Sexual violence in Port-au-Prince:
A weapon used by gangs to instill fear

October 2022
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I. Executive summary

1. In early July 2022, Rose, a 25-year-old woman, was one of at least 52 women and girls who were collectively raped by armed elements during a week of intense violence opposing two rival gang coalitions in Cité Soleil.

   In the afternoon of 7 July 2022, Rose, a mother of four and five-months pregnant, was severely beaten and raped, in the presence of her children, by three heavily armed masked men. The latter had forced their way into her home during an attack launched against the residents of Brooklyn, in Cité Soleil. Earlier that day, Rose’s husband had been shot dead by members of the same gang. Before leaving, the armed individuals set her house ablaze, forcing Rose and her children to sleep out in the open in a public space for many nights.

2. The story of Rose, like that of many other women, illustrates the ordeal of victims of sexual violence who are targeted by armed gangs.

3. This report, jointly published by the United Nations Integrated Office in Haiti (BINUH) and the Office of the United Nations High Commissioner for Human Rights (OHCHR), shows how armed gangs have used rape, including collective rapes, and other forms of sexual violence to instill fear, punish, subjugate, and inflict pain on local populations with the ultimate goal of expanding their areas of influence, throughout the metropolitan area of Port-au-Prince. As of August 2022, large swathes of the capital, accounting for at least 1.5 million people, were reportedly under the control or the influence of gang elements.

4. Gangs are able to commit acts of sexual violence and other human rights abuses mainly because of widespread impunity and ease of access to high caliber weapons and ammunitions trafficked from abroad.

5. Women, girls and boys of all ages, as well as to a lesser extent men, have been victims of ruthless sexual crimes. Children as young as 10 and elderly women were subjected to collective rapes for hours in front of their parents or children by more than half a dozen armed elements during attacks against their neighborhoods. Viewed as enemies for their real or perceived support to rival gangs, or for the simple fact of living in the same areas as those rival gangs, some of these victims were mutilated and executed after being raped.

6. Gangs have also resorted to sexual violence as a weapon to disrupt the social fabric by targeting women and girls crossing “frontlines” or moving across neighborhoods on foot or in public transport to carry out their daily livelihood activities, such as going to work, to marketplaces or to schools.

7. Sexual violence is also used by armed elements to bolster their position of power. Rape or the threat thereof is frequently used against kidnapped women and girls to press their families to pay ransom. Even though gangs usually present themselves as defenders of the communities under their control, their elements often coerce young women, girls and sometimes men, viewed as sexual objects, into becoming their sexual “partners”. Furthermore, in these impoverished and marginalized areas, women and girls may also be

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1 All names in this report have been changed for confidentiality and protection purposes.
encouraged by their own families to have non-consensual intercourse with gang elements in exchange for in-kind benefits, such as food, drinking water, and other material gains, as well as “protection” from abuses committed by other armed men.

8. Impunity remains the norm for the vast majority of cases of sexual violence perpetrated by gangs. Some victims reported that they also preferred returning to work and trying to resume a “normal life” as a self-protection mechanism for their relatives and themselves, instead of initiating any legal action. Contributing factors for the lack of accountability are the deficiency of rule of law institutions and widespread insecurity. In this context, the specialized police units have not been able to meaningfully address sexual crimes involving gang elements due to structural challenges such as insufficiency of resources and lack of gender sensitivity. Institutional weakness is compounded by the fact that the two main courthouses of the capital, in downtown Port-au-Prince and in the commune of Croix-des-Bouquets, were attacked, raided and ransacked by armed gangs in June and August 2022, respectively.

9. Ensuring immediate access to adequate medical and psychosocial care to prevent further physical and psychological harm should constitute a crucial first step towards victims’ rehabilitation. However, the efforts of national and international actors working in this field to guarantee the rights of survivors have generally been insufficient due to multiple challenges and barriers.

10. Overall, the Haitian health system is ill-prepared and poorly equipped to respond to the basic health needs of its population, let alone to provide specialized medical care for victims of sexual violence. This is particularly evident in cases involving severe and traumatic injuries from collective vaginal and anal rapes. In addition, due to gang-related violence, victims generally do not have access to available post-rape treatment kits which must be administered within a window period of 72 hours after the aggression, which exposes them to a higher risk of contracting HIV or sexually transmitted diseases and to unwanted pregnancies. This same violence has also had a detrimental impact on health care workers, who have been attacked and/or kidnapped while performing their duties.

11. The persistent blockage of the main roads by armed gangs and the chronic shortage of fuel have also had a negative effect on the normal functioning of basic services, including healthcare centers. According to the latest information available, the fuel crisis triggered in late August by the latest movement of mass protests, still ongoing at the time of publication, had caused 50% of the main hospitals across the country to cease delivering emergency healthcare services as usual, and 60% of internal medicine, pediatric, surgery and obstetric services had also been severely disturbed nationwide.3

12. Another major challenge relates to the lack of psychosocial care to address the mental health consequences of sexual violence. These consequences can be severe and long-

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2 The term “victim” is used in this report as it denotes a person’s legal status, but OHCHR is aware of, and acknowledges, the fact that each person who has endured sexual violence may have different views about how they prefer to be referred to, and some may prefer to be called “survivors”.

3 According to data collected on 28 September, 77% of these disturbances were due to lack of fuel, as healthcare centers, as almost any other service provider in the country, depend mainly on generators to obtain electrical power.
lasting, particularly when sexual violence has been used with the purpose of inflicting individual or collective trauma. In Port-au-Prince, there are very few specialized psychologists, and access to mental health care is widely insufficient. Coupled with the social stigma associated with sexual violence, this situation leads victims to suffer in silence since very few of them dare to come forward and disclose what they have endured.

13. Victims, who suffer from trauma and stigma from their own communities, are often compelled to remain in the area where they were attacked due to a lack of financial means to move somewhere else. Shelter programs providing safe habitable housing, as well as victim reintegration and rehabilitation support, outside gang-controlled areas are very rare. As a result, there is very limited data on the extent and impact of sexual violence involving armed gang elements.

14. In light of this extremely bleak picture, the United Nations Security Council, in its resolution 2645 (2022), which extended the mandate of BINUH in July 2022, expressed grave concerns about the extremely high levels of gang violence and sexual and gender-based violence, as well as ongoing impunity for perpetrators. In this resolution, the UN Security Council also decided to strengthen the capacity of BINUH to help national authorities to prevent and respond to sexual and gender-based violence.

15. The Security Council also called upon Member States to prohibit the transfer of small arms, light weapons, and ammunition to non-State actors engaged in or supporting gang violence, criminal activities, or human rights abuses. It also expressed its readiness to take appropriate measures, including assets freeze or travel ban measures, against those engaged in or supporting gang violence, criminal activities, or human rights abuses.

16. It is important to recall that the primary responsibility to protect and fulfill the rights of victims of sexual violence lies with state authorities. Although the ongoing armed violence may reduce available resources, this does not exonerate the Haitian authorities from taking the necessary steps to achieving the realization of a minimum core obligations of the right to health and provide effective remedy and reparations for victims.

17. Given the wide range of challenges faced by victims of sexual violence to seek justice and reparations, and even merely to overcome what they have survived, support to Haitian authorities in fulfilling their obligations is essential. As enhanced joint efforts are required by national and international actors, BINUH and OHCHR propose the following key and achievable recommendations to the national authorities, medical and/or psychosocial service providers, and international actors:

✓ To public, private and non-governmental service providers and civil society organizations with the support of the United Nations, develop awareness campaigns and other sensitization measures to stop sexual violence used by armed gangs as a means to instill fear in the population.

✓ To service providers in coordination with national authorities and with the support of bilateral and multilateral donors, strengthen the availability, accessibility, and quality of medical and psychosocial care facilities for survivors of sexual violence linked to
gangs, including through increased and sustained funding and support for organizations that provide medical and psychological care to victims.

✓ To service providers with the support of bilateral and multilateral donors, prioritize support for accessible and inclusive shelter programs that include reinsertion options for survivors. Ensure in this regard that rapid and flexible financing is available to implementing partners.

✓ To the Haitian National Police with the support of the United Nations, strengthen coordination efforts among relevant units within the Haitian National Police working on sexual violence, protection of minors and kidnappings, through the establishment of a coordination mechanism, and joint training and investigations.

✓ To the Haitian Ministry of Justice and Public Security with the support of the international community establish a judicial task force to address impunity for crimes of sexual violence.

✓ To national authorities with the assistance of countries in the region, support law enforcement authorities to tackle the smuggling and uncontrolled circulation of illicit weapons and ammunition, as these are one of the main enablers of gang violence, including sexual violence.

18. A complete list of recommendations is available in Section VI of this report.

II. Methodology

19. This report is submitted pursuant to the mandate of BINUH, established by Security Council Resolutions 2476 (2019), 2547 (2020), 2600 (2021) and 2645 (2022) to support the Government of Haiti in its efforts, including to combat human rights abuses and fulfill its international obligations.

20. BINUH’s Human Rights Section (HRS), with the support of an OHCHR specialist in sexual violence deployed in April and May 2022 in Port-au-Prince, conducted more than 90 interviews with victims and witnesses of incidents which occurred in 2021 and 2022, as well as with service providers, community-based organizations, national and international nongovernmental organizations, and representatives of the Haitian state with a view to verify the abuses documented in this report.

21. Interviews with victims and witnesses were conducted individually and confidentially so as not to compromise their safety. The names of victims have been changed to preserve their identity and that of their families. Other details about the location or any other information that could lead to the identification of sources were also changed to avoid causing further harm.

22. The allegations received have been verified and corroborated by the testimony of independent and credible sources. The team relied on the "reasonable grounds to believe" criterion to establish the facts and human rights abuses.
23. Given the nature of the mission carried out by the team, and the difficulties encountered to access certain locations and interlocutors, as a result of the escalation of armed violence, as well as fuel shortages, this report can only describe the main manifestations of sexual violence, the overall impact of this violence on victims and their communities, and the challenges in the response.

III. Context

24. To a large extent, the Haitian society is centered around male dominance and hegemonic masculinity, which perceive the female body as an “object” to be owned and controlled by males⁴. Violence against Haitian women and girls is deeply rooted in cultural norms and traditions, as well as in social, economic and political conditions. Societal gender norms indisputably play a role in the use of sexual violence by armed elements.

25. The use of sexual violence in the context of armed violence is not a new phenomenon in Haiti. There are widespread reports of groups of armed men who raped women during the military regime of 1991-1994⁵. Likewise, before and after President Jean-Bertrand Aristide was ousted in 2004, rape was used by gangs throughout the country to instill fear in the population⁶. According to a random survey led by a team of researchers, between February 2004 and December 2005, at least 35,000 women and girls were raped in the metropolitan area of Port-au-Prince⁷.

26. While gang violence significantly diminished during the presence of the United Nations Stabilization Mission in Haiti (MINUSTAH), from 2004 to 2017, it rose again during the “Peyi Lok” popular protests in 2018. A case in point is the massacres of La Saline in November 2018 and September 2019, during which at least 41 women and girls were raped, some of them collectively, by gang elements⁸. Since then, the metropolitan area of Port-

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⁸ According to the summary of facts established by the Inter-American Commission on Human Rights in its Resolution 65/2019 (Precautionary Measures No. 793-19), “On November 13, 2018, in La Saline, a neighborhood of Port-au-Prince, criminal gangs allegedly perpetrated (sic) a series of attacks that resulted in “[…] an incalculable number of victims […]”: more than seventy dead, at minus eleven raped women or girls, dozens of looting and fire or destruction
au-Prince has experienced a steady deterioration of the human rights situation with a sudden exacerbation in early 2022. During the first semester of 2022, according to data collected by the United Nations, armed violence linked to gangs caused at least 1,881 casualties among the local population (826 killed, 518 injured and 537 kidnapped).

27. According to a recent analysis, 60% of Port-au-Prince is under the control or influence of gangs. Areas under gang control are characterized by an absence of state institutions, state programs and policies, as well as by extreme poverty, and marginalization. This environment, together with the uncontrolled circulation of illicit weapons and ammunition, creates a fertile breeding ground for the expansion of gangs. Among these arms, there are military-grade sniper rifles, belt-fed machine guns and semi-automatic pistols.

28. The large availability of these weapons has contributed to increase the capacities of gangs to use sexual violence to humiliate, instill fear and inflict individual and collective trauma, with the ultimate purpose of expanding and consolidating their control over certain areas and their local population. While there is no comprehensive data on the scale of this violence, according to BINUH-OHCHR’s qualitative assessment, women and children are disproportionately affected by sexual violence.

29. Against this backdrop, Haiti has a fragile public health care system with some of the worst health indicators in the Americas. Therefore, over the years, victims of sexual violence

[...]. [...] the gang members returned to La Saline with the aim of intimidating the population and pressuring them to remain silent and not go to court. [...] On September 7 [2019] [...] about thirty women were allegedly sexually assaulted by the aforementioned criminal group in La Saline.” For further information, see: Inter-American Commission on Human Rights (IACH). Resolution No. 65 IACHR. Precautionary Measure No. 793/19 (Haiti), 31-01-2019. available at: https://www.oas.org/fr/cidh/decisions/pdf/2019/65-19MC793-19-HA-fr.pdf (last seen: 25 August 2022)


11 A recent report published by OHCHR on the impact of arms transfers on human rights outlines that the diversion of arms and unregulated or illicit arms transfers have a particular far-reaching impact on the enjoyment of human rights by children and youth, including the right to life, survival and development, as well as the right to education and to health, and that States have due diligence obligations to prevent and protect children and youth from human rights violations and abuses, including by taking appropriate measures to prevent the diversion of arms and unregulated and illicit arms transfers. For more information, see: UN Office of the High Commissioner for Human Rights (OHCHR) (16 September 2022). “Report of the Office of the United Nations High Commissioner for Human Rights: Impact of arms transfers on human rights”, A/HRC/51/15, available at: https://www.ohchr.org/en/hr-bodies/hrc/regular-sessions/session51/list-reports (last seen: 25 September 2022)

12 The latest regional overviews made by the Pan American Health Organization (PAHO) indicate that Haiti has some of the worst health indicators within the Americas, with the lowest life expectancy at birth (64 years old), the highest under-5 mortality rate reported (81 per 1,000 live births), and the lowest rate of physicians within the health system (2.3 per 10,000 persons). For more information, see: Pan American Health Organization (2019). “Core Indicators 2019: Health Trends in the Americas”. Washington, D.C.: PAHO, available at: https://www3.paho.org/hq/index.php?option=com_content&view=article&id=15499-core-indicators-2019-health-trends-in-the-americas&Itemid=1894&lang=en (last seen: 19 August 2022)

Haiti also presents the greatest prevalence of undernourishment among the population (46.8 percent), as well as the highest incidence of anemia among women of reproductive age (almost 50 percent). For further details, see: FAO,
have relied primarily on private or NGO service providers to access medical care. The latter have recently faced important security, operational and financial challenges to operate in gang-controlled areas and beyond, and to provide adequate medical assistance as well as psychological and reinsertion support to victims. Psychological support is particularly critical so that victims and their families can resume a normal life, as trauma is often a major reason that prevents them from even initiating legal action.

IV. Sexual violence used by armed gangs as a weapon to expand and/or consolidate territorial control

30. In Haiti, armed gangs use sexual violence to instill fear, intimidate, subjugate and control local populations. The impact of this violence is devastating and affects all aspects of the lives of the survivors and their families. The following paragraphs provide just a glimpse of what they have suffered.

31. During its assessment, BINUH and OHCHR established that armed gang members resort to sexual violence following at least four modus operandi.

Sexual violence during gangs’ attacks

32. Most armed gangs operating in the metropolitan area of Port-au-Prince deliberately use sexual violence against local populations as a means to expand and consolidate their control over certain areas. The armed clashes in Martissant (June 2021, and March-April 2022), Village de Dieu (October 2021), Croix-des-Bouquets and Tabarre (April-May 2022) and Cité Soleil (July 2022), showed how armed elements perpetrated rapes, including collective rapes, against men, women, boys and girls, while engaging in other acts of violence such as killings, beating and destruction of property.

On 8 July 2022, heavily armed gang members forced their way into Marie’s home in Cité Soleil. After her husband was executed with a gunshot to the head, the armed men forced her to lay on top of his dead body, and then they raped her one after the other in the presence of her children. After the attack, the assailants set her home ablaze. She and her children had time to get out of the house before it was completely burned down, together with the body of her husband.

33. As recounted by several victims and eyewitnesses, the brutality with which gang elements committed these acts of sexual violence points to a clear intention to inflict severe pain and to punish those considered to be supportive of the rival group or who simply live in the area under the control of the latter. On several occasions, perpetrators collectively raped


Furthermore, according to the latest estimates released by the World Bank on 14 June 2022, coverage of prevention measures is stagnating or declining, especially for the poorest households, in a country with the lowest GDP per capita in the LAC region (US$1,815). For more information, see: https://www.worldbank.org/en/country/haiti/overview (last seen: 19 August 2022)
women, girls and boys in front of their relatives after having invaded their homes or after having taken them to public spaces with the deliberate intention to inflict as much humiliation and fear as possible.

34. The assessment also established that partners or relatives of gang members have been particularly exposed to sexual violence during attacks by rival gangs, as a way to demonstrate their power and assert their supremacy. Not only partners of gang leaders were raped and killed by rival gangs, but the images of their mutilated bodies were also circulated on social media to showcase the ruthlessness of the perpetrators and publicly humiliate the opponents.

35. Groups in situation of vulnerability, including children, elderly people and LGBTI+ persons, were not spared during these attacks. For instance, local sources described how gang elements in Croix des Missions (May 2022) forced children, some as young as 10 years old, out of their homes, and compelled them to walk to abandoned areas where they were subjected to collective rapes by several armed men.

36. In a social context marked by sexism and misogyny, women and girls are the most affected by sexual violence. However, men and boys are not spared from this dynamic, especially when sexual violence is committed during armed confrontations. For instance, during the gang clashes of April 2022 in Tabarre, a 12-year-old boy was raped by five individuals who had also raped his older sister minutes before, after they had forced their way into their home. After being raped, the child was forcibly taken away by the assailants and, a few days later, his body was found, with a gunshot wound to the head, laying on a pile of garbage in an abandoned area.

37. The human rights team also received detailed accounts of rapes against older women in the context of turf wars in Martissant, in March 2022. These incidents aim to humiliate the victims and to break apart the social fabric, given the respect for the elderly in the Haitian culture. When asked by her family what had happened to her, one of these victims, afraid of being stigmatized for the sexual assault that she had suffered, only told them that she had been beaten up and robbed by armed men.
38. During its investigation, the team also documented dozens of cases of LGBTI+ men and women who had been sexually attacked by gang members between January and June 2022. While sexual violence affecting LGBTI+ persons is largely underreported due to stigma, the investigation showed that they are often targeted by gang members during armed confrontations. Some victims detailed how they were singled out on account of their actual or perceived sexual orientation and gender identity by gang elements. LGBTI+ female victims also recounted to the team that gang members had subjected them to “corrective rapes” in order to “cure” their “homosexuality”.

39. Fear of further attacks and/or stigmatization by their families and communities led some survivors who had the financial means or a social network, to leave their neighborhoods and to relocate to other areas of the capital or of the country. However, once victims of sexual violence manage to relocate, they are usually deprived of their belongings and resources, and are then exposed to further risks and vulnerabilities. Some victims recounted having been forced by their host families to resort to prostitution to pay for their rent and food.

**Sexual violence against women and young girls while crossing “frontlines”**

40. In addition to sexual violence in the context of clashes, gang elements have resorted to rapes to disrupt the life of individuals and communities. In several instances, women and girls were attacked and sexually assaulted while moving across neighborhoods under the control of rival gangs to carry out their daily livelihood activities.

41. The team was informed about a place commonly known as “dèyè mi” (“behind the wall”, in Creole) in the commune of Cité Soleil, an open space which acts as a separation between areas controlled by rival gangs. According to testimonies, women and girls are exposed to being raped by gang elements when they try to cross this area to go to work or to reach services located outside their neighborhoods. They are thus compelled to take a different and longer route to reach their destination. Similar places were also identified in Martissant.

42. In addition, local media and other sources have reported sexual assaults committed against women while traveling across gang-controlled areas on public buses to go to work or to study. The victims were forced out of the vehicles at gun point, stripped of their belongings, and were then subjected to collective rape and other forms of sexual violence in broad daylight. Others were kidnapped and subjected to further abuses.

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Sexual violence committed during kidnappings

43. For years, kidnappings against ransom payment have become a critical source of revenue for gangs. While most cases remain unreported, the data available indicates that there has been a steep increase in kidnappings over the past few months. During the first semester of 2022, at least 537 people were kidnapped in the country. No social category has been spared. Lawyers, healthcare workers, students, individuals from marginalized communities as well as staff of international organizations have been targeted. According to BINUH and OHCHR data, women and girls account for almost 20 percent of the victims of kidnappings. There is no data regarding the percentage of sexual violence among kidnapped women and girls since most of them do not report these incidents for fear of reprisals or shame. However, testimonies collected from some victims and witnesses indicate that armed gang elements very frequently use sexual violence during abductions.

44. The team gathered testimonies of former female abductees and social workers who accompanied victims about the use of sexual violence by gangs during kidnappings. According to local experts, rape or the threat thereof, illustrates the grip and influence of gang members over the victims. Some of these testimonies spoke of how abductees, including teenagers, were raped, sometimes several times, by one or multiple armed captors while they were kept in abandoned houses for days or weeks. In some cases, the kidnappers used recorded videos of the rapes to press the parents or other family members to pay the ransoms.

45. In addition to the trauma of being kidnapped and sexually abused, some of the victims contracted HIV and other sexually transmitted infections (STIs). Others also became pregnant. Many victims experienced guilt as the ransom paid for their release drove their families into economic and social destitution. In several instances, families had to sell or mortgage their homes and all their valuable possessions. This feeling of guilt, coupled with the stigmatization associated with rape while in captivity, explains why a large majority of victims do not want to disclose that they have been subjected to sexual violence.

Sexual violence used to consolidate control over an area and to subjugate the local population

46. Besides resorting to sexual violence as part of a strategy to expand their area of influence or to inflict pain to rival communities, gangs also use this violence as a way to assert power and control over people living in their own areas. In an environment where fear prevails, local populations are subjected to subjugation to gang elements.

47. Relations between people living in marginalized areas and gang members are extremely complex. The role of gangs, whose elements have often been born and raised in the neighborhood, oscillates between “predators” and “protectors”. In the absence of state presence, gang leaders portray themselves as the bearers of the social and economic aspirations of these populations who lack access to the most basic services and opportunities. As mentioned by some victims, “given that state authorities are not here, the gang leader is the chief, the police and the judge”.
48. While some gangs present themselves as defending their community, the team collected accounts of women and girls being coerced into becoming “sexual partners” of armed elements in most gang strongholds (such as Cité Soleil, La Saline, Martissant and Fort Dimanche). In these areas, young women are often viewed as sexual objects, with little consideration given to their consent. As a local source put it, “women in gang-controlled areas belong to the gangs”. Against this backdrop, it is not rare for gang members to approach the victims’ parents to coerce the girls into accepting the request.

49. Furthermore, social workers explained to the team that, in gang-controlled areas, where poverty and unemployment prevail, women and girls may also be encouraged by their own families or friends to enter into “relationships” with armed elements, who are among the few to earn money owing to their illegal activities. These relationships provide the girls and their families with an access to in-kind benefits, such as food and drinking water, and other material gains, as well as a sort of “protection” from potential abuses committed by other individuals. For instance, engaging in this kind of relationships is perceived as a mechanism to reduce the likelihood of being raped by other members of the gang. By contrast, declining sexual demands from gang elements can be met with reprisals, including rape, killing and arson attacks against the victims and their families.

50. Of particular concern, however, is the fact that sexual solicitations of gang members or requests for "protection" in exchange for sexual favors are rarely considered as a form of sexual violence by victims, their families and their communities, despite the obvious presence of coercion.

51. During its investigation, the team also documented several cases where children and teenagers were victims of sexual assault, including rape, by gang members while carrying out daily activities.

52. Since these assaults are generally carried out without any form of sexual protection, victims are highly vulnerable to contracting sexually transmitted infections, including HIV. In many cases, coerced sexual relations result in pregnancies, including among teenagers. The phenomenon of sexual violence is reportedly so pervasive that it has come to be considered as an inevitable part of life by many families, and even by whole communities, living in marginalized neighborhoods. As a result, many victims end up resigning themselves and neglect to seek medical care to prevent sexually transmitted infections (STIs).

53. Although the majority of sexual violence incidents involved male perpetrators and female victims, it is important to highlight that some testimonies also mentioned sexual violence incidents of a same sex nature. The team documented cases of sexual exploitation concerning gay men and boys who were forced to become sexual “partners” of gang leaders to be allowed to remain in the area. These men and boys were also victims of other forms of abuses by gang members, such as being forced to cook and take on other domestic chores.

On 22 May, Anne, a 14-year-old girl, was raped by a gang element in a street of Fontamara when she was fetching water for her family. The victim, who became pregnant after the rape, stated that not only did she live in constant fear of being sexually assaulted again but that, after the attack, she had to face stigma within her own community.
V. Responses to sexual violence and steps forward

54. Overall, the Haitian health system is ill-prepared and poorly equipped to respond to the basic health needs of its population, let alone to address any major medical crisis. Lack of public investment in the medical sector has placed Haiti at the bottom of world rankings health indicators.

55. However, Haitian authorities have a core obligation to allocate adequate resources and adopt effective measures to ensure that victims of sexual violence have access to comprehensive medical treatment, mental health care and psychosocial support.

56. While the current situation of armed violence may reduce available resources, this does not exonerate the Government from taking the necessary steps to ensure inter alia the access to functioning health facilities, goods and services on a non-discriminatory basis, especially for vulnerable and marginalized groups. The Government must also efficiently address impunity for crimes of sexual violence.

57. However, despite the extent and far-reaching consequences of sexual violence involving armed gangs in Haiti, national efforts to respond to the needs and protect the rights of survivors with the support of international actors have generally been weak and inadequate\(^\text{14}\).

Data deficit related to sexual violence

58. First of all, there is a data deficit on the extent and impact of sexual violence involving armed gang elements against men, women and children, despite the fact that this tactic has been a longstanding feature of violence in Haiti. At least since 2018, gangs have resorted again to sexual violence in the context of attacks against areas controlled by rival gangs. A case in point was the attacks in La Saline in November 2018 and September 2019, during which at least 41 women and girls were raped, some of them collectively, by armed elements. However, it is important to highlight that very few survivors have been willing to report these incidents and to seek help due to several factors, including fear of retaliation, stigmatization associated with this type of abuse, and lack of support services.

59. This data deficit partially explains why service providers have not prioritized gang-related sexual violence in their responses, focusing instead on sexual violence perpetrated within the domestic sphere.

60. Most respondents acknowledge the urgent need to improve the quality of the data collection process on sexual violence incidents involving gangs in order to drive better analysis. This in turn can lead to improved decision making and allow for a more efficient delivery of assistance and services to those who need them most. At the moment, no state-run services and/or international organizations systematically collect these data.

\(^\text{14}\) For instance, although there is a National Plan to Fight Violence Against Women (2017-2027), its implementation is facing serious challenges, including a significant lack of human and material resources. For more information on this national plan, see: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/plan_national_vbg_2017-2027.pdf (last seen: 25 August 2022)
Sensitization and awareness raising in gang violence related contexts

61. Taking preventive measures to stop sexual violence from occurring in the first place are critical. In this regard, numerous sensitization campaigns and other awareness raising initiatives, have been carried out for years, in particular during the annual 16 days of activism against gender-based violence, albeit with mixed results. In Haiti, like in many other countries, social norms and cultural beliefs have created structural unequal power relationships between men and women, marginalizing women and girls in education, employment, governance and other public spaces. This creates an enabling environment for gender-based violence.

62. As part of a lessons-learned exercise, future campaigns to stop gender-based violence, including sexual violence, should focus on, and be specifically adapted to, targeted audiences. They should also be based on analyses that allow the identification of the specific root causes and motivations that drive sexual violence. In addition, it is crucial that sensitization campaigns to address gender-based violence, including sexual violence, also reach armed gang elements.

Referral pathways and coordination

63. The deterioration of the security situation, coupled with the crisis of the public health system resulting from the COVID-19 pandemic, has severely impacted and undermined the work of health care service providers and women’s rights organizations, as well as other civil society actors working to tackle sexual violence. At present, very few actors, with highly limited resources, are trying to provide a multisectoral assistance to survivors of sexual and gender-based violence and defend their rights.

64. In this context, BINUH and OHCHR also observed that these actors lack coordinated mechanisms to better refer victims and maximize their limited resources. Additionally, their working methods do not necessarily prioritize prevention nor are they oriented to respond to sexual violence resulting from gangs. As a result, the large majority of victims, as well as their families, do not benefit from adequate responses to redress the harm suffered and to help them resume and restore their lives.

Access to and availability of medical care for victims of sexual violence linked to gangs

65. BINUH and OHCHR have documented the growing challenge for health care providers to deliver medical care for victims of sexual violence in gang-controlled areas. In an extremely volatile environment, these providers spoke about the difficulties in negotiating safe access, including in the context of changes in gang leadership and in the shift of gang alliances.

66. Access and acceptance of medical care for victims of sexual violence linked to gangs can be fragile and do not provide full protection from attacks. Throughout 2021 and 2022, several health care facilities or hospitals run by government or NGOs were attacked or compelled to suspend their activities due to threats or violence from gangs. Some of them were providing essential medical assistance for victims of sexual violence, including emergency post-rape care, and sexual and reproductive health care. For instance, on 2 August 2021, Doctors Without Borders closed its clinic in the area of Martissant after it
was fired upon on different occasions. The clinic was relocated to a more secure area, 3
km away from Martissant. On 1 April 2022, another clinic ran by Doctors Without Borders
in Cité Soleil suspended its activities for approximately four weeks following threats
against its patients and personnel.  

67. Health care workers have not been spared from acts of violence, including kidnappings,
causing high levels of attrition among the personnel. More than 20 medical doctors and
nurses have been kidnapped since January 2021. Local sources also explained to the team
that it has become more and more dangerous for victims to leave their neighborhoods to
reach out to medical services in so-called “safe areas”. In many gang-controlled areas,
checkpoints have been erected to restrict the movement of residents. Victims of sexual
violence are particularly targeted by gangs’ surveillance and control and cannot leave their
neighborhoods freely. Fear of reprisals, especially if the victims are accused of informing
rival groups or the police, has also been a major impediment for victims to seek medical
care outside their neighborhoods.

68. In order to overcome the challenges of accessibility, some survivors have attempted to take
alternate or much longer routes perceived to be safer to access health facilities. In addition,
some NGOs have developed ad hoc mobile clinic programs to reach out to at-risk
populations for basic care, particularly in a volatile security context. However, these clinics
generally only provide the most basic forms of care focused on minor health conditions
and may not be equipped to treat survivors of sexual violence.

69. It is important to highlight that for the past few years, bilateral and multilateral donors as
well as national and international NGOs have dedicated resources and funding to support
the response to fight gender-based violence perpetrated within the family or domestic
sphere. They have also struggled to adapt their efforts to the needs and rights of victims of
sexual crimes resulting from armed gang violence. In the end, the readiness of medical care
for these victims is largely insufficient.

70. Health care providers interviewed during the mission pointed out that victims of sexual
violence involving gangs require more and more specialized medical intervention due to
the brutality of the assaults they have experienced. For instance, severe and traumatic
injuries from collective vaginal and anal rapes necessitate surgical procedure which can be
conducted by only very few doctors and facilities in Port-au-Prince.

71. In addition, they added that while most functional clinics and hospitals in Port-au-Prince
have post-rape treatment kits, including post-exposure prophylaxis (PEP) to prevent HIV
infection, medication for STIs and emergency contraception, in general victims do not have
access to these treatments within the appropriate window period due to gang-related
insecurity. Treatment for the prevention of HIV infection must be administered within 72
hours after exposure to be effective. For other STIs, a treatment may be administered

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à Martissant (Port-au-Prince)”, available at: https://www.msf.fr/communiques-presse/haïti-médecins-sans-frontieres-
suspend-temporairement-ses-activites-a-martissant-port-au-prince (last seen: 25 September 2022); and Le Figaro (2
April 2022). “Médecins sans frontières suspend ses activités dans un quartier pauvre d'Haïti”, available at:
https://www.lefigaro.fr/flash-actu/medecins-sans-frontieres-suspend-ses-activites-dans-un-quartier-pauvre-d-haiti-
20220402 (last seen: 25 September 2022)
beyond this period. Regarding emergency contraception, it is only effective if taken within five days of the assault.

72. The team was also informed that insecurity, fear of stigmatization and/or lack of money to pay for transportation prevent many survivors from returning to healthcare centers after their initial visit to complete their treatments or for follow-up care. In most cases, health service providers do not have the means either to trace patients for follow-up care.

**Mental health and psychosocial care and support for victims of sexual violence**

73. The accounts of the survivors interviewed illustrated the high level of psychological trauma that they experienced after being abused. Many of them suffer periodic episodes of flashbacks, acute anxiety, depression, suicidal thoughts or other mental health issues.

74. Trauma and the social stigma associated with sexual violence often go hand in hand. Several interlocutors, including victims themselves, also shared with the team their fear of being abandoned by their families and shunned by their communities if the aggression was to be disclosed. Similar statements were documented among victims of rape while in captivity. They concealed what they had endured from close family members, and even refrained from seeking medical support because they did not want to be labelled as a “kidnapper’s wife”, as some of the victims put it.

75. Similarly, male survivors face significant social barriers to tell their stories to anyone, even to their closest family members, due to discriminatory social attitudes and gender stereotypes, which place men as the traditional community protector. As such, they are perceived to be immune to sexual violence. In addition, several of them, including LGBTI+ persons, spoke about discriminatory attitudes by medical providers who, in some cases, questioned whether the sexual assault had not been consensual.

76. In Haiti, despite the fact that a mental health action plan has been developed by the Ministry of Public Health and Population\(^\text{16}\), there are still very few psychologists with dedicated expertise on sexual violence, and even fewer specialized in treating survivors of gang-related sexual violence. Most of them have been hired by international medical NGOs. Others, who work as private practitioners, propose consultation fees that are too high to be afforded by the large majority of victims, especially considering that mental health treatments may take a very long time. Medication is also costly and most of the patients cannot access it.

77. It is therefore critical and an absolute priority to scale up psychological support for victims as well as for their families. A couple of victims who benefited from a sustained psychosocial treatment provided by NGOs told the team how this treatment had been fundamental for their healing and social reintegration.

78. It is also equally important to bolster shelter programs to provide safe and habitable housing as well as holistic health, reintegration and rehabilitation support for survivors and

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\(^{16}\) For more information, see: Ministère de la Santé Publique et de la Population (October 2014). “Composante santé mentale de la politique national de santé”, available at: https://mspp.gouv.ht/site/downloads/Composante%20Sante%20Mentale%20MSPP.pdf (last seen: 8 September 2022)
their families, outside gang-controlled areas. NGO-led efforts to build up these programs are underway. However, the scale of shelter projects is relatively limited compared with the survivors’ needs. Indeed, one of the largest existing programs was able to support only approximately 35 victims and their families in 2021. All individuals who were interviewed agreed on the urgency to bolster coordinated and holistic victim-centered responses.

**Access to justice**

79. As a lesson-learned from other contexts where sexual violence is rampant, it is only when comprehensive, survivor-centered services are in place that victims will be in a position to report the abuses that they have suffered and to testify before law enforcement officers.

80. According to the information received during the assessment, impunity for sexual violence crimes remains the norm. Rule of law institutions are not only under-resourced and under-staffed, but they are affected by lack of independence and corruption. Their representatives are also subjected to intimidation and reprisals by gang elements.

81. Concurrently, armed gang violence has forced out state representatives, including police officers, of a number of marginalized neighborhoods where most cases of sexual violence have been reported.

82. Units to combat sexual violence exist in some operational police stations across the capital. In particular, there is a dedicated unit within the Central Directorate of Judicial Police (DCPJ), called the Unit to Combat Sexual Crimes, *(Unité de lutte contre les crimes sexuels, UCLS)*. Additionally, the Brigade for the Protection of Minors *(Brigade de Protection des Mineurs, BPM)* and the Anti-Kidnapping Cell *(Cellule Contre Enlèvement, CCE)* are mandated to receive complaints of sexual violence.

83. During its investigation, the team noted that coordination and cooperation between these different police units was deficient. In addition, the work of the police is often hindered by the reluctance of many victims to denounce rape and other incidents of sexual violence, fearing possible reprisals from the perpetrators and/or stigmatization by society.

84. It was also noted that some legal provisions regulating access to justice for victims are not being correctly implemented by some law enforcement officials. For instance, although it is not mandatory to present a medical certificate corroborating that the victim has been subjected to sexual violence to initiate legal proceedings, in practice, the prospects of obtaining justice and accountability are very low without this medical document. This is particularly concerning due to the difficulties for many victims to seek medical assistance.

85. Significant operational, logistic and resource constraints hamper the effectiveness of the police to adequately document and investigate sexual violence. Victims and local actors also complained about a general lack of sensitivity among law enforcement officers on how to manage cases of sexual violence without discrimination and stigmatization.

86. Lack of trust in police capacities, as well as concern over possible leaks of confidential information and testimonies to gangs, were also raised as impediments for victims to report cases. Overall, the issue of protection of victims and witnesses is one of the critical barriers dissuading them from engaging with rule of law institutions. Fear of retaliation or reprisals...
from gang elements is high among victims, but also among police officers. As of the time of publication of this report, there was no governmental protection program for victims of sexual violence who decide to file a complaint.

87. Since sexual violence is perpetrated by heavily armed gangs, efforts to reduce the circulation of weapons and ammunition are of the utmost importance. In a country that produces no weapons, this means primarily fighting arms smuggling.

88. Although some measures have already been taken to strengthen the regulatory framework around firearms and ammunitions, more needs to be done to significantly curb the illegal importation and possession of arms. As part of these efforts, on 15 February 2022, Haiti formally joined the Roadmap for Implementing the Caribbean Priority Actions on the Illicit Proliferation of Firearms and Ammunition across the Caribbean in a Sustainable Manner by 2030 (Caribbean Firearms Roadmap), adopted by the CARICOM heads of State in 2019. More recently, in August 2022, the Government finalized its National Action Plan, aimed at implementing this roadmap. This document must now be signed by the Prime Minister for its implementation.

89. Additionally, the Government adopted, in July 2021, a National Strategy on Disarmament, Dismantling, Reinsertion and Community Violence Reduction (SNDDR-CVR). This strategy is based on three pillars: (1) security, (2) community-based socio-economic development, and (3) protection. Under the protection pillar, the National Strategy places an emphasis on the importance of protecting communities, especially women and girls, against sexual violence through a series of actions aiming at protecting and accompanying victims of sexual and gender-based violence; enabling protection mechanisms at the community level; reducing the vulnerability of women and girls, and empowering their leadership; reshaping masculinities; and further developing citizen engagement and sensibilization.

VI. Conclusion and recommendations

90. For several years, alerts have been raised about the rise of armed violence in Haiti, in particular in the metropolitan area of Port-au-Prince. Since mid-2021, this violence has reached unprecedented levels. New trends and patterns of human rights abuses have (re)emerged. Violence by gangs has increasingly been directed at the local population. Within these trends and patterns, sexual violence is used by gangs as a means to instill fear, punish, subjugate and inflict pain on local population.

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18 Initially created on 28 August 2006, the presidential decree of 8 March 2019 reactivated the National Commission for Disarmament, Dismantlement and Reintegration (CNDDR), a structure responsible for coordinating and implementing the state policy on the disarmament and dismantlement of armed groups, and the reintegration of disarmed individuals.
91. Acts of rape, including collective rape, and other forms of sexual violence are part of the strategies used by Haitian gangs to wage their turf wars and expand their areas of influence. Women, girls, boys, and men have been affected. LGBTI+ persons, traditionally marginalized and rejected within the Haitian society, have also been particularly targeted for their actual or perceived sexual orientation or gender identity.

92. Accounts from survivors, witnesses, social workers, medical practitioners and national authorities described time and again the devastating impacts of sexual violence, both physically and psychologically. To this must be added the challenges in accessing health care, psychosocial support and reinsertion programs tailored to Haiti’s specific context.

93. Despite the fragile socio-economic and political situation, Haitian authorities have the duty to take appropriate measures to prevent sexual violence, and to ensure that survivors have access to comprehensive medical treatment, mental health and psychosocial care and legal support.

94. Additionally, medical and psychosocial service providers, in coordination with national authorities, and with the support of the international community, have to bolster and adjust their approach to respond to the needs and protect the rights of victims of sexual violence involving gangs. In this regard, the key recommendations identified in the course of this qualitative assessment should be implemented as a matter of urgency.

95. If not adequately and rapidly tackled, the use of sexual violence as a means to instill fear and control populations risks to further shatter the already extremely fragile social fabric of the Haitian society for the years to come and to undermine any prospects of sustainable development and lasting stability.

96. In light of the need to reinforce prevention and protection responses to sexual violence perpetrated by gangs, BINUH and OHCHR make the following recommendations following an approach based on response by sector:

**Data deficit related to sexual violence**

- To the United Nations system, establish dedicated capacity within BINUH to conduct analysis and report regularly on sexual violence involving armed gangs, as well as to support projects to prevent and address this type of sexual violence.

- To the United Nations system, civil society organizations and service providers, establish a mechanism for the collection of timely, accurate and reliable information on sexual violence in general, with a special focus of sexual violence perpetrated by gangs. This mechanism should include a wide variety of actors, including United Nations actors, national institutions including statistic entities, civil society organizations and service providers, with a view to assess trends and patterns, develop early warning indicators, identify hotspots, and devise coordinated policies and programmatic survivor-centered responses.

- To the United Nations, ensure that the United Nations Security Council keeps a dedicated focus on sexual violence perpetrated by gangs in Haiti, including through
BINUH regular reports and updates, as appropriate, and through regular information sharing with OHCHR and with the Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict, and the Informal Experts Group on Women and Peace and Security.

**Sensitization and awareness raising in gang violence related contexts**

✓ To public, private and non-governmental service providers and to civil society organizations, with the support of the United Nations, develop awareness campaigns and other sensitizations measures to stop sexual violence used by armed gangs as a means to instill fear in the population.

✓ To civil society organizations with the support of the United Nations (through Women Protection Advisors), provide specialized sensitization training to community-based actors, including foundations and other local associations, located in, or with access to, hard-to-access areas with the highest prevalence of gang-related incidents with the aim of sensitizing gang elements to the impact of sexual violence.

**Referral pathways**

✓ To national authorities with the support of United Nations, reinforce the coordination between humanitarian interventions and development programs for victims of sexual violence in gang affected areas, with a view to providing holistic victim-centered responses encompassing medical and psychological support, legal, and socio-economic services, and reintegration support.

**Access to and availability of medical care for victims of sexual violence linked to gangs**

✓ To service providers in coordination with national authorities with the support of the United Nations, develop and/or strengthen the synergy and training of community workers ("first responders"), who are often the only ones able to access gang-controlled areas, to facilitate the rapid identification and referral of victims of sexual violence to the relevant services.

✓ To service providers, strengthen the capacity of mobile clinics and other flexible medical care programs for the decentralization of healthcare services aimed at offering medical and psychosocial outreach care, especially for victims who live in places where freedom of movement is limited.

✓ To service providers, in coordination with national authorities and with the support of bilateral and multilateral donors, strengthen the availability, accessibility, and quality of medical and psychosocial care facilities for survivors of sexual violence linked to gangs, including through increased and sustained funding and support for organizations that provide medical and psychological care to victims.

✓ To service providers in coordination with national authorities, facilitate specialized training to healthcare providers on the management of cases of sexual violence, including the treatment of medically complex cases requiring surgical intervention and the provision of sexual and reproductive health care services.
Mental health and psychosocial care for victims of sexual violence

✓ To service providers in coordination with national authorities, bolster the national capacity of psychological services, including within universities, with dedicated expertise related to sexual violence linked to armed gangs.

✓ To service providers in coordination with national authorities, provide training on mental health care to social workers and healthcare providers dealing with survivors of sexual violence involving gangs with associated psychological trauma.

✓ To service providers, with the support of bilateral and multilateral donors, prioritize support for accessible and inclusive shelter programs that include reinsertion options for survivors. Ensure in this regard that rapid and flexible financing is available to implementing partners.

Rule of Law Institutions

✓ To the Haitian National Police, with the support of the United Nations, strengthen coordination efforts among specialized units within the Haitian National Police working on sexual violence, protection of minors and kidnappings, through the establishment of a coordination mechanism, and joint training and investigations.

✓ To national authorities, increase advisory, technical and operational support to the Haitian National Police, including training on human rights law and standards as well as a gender and age-sensitive victim-centered approach, to avoid human rights abuses and violations by police officers in the exercise of their work.

✓ To the Haitian Ministry of Justice and Public Security, with the support of the international community, establish a judicial task force to address impunity for crimes of sexual violence.

✓ To national authorities, with the assistance of countries in the region, support law enforcement authorities to tackle the smuggling and uncontrolled circulation of illicit weapons and ammunition, as these are one of the main enablers of gang violence, including sexual violence.

✓ To national authorities with the support of the United Nations, strengthen and speed up the efforts to implement Haiti’s National Action Plan aimed at implementing CARICOM’s Roadmap for Implementing the Caribbean Priority Actions on the Illicit Proliferation of Firearms and Ammunition across the Caribbean in a Sustainable Manner by 2030; as well as the National Strategy on Disarmament, Dismantling, Reinsertion and Community Violence Reduction (SNDDR-CVR).
VII. Appendix: Legal Framework

1. Two legal frameworks apply to address sexual violence and other related human rights abuses committed by armed gangs in Haiti. The first concerns Haitian law and the second, international human rights norms and standards.

**Haitian Law**

2. According to article 19 of the 1987 Constitution of the Republic of Haiti, "The State has the imperative obligation to guarantee the right to life, to health, to respect for the human person, to all citizens without distinction, in accordance with the Universal Declaration of Human Rights".

3. Title II of the Haitian Penal Code protects the rights to life, and to physical, mental and moral integrity, as well as the right to property of all persons. Killing, assassination, injury, rape, kidnapping and theft or destruction of property are classified as crimes. The penalty for these crimes is forced labor for life. However, the code specifies that those sentenced to hard labor will be employed in public works. In practice, the penalty of public works was replaced by life imprisonment after the end of the Duvalier regime in 1986.

4. In particular, articles 278, 279 and 281 of the Haitian Penal Code establish that whoever commits the crime of rape, whoever is found guilty of any other sexual assault, committed or attempted with violence, threats, surprise or psychological pressure against the person of either sex, or whoever encourages prostitution or other forms of sexual exploitation, shall be punished with imprisonment from six months to life.

**International Human Rights Law**


6. At the regional level, Haiti also ratified the American Convention on Human Rights in 1977, the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará) in 1997, and the Statute of the Inter-American Court of Human Rights in 1998. The latter has jurisdiction in all cases concerning the interpretation or application of the American Convention on Human Rights.

7. In particular, articles 4, 5, 7 and 11 of the American Convention on Human Rights recognize the inherent right of all persons to life, physical and moral integrity, personal liberty, and honor and dignity. Articles 3, 4, 5, 6 and 7 of the Convention of Belém do Pará reaffirm the right of all women to the recognition, enjoyment, exercise and protection of their rights, including their right to have their lives and their physical, mental and moral
integrity respected, to which end the signatory states undertake to adopt all appropriate means to prevent, punish and eradicate all forms of violence against women.

8. Under this international human rights law framework, Haiti is legally bound to respect, protect, promote and fulfill the human rights of all persons within its territory and subject to its jurisdiction.

9. Therefore, Haiti has the obligation to prevent all acts of rape and other forms of sexual violence, and abduction as well as to take effective measures to promptly investigate violations and abuses of international law and hold accountable those responsible for these acts.

**Right to health**

10. The human right to health is recognized in numerous international instruments. Article 25 of the Universal Declaration of Human Rights establishes that everyone has the right to a standard of living adequate for their health and of their family. The Convention on the Elimination of All Forms of Discrimination against Women requires the elimination of discrimination against women in health care, as well as guarantees of equal access for women and men to health care services. It also requires States Parties to enact and enforce laws and policies that protect women and girls from violence and abuse, and to provide for appropriate physical and mental health services.

11. According to the Committee on the Elimination of Discrimination against Women, States Parties should allocate adequate resources and adopt effective measures to ensure that victims of gender-based violence, in particular sexual violence, have access to comprehensive medical treatment, mental health care and psychosocial support. In the same vein, the Convention on the Rights of the Child, requires States Parties to strive to ensure that no child is deprived of their right of access to health care.

12. As the realization of the right to health is progressive, international human rights law provides that States shall take steps, to the maximum of their available resources, to progressively achieve the full realization of the right to health, and therefore acknowledges constraints that may arise from a lack of available resources.

13. However, while recognizing these constraints, international human rights law also imposes on States various obligations, which are of immediate effect, such as to guarantee the right to health without discrimination of any kind and to take the necessary steps towards the full realization of this right.

14. If resource constraints render it impossible for a State to comply fully with its obligations under the right to health, it has the burden of justifying that every effort has nevertheless been made to use all available resources at its disposal in order to satisfy, as a matter of priority, these obligations.

15. Despite its fragile economic situation, Haiti is not exempted from taking all necessary steps to ensure the realization of a minimum core content obligations of the right to health which include, *inter alia*, the right of access to functioning health facilities, goods and services on a non-discriminatory basis, especially for vulnerable and marginalized groups; to
provide essential drugs and to ensure equitable distribution of all health facilities, goods and services

16. To reduce inequalities in accessing health care between and within countries, States Parties to the International Covenant on Economic, Social and Cultural Rights are advised, depending on the availability of resources, to facilitate access to essential health facilities, goods and services in other countries, wherever possible and to provide the necessary aid when required, individually and through international assistance and cooperation.