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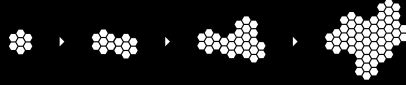
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Deepthi Welaratna, Garance Choko, and Eli Rosenbloom

created in new york city





CONTAGIOUS LOGIC

The worldwide epidemic of gender-based violence (GBV) is notoriously difficult to fight. One group of women survivors in Haiti stands out for its grassroots-based model of social contagion.

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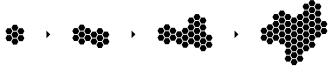
QUALITIES OF CONTAGION

A REPORT BY OPENBOX

theoretical framework design · system mapping
field research · writing · illustration · visual design



CONTAGIOUS LOGIC



"Agents did not come here to get a job. They have been rehabilitated, so helping other women has become a vocation."

- Eramithe Delva

🚫 A GLOBAL INFECTION

Despite vast underreporting of incidents, stories of gender-based violence (GBV) flow through official and unofficial channels in every country every day. It's a global problem: A landmark UN report estimates that one in three women around the world will be beaten, raped, or otherwise abused during her lifetime.¹

GBV exists within a system of interrelated forces characterized by complexity and ongoing social adaptivity. We know the ecosystem includes inequality, poverty, dangerous living and working conditions, lack of access to health education, poor or nonexistent legal standards and protections, and social norms that enforce codes of silence.² As these elements fluctuate, pockets of individuals and communities become particularly susceptible and emerge as hotspots of GBV activity. Our understanding of GBV as a contagious disease is bolstered by the recent discovery of a close correlation between the spread of the viral infection HIV and GBV.³ This is why the UN categorizes GBV as both a public health issue and a human rights issue.

Since the 1990s, GBV has been the focus of a host of policies, prevention campaigns, and intervention programs addressing varying rates of infection by region. A 2005 World Health Organization study found prevalence of lifetime physical violence ranged from 13 percent in Japan to 61 percent in Peru.⁴

🚫 A COMPROMISED SYSTEM

How do we rationally diagnose or document a social disease like GBV, let alone combat it? GBV is often literally invisible because it is conducted behind closed doors. In plain sight it is often invisible because social norms of shame, fear, and silence allow it to exist without comment. At its worst, GBV can be disguised as a

social good, shrouded in a culture of acceptance and belief that it helps maintain social order—which it often can in limited, specific ways. GBV can be quite effective in the short-term at keeping existing power structures in place within families and communities.⁵

A social disease thrives when we as a society become too familiar and comfortable with it, when we as the host body adapt to it. When our ability to observe has been undermined, and the logic of the disease has compromised our ability to even define the problem, it seems that empiricism is rendered useless.

🌱 FIGHTING A SOCIAL DISEASE

In 2004, five rape survivors founded KOFAVIV in Port-au-Prince, Haiti. KOFAVIV stands for "Komisyon Fanm Viktim pou Viktim" in Haitian Creole, or "The Commission of Women Victims for Victims". In a scant six years, KOFAVIV grew from five founders to a powerful network of 3,000 members composed entirely of GBV survivors and allies, and comprising one of the largest grassroots groups against GBV in the country.

KOFAVIV's executive leaders and chief strategists are Malya Villard-Apollon and Eramithe Delva, two of the original co-founders. Both were raped in retaliation for their political activism during the 90s. Both of their husbands were murdered. Both have seen their children subjected to similar experiences to their own.

In public health terminology, GBV victims are reframed as "survivors", a lexical shift aimed at moving away from defining the individual through the trauma enacted upon them and toward restoring agency and inner strength and resistance to the individual.⁶ Malya and Eramithe are without a doubt survivors.

Each has intimate knowledge of what it means to live in an ecosystem that perpetuates GBV. They understand that the state is too compromised by the disease to effectively fight it. They recognize that they, along with other GBV survivors, are the most effective agents to combat the disease because they have survived and healed. Rehabilitated survivors who have built up their resistance to GBV are perfectly positioned to expose how GBV injures individuals, families, and communities and to spread prevention and remedial tools.

🌱 THE AGENT OF CONTAGION

At the core of KOFAVIV's model is the agent. The organization uses agent to navigate a crowd and spread their message and service model. An agent is a fully rehabilitated survivor or ally who has been trained to educate others about GBV causes and impacts; connect survivors with medical, counseling, and legal services; and recruit new KOFAVIV members from the community at large.

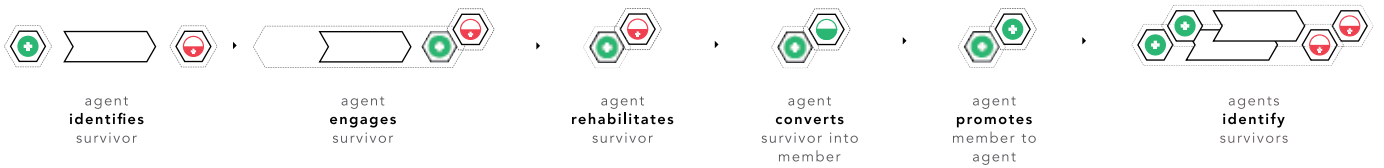
The KOFAVIV agent is a powerful changemaker, providing prevention and intervention services within the casual chaos of the crowd. An agent makes contact with a survivor, connects them to care, shepherds them through their rehabilitation, and—when they are ready—converts them from member to agent. Where there was one agent and one survivor, now there are two agents, both able to go out and convert. Agents can turn neutral community members or casual allies into members or agents too. And even perpetrators are not immune: An agent can neutralize a perpetrator by connecting survivors to legal aid.

KOFAVIV's agents are especially powerful because they are trained to be gritty, fearless, and honest. Mostly based in



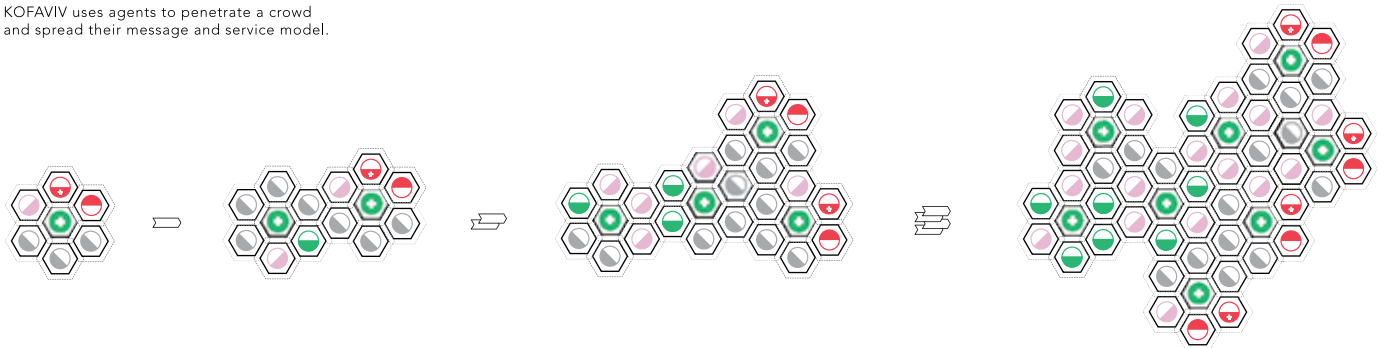
Malya Villard-Appolon and Eramithe Delva are the co-leaders of KOFVIV, April 2010

THE AGENT JOURNEY



CONTAGION & THE CROWD

KOFVIV uses agents to penetrate a crowd and spread their message and service model.



+ KOFVIV agent
 ● KOFVIV member
 ● ally
 ● neutral
 + survivor
 ● perpetrator

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CROWDSOURCED RELIEF

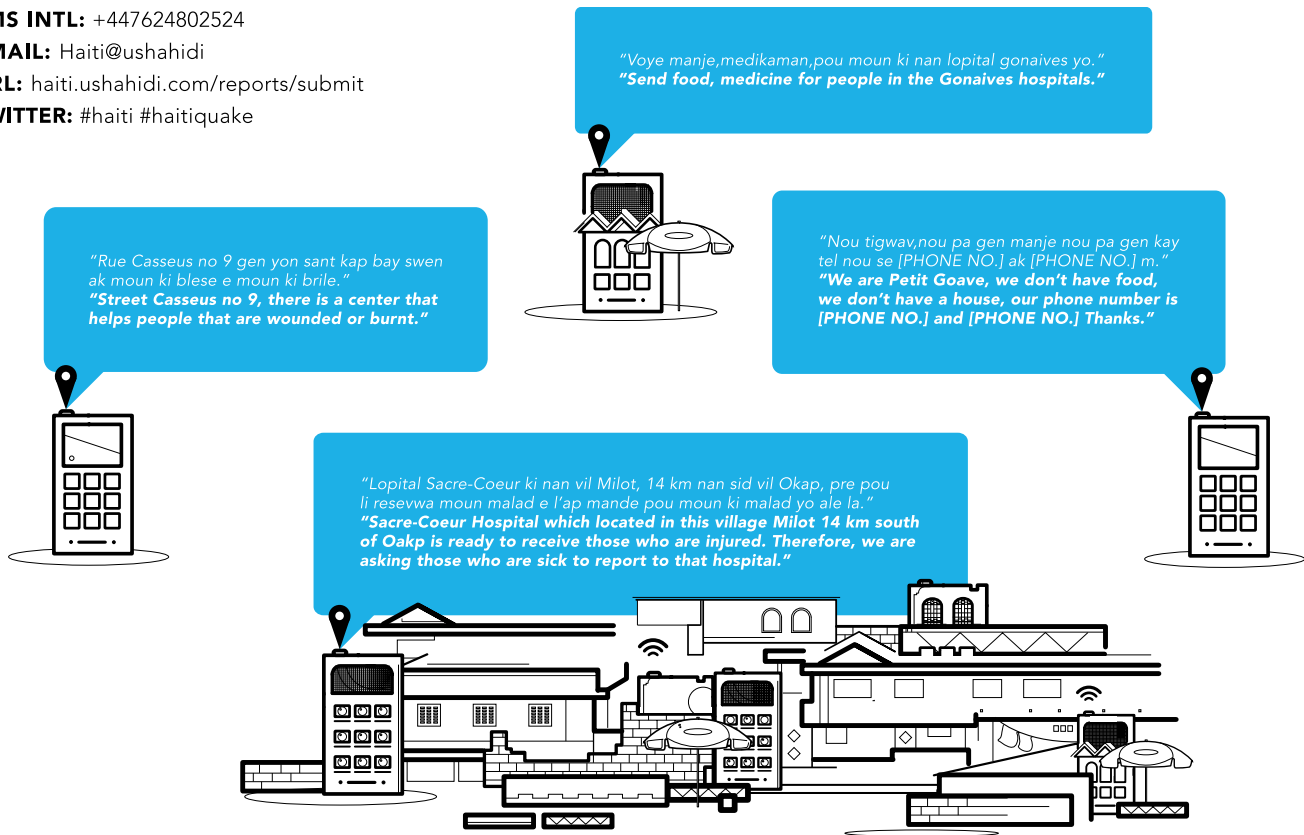
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Port-au-Prince, they come from all backgrounds, and each has a personal story of survival. The majority are survivors themselves, but some are family members of survivors or friends. "Agents did not come here to get a job," notes Eramithe. "They have been rehabilitated, so helping other women has become a vocation". They are trained to shed light on GBV and to raise their voices confidently and speak against the shame, fear, and acceptance that GBV spreads.

AMPLIFIED BY DISASTER

In 2010, at the height of its growth, KOFAVIV was operating a full service clinic and a safe house in Port-au-Prince, along with its powerful core network of 3,000 members and agents. Then on a Tuesday afternoon in early January, a catastrophic earthquake rocked the country. With an epicenter located approximately 16 miles west of Port-au-Prince, the impact of the earthquake has been well-documented with widespread damage to communication systems, transport facilities, hospitals, and electrical networks. Global rescue and

aid efforts mobilized immediately, but the staggering blows dealt to basic infrastructure in the region vastly complicated early relief work.

In the first two months after the earthquake, KOFAVIV tracked 230 incidents of rape in just 15 camps in Port-au-Prince.⁷ It's no coincidence that GBV increased in the post-disaster context of Port-au-Prince.⁸ Natural disasters are a natural amplifier for public health issues like GBV because they exacerbate existing inequalities and disproportionately impact those disenfranchised from political and economic power.^{9,10}

MAPPING A CRISIS

Digital Democracy (DD), a New York-based nonprofit focused on empowering marginalized communities to use technology to fight for their human rights, entered Haiti in this post-earthquake climate. Two graduate students from US-based Tufts University were using DD's media training curriculum in Port-au-Prince when the earthquake hit. In the hours and days following the earthquake, DD staff dove into relief efforts online.

DD participated in a global effort largely powered by members of the Haitian diaspora connecting with earthquake survivors within Haiti to source texts, tweets, and other social media messages to locate survivors and coordinate response efforts on the ground. "It was faster than the US government or any government was able to operate," recalls Abby Goldberg, who was working for DD. "It was pretty game-changing in humanitarian and disaster response".

As longer-term recovery efforts began, the UN invited DD to Haiti to advise on how the technology used in the immediate disaster response could be applied in a more medium-term capacity to respond to GBV incidents. DD founder Emily Jacobi and Goldberg landed in Port-au-Prince with four point-and-shoot cameras in hand, determined to make this trip to Haiti as useful as possible for the survivors who needed care but weren't being heard. With that goal in mind, DD organized a two-day photography workshop with 12 women from six of the largest women's grassroots groups in Haiti.

The workshop had two goals: firstly, to give media trainings to leaders from Haitian women's groups to help them join the global conversation about Haiti's recovery; and secondly, to explore how Haitian women were using technology to design a technology-based reporting system to serve GBV survivors. This is where DD first met KOFAVIV.

"We wanted to bring technical training, digital tools, and new systems to support the fight against GBV in Haiti," says Jacobi. "From that first photography workshop, KOFAVIV emerged as our strongest partner on the ground".



📶 NETWORKING A NATION

Emilie Reiser joined DD as a locally embedded researcher and technologist to work on designing the GBV reporting system in partnership with KOFAVIV. "We tried reporting GBV incidents through SMS, but it wasn't working in the local context," says Reiser. "We needed to adapt to the oral culture of Haiti". The result was a 24-hour free hotline for GBV survivors to connect to prevention and intervention services.

The hotline and call center that launched as a partnership with national telecom service provider Digicel gave survivors a way to connect with KOFAVIV agents remotely. Now that KOFAVIV's service delivery wasn't dependent on the geographic reach of its network of agents, their service area expanded from Port-au-Prince to all of Haiti. Without replacing KOFAVIV's model of social contagion on the ground, the 24-hour hotline built by DD created certain economies of scale that allow KOFAVIV to operate at a vastly expanded rate. Fewer than 10 KOFAVIV agents sitting in Port-au-Prince served an average of 1,266 callers a month from January to May of this year.¹³ The call center's potential was proven in March of 2013 when Digicel sent out a national text, and call-in rates exploded to over 2,000 calls in just 48 hours.¹¹ But such widespread awareness-raising efforts need to continue for the call center to be able to serve as many survivors as possible.

Since its launch, it's become clear that expanded geographic reach isn't the only outcome of the call center. Survivors discouraged from seeking care in person due to physical dangers or emotional traumas now have a way to get in touch with complete anonymity. Callers are also able to receive direct assistance in Port-au-Prince, where KOFAVIV can send a vehicle to pick the survivor up.

Originally intended to serve GBV survivors seeking immediate care, the functions of the call center have adapted to the needs of its callers. Callers often seek general public health information or reproductive rights education, and KOFAVIV's agents provide information or direct callers to other channels for assistance.

🌸 QUALITIES OF CONTAGION

In 2007, social scientists Nicholas Christakis and James Fowler discovered evidence for the contagious nature of social behaviors and emotional states (e.g., happiness and loneliness) using the now-famous Framingham Heart Study dataset (FHS).¹² Since then, an explosion of new research has focused on how people's behaviors and emotions infect their social networks outward to people they haven't even met. This finding adds a powerful dimension to how KOFAVIV's model of social contagion effectively combats the spread of GBV—itself, a collection of social behaviors and emotions.

As KOFAVIV continues to grow, what else will we learn about how anti-GBV behaviors and emotions can spread? A new study based on the FHS dataset points to how loneliness is more contagious than the absence of loneliness. Lonely people, because they seek out other people for comfort, spread their loneliness to their social networks who have no specific protections against the loneliness. GBV leads to a complex set of PTSD symptoms, so how powerful are the repertoire of behaviors and emotions of the GBV contagion compared to the repertoire of messages and behaviors anti-GBV groups spread? KOFAVIV may have the answers.

In February, a group of GBV advocates and service providers in Haiti came together to discuss revisions to Haiti's penal code to strengthen response to sexual violence. There, Yanick Mézil, Haiti's Minister of Women's Affairs, lauded KOFAVIV as instrumental in helping "women who are victims of violence to reinsert themselves into their communities".¹³ It is clear that this reinsertion is one of the

most powerful weapons we have against GBV. The rest of the world can learn critical lessons from KOFAVIV about slowing the spread of GBV, and one day, defeating it.

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