

PTSD, SOCIAL SUPPORT AND RESILIENCE AMONG CHILDREN IN CHILD PROTECTION IN HAITI

Nephtalie Eva Joseph, & Daniel Derivois

Département of psychology, University of Burgundy Franche-Comté (France)

Abstract

This study aims to assess the trauma, social support and resilience of children entrusted to child protection in Haiti using quantitative measurement scales. Most of these children had a domestic life course before being entrusted to a child protection institution. They have been and still are victims of intentional and unintentional violence and trauma. Our study sample is 100 entrusted children aged 6 to 17 years old and from three child protection centers in Haiti. According to the results, 37% suffer from depression with a higher percentage in girls, 53% show clinical signs of Post-Traumatic Stress Disorder with a higher percentage in boys, 52% show peritraumatic distress scores. On the other hand, these children mostly show fewer clinical signs of anxiety. The Pearson correlations show that traumatic symptoms are much more present in primary school children, most of whom are former child domestics (*restavèk*). The experience of domesticity leaves deep traumatic traces in the child separated from his parents and forced for some to lead an inhuman life. However, despite mental suffering and a deleterious living environment 64, 3% of these children have a resilient profile. Social support is one of the factors that best predicts the resilience of these children. Indeed, these children separated from their families rely on what their immediate environment can offer them constructively while seeking stable support. This study makes it possible to draw up the psychological profile of children entrusted to child protection in Haiti, while providing details on the risk, vulnerability and protection factors on which we can rely in their care. Finally, it emphasizes the need to offer therapeutic placements to children in order to prevent the traumatic effects of their experience and of domesticity in the long term.

Keywords: *PTSD, Social Support, Resilience, foster children, Haiti.*

1. Introduction

Since the earthquake of January 12, 2010, several studies have focused on post-traumatic stress disorder, social support and the resilience of the Haitian people. The studies of Cénat and Derivois (2014) on polytrauma and the resilience of Haitian street children showed that these child victims of polytrauma demonstrate self-efficacy in coping with their traumatic experiences and less than 15% of them they achieved scores reaching clinical rates of post-traumatic stress disorder. Although various studies (Karray, Joseph et al., 2016; Derivois and Cénat et al., 2018) show that children have a level of resilience ranging from moderate to very high despite their precarious living conditions. Poverty, as Joseph and Derivois (2015) demonstrated to us, is an aggravating factor in violence because it is both more present and more serious in poor families. Some resort to informal arrangements for the placement of children with a trustworthy third party, others instead entrust their children to child protection centers. According to Fabre (2015), these placements are above all part of a logic of mutual aid and social solidarity. Bruchon-Schweitzer (1994) defines social support as the set of interpersonal relationships of an individual providing an emotional bond, practical help but also information and assessments relating to the threatening situation. According to Bozzini and Tessier (1985) and Streeter and Franklin (1992), this is a feeling of satisfaction with regard to the support received, the perception that the support needs are combined, the perception of the availability and adequacy of support. We will continue to reflect on these notions of trauma, resilience and social support, which we will assess using standardized measurement scales.

2. Method

Our study sample is composed of 100 entrusted children (n=50 boys and 50 girls) aged 6 to 17 who come from three child protection centers in Haiti. We gave them an observation notebook containing socio-demographic data as well as scales measuring: Beck's Anxiety Inventory (IAB), the Child Depression

Inventory or Child Depression Inventory, CDI, The Distress Inventory Peritraumatic (IDP), the Children's Revised Impact of Event Scale (CRIES), the Social Support Questionnaire (SSQ) and the Resilience Scale (RS). These quantitative data were collected over 3 months by a team of nine investigators.

3. Summary of results

Nearly a decade after the devastating earthquake of January 12, children entrusted to child protection show more traumatic clinical symptoms than street children. It must be said that in the meantime the country has experienced other natural disasters impacting the living conditions of families. The results presented in the tables below show that more than half of the children suffer from PTSD disorders and peritraumatic distress. On the other hand, they generally show fewer signs of anxiety.

Table 1.

| Gender | Depression | | PTSD | | Péri traumatic | |
|-------------|------------|--------|-----------|--------|----------------|--------|
| | No clinic | clinic | No clinic | clinic | No clinic | clinic |
| Girls n=50 | 29 | 21 | 26 | 24 | 28 | 22 |
| Boys n=50 | 34 | 16 | 21 | 29 | 20 | 30 |
| Total n=100 | 63 | 37 | 47 | 53 | 48 | 52 |

Table 2.

| Gender | Anxiety | | |
|-------------|---------|----------|--------|
| | weak | Moderate | severe |
| Girls n=50 | 30 | 15 | 5 |
| Boys n=50 | 30 | 10 | 10 |
| Total n=100 | 60 | 25 | 15 |

Children attending primary school who have a child of domestic origin (restavèk) show more traumatic symptoms. The experience of domesticity psychologically marks its children separated from their parents and exposed to all forms of abuse. However, despite their chaotic life course 64, 3% of these children present a resilient profile. The results of the t-tests show that the participants obtain a total score between 6 and 36. The average score for both sexes combined is (M=29.80; SD 5.84), which shows good satisfaction of children with their social support. However, boys are more satisfied with their social support than girls. This shows that these children are looking for stable support. They try to recreate a family atmosphere around them by relying on the resilience tutors available in their immediate environment.

4. Discussion

Can we speak of therapeutic placement in the context of placement in Haiti? The term "therapeutic family placement" is used by European authors such as Myriam David, Michel Soulé and Jenny Aubry, and paradoxically designates the separation of the child from his parents in order to help him build a bond, restore or cure it. As a result, placement is considered as a therapeutic response to intra-family dysfunctions. On the other hand, in Haiti, foster care, in most situations, creates a dysfunction in intra-family relations. The child is often separated from his family to fight against precariousness. The bonds of attachment come undone in the hope of helping the child to build himself personally, to "become someone". Indeed, family placement is part of a logic of survival; it paradoxically plays a role of social support for poor families, but also a vector of trauma for entrusted children

5. Conclusion

Our research shows the urgency of developing other types of more secure relationships with children in Haitian society and ensuring that their main rights are respected. It is important in the context of child protection in Haiti, to develop a mental health policy for children in order to treat their trauma and strengthen their psychic resources. This study aims to highlight certain invisible categories in Haitian society and the suffering of children in Haiti in general.

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