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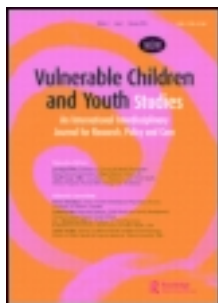
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## Indicative evaluation of psychological disturbance amongst young children affected by the January 2010 Haiti earthquake, in Port-au-Prince

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The article presents a research for the indicative evaluation of psychological disturbance amongst young children following the 2010 earthquake in Haiti. We used a new psychological evaluation questionnaire for young children, the PSYCa 3–6. It is a hetero-evaluation tool and is completed on site by the interviewer. The questionnaire was conducted in Port-au-Prince. The average age of the 166 children taking part in the study was 58 months. Psychological disturbance score appears to be high amongst our child population in Port-au-Prince. This corroborates other research into the psychological condition of natural disaster victims. A higher score of psychological disturbance was observed amongst boys and in the youngest group of children. This first application of the PSYCa 3–6, in a natural disaster area, highlights its capacity to identify children in great difficulties, the acceptability of the questionnaire and its appropriateness for use in humanitarian crisis areas.

**Keywords:** children; psychological disturbances; evaluation; Haiti; earthquake

### Introduction

On 12 January 2010, an earthquake scoring 7.3 on the Richter scale struck Haiti. The quake left nearly 250 thousand dead; more than 300 thousand were injured and over a million of its 9 million inhabitants were left homeless. Since the earthquake struck, unprecedented international aid has been implemented by several thousands of NGOs, which nevertheless struggle to coordinate their actions in the presence of international peace-keeping troops.

### Other contextual elements

The Human Development Index puts Haiti at 154th place on a list of 177 countries (UN, 2007). Seventy-eight percent of the population live below the poverty line and 53.9% live below the extreme poverty line.<sup>1</sup> Income inequality in Haiti is classed as the highest in the world. Fifty percent of the population does not have access to health care – 70% of which is private and in the urban zone (Caribbean Country Management Unit, 2006). There is no

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planning policy and few resources are available for mental health care; when in difficulty, a great number of Haitians rely on religious or traditional practitioners or healers (Kirmayer, 2010; Pierre et al., 2010). In the urban environment, the population is faced with very high levels of crime and violence. At the end of 2010, several hundreds of thousands of people were infected during a cholera epidemic that left over 7000 dead.

### Research tools

Although the psychological condition of children in natural disaster areas is well documented, in terms of the integration of psychosocial programmes for public health and/or humanitarian actions, few generalists, cross-cultural psychological evaluation tools for young children exist, which enable the rapid identification of those in greatest difficulty. To our knowledge, only the CPDS – Child Psychosocial Distress Screener (Jordans, Komproe, Tol, & De Jong, 2009) – validated for children aged over 7 and the PSYCa 3–6 – Psychological screening tools for children aged 3–6 (Marquer et al., 2012) – validated for children aged 3–6 have been the subject of cross-cultural validation. In the literature, the majority of tools used are most frequently transposed and translated from existing evaluation tools, whose cross-cultural validity has not been examined.

Very few published studies currently exist concerning the psychological condition of children following an earthquake. We describe the different phases for the implementation of action research, following the 2010 Haiti quake, for the indicative evaluation of psychological disturbance amongst young children and the advantages of using the PSYCa 3–6 questionnaire as a medium and method of mediation for this action research. We present the project's tools and methodology as well as the initial results, without describing the PSYCa 3–6 validation procedure (which was the subject of a very detailed publication by Marquer et al. (2012)).

### The questionnaire

The questionnaire was initially compiled for young children from the Kosovar refugee population of a town in Macedonia during the 1999 former Yugoslavia war (Mouchenik, Bélanger, Baubet, Godain, & Moro, 2003; Mouchenik, Baubet, Bélanger, Godain, & Moro, 2001). Restructured and developed, it was partially validated for use with children placed in emergency foster homes in the Paris region in 2004–2007 (Mouchenik, Pérouse de Montclos, Monge, & Gaboulaud, 2007; Mouchenik et al., 2010), adapted and validated as a cross-cultural tool in three broad scale studies (Marquer et al., 2012) in South Niger (Maradi) in 2009–2010, in Kenya (Nairobi), and in Columbia 2011–2012 (Buenaventura). We used this latest version in Haiti in an ANR partnership study as the first stage in a line of research on the vulnerability/resilience of young children aged 3–6 following the 2010 earthquake.

The prevalence of psychological disturbance amongst young children is often difficult to assess, and there are very few generalist tools adapted to the psychological evaluation of young children. The PSYCa 3–6 presents the particular advantage of being a scale for screening psychological problems with a generalist approach that includes a component for post-traumatic disorders, but which posits a global measure of psychological disturbance rather than focusing on one specific symptom or trauma. It is a rapidly administered indicative tool, which can be used by interviewers who are non-specialists in the field of child mental health, but who are acquainted with the use of the PSYCa 3–6 and receive guidance for its standardised administration via the user guide (Marquer et al., 2012).

The questionnaire targets the observable registers of daily life in broad categories, each of which contains several items to which are associated a number of qualitative indications, concerning the acuteness of the problems. It is a hetero-evaluation tool and is completed on site by the interviewer. The questions are addressed to the person responsible for the child on a daily basis, parents or caregivers, and several studies highlight the validity of information supplied in response by parents or caregivers concerning the child (Duyme & Capron, 2010).

The data thus gathered enables assessment of psychological disturbances and their main registers of expression: depression, phobia, anxiety, anguish, regression, psychosomatic disorders, functional disorders, post-traumatic disorders.

In this instance, we have used the most recent cross-culturally validated version carried out by Caroline Marquer, clinical psychologist in charge of research at EPICENTRE. The cross-cultural validation was successively rolled out in Niger, Kenya and Colombia between 2009 and 2012. The three cross-cultural validation countries – in the three versions (Hausa, Spanish and Swahili) – have confirmed the PSYCa 3–6's psychometric qualities for evaluating psychological disturbances in young children, as well as their care requirements. Use of the PSYCa 3–6 is particularly suitable in humanitarian contexts because of its simplicity, speed of administration and suitability for employment by non-mental health professionals.

The first section of the PSYCa 3–6 comprises a set of 22 questions on a scale of intensity and includes few cultural factors: 0 for negative or not at all, 1 for occasionally or sometimes, 2 for often, frequently or always. At the end of administration, the scores range from 0 to 44, the highest scores indicating important disturbances. The various cross-cultural validations indicate that a disturbance threshold above a score of 9 requires either a further, more in-depth evaluation or a recommendation for psychological health care. The second part of the questionnaire targets socio-demographic characteristics and must be adapted to context. It begins with a specific question concerning the potentially traumatic events or situations, noticeable over time and which have a modifying effect on the child and may or may not make it possible to rate the psychological trauma. For Haiti, these are the direct experience (as victim or witness) of the earthquake and the death or injury of immediate family, as well as situations of violence and aggression and/or other traumatic events which occur in the unsafe habitat zones. The subsequent questions are primarily of a social/medical/psychological dimension, aimed at identifying the children's family situations, their current living conditions and their previous medical and psychological history. For greater in-depth evaluation, they may be cross-analysed with the characteristics of scores from the first section.

## Method

The cross-cultural use of a psychological evaluation tool requires that it be adapted to cultural, social and linguistic context. Following the selection of our partnership (University of Paris 13, University of Lyon 2 and the Haiti State University) by the National Research Agency for the ANR RECREAHVI 2010–2014 project, we put together a team in Haiti of expert, Haitian clinical psychologists and psychology teachers practising in the country, with ad-hoc interventions by anthropologists, translators and linguists as well as the group of professionals in the psychosocial sectors of the ID Microfinance<sup>2</sup> Institution.

Items in the first section of the questionnaire were not changed, but a number of questions contained in the second section were adapted to cultural and social context. This

stage was followed by work on the translation and back-translation into Haitian Creole (to ensure that the meanings of terms employed were equivalent). Haitian Creole (Kreyol) is the mother tongue of the great majority of Haiti's population. The versions were then reworked until agreement was reached between the translators, as well as the Haitian Creole psychologists who work in this language on a daily basis. The Creole version of the questionnaire was tested on families to ascertain whether it was well understood.

The sites chosen for the study were located in working-class sections of three neighbourhoods in Port-au-Prince, which presented different characteristics: Cité Soleil, Fontamara and Delmas. Interviewers were given training over several days to ensure sound understanding of the questionnaire and its standardised method of administration, in order to be able to answer questions about items which had not been sufficiently understood. Psychological care was proposed to those children deemed to be in difficulty. This support – individual or group therapeutic mediation – was accepted and used by half of the families to whom it was offered.

The qualifying criteria for this support were that families of children aged from 3 to 6 must have signed a consent form in Creole; this was also read by the interviewer to ensure that it had been properly understood. The criteria for exclusion were major pervasive development disorders and profound intellectual disability (which psychology student interviewers were trained to take into account).

### **The partnership with ID microfinance**

Following the earthquake, an autonomous psychosocial support programme was created within ID Microfinance; the programme is run by a team of third year (minimum) psychology students (there is currently no Master's course in the Haitian Universities) under the supervision of a clinical psychologist. The psychosocial programme is aimed at the families living in zones which were badly hit by the quake.

### ***Target population and objective of this research for the participating NGO***

The psychosocial team's objectives were to identify those children in greatest psychological difficulty – amongst a population which would not normally seek mental health care and which did not have access to these services; to raise awareness amongst families living in the zone of mental health issues and of the psychologist's role; and, where children were evaluated as suffering psychological disturbance, to provide suitable care.

### **Roll out**

The survey was rolled out over 7 weeks from 7 November to 22 December 2011. The conditions for administration of the questionnaire reflect the approach of the NGO's psychosocial programme; a clinic in context and in the field, where the interviewer can carry out interviews in the home environment. Home interviews provided us with access to a population that does not benefit from the provision of health care services; 80% of which do not live in camps but in shanty towns or unsafe settlements that remain largely on the fringes of international aid, which is not available everywhere. Home visits enabled screening for psychological disorders amongst a population which does not frequent the community health care centres.

### ***Administration by psychology student interviewers***

The project involved four Haitian psychology students who, at the time of the survey, had been working for over 6 months in the psychosocial sector. This helped to minimise any risk of bias (a foreign interviewer could potentially suffer from various stereotypes such as “rich benefactor from the North” that are linked to international aid). Moreover, the interviewers were part of an institution, which is highly visible to the population. In effect, the fact that ID Microfinance is neither a health nor a direct aid organisation (food and tents etc.) means that the partners perceive it as an institution that aims to empower them and build their capacities. At the end of the survey, the interviewers took part in a group assessment; a list of children presenting disorders of a psychological nature was drawn up in order to determine and propose appropriate psychosocial care.

### ***Reflection on the administration and contents of the questionnaire***

According to the interviewers, Haitians consider themselves to be Catholics or Protestants but, when a child has a specific problem, they consult a leaf-doctor and/or a *houngan* because they consider that some illnesses cannot be treated through conventional medicine, “*Tout moun ale kay oungan pou chache pwoteksyon*” (everyone goes to the house of a *houngan* for protection). Voodoo is not only a cult but also a practice, a way of thinking and acting that is part of the social reality of Haiti; it is anchored in daily socio-cultural practices of the Haitian population. It is found at all levels and in all sectors of society. It also draws strength from the fact that it remains hidden.

### **The advantage of the PSYCa 3–6 in this context**

The PSYCa 3–6 was not viewed simply as a research tool but also as a means for entering into contact with people who are predominantly illiterate, living in the poorer areas and with no access to the health care system. Administration of the questionnaire enabled us to systematically document parents’ beliefs about their children, as well as alert them to the importance of certain symptomatic manifestations which, until now, have been considered unimportant by parents.

### **First results**

The results concern 166 children. There were no refusals; the 166 questionnaires administered to the parent(s) of children aged 3–6, living in one of the three specific areas: Delmas, Fontamara or the Cité-Soleil, were all useable. Very few responses were missing, highlighting the acceptability of the questionnaire.

Out of the 166 children participating in the study, 44% were boys and 56% were girls, with an average age of 58 months.

The breakdown of children by neighbourhood is 61 (or 36.75%) for the Cité Soleil, 60 (or 36.14 %) for Delmas and 45 (or 27.11%) for Fontamara.

One hundred sixty-five children were direct witness to and/or victim of the earthquake and 30% experienced the death or injury of close family members.



### ***Changes in children following the earthquake***

Following the event, families had observed a noticeable change in 47% of the children, one which affected the character, behaviour or personality of the child.

### ***Socio-demographic aspects***

Thirty percent of people asked were forced to move home following the quake.

In our sample, the average number of siblings is 3, but this can range from 1 to 10; 30% are first children, 25% are second children and 18% are third children.

Ninety seven percent of children are at school, in kindergarten or nursery, primarily in the private education system, which is very prevalent in Haiti.

Ninety eight percent of families state that they are Catholic or Protestant; 36% Catholics, 62% Protestants, 2% other or Vodouisants.

The average number of inhabitants per home is six and the highest number is 13.

### ***Indicative scores for psychological disturbance***

We selected a psychological disturbance threshold of 9 – as recommended for the three cross-cultural, gold standard validation studies in Niger, Colombia and Kenya, as well as for the partial validation carried out in the Paris region after the number of items were reduced.

The number of children in validated samples equal to or greater than this threshold were:

Proportion of children with a PSYCa 3–6  $\geq 9$  score

- In Niger, 12.5% ( $n = 31/255$ )
- In Colombie,; 7.3% ( $n = 8/109$ )
- In Kenya, 11.5% ( $n = 14/121$ )

But in Haiti, 51.2% scored more than 10 ( $n = 85/166$ ).

Scores range from 1 to 27 out of a maximum of 44. In Port-au-Prince, the average is 9.8, meaning 51.80% of children scored over 9; 25% of children scored over 12.

### ***Score and gender***

We note a difference between girls and boys. The average score is significantly higher at 10.6 for boys, compared to 9.1 for girls.

- 62.6% of girls scored between 1 and 10 and 38.7% had a high score of between 11 and 27.
- 37.4% of boys scored between 1 and 10 and 52% of boys scored between 11 and 27 (Figure 1).

### ***Score and age***

Although this is not statistically significant, the youngest age group (36–59 months) have higher psychological disturbance scores compared to the 59–83 month age group. Whether vulnerability is more pronounced amongst the youngest children remains to be verified (Figure 2).

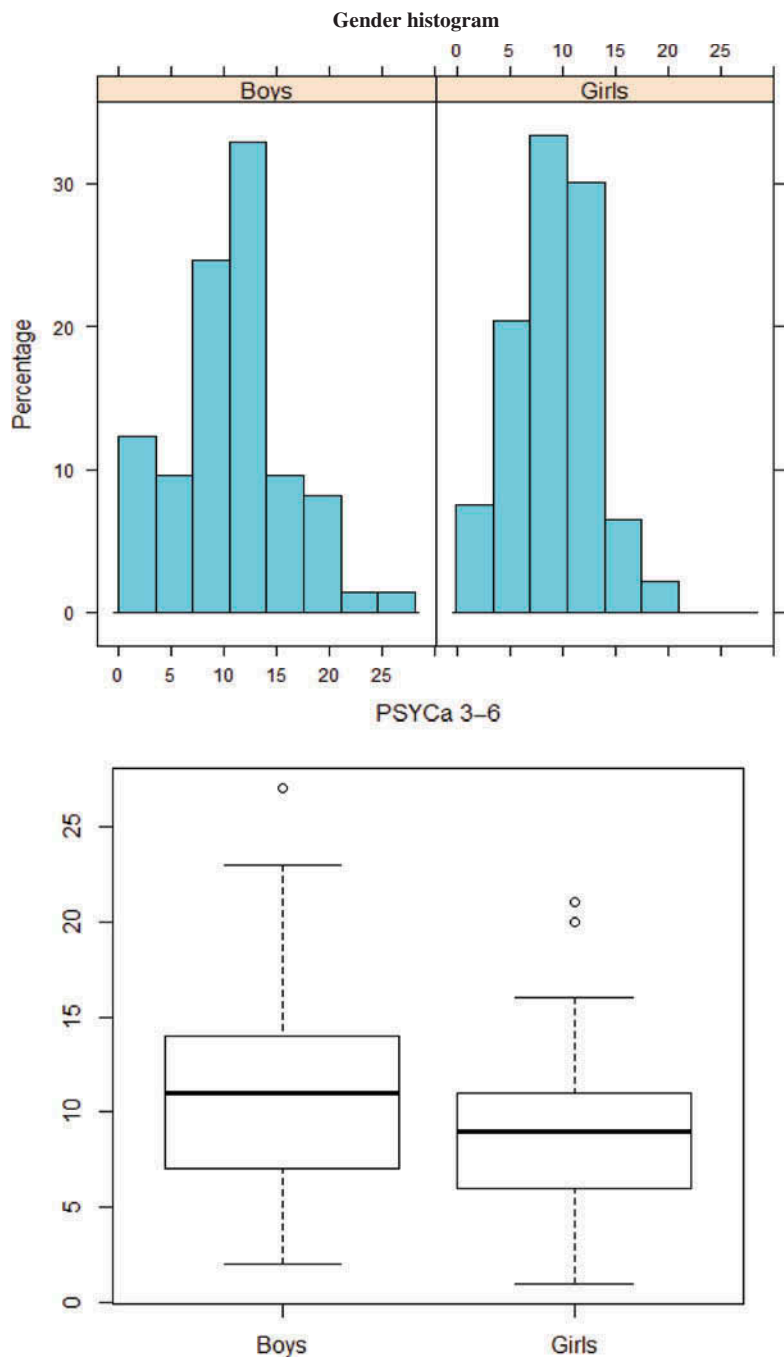


Figure 1. Gender histogram.

### ***Score and environment***

The gap is significant, with a higher global psychological disturbance score for children living in precarious and traumatic environments. Very violent neighbourhood

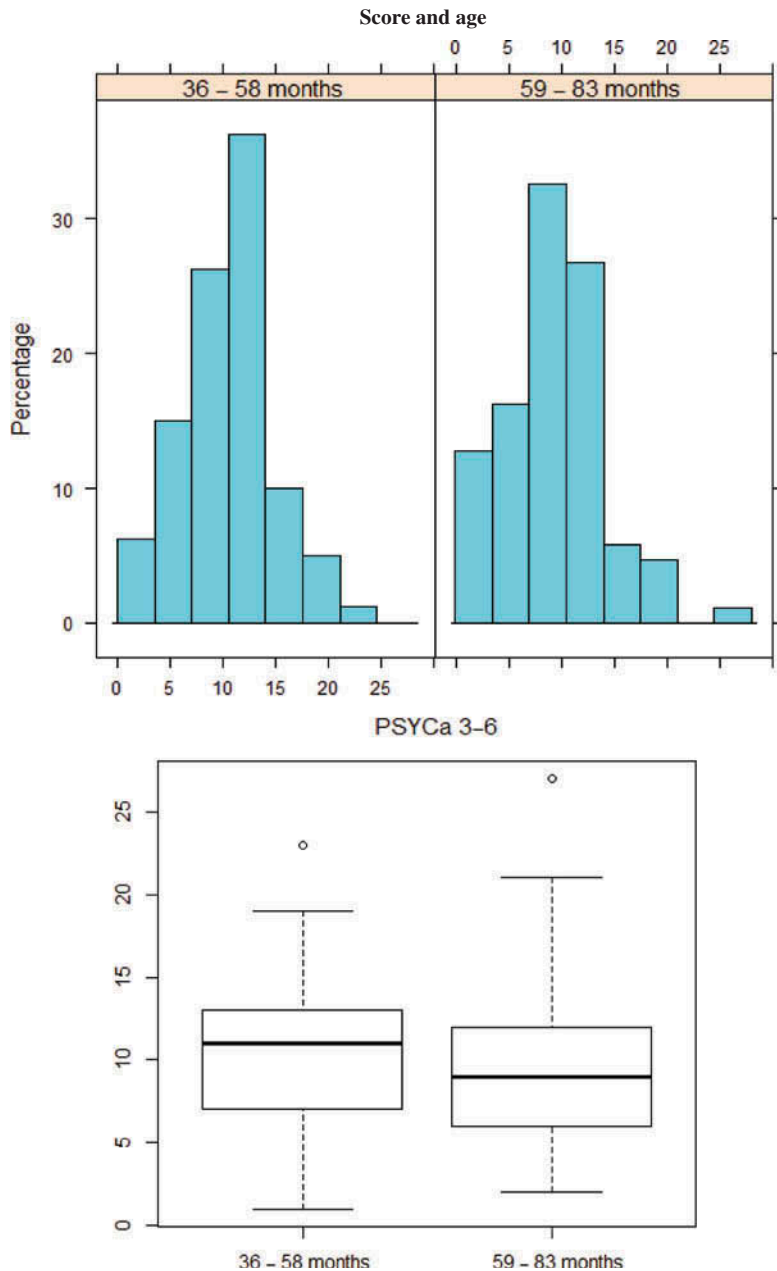


Figure 2. Score and age.

(confrontations and gun battles between rival gang; which mean with other trauma) score an average of 10, less violent neighbourhood (without other trauma) score an average of 8. However, it is difficult to discriminate between the respective impacts of the quake and those of an environment which is currently traumatic, since we may be faced with situations where trauma is cumulative.

## Discussion

Compared to scores from the cross-cultural validations of the PSYCa 3–6 in Niger, Kenya and Colombia, the psychological disturbance score appears to be high amongst our child population in Port-au-Prince. This corroborates other research into the psychological condition of natural disaster victims. The scales used are specialised and are often focused on PTSD (Post-Traumatic Stress Disorder). Of the few post-quake studies carried out in Haiti, that of Judite Blanc (2010) – on the prevalence of PTSD and depression, one year on from the quake, amongst a group of children aged 7–13 who had not been given psychological support – highlighted a 50% prevalence rate for PTSD and 20.5% for depression. In another study by Nemethy (2010) on the post-quake psychological condition of adults, in March and April 2010, high prevalence rates of PTSD and major depression disorder (MDD) were highlighted; over 98% of the sample presented symptoms close to the critical illness threshold.

Age and gender are often cited amongst the most important variables. In contrast to the available research into older children, which indicates greater levels of psychological disturbances amongst girls than amongst boys – for example, Bokszczanin (2007) following the floods in Poland in 1997 or Vernberg, La Greca, Silverman, & Prinstein (1996) following Hurricane Andrew or Giannopoulou et al. (2006) following the 1999 earthquake in Athens – the results from our sample highlight a higher vulnerability rate amongst boys, with a significant score difference, which can correlate to the age group of our sample of children (aged 3–6).

Numerous studies highlight the considerable psychological impact of natural disasters on children, even though these were not focused on young children. In the study by Osofsky, Osofsky, Kronenberg, Brennan, and Cross Hansel (2009), in the wake of Hurricane Katrina in New Orleans in 2005, 49.1% of subjects obtained a psychological disturbance score indicating a need for mental health care.

## *The limitations*

This first use of the PSYCa 3–6 in a natural disaster area was subject to several limitations. The first being the lack of a control group whose scores would have enabled us to better evaluate our results. The second was the lack of a specific validation process for the PSYCa 3–6 in Haiti, although this was in mostly compensated for by the three cross-cultural validation fields. Finally, we still need to understand the reasons for greater vulnerability rates among boys and among the youngest children.

## Conclusion

The PSYCa 3–6 has sound potential as a tool for communication, evaluation and action research with young children and their families – a potential which remains to be confirmed by specific validation. The two sections of the tool, the first based on a generalist approach containing few questions involving cultural elements and the second being adaptable to socio-cultural context, make it suitable for cross-cultural use, and it could prove to be particularly useful in a humanitarian situation. Interaction with families via the questionnaire enabled orientation towards psychological care – an offer which was taken up by half of the families concerned, highlighting the importance of studies carried out by local actors and leading to a concrete offer of suitable care.

## Funding

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## Notes

1. PNUD, 2007.
2. Supported by the NGO, *Entrepreneurs du Monde*.

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