closer to 300,000 children nationwide.<sup>4</sup> During the earthquake of January 2010, large numbers of children were orphaned and/or separated from their families and thus vulnerable to trafficking and exploitation. As a result, estimates cited above, which predate the earthquake, may be well below the actual number of children in *restavèk* today.

### Mental Health and *Restavèk*

Globally, the psychological trauma of child domestic slavery is one of the areas in which the response has been relatively insufficient and often lacking in rigor. There are few examples of intervention that have attended to the mental health needs of children coming out of slavery; those that exist are often limited to basic interventions that create the conditions for healing (e.g., providing shelter, safety, opportunity for play and distraction), but that do not address the chronic traumas of abuse, humiliation, exploitation, neglect, and abandonment.

This lack of attention and appropriate response is reflected in the case of *restavèk* in Haiti. Anecdotal evidence from service organizations working with *restavèk* in Haiti suggests that the scale and consequences of *restavèk* are significant, with social costs to subsequent generations stemming from abuse and absence of affection among an entire class of citizens. Protracted, chronic abuse, excessive labor, stigmatization, humiliation, and denial of both education and affection leave children with few resources to build their lives and integrate into society in functional and adaptive ways when they are released or run away from their *restavèk*. Evidence indicates that the trajectory from *restavèk* to the streets is common for many youth, especially if they become pregnant or when they reach a certain age and are perceived as a potential threat or less useful than a younger, more impressionable child. In these cases, the families they serve often turn them out to fend for themselves. Former *restavèk* turned street youth are vulnerable to the enticements of gang and other forms of violence, in addition to the inherent risks and lack of healthy opportunity of life on the streets.

---

<sup>2</sup> Bales, K. (1999). *Disposable people: New slavery in the global economy*. Berkeley, CA: University of California Press.

<sup>3</sup> Pan American Development Foundation (2009). *Lost childhoods in Haiti: Quantifying child trafficking, restavèks, and victims of violence*. Port au Prince, Haiti. Retrieved March 10, 2011 from <http://www.imunitedforhaiti.org/ht/d/sp/i/20428/pid/20428>.

<sup>4</sup> National Coalition for Haitian Rights (2002). *Restavèk no more: Eliminating child slavery in Haiti*.

### Opportunity Addressed in the Current Study

Despite these anecdotal accounts from service organizations and NGOs in Haiti, *no systematically gathered data exists on the psychological, social, economic, and educational consequences of restavèk on the children who are forced to live in these conditions, or on their families in cases where they return home.* Social and cultural acceptance of *restavèk*, coupled with only recent willingness on a national scale to publicly acknowledge and address this form of contemporary slavery, mean that current efforts to understand and address the needs of *restavèk* and former *restavèk* children are in their infancy.

While our experience and the experiences of other actors focusing on reinsertion point to the need for services that address the psychological consequences of the diverse forms of abuse and trauma experienced by this group of children, we undertook this research study first for two primary reasons:

1. In general, children's responses to trauma occur on a continuum, with some children exhibiting no or minimal difficulties, while others experience overwhelming consequences in many or all aspects of their lives. Not all children who experience traumatic stressors will develop psychological symptoms or problems, and factors such as child's age and developmental level, access to emotional, physical, and social support, coping skills and children's attributions and perceptions related to the trauma have been found to mediate the impact of the trauma on the mental health of the child.<sup>5</sup>

For a complex set of reasons mental health, as understood within a Western framework, is rarely addressed in Haiti, and the cultural differences in the expression of distress among Haitian children, in addition to the normative variability described above, warrant much greater attention. The qualitative component of the study gathered information from former *restavèk* children and their parents/caregivers pertaining to a) how mental health and psychological challenges are understood, construed, and prioritized among the range of other challenges facing them and b) how children's distress manifests behaviorally and socially. We expect this understanding to be crucial for any future mental health intervention, in that it contextualizes the priority of this challenge from the perspectives of the children and their caregivers in the context of their other challenges, rather than isolating mental health needs or making assumptions about their priority and prevalence.

2. In much of the published literature on mental health intervention globally, Western constructs of mental health are imposed but rarely validated locally. One substantial challenge to global mental health intervention, and to mental health intervention in Haiti, is the lack of local, valid measures for the assessment of mental health symptomatology.<sup>6</sup> Translated measures developed in other contexts for assessing depression, anxiety, posttraumatic stress disorder and other constructs defined in the Diagnostic and Statistical Manual of the American Psychiatric Association/DSM-IV-TR<sup>7</sup> or the International Classification of Diseases/ICD-10<sup>8</sup> are utilized. However, it is the local and cultural expressions of psychological distress and resilience that we expect to serve as the most refined indicators of the effectiveness and impact of interventions. The measurement validation study that is the second component of this research aims to address this gap.

<sup>5</sup> Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: The Guilford Press.

<sup>6</sup> Betancourt, T., Borisova, I., Rubin-Smith, J., Gingerish, T., Williams, T., & Agnew-Blais, J. (2008). Psychosocial adjustment and social reintegration of children associated with armed forces and armed groups: The state of the field and future directions. Austin, TX: Psychology Beyond Borders. Retrieved March 14, 2011, from <http://psychologybeyondborders.com/PublicReports.aspx>.

<sup>7</sup> American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (Revised 4th ed.). Washington, DC: Author.

<sup>8</sup> World Health Organization (WHO) (2007). *International Classification of Diseases and related health problems* (Revised 10<sup>th</sup> edition). Available at <http://apps.who.int/classifications/apps/icd/icd10online/>.

Thus, one eventual outcome of this research is to improve upon our ability to select, adapt, and evaluate appropriate intervention to address the particular mental health needs of children coming out of *restavèk*, and the study report developed at the conclusion of the measurement validation study (forthcoming) will feature treatment recommendations based on this data. We anticipate that many elements of evidence-based treatments developed in the West (e.g., Trauma Focused Cognitive Behavioral Therapy,<sup>9</sup> Interpersonal Therapy,<sup>10</sup> components-based treatments<sup>11</sup>) are applicable to the psychological challenges of children coming out of *restavèk* in Haiti. However, we also expect that the contributions of this study, namely, local framing of the manifestation of these issues, and development of a locally valid measure for assessing psychological symptoms, will reveal the necessary adaptations to make these or other treatment approaches more palatable, tolerable, and appropriate.

## Methodology

### Qualitative study: Overview

The qualitative study described here serves as part of a series of field-based activities to inform the design, monitoring, and evaluation (DME) of services based an approach developed by the Johns Hopkins University Applied Mental Health Research (AMHR) Group.<sup>12</sup>

The DME process developed by the AMHR Group consists of the following stages:

1. Qualitative study of the problems affecting the target population and the tasks and activities that are important to local people.
2. Development of a locally appropriate quantitative instrument (questionnaire) to assess the major psychosocial problems emerging from the qualitative study.
3. Evaluation of the acceptability, clarity, validity and reliability of the instrument among the target population, with subsequent revision of the instrument based on the results.
4. Identification and adaptation of an appropriate intervention to address the major psychosocial problems emerging from the qualitative study.
5. Use of the final version of the instrument to conduct baseline assessments among individuals recruited into the intervention.
6. Provision and monitoring of the intervention.
7. Follow-up assessment after participation in the intervention, including re-interview with the assessment instrument to assess program impact.

This report describes the process and results of stage 1 and includes recommendations for future activities. Full details of the quantitative study, which constitutes stages 2 and 3, are available at [www.BeyondBorders.net/xxx](http://www.BeyondBorders.net/xxx).

<sup>9</sup> Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: The Guilford Press.

<sup>10</sup> Weissman, M. M., Markowitz, J.W., Klerman, G.L. (2000). *Comprehensive guide to interpersonal psychotherapy*. New York: Basic Books.

<sup>11</sup> Kazdin, A., & Weisz, J. (2003). *Evidence-based psychotherapies for children and adolescents*. New York: Guilford Press

<sup>12</sup> Applied Mental Health Research Group (2011). *Design, implementation, monitoring, and evaluation of cross-cultural HIV-related mental health and psychosocial assistance programs: A user's manual for researchers and program implementers (Adult Version) Module 1: Qualitative assessment of mental health and psychosocial problems of HIV-affected problems*.

Note: The instrument development and validation process was developed by the AMHR Group with the support of the United States Agency for International Development (USAID) Victims of Torture Program.

The first stage of this research employed qualitative methods. Qualitative approaches use open-ended, non-leading methods of interviewing in which the respondent is probed for as much information on a topic as they know and are willing to say. Beginning with this type of approach is particularly important with children who may be more susceptible to being led by adults (such as teachers or parents) and have learned to respond on the basis of what they think the person expects to hear. Interviews are conducted in the language of the respondents and detailed, verbatim note-taking by interviewers captures the language used by respondents to describe the issues discussed. A particular strength of this approach is that the methodology retains the language and descriptions of mental health problems *from the local perspective*. This allows researchers to incorporate this language and associated domains that are identified into future research assessment instruments.

### Training and supervision

Fourteen interviewers referred by local partner organizations were trained by Cara Kennedy, clinical psychologist, and Jean Prosper Elie, Program Director of Beyond Borders. Laura Murray, Assistant Professor at JHU and a clinical psychologist, trained Cara Kennedy in the qualitative methodology and provided distance supervision daily throughout data collection. The first two days of data collection consisted of didactic and experiential training in qualitative methods, research ethics and the particular methods of this study. An additional day of training was held on Day 9 to specifically cover Key Informant Interviewing in more detail. Supervision was provided by Cara Kennedy, Jean Prosper Elie, and Allison DePasquale, Administrator for Beyond Borders, in the field, with oversight via daily phone calls from Laura Murray. Researchers specifically provided supervision and feedback by reviewing each interview record to ensure quality data, including accurate note-taking and qualitative techniques, and discussing any challenges that emerged.

### Interviewers

Fourteen interviewers worked in pairs to conduct the interviews at the three sites. One person acted as the primary interviewer and the second primarily as recorder. The only people present during the interview were the two interviewers and the respondent. Interviews were conducted in locations where they could not be overheard.

### Language

All staff involved in this research study in the field spoke Haitian Creole, and thus all training, interviews, and data analysis were conducted in Haitian Creole. All interview questions were written in Haitian Creole and were discussed and revised with interviewers during training to ensure that the meaning of the questions was conveyed in the most understandable phrasing. Of particular note, while the term *restavèk* is used liberally within NGO and service sector personnel, it is a highly charged and stigmatizing term, which rings strongly and painfully in the ears of most Haitians, and particularly in the ears of the children who have been subjected to this experience and its sequelae. Upon the advice of the interviewers and field collaborators, the team worked to formulate the questions using the most accurate and sensitive language that would both ensure that participants understood that they were being asked about the experience of children who had been in *restavèk*, but would not raise discomfort or be offensive. Thus, while in the remainder of this report we continue to use the term *restavèk*, it is important to recognize the nature of this term and be aware that at no time was this term employed with the child or adult respondents.

### Free listing interviews

The study began with a free listing exercise in which each respondent was asked to generate three lists, each in response to a separate question. The questions were stated broadly to encourage a wide variety of responses, which were listed item by item according to the order in which they were mentioned. Free list interviews are a structured, rapid and effective

method to obtain data about a broad range of issues, and are useful in this context to obtain community views on problems affecting children. Free list interviews provide data that shows researchers the importance of various problems from a community perspective. They also provide information on the topics of the next methodology used – Key Informant Interviews. The questions were:

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

The first two questions generated a list of problems of children, or those that affect children. The remaining question generated a list related to local functioning of children. For each free list, interviewers probed for as many responses as possible. Respondents were asked for short descriptions of each problem, which interviewers listed beside each item.

A final purpose of the free list interviews was to identify persons who would be appropriate key informants for the second round of interviews. At the end of free list interviews, for any problem that could be related to a child's mental health, interviewers were instructed to ask if there was someone in the community who is knowledgeable about that problem, thus creating a list of key informants for the second data collection phase. Potential mental health problems were defined as those problems that relate to how a child thinks, feels, behaves, or his/her relationships with others. Analyzing the problems generated from the free lists on these four dimensions was helpful as a concrete way of identifying those that might relate to mental health.

#### Analysis of free list data

The team of Haitian Creole-speaking interviewers analyzed the free list interviews immediately after data collection. Qualitative data analysis includes combining terms that are similar into categories. Within each problem category, the team listed the key terms and phrases that children and caregivers used to describe the problem. The research team analyzed the first free-listing question for child respondents at the first site together as a group and then split into two groups to analyze children's and adult's responses separately for each site for Questions 2 and 3 (sampling of respondents described below). This resulted in 18 cycles of analysis, as data was analyzed by Question, Site, and Participant type (Child vs. Adult).

The first step of data analysis was to generate a list of all the free list responses. To do this, an interviewer would begin reading one of their interviews and call out a response from the interview. All other interviewers would look through their lists to see if they had any responses that were identical. In this way, for any one response (e.g., sad), we would document how many times this was mentioned and from which interviews, resulting in a tally of how many people mentioned this problem. The second step was for interviewers to review the remaining interviews, looking for responses that had the same meaning but used different wording. In these cases, the team selected the item with the clearest wording as a "cover term," and put the other phrases under "included terms."

This process of analysis also allowed researchers to understand ways in which the community grouped these problems together, as concepts that were similar but not identical were grouped into higher order categories (e.g., sadness and remembering bad moments) that would likely not have been grouped together by the Study Director due to cultural and contextual differences in understanding how problems relate to one another. The interview team analyzed the data from their understanding of local perceptions and problems. Moreover, the analysis method retained the nuances in the language used in the interviews – for example, distinguishing 'being lonely' and 'isolated' by recording all included

terms. This is very important because conducting analysis in the local language preserves the wording that children and caregivers use to describe mental health problems.

#### Key informant interviews

Key Informant interviews are an in-depth method of interviewing used to explore in greater detail the selected issues emerging from the free lists. Key informants are persons who are particularly knowledgeable about the topics being explored and who are willing and able to talk at length about these topics. The key informants were identified both from the initial free lists and by asking the first set of key informants themselves to recommend other knowledgeable people in the community. In all cases, the key informants were part of the local community and were knowledgeable about the problems.

Following the free list data analysis, researchers reviewed the findings and selected topics for further exploration in key informant interviews. Topics were selected based on the following criteria:

1. Relevance to Mental Health
2. Relevance for Field Partners Focusing on Reinsertion of Children
3. Frequency and Severity: The number of free list respondents who mentioned it; The apparent severity of the problem, based on the description and what is currently known about it

The issues selected from the problem free lists, using the criteria described above, formed the basis for Key Informant interviewing. Key informants were asked to tell all they know about each of the topics selected from the free list data. For each topic, interviewers were instructed to probe to obtain as much information as possible on:

1. Problem Description; The nature of each problem.
2. Causes; The causes of the problem.
3. Existing and Suggested Solutions: Solutions to the problem that were currently being used in the camp and potential solutions that they would suggest.

Key informant interviews were conducted by pairs, as in the free listing interviews, with one interviewer asking the questions and writing down probes, as well as short hand notes of the interview, and the other taking detailed notes. After each interview, interviewers sat together to complete the notes and add anything that had been missed.

Key informants who were particularly knowledgeable often were interviewed twice or more on these topics. This is because a single interview was often not sufficient for them to provide all the information they know, and because informants often think of new information after the first interview. Both first and second interviews typically lasted one hour.

#### Informed consent

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

#### Analysis of key informant data

The analysis method for key informant data followed the same method as free list data analysis. The entire interview team conducted the analysis together for each topic. For each topic, the interviewers began searching for descriptions, then

causes, then solutions. As above, as one response was mentioned, all other interviewers would look through their interview transcripts to see if they had any responses that were identical. In this way, for any one response (e.g., sadness), we documented how many times this was mentioned and from which interviews, resulting in a tally of how many people described the topic in a certain way. The second step was for interviewers to review the remaining interviews, looking for responses that had the same meaning but used different wording. In these cases, the team selected the item with the clearest wording as a “cover term,” and put the other phrases under “included terms.”

## Results

### Respondents

#### *Free Listing Respondents*

In the Port au Prince metropolitan area, the free listing respondents consisted of a convenience sample of 32 adults (ages ranged from 24-58, 11 males and 21 females) and 44 children/ youth (ages ranged from 9-22, 15 males and 29 females). The sample was drawn from two transitional housing centers for children who have been in *restavèk* and are in the process of returning home – Restavèk Freedom Foundation, a transitional home for girls only, and Foyer l’Escale, a transitional care setting for boys and girls - and one community-based setting. The community-based setting was one in which a collaborating organization, Fondation Zanmi Timoun, has several initiatives that support children in *restavèk* or in transition out of *restavèk*. Several families in this community have served as temporary foster families for children who are en route to being reinserted with their families of origin through governmental and International Office on Migration (OIM) collaboration.

All three sites were in the Port au Prince metropolitan area. For the free list sample, the breakdown across sites is provided in Table 1.

**Table 1: Free List Respondents Across Sites**

	Adults		Children	
	Male	Female	Male	Female
Foyer l’Escale	6	2	10	15
Restavèk Freedom Foundation	1	4		9
Fondation Zanmi Timoun	4	15	5	5
<b>TOTAL</b>	11	21	15	29

#### *Free List Interview Results*

Free listing resulted in lists of problems and indicators of well-being that were given in response to three broad questions. Analysis of free list data was conducted by the interviewers, through a process (described in Method Section) of identifying common responses and capturing the words or phrases that best described the problem. Where interviewers agreed that different responses reflected the same problem or indicator of well-being, those responses were aggregated and the best phrasing for the problem was noted. Interviewers grouped similar problems or indicators into broader categories (cover terms) where they reflected a similar phenomenon. However the terms included within each of these categories are noted by the term that was agreed to be the most understandable.

With respect to children’s responding, children generally were able to provide multiple problems for each question. The



exception to this was for children in one of the centers in responding to Q1. As this was the first set of interviews the interviewers conducted, it took them a couple of interviews to become comfortable with rewording the question to help the child understand it. Children at this site are also very close, temporally, to the experience of having been in *restavèk*, and automatically responded listing problems of children *when in restavèk*. Grasping that the question was asking about current problems of kids who *have been* in *restavèk* required rewording. In addition, three of the children at this center were very shy and uncomfortable and did not provide responses at all.

In general, we found that adults from the community sample provided more responses to Q2 than did the adults who worked in the centers. For Q2, in the center that cares for both boys and girls, 7 of the 8 adult respondents provided responses, but listed very few problems. This is likely to be because they work in a center and reported little knowledge of children who are back with their families. For Q2, in the center that works with girls only, 4 of the 5 adults responded and provided more responses. The one who didn't said that she has no knowledge of children who have returned home.

Despite these differences across sites, when we examined the analysis of each question for each site and participant type, it was evident that the responses provided by adults and for children were common across sites and within participant type, and thus we conducted a secondary analysis that mirrored the first analysis to consolidate the responses across sites for each question and participant type. For this reason, data presented in the results section include the responses of adults and children (separately) for each question, with no separate analyses by site.

Tables 2-7 show lists of terms mentioned by at least 2 respondents, in response to each of the Free List questions. These results document the most frequently mentioned problems and guided the researchers in determining which topics should be selected for more in-depth information during key informant interviews.

**Free List Question #1**

*What are the problems of children who have been in restavèk?*

The most frequent responses to this question given by adults (Table 2) and children/youth (Table 3) are presented below.

**Table 2: Problems of Children Who Have Been in Restavèk**

(Adult respondents n=32) (>1 responses)

Economic Problems	14
Risks	11
Uncomfortable	9
They are thinking [ruminating]	9
They can be subjected to violence	9
They are violent	8
Badly behaved	7
Behavior	7
They are thieves	6
They have habits	6
Family problems	5
Bad memories	5
Sadness	5
They don't believe in themselves	5



Difficulty adapting	5
They are in the streets	4
They are afraid	3
Uneducated	3
Eat a lot	3
Influenced/ Influence others	2
They are only interested in play	2
They are sick	2

There are several important things to note about the adult participants’ Free List responses to Question 1. Having economic problems emerged with the highest frequency, with participants specifying problems such as children not being able to go to school, not fed or clothed properly, or not having a proper place to sleep. Second to economic problems, and related in the narratives to being in the streets and being subjected to violence, was the category named “Risks.” This was a higher order term given to responses including taking drugs, smoking, being risky, having any type of problem or bad thing happen to them, becoming pregnant too early, meeting bad people, and being liable to do anything. None of those individual responses were cited with great frequency, but in the data analysis the team of analysts grouped them together collectively as “risks.” In the narratives, these risks were often associated with being in the streets, where children are subjected to all types of violence. Of note, in many cases when participants were asked about children no longer in *restavèk*, they automatically thought of the challenges of children on the street, a common trajectory for children who have run away from *restavèk*. Those children who have left, whether for the streets or elsewhere, are perceived to be vulnerable to violence including being beaten in the streets, being raped or otherwise sexually abused, and being shamed or humiliated.

In addition to the above-mentioned, a number of affective (being uncomfortable – in Haitian Creole *malalèz*, thinking/ruminating, having bad memories, being sad, not believing in themselves, and being afraid) and behavioral (violent, including fighting with others, badly behaved, stealing) problems were mentioned. One category, “they have habits” referred to the behavioral patterns that children developed in *restavèk* that carry over even after they leave, including always waking up early, wanting to work or do chores for others, or being dirty.

**Table 3: Problems of Children Who Have Been in Restavèk**

(Child/Youth respondents N=44) (>1 responses)

Sadness	11
They are not comfortable	8
Remember the bad moments	8
They don't have what they need	7
Victims of violence	7
They think about their families	6
They feel well	5
They are embarrassed	5
They stay in the streets	4
They cry	4
They verbally abuse	4
They are thieves	4



They are unruly	4
They fight	3
They continue to work	3
Can't learn	3
Can't find their families	3
Adaptation	3

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

**Free List Question #2**

*When a child who has been in restavèk returns home, what kinds of problems are there?*

The most frequent responses to this question given by adults (Table 4) and children/youth (Table 5) are presented below.

**Table 4: Problems of Children Who Have Returned Home**

(Adult respondents n=32) (>1 responses)

Unwelcome	21
Parents don't have economic means	17
They can't go to school	14
They are more comfortable	8
They are not comfortable	5
They think/ruminate	5
Sleeps poorly	4
They are on the loose	4
Poor relationships	4
They have violent tendencies	3
Habits	3

The three biggest problems that adult respondents reported children who have been in *restavèk* experience when they return home are that they are unwelcome by their parents, their parents do not have the economic means to take care of them, and they can't go to school. Although these three responses were distinct, the interview narratives indicate that they are often highly correlated. Speaking specifically to the problem of being unwelcome, adult participants reported that in some cases the parents are angry or don't want their child back, mistreat their child, see them as a burden, or don't provide them with attention. In other cases, the children can't get along with the other children, who are sometimes new siblings who don't consider them a part of the family, and have difficulty adapting back into the family. This was connected, however, to parents not having the economic means to take care of the child, in that the perceived burden is often an economic one, and parents don't want the child back because they know they can't take care of him/her and had hopes

that the situation would improve for the child outside of the home. Not being able to attend school in most cases was also due to economic reasons, and sometimes a cause for why parents were unwelcoming.

Despite these three correlated problems, adults also note that children are more comfortable and at ease, when they return home. Other symptoms that resemble those that emerged from Question 1 include children being uncomfortable, thinking/ruminating, being violent, and having behavioral habits that developed during *restavèk* that continue once they are back home.

**Table 5: Problems of Children Who Have Returned Home**

(Child/Youth respondents N=44) (>1 responses)

Parents can't send them to school	<b>33</b>
Bad behaviors and attitudes	<b>23</b>
Unwelcome	<b>18</b>
Negative emotions	<b>13</b>
Bad experiences	<b>12</b>
They beat them	4
Mothers cry	2
Family deceased	2
Positive emotions	<b>5</b>
Health [sick]	<b>4</b>

According to children, the most frequently cited problem for children who return home after being in *restavèk* is that their parents cannot afford to send them to school. This emerged strongly in nearly every interview, and was clearly a cause for concern for the child respondents who are currently benefiting from the opportunity to attend school while they are being cared for in the transitional care settings. They also noted that children exhibit a range of bad behaviors and attitudes, which included being badly behaved, unruly, disobedient, stealing, fighting, and running away. Children reported that children are often unwelcome when they return home, noting that their parents and siblings don't want or accept them back, and "rise up against the child." Children also noted that children who return home experience negative emotions, sometimes related to being unwelcome, including being ashamed to return to the family, sadness and crying, thinking that they are the one the family doesn't love, and even wishing to die. When they return home they often are subjected to a series of other bad experiences, including being beaten. However, as with Question 1, children noted that children may experience positive emotions too, though with less frequency.

**Function Free List Question**

*Imagine a child who is doing well, describe that child.*

The most frequent responses to this question given by adults (Table 6) and children/youth (Table 7) are presented below.

**Table 6: Signs of Child Functioning and Well-Being**

(Adult respondents n=32) (>1 responses)

Goes to school	<b>27</b>
Good economic situation	<b>19</b>

S/he is comfortable	<b>15</b>
Plays/Has games	<b>11</b>
Healthy	<b>10</b>
Takes part in social activities	<b>9</b>
Eats well	<b>9</b>
Leisure	<b>8</b>
Happy	<b>8</b>
Intelligent	<b>7</b>
Receives good treatment	<b>4</b>
Sleeps well	<b>4</b>
Raised with/by family	<b>3</b>
Respectful	<b>2</b>
Knows good things	<b>2</b>

**Table 7: Signs of Child Functioning and Well-Being**

(Child/Youth respondents N=44) (>1 responses)

Good economic situation	<b>30</b>
School/Education Activities	<b>27</b>
S/he is comfortable	<b>21</b>
Takes part in social activities	<b>10</b>
Healthy	<b>10</b>
Has/plays games	<b>8</b>
Happy	<b>8</b>
Leisure	<b>7</b>
Intelligent	<b>6</b>
Has good ideas/perception of self	<b>6</b>
Lives with his/her family	<b>3</b>

The responses given by adults and children were quite similar. For adult and child respondents, a child who is doing well is one who is going to school, living in a good economic situation and is comfortable, affectively. In addition, a child who is functioning well is healthy, taking part in social and leisure activities, eating and sleeping well, intelligent, happy, and receiving good treatment.

### Key Informant Interview Results

As described in the Methodology, we reviewed the free list results and selected three topics to study more in-depth in key informant interviews:

- a) Mental health symptoms
- b) Experiences of violence post-*restavèk*
- c) Being unwelcome upon return home

The selection was based on frequency and relevance for understanding mental health symptoms and problems that impact children's mental health. Because we were interested in understanding mental health symptoms in order to develop a

locally-valid instrument for assessment, our first Key Informant interview topic focused on the mental health symptoms. Secondly, we recognized based on the free list interviews that the experience of abuse and trauma that we know to occur during *restavèk* is far from over when children leave *restavèk*, as was evident in the large number of responses related to the experiences of violence (often in the streets) that children have post *restavèk*. Thus, understanding experiences of violence was our second Key Informant interview topic. Finally, as one of the objectives of this research is to provide information that will help the actors involved in reinsertion to identify areas in need of attention, we selected the topic of children being unwelcome upon returning home as our third Key Informant interview topic.

*Key Informants.* Participants in Free Listing referred the research team to Key Informants. In total, 38 key informants were interviewed during this stage of data collection (31 female and 7 male, age 12-65), and many of these (17) were interviewed more than once. Repeat follow-up interviews were sought from a selection of key informants to clarify responses and probe for as much information as possible. Note that we had fewer child (9) than adult (29) Key Informants; however many of the adult Key Informants were referred to us by children, and we anticipate that those adults were strong representatives of the children’s voices, by virtue of children having nominated them.

**1. Mental Health Symptoms**

For the first topic, mental health symptoms, we presented a host of symptoms that emerged from the free listing that could broadly be categorized as internalizing (e.g., sadness, crying, ruminating, remembering bad moments) and externalizing (violent, badly behaved, stealing, fighting). For these interviews, Key Informants were informed that “When we asked people about the kinds of problems children who have been in *restavèk* have, they told us that children *have negative emotions, like being uncomfortable, crying, being sad, thinking, and remembering the bad moments. And they also told us they exhibit negative behaviors, such as being badly behaved, violent, and unruly.* People from the community told us that you would be a good person to talk to about this problem. We would like to hear your thoughts on this.”

**CAUSES:**

Table 8 shows the causes of the symptoms based on Key Informant responses. As was described previously, data for Key Informant interviews was analyzed together for child and adult respondents.

**Table 8: Causes of Symptoms**

They reproduce what they experienced	<b>22</b>
What they lacked	<b>19</b>
Food	7
Affection	3
Remember what they went through	<b>18</b>
Need their families	<b>8</b>
Did not get to go to school	<b>5</b>
Temperament	<b>4</b>
Happiness	<b>4</b>
Uncertainty	<b>3</b>

Overwhelmingly, respondents focused on the fact that children reproduce what they experienced (e.g., if they were beaten, they become violent; if they were hearing people speaking violently, they will speak violently, if where they lived people had bad habits, they will have bad habits, etc.). This was the most common response, and was most often the cause

associated with externalizing behaviors. The second most common response was that their symptoms are the result of what they didn't receive (e.g., if they weren't fed, didn't receive education, didn't have the freedom to say what they want or like, didn't have free time, etc.). The third most common response was that their symptoms are the result of remembering what they went through. Here, respondents were referring to the fact that when children remember or are reminded of the misery and abuse they experienced, they cry, are sad, ruminate, become uncomfortable (i.e., exhibit internalizing symptoms). Less frequent responses for children's behavior were that the children miss/lack their families, that they didn't have the chance to go to school, and that it was simply their temperament that made them that way.

**SIGNS AND SYMPTOMS:**

Based upon the general prompt given, respondents were asked to describe more fully the types of symptoms they observe in children. Their responses are presented in Table 9.

**Table 9: Signs and Symptoms**

Sadness and bad memories	<b>54</b>
Sad	16
Cry	15
Think/ruminate	7
Think about bad moments	5
Sorrowful	2
Remember where they used to be	2
Miss their families	2
Alone	2
Badly behaved	<b>24</b>
Badly behaved	10
Talk back	3
Swear/Insult/Cuss out	3
Bad behavior	2
Get angry easily	2
Violent	<b>24</b>
Violent	7
Fights	4
Hits other children	3
Aggressive	2
Kills people	2
Unruly	20
Uncomfortable	<b>13</b>
Uncomfortable	7
Stress	<b>9</b>
Fear	3
Traumatized	2
Thievish	<b>8</b>
Don't have confidence in themselves	<b>8</b>
Poor hygiene/Dirty	<b>6</b>
Subdued [positive quality]	<b>5</b>
Lose their way	<b>3</b>



Don't eat	2
Eat a lot	2

The most frequently noted symptoms related to what they team analyzing the data referred to as “sadness and bad memories” and included sadness and crying as well as more ruminative symptoms like thinking and thinking about the bad moments. This set of symptoms is understood as syndrome, as reflected by the grouping of symptoms, each of which was cited with moderate frequency.

The next three most frequently noted groups of symptoms relate to more externalizing behaviors, and were classified as badly behaved, violent, and unruly. Following those, being uncomfortable (*malalèz*) emerged again, as did something that resembled a post traumatic stress syndrome, which was called “stress” and included fear and being traumatized. While the symptom “subdued” contained what were perceived to be positive qualities (calm, tranquil, obedient, always wanting to work or do favors for others), it is questionable whether this is truly a positive quality or a response to harsh and abusive treatment.

**SOLUTIONS:**

Respondents were asked to describe existing or proposed solutions for the problems described, presented in Table 10.

**Table 10: Proposed Solutions to Address Symptoms**

Talk to them	10
Moral and economic support	6
Give them affection	3
Have them see a psychologist	3
Send them to school	2

While not all participants generated proposed solutions, the most commonly proposed solution was to talk to the children, followed by providing them with moral and economic support.

**2. Experiences of Violence Post-Restavèk**

For topic 2, Key Informants were prompted, “When we asked people about the kinds of problems children who have been in *restavèk* have, they told us that children *are subjected to violence*. People from the community told us that you would be a good person to talk to about this problem. We would like to hear your thoughts on this.”

**CAUSES:**

The violence described in this Key Informant topic was reported most frequently to be the result of the risks of the street, not having anyone who is taking care of or supervising them, and being perceived as a thief or criminal. Responses to the causes of violence children are subjected to post-*restavèk* are presented in Table 11.

**Table 11: Causes of Violence Children are Subjected to Post-Restavèk**

Risks of the Streets	6
Lack of supervision/caregiver	4
Taken to be a thief, criminal	2



TYPES:

Respondents described the types of violence that children are exposed to post-*restavèk*, presented in Table 12, which were broadly categorized to include physical violence, sexual abuse, moral violence, exploitation, verbal violence, and harm.

**Table 12: Types of Violence**

Physical Violence	<b>14</b>
Sexual Abuse	<b>7</b>
Moral Violence	<b>5</b>
Exploitation	<b>4</b>
Verbal Violence	<b>4</b>
Harm	<b>3</b>

Physical violence included being beaten, beaten with objects, being forced to labor excessively, living in misery, and being punished harshly. Sexual abuse included rape and sexual assault. Exploitation included being kidnapped, working without pay, and being used to commit criminal acts. Moral violence included not being sent to school.

CONSEQUENCES

Although respondents were not asked to describe the consequences of these types of violence, in some interviews respondents spontaneously provided examples of the impact of these types of violence. Because not all interviewers asked about consequences, we report these data with some reservation. Respondents reported that children who are subjected to these types of violence have difficulty learning, have a mark on their spirit that makes them unable to succeed in life, think life is over, may revolt and become rebellious, are considered rejects of society, and may die as a result. In addition, one respondent noted the impact on society, in that society will pay the consequences of the damage that is done.

Because many respondents also linked the violence post-*restavèk* with the violence experienced as a result of being in the streets, some reported on the consequences of living in the streets, including becoming a thief or prostitute, begging, school truancy, carrying weapons, using drugs, illness, and death.

SOLUTIONS:

When asked about the solutions to address violence children are subjected to, the responses given by multiple respondents included awareness raising, including developing audiovisual awareness raising program, and raising awareness on the risks of *restavèk* to prevent people from bringing children into Port au Prince as slaves. In addition to the three most commonly cited solutions, respondents also spoke of the need for plans to provide for the health, social, and protection needs of children, as well as for more resources for the organizations working to address this issue.

**Table 13: Solutions to Address Violence**

Awareness raising	<b>3</b>
Education Plan	<b>3</b>
For the Child to Live Away from Perpetrator	<b>2</b>



### 3. Being Unwelcome Upon Return Home

For topic 3, we prompted Key Informants with, “When we asked people about the kinds of problems children who have been in *restavèk* have *when they return to their families*, they told us that *parents are not open to take them back*. People from the community told us that you would be a good person to talk to about this problem. We would like to hear your thoughts on this.”

#### CAUSES:

When asked about the reasons for children being unwelcome upon return home, respondents overwhelmingly focused on economic reasons, as presented in Table 14.

**Table 14: Causes of Children Being Unwelcome Upon Return Home**

Economic Problems	16
-------------------	----

They often noted that even when parents are happy to see their child return home, they are not able to meet the child’s needs (e.g., don’t have adequate housing, resources, or income-generating activity, have too many children, can’t send the child to school, etc.) While focusing on economic problems, responses also reflected parents’ despair and disappointment when the hope they had placed in the child is dashed by his/her return (e.g., the parent thought the child would have a better life, economically), or when they believed that their own economic load had been lightened when the child left (e.g., the load had been lightened; they gave the child away already, now the load is increased). Unique responses also included, for example, that the parent feels trapped by having the child return, the child has no future in the area s/he returns to, she returns pregnant or is eyed by young men in the community, family problems between mother and father, etc.

#### CHARACTERISTICS:

When asked to describe how this problem manifests, respondents noted that parents act badly toward the children, and children sometimes don’t stay, as presented in Table 15.

**Table 15: Characteristics of Children Being Unwelcome**

Parents mistreat them	6
Children don’t stay	2

With respect to parents acting badly, respondents cited that the family doesn’t want to see them, beats them, refuses to recognize them as part of the family, humiliates them, and kicks them out. Children don’t stay is manifest through the parent sending the child to live with someone else or the child being sent to an orphanage.

#### CONSEQUENCES:

Unique responses were given indicating that the result of this is that children see that they are not welcome, and they respond by not wanting to do their chores, behaving badly, feeling uncomfortable, becoming violent and a danger to society, and becoming sad and thinking about everything they have experienced.

#### SOLUTIONS:

Analysis of respondents' suggested solutions were grouped as recommendations for organizations, recommendations for parents, and recommendations for the government (Table 16).

**Table 16: Solutions to Address Children Being Unwelcome**

Recommendations for Parents	<b>10</b>
Recommendations for Organizations	<b>9</b>
Recommendations for the Government	<b>3</b>

Recommendations for parents included developing a comfortable relationship with the child so that the child knows right from wrong, that parents need to be aware so that they don't leave the child in just anyone's hands, need to take responsibility, show affection and love, lower the birth rate and use family planning, etc. According to participants, organizations should be involved both in prevention of *restavèk*, through providing training to families as a means of preventing them from sending their children away, and in supporting the child's reentry by both meeting child's basic needs, including education, and family's economic needs. Those organizations that are working with children in the process of reinsertion should be involving the child in the return process, e.g., by allowing the child to decide when they are ready to go back home, and by providing opportunities for children to observe other children who decide to go home as a means of preparing them for their own return. Participants recommended that the government should meet children's basic needs for schooling, clothing, food, and that they should intervene in cases where parents don't want to take their children back. In addition, the government has a responsibility to create jobs to provide relief for parents from their economic burdens.

### Rural Key Informants

In addition to the data we collected in the three sites described above, we decided after the Key Informant interviews conducted in the Port au Prince metropolitan area to seek out two communities where children had been returned home through the formal reinsertion process. The reason for this was to understand whether Key Informants from a rural area to which children have returned would have more or more detailed information about the challenges children face that go beyond the economic problems that were raised by informants from the Port au Prince metro area. Together with the Haitian NGO, Fondation Zanmi Timoun, we identified two communities into which a total of 25 children had been reinserted within the past several years. A team of six interviewers spent 3 ½ days in each community (Saco, located on the outskirts of Lascahobas, and Madam Si/Saut d'Eau, in and outside of Saut d'Eau). In each community, the team conducted a reduced version of the qualitative study described above. The reduced study included collecting Free List data on Question 2 only, and conducting Key Informant interviews focused on the topic of interest that emerged most frequently in the Free Listing.

#### Lascahobas

Results of the rural Free List interviews from Lascahobas are provided in Table 17.

**Table 17: Problems of Children Who Have Returned Home**

(Adult respondents n=20) (>1 responses)

Consequences of Economic Problems	<b>19</b>
Can't attend school	<b>6</b>
Basic needs not met (food, clothing)	<b>3</b>

Want to leave, return to where they were	3
Welcome, S/he is Comfortable	<b>14</b>
Comfortable	3
Happy	4
Welcome	5
Doesn't have problem	2
Economic Problems	<b>13</b>
They are distressed	<b>13</b>
Insult/Fighting	<b>11</b>
Insult	7
Fighting	3
Parents Responsibility	<b>3</b>
Like to work	<b>2</b>
Sick	<b>2</b>

As in the data collected in Port au Prince, when asked about the challenges children face when they return home after being in *restavèk*, adult respondents in Lascahobas focused on economic problems and their consequences most frequently. They also, however, focused on the positive consequences for children who return, in their being welcomed, feeling comfortable, and happy. In the category labeled distressed, respondents spoke of how the children feel sorrow, spend their time alone, sad, crying, and embarrassed. For those that cannot attend school, they spend their days complaining and feel that this has an effect on their mentality. Respondents also noted with considerable frequency that children who return home face insults and fighting upon their return. Examples of this included other children, sometimes even the child's own siblings, insulting and teasing them, calling them *restavèk*, and fighting with them.

When children were asked about the problems of children who return, their responses paralleled those of adults, and are presented in Table 18.

**Table 18: Problems of Children Who Have Returned Home**

(Child/Youth respondents n=7) (>1 responses)

Welcome, S/he is comfortable	<b>7</b>
They humiliate them	<b>7</b>
Economic Problems	<b>4</b>
Consequences of economic problems	<b>3</b>

For child respondents, being welcome and comfortable was one of the most frequently cited responses, with children reporting that children who return love their parents and want to live near them, are more comfortable at home, and their parents are happy to see their children living with them. However, children also reported the humiliation that children who return are subjected to, noting that they insult and discriminate against the child because s/he lived in *restavèk*. One respondent referred to this as "moral violence." Economic problems and their consequences (e.g., not being able to attend school) were also frequently cited.



Based on the Free List data, we conducted Key Informant interviews on the topic of insults. This was a theme that emerged frequently in both child and adult free list responses, and that was not developed in our interviews in Port au Prince.

**3. Being Unwelcome Upon Return Home - Insults**

For topic 3, we prompted Key Informants with, “When we asked people about the kinds of problems children who have been in *restavèk* have when they return to their families, they told us that they are insulted. People from the community told us that you would be a good person to talk to about this problem. We would like to hear your thoughts on this.”

**CAUSES:**

Key Informants, both adults and children combined, focused on two causes primarily – because children lived in *restavèk*, and because their parents are poor (Table 19).

**Table 19: Causes of Insults Endured by Children Who Return Home**

Parents don't have economic means	<b>5</b>
Because they lived in <i>restavèk</i>	<b>4</b>

Some respondents noted that when children humiliate other children, it is important to remember that, “children don’t have bad thoughts by themselves. It’s their parents who are responsible” (for children humiliating other children, or not wanting to play with other children, etc.).

**CHARACTERISTICS:**

When asked what form this type of humiliation takes, respondents reported the following, presented in Table 20.

**Table 20: Characteristics of Insults Endured by Children Who Return Home**

They insult them verbally	<b>6</b>
They look down at them	<b>5</b>
They diminish/limit them	<b>4</b>
Adults mistreat them	<b>3</b>
Other children fight with them	<b>1</b>

Verbal insults and humiliation were reported to come from adults, children, the child’s siblings, and included calling them *restavèk*, insulting them, demanding that they do a chore and if the child refuses saying, “when you were in *restavèk* could you say no?” The parents of the returned child also experience humiliation. The response labeled “being looked down upon” including being looked at with some suspicion, as a result of perceiving that the child is lacking familial education, thinking that the child may be a thief, parents of other children not allowing their children to play with the child, even beating their own children for playing with him/her. In speaking of how children are diminished or limited, respondents noted how the experience of *restavèk* marks the child long into the future, with others limiting their value and their upward mobility, such that even into adulthood the child is prevented from making a contribution in society, making decisions, becoming a leader, or obtaining work. As one participant noted, “the term ‘*restavèk*’ damns the child for life.”

**CONSEQUENCES:**



The consequences of this form of humiliation are most prominently that the child becomes distressed, and cries.

**Table 21: Consequences of Insults Endured by Children Who Return Home**

They are distressed	<b>5</b>
They cry	<b>3</b>

The “distressed” described in these interviews included rumination, sorrow, headaches, isolation, discomfort, unhappiness, and not feeling well. In the long-term, one respondent reported that this experience remains like a brand on the child, everywhere s/he goes this follows him/her, it is not easy for him/her to become a political candidate, a leader or to obtain a position in society, and this child may ultimately spend his/her entire life in a form of *restavèk*.

**SOLUTIONS:**

Respondents recommended helping parents to be able to take care of and provide for their child(ren), and also recommended that adults in the community assume their responsibility to ensure that children do not isolate and discriminate against the children who return, by setting a good example, acting fairly with all children, and explaining to their children why the child left and returned.

**Table 22: Solutions to Address the Insults Endured by Children Who Return Home**

Help parents	<b>4</b>
Adults assume their responsibility	<b>2</b>

**Saut d’Eau**

To determine whether the results from Lascahobas would be confirmed in another community to which children have returned, the research team undertook the same research in and around Saut d’Eau, also in the Central Plateau. Results of the Free List interviews for adults and children from Saut d’Eau are provided in Tables 23 and 24.

**Table 23: Problems of Children Who Have Returned Home**

(Adult respondents n= 13) (>1 responses)

Economic Problems	<b>10</b>
Can’t attend school	6
More comfortable	<b>7</b>
Consequences of Economic Problems	<b>6</b>
Insults	<b>3</b>
Problems of Adaptation	<b>3</b>
Badly behaved	<b>3</b>
Sick	<b>2</b>
Sad	<b>2</b>

**Table 24: Problems of Children Who Have Returned Home**

(Child/Youth respondents n=9) (>1 responses)

Economic Problems	<b>9</b>
Can't attend school	5
Hunger	5
Can't get what they need when they ask their parents	3
Don't have clothing, shoes, housing	3
Can't attend church because of not having appropriate clothing	2
They are more comfortable	<b>6</b>
They [others] insult them	<b>5</b>
They [others] look down on them	<b>3</b>
They are sick	<b>3</b>
Other people make them work for them	<b>2</b>
Mistreated	<b>2</b>
Remember the bad moments	<b>2</b>
Others make fun of them	<b>2</b>

Based upon adult and child reports, economic problems were the most frequently cited problems, with not being able to attend school the most commonly cited economic problem. Adults and children also cited not having adequate food, clothing or housing as problems for children who return. Economic problems were followed by the recognition that the children are more comfortable living with their families than they were in *restavèk*, that their families are happy and proud that they have returned, that children are more comfortable and can ask for what they need. Both children and adults confirmed that being insulted, looked down upon, and made fun of, are significant problems for children who return. However, in Saut d'Eau, it was less common that the insults they endure are the result of having been in *restavèk*, and more often are a result of their economic situations. The consequences of difficult economic situations reported by adults included becoming pregnant, stealing, being subjected to violence, the child wanting to leave the home or the parents being obligated to send him/her away again.

Though this was a study of mental health, the economic problems faced by children who return home was consistently the most frequently reported problem in all communities and by both children and caregivers. The research team determined the importance of exploring the impact on the well-being of children who return to such impoverished family environments, as well as of determining whether there are additional mental health costs for children who have previously been in *restavèk* and are returning to such environments, relative to their peers and siblings who were not in *restavèk*. Thus, the Key Informant interviews conducted in Saut d'Eau focused on the economic challenges for children who have returned and their impact on children who have returned from *restavèk*.

#### 4. Economic Problems and their Impact on Children who have Returned from *Restavèk*

For topic 4, we prompted Key Informants with, "When we asked people about the kinds of problems children who have been in *restavèk* have when they return to their families, they told us that the economic situation of their families is a considerable problem. People from the community told us that you would be a good person to talk to about this problem. We would like to hear your thoughts on this."

CAUSES:



Interviews focused on the causes that render difficult family situations one of the greatest problems cited for children. Key Informants, both adults and children combined, shared the following responses (Table 25).

**Table 25: What Makes Economic Problems Challenging for Children Who Return Home**

S/he can't live the way other children do	<b>11</b>
Parents can't provide what s/he needs	<b>8</b>
Disappointment/Humiliation	<b>4</b>
S/he feels s/he was better off where s/he was	<b>4</b>
Parents respond meanly to him/her [when s/he asks for something]	<b>3</b>

The most commonly cited reason that the child's family economic situation creates problems for him/her was that the child sees that s/he can't live the way other children do. While other children appear to be living well, dressing well, attending school and church, having their needs met by their parents, this group of children is not able to do or have such things. In addition, when this group of children asks for what they need, their parents are not able to provide it, and in some cases respond meanly or hurtfully to their requests. In some cases, children and their parents are subjected to humiliation by neighbors, at school, etc. as a result of their situations. Of the four respondents who reported that the children feel they were better off where they were, two of these were children/youth.

**CHARACTERISTICS:**

When asked what form the economic problems take, respondents reported the following, presented in Table 26.

**Table 26: Characteristics of Economic Problems Endured by Children Who Return Home**

Parents can't take care of their basic needs	<b>19</b>
Food	6
Clothing	6
Parents don't have means/assets	<b>11</b>
Can't send them to school	<b>9</b>
Parents don't have work	<b>3</b>
Increased poverty	<b>2</b>

Nearly all participants reported that parents are not able to take care of children's basic needs, including food and clothing/shoes. Parents do not have assets such as land to farm, the support of other family, or work and thus cannot afford to send their children to school.

**CONSEQUENCES:**

When asked what are the consequences of the economic problems on children, respondents reported the following, presented in Table 27.

**Table 27: Consequences of Economic Problems Endured by Children Who Return Home**

Ruminate	<b>16</b>
----------	-----------



Sad	13
Can lose their mind, go crazy	11
Hopelessness	10
Constantly doing chores for others	10
Leads a promiscuous life	9
Uncomfortable	8
Badly behaved	8
Crying	7
Stealing	7
Stays alone, away from others	7
Becomes very thin	7
Others make fun of him/her	7
Runs away	7
Sick	6
Becomes pregnant	5
Thoughts of suicide	5
Has to engage in sexual activity for money	5
Irritable, angry	5
Difficulty learning	4
Can't eat or sleep well	4
Suffers, malnutrition	4
Has negative thoughts/reflections	3
Smokes, drugs	3
Upset	3
Begs	3

The internalizing mental health symptoms that were reported as consequences of living in such economic conditions included rumination, sadness, hopelessness, being uncomfortable, crying, preferring to be alone, suicidal thoughts, irritability, negative thoughts, and being upset. A relatively large number of respondents cited going crazy as a consequence. Fewer externalizing symptoms were reported, but they included being promiscuous, being badly behaved, stealing, running away, and smoking (drugs). In addition, physical and somatic consequences included becoming thin, with participants reporting that even when the child eats, s/he cannot maintain a healthy weight, being sick, not being able to sleep or eat well, and suffering malnutrition. Behaviors related to economic and material survival included constantly doing chores for other, in hopes of being given a little food, engaging in sexual activity for money, and becoming pregnant as a consequence, stealing, and begging. Social consequences included others making fun of the child/youth, the child having difficulty learning, and running away.

**DIFFERENCES:**

As it is clear that the impoverished environments where children are returning pose significant challenges for all children, not only those who return from *restavèk*, it was important to explore with Key Informants whether there are aspects of economic problems that impact children who have been in *restavèk* differently than those who have been home with their families all their lives. When Key Informants were asked about this they reported the following, presented in Table 28.



**Table 28: Differential Impact of Economic Problems on Children Who Return Home**

Different hopes/expectations	<b>5</b>
More demanding	<b>4</b>
See/Think about things differently	<b>4</b>
Less comfortable	<b>3</b>

As a result of the children having lived in *restavèk*, Key Informants reported that when they learn that they will be returning home, they believe that they will be able to live better and more comfortably, and will finally be able to ask for what they need. While in *restavèk*, they observed the children in the homes where they worked were able to ask their parents for what they needed and wanted, but this group of children had no right or freedom to ask for anything. Returning to their impoverished environments poses several problems that make the conditions more difficult for former *restavèk* children to bear: 1. They often return with nothing, while their siblings have had the most basic of their needs met, and so they are forced to ask for basic clothing and necessities, 2. They are now free to ask for what they need, however their parents cannot provide for them, 3. They have seen and become more aware of the ways that more wealthy children live, have a different reference for what they too should be allowed to have and do, and thus more difficulty accepting their conditions. This creates a perception among parents that children who return are more demanding. As one participant noted, a child who has lived in *restavèk* in the city returns with a complex, wants to dress in fancy clothing and spend money, while a child who has not seen another environment is more content and accepting of the opportunities in his/her environment (e.g., fishing, bathing in the river, eating fruit from the garden). As a result, participants reported that children who have never left are more comfortable than those have returned from *restavèk*.

## Conclusions

Through interviews with children who have lived through the experience of *restavèk* and with the adults who care for them, this study has illuminated the range of problems and symptoms that children experience upon leaving *restavèk*, and obtained detailed information on four of the most prevalent and severe problems that emerged: mental health symptoms (internalizing and externalizing), experiences of violence, experiences of being unwelcome upon return home, in particular humiliation/discrimination, and the mental health impact of children’s economic realities upon return home.

From all accounts, children who have been through the *restavèk* exhibit a diverse range of symptoms, both internalizing (crying, sadness, rumination, remembering the bad moments) and externalizing (stealing, fighting, being unruly or disobedient). While we may have expected to hear of a significant number and range of trauma symptoms, there were surprisingly few symptoms that would be considered markers of trauma. It is likely that symptoms co-occur in different variations across children who have different types of experiences while in *restavèk*. Respondents did not often distinguish clearly between children exhibiting internalizing versus externalizing symptoms. Rather, they listed both types of symptoms without making divisions between children who respond to problems with sadness, withdrawal, or crying from others who might act out with fighting, unruly, and stealing behaviors. Based on the interviews in this study, a given child may exhibit both internalizing and externalizing symptoms, and we have yet to determine whether these symptoms exist as syndromes in which certain symptoms co-occur with other symptoms.

Experiences of violence post-*restavèk*, which are in addition to the extensive violence that we know to be a part of *restavèk*, were reported to occur often when children have run away from or left *restavèk* and are in the streets or without an adult to care for them. The trajectory from *restavèk* into the streets has been noted elsewhere, and this study’s findings

support our understanding of this common trajectory and its detrimental consequences for children. Children in the streets experience all types of violence and exploitation, often used by those more powerful to commit acts of violence.

Reports of experiences of being unwelcome upon return home, and especially of being humiliated and discriminated against, provided an important contribution to our understanding of the particular challenges of children who have returned home. The financial challenges for families whose children return home, which were often the driver of sending the children into the city initially, are immense. The economic pressures families are facing were reported to lead them to be unable to provide a sense of welcome when their child returns, as a result of not being able to support the child as well as their dashed hopes and disappointment that their child would not be “making it” in the city as they had hoped. At the same time, it is important to note that many reported that families are happy to have their children return, and children are more comfortable and happy to be back home.

However, the extremely challenging economic situation of families, in addition to the stigma the child carries home from the experience of *restavèk*, were cited as causes for the child to experience a range of serious mental health symptoms as well as social challenges. The interlocking stigma of poverty and *restavèk* combine forcefully to place the children at risk for mental health problems as well as to be placed in a position where s/he is not accepted and is humiliated by peers and other adults.

## Recommendations

Given the findings revealing significant mental health impact of *restavèk* on children/youth, the duration of their impact, and the reality that a return home does not provide a full and complete remediation of the challenges of *restavèk* nor their sequelae, our first recommendation is that the *restavèk* practice be eliminated, and that all organizations and institutions working for child protection and well-being in Haiti make this the highest priority. In the interim, for each of the principal problems reported in this study, we provide a preliminary set of recommendations, to be elaborated through meetings with the actors in Haiti who are responsible for child protection, child welfare, transitional care, and reinsertion of children who have been in *restavèk*.

### 1. Mental Health Symptoms:

The symptoms that emerged in this study were reported by a small, convenience sample. Studies of this kind typically are useful for identifying the most common symptoms that are expressed by the population of interest. However, they are not sufficient to determine which symptoms can reasonably be excluded from an assessment of mental health.

- a) Thus, the next step in understanding the full range of symptoms/syndromes for this particular population of children in Haiti will be to validate/adapt a standardized instrument of mental health symptoms that includes all of those symptoms that emerged from this study, as well as symptoms that commonly co-occur with those that emerged. Many/most of the symptoms reported in this study are reflected in the Youth Self-Report (YSR) (Achenbach, 2001), a measure of symptoms developed in the United States. Thus, the YSR will be used as a base set of symptoms, with any additional Haiti-specific symptoms added in addition. In order to determine whether this instrument can be reliably used to identify children with mental health challenges in Haiti, a measurement validation study will be conducted. The quantitative measurement development/validation study will be conducted in June-July 2012 and reported thereafter.



- b) Following the validation of the instrument, the frequency, severity, and co-occurrence of mental health symptoms for children formerly in *restavèk* in Haiti should be determined. This data will enable us to plan for the appropriate mental health intervention to alleviate the symptoms in this population. Based on what we have learned thus far, we anticipate that specific mental health interventions that address both internalizing and externalizing symptoms, that involve family/caregivers, and that provide a degree of flexibility to address the specific challenges of a particular child, are likely to be the most effective. We recommend identifying treatments found to be effective in other similarly affected populations and which are likely to be feasible and acceptable locally.
- c) Even before the measurement study is complete, there are a number of basic mental health recommendations that emerge from an analysis of the symptoms reported. Recognizing the network of service providers and child welfare entities that are involved with children who have left *restavèk* and are in transitional care and/or returning home, we recommend the most basic level of intervention that can be conducted by paraprofessionals and other service providers who have direct and immediate contact with children who have come out of *restavèk*. To help support personnel who are working with children through transitional care, we recommend providing basic training on symptom recognition and supportive and behavioral interventions that can address the commonly-reported internalizing and externalizing symptoms that emerged in this study.

## 2. Experiences of Violence post-*Restavèk*:

The results of this study support our understanding of the trajectory from *restavèk* to the streets, and of the ensuing violence and exploitation that children endure in the streets without a guardian or any sort of protection. We recommend holding meetings with Haitian governmental child protection entities (IBESR, MAST, BPM) to disseminate these findings and emphasize the importance of identifying and providing safe housing and transitional care for children who have left *restavèk*. Infrastructural mechanisms that ensure that BPM and IBESR can identify and intervene immediately, moving children from the streets to transitional care are critical to preventing the extreme violence and exploitation that children face on the streets.

## 3. Experiences of being Unwelcome, Humiliated, Discriminated Against:

The findings from the rural communities where children have returned home have led us to make several recommendations in the service of improving children's well-being when they return home. While it is important to note that the findings of children being humiliated and discriminated against are based on sampling children and adults from two areas in Haiti, and thus may not reflect the reality nationwide, what we have learned in these two communities leads us to recommend the following:

- a) Haitian and international NGOs working on reinsertion should be aware of these findings and should consider ways to provide family and community-wide awareness-raising and training to help families and communities to understand a child's experiences of *restavèk* and the potential harm of continued stigmatization, discrimination, and humiliation. Participatory, dialogue-based community awareness-raising approaches have been demonstrated to be very effective in changing attitudes and behaviors around child abuse and sending children into *restavèk*.

The next important extension of this approach is to help communities to question and challenge norms that continue to stigmatize children who have returned from *restavèk*.

- b) Children who return home and their families should benefit from psychoeducation on the normative responses to the experiences of *restavèk*, as well as basic supportive and behavioral mental health interventions that families can be trained to understand and implement. Involving caregivers and families in understanding the experiences of children, their potential sequelae, and how to address them is expected to provide a more welcoming and supportive environment for the child, reduce his/her sense of isolation, and support him/her in adapting to the home environment.

#### 4. Mental Health Impact of Economic Conditions

Institutions working on reinsertion should collectively identify any mechanisms to support the livelihood and education of the children who have returned from *restavèk* and their families. The results of this study indicate that children who return and are unable to attend school and living in sub-standard economic conditions are subjected to greater discrimination and humiliation than they would be if they were attending school regularly and their families were able to support themselves. In addition, the mental health consequences of living in such conditions are reported to be many, and the experience of returning to such conditions more challenging for children who have been in *restavèk*. While the formal, government-supported reinsertion process includes support for the child's education and the family's income generation activities, these supports are often not sustained by the families beyond the initial, short period immediately following the child's return, due to the extreme level of poverty and lack of support for parents to develop sustained income generating activities. It is clear that the challenge of access to education in rural areas touches all children in rural areas, not only those that return from *restavèk*, and thus the challenge is a substantial one to address.

## Limitations

The number of interviews conducted, the zones in which the study was conducted, and the way in which participants were identified and interviewed does not allow for us to fully generalize the results of this study. When we consider the lives of children in *restavèk* we recognize the variability in the treatment they receive and the conditions in which they live. The study methodology did not involve speaking to children about their own direct experiences, which would have afforded the advantage of allowing us to contextualize their responses based upon the duration and treatment in *restavèk*, their ages or developmental levels, or the family contexts from which they came. In addition, this methodology, that of a rapid qualitative assessment, did not allow interviewers to build rapport and trust with the respondents. Findings should be considered in this light.

In addition, we recognize that our interviewers, though all local, national staff, appeared to respondents as members of NGOs at a time in which many surveys have been conducted in Haiti, with little evidence of how results have been used to address the needs for which they were conducted.

Though many of the respondents in Port au Prince referred to the trajectory from *restavèk* to life on the streets, this study did not allow us to assess the percentage of children who leave *restavèk* and are in the streets, nor the number of street children who were formerly in *restavèk*.

While many institutions in Haiti, both governmental (e.g., IBESR) and nongovernmental (OIM) are working to implement and improve the reinsertion process that was a focus of this study, there are other means by which children are returning home. One such approach is the awareness raising and community mobilization approach used by Beyond Borders/ Fondasyon Limyè Lavi, among others, in which parents decide to retrieve their children and/or families who have children in *restavèk* seek to establish contact with the family of origin, change the treatment they provide the child, and/or return the child home. This study was not conducted in communities in which this type of approach has been used, and it remains an important question as to whether the impact of *restavèk* and the reintegration process are different when parents are more actively involved in an awareness-raising and voluntary retrieval process.