



Unseen, unheard: Gender-based violence in disasters

Global study

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Guided by *Strategy 2020* – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to saving lives and changing minds.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development, and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

Table of contents

Acknowledgements	5
Executive summary	7
Methodology	7
Research findings	8
Recommendations	9
To the humanitarian community	9
To public authorities	9
.....	
Introduction	11
On definitions	12
What is 'a disaster'?	12
What is gender-based violence?	13
Movement engagement with the issue of GBV in disasters	14
The difficulty of researching GBV in disasters: methodology	15
Disasters affect people differently	16
.....	
Research findings	19
Domestic violence: A constant theme	20
The particular risks of GBV during disaster-induced displacement	21
Economic impoverishment and GBV	22
Child/early marriage	23
Transactional sex	24
Trafficking	24
.....	
Challenges to disaster responders	27
The lack of institutional frameworks for addressing GBV in disasters	27
Lack of awareness	28
Lack of data	29
Sexual exploitation and abuse by responders	30

The intersection of conflict and disasters **33**

The particular challenge of GBV in health emergencies **35**

Broader issues **36**

Concluding thoughts **39**

Recommendations **41**

To the humanitarian community **41**

To public authorities **42**

Resources **43**

Movement resources on GBV 43

Other resources 43

Notes **45**

Annex. Methodology: Guidance to researchers **49**



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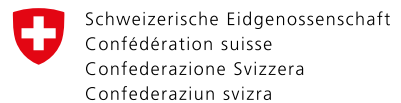
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Executive summary

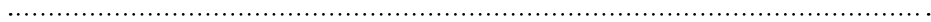


Although it is increasingly recognized that gender-based violence (GBV) is a major feature of many conflicts, its occurrence during disasters is not as well understood. This study, commissioned by the International Federation of Red Cross and Red Crescent Societies (IFRC), is designed to foster that discussion within both the Red Cross Red Crescent Movement and the larger humanitarian community.

The research addresses three questions:

1. What characterizes GBV in disasters?
2. In what ways should legal and policy frameworks, including disaster risk management, be adapted to address GBV in disasters?
3. How should National Societies and other local actors address GBV in disasters, and what support do they need to fulfil their roles?

Methodology



The study adopts the definition of GBV agreed by the Inter-Agency Standing Committee (IASC) in its Guidelines for Integrating Gender-based Violence in Humanitarian Action.¹ It states that gender-based violence is:

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females...

The term 'gender-based violence' is most commonly used to underscore how systemic inequality between males and females – which exists in every society in the world – acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.²

This report is based on a review of academic literature and practitioner reports, and country-based research carried out between May and August 2015 in nine disaster-affected countries selected to provide a variety of regional perspectives. Studies were prepared in Bangladesh, Bosnia-Herzegovina, El Salvador, Haiti, Malawi, Myanmar, Namibia, Romania, and Samoa.

It is inherently difficult to research GBV, particularly after disasters, because GBV is usually hidden and takes many forms (including domestic violence, sexual violence, sexual exploitation and abuse, child/early marriage, and trafficking). Researchers have found significant increases in GBV after disasters in high income countries, including Australia, Canada, Japan, New Zealand,



and the United States; fewer academic studies have been undertaken in other parts of the world. Overall, it seems that disasters tend to increase the risk of GBV and that new forms of GBV can emerge in their aftermath. To address the problem, this research concludes that immediate action as well as further research are required.

Research findings

The study finds that:

- In some settings, both domestic violence and sexual violence (assault, sexual abuse, and exploitation) increase following disasters. In other settings, notably where levels of GBV are already high, it is difficult to determine whether violence increased as a result of disaster.
- Displacement can increase the incidence of GBV, both in initial temporary shelters and when displacement becomes protracted.
- Disasters cause impoverishment, which can induce some people to adopt negative coping strategies, including transactional sex.
- Previous studies and news reports detected an increase in child/early marriages and trafficking in disasters, but this was not a major finding of the country studies carried out for this report. Further research may be required, perhaps using different methodologies.
- Those responding to disasters are not aware that GBV may increase in disasters, and are neither looking nor preparing for it. Lack of data on the prevalence of GBV during disasters contributes to this lack of awareness.
- Given the stigma and shame associated with GBV, statistics on its incidence are always problematic. This seems to be true of disaster situations too.
- Reporting and law enforcement mechanisms as well as services for survivors of GBV are often disrupted by disasters. This also hampers the collection of data on GBV's prevalence in disasters.
- Several of the country studies noted that police records during disasters were poor or missing. This may indicate disruption of law-enforcement activity during emergencies.
- While all nine countries studied have national policies on disasters and national legislation on gender, and a few refer to gender in their national disaster policies, none of their disaster plans included arrangements for preventing and responding to GBV. This reflects and may contribute to low awareness of GBV in disasters.
- With respect to health emergencies, academic research indicates that GBV increases the incidence of HIV/AIDS and that HIV/AIDS can cause a rise in GBV. Anecdotal reports from practitioners and governments indicate that GBV increased during the Ebola crisis.
- Disasters and conflicts are usually treated as two separate types of humanitarian emergency. The fact that disasters often occur in areas of conflict suggests that the intersections between GBV, conflict and disasters should receive more attention.

During past disasters, GBV has been largely unseen and unheard. This study concludes that more should be done to determine the frequency of GBV during disasters, the forms it takes, and what disaster responders can and should do to prevent GBV and respond effectively when it occurs. In particular, more research is needed to clarify the relationship between displacement and GBV in disaster settings, and the degree to which the restoration of livelihoods reduces its incidence.

Recommendations

For the humanitarian community, the overarching challenge is to prevent GBV, while standing ready to respond effectively when it occurs. This implies that responders need to make themselves aware of possible risk factors and become sensitive to GBV across their prevention, preparedness, response and recovery efforts.

The recommendations below are directed to the broader humanitarian community, including national and local authorities, National Societies, other local civil society organizations, and international organizations.

To the humanitarian community

All who work to prevent, prepare for, respond to and recover from disasters are encouraged to:

- Assume that GBV is taking place, even if no reliable data are available.
- Develop and incorporate strategies for preventing and addressing GBV in organizational responses and cultures, by raising awareness, taking measures to prevent sexual exploitation and abuse by disaster responders, building local capacity, and working in partnership with other organizations.
- Ensure that GBV and the safety of women and children are considered in all disaster preparedness and planning.
- Recognize the role that livelihood support can play in preventing GBV, and prioritize livelihood projects for those most at risk from it.
- Research and gather evidence on GBV in disasters; use it to inform policy.
- Recognize the risks that GBV poses in health emergencies and take appropriate preventive action.
- Take steps to enable communities to participate in efforts to prevent and address GBV.
- Explore collaboratively the intersections between GBV, disasters and conflict.

To public authorities

National and local authorities are encouraged to implement the recommendations above and in addition the three recommendations below:

- Develop locally-appropriate processes to ensure that women, children and men can report GBV confidentially and in a timely manner.
- Give attention to GBV risks in disaster management laws, policies and plans, as appropriate. Following disasters, take adequate steps to prohibit GBV by establishing effective law enforcement mechanisms and procedures, including relevant criminal laws.
- Put measures in place to ensure that people living in temporary shelters after disasters are safe.



Introduction

Although it is increasingly recognized that gender-based violence (GBV) is a major feature of many conflicts, its occurrence during disasters is not as well understood. This report, commissioned by the International Federation of Red Cross and Red Crescent Societies (IFRC), aims to foster that discussion in the Red Cross Red Crescent Movement and in the larger humanitarian community.

The study asked three core questions:

1. What characterizes GBV in disasters?
2. In what ways should legal and policy frameworks, including disaster risk management, be adapted to address GBV in disasters?
3. How should National Societies and other local actors address GBV in disasters, and what support do they need to fulfil their role?

To answer them, the research team reviewed academic and practitioner reports³ and undertook country-based research between May and August 2015 in nine countries selected to provide a variety of regional perspectives. Research took place in Bangladesh, Bosnia-Herzegovina, El Salvador, Haiti, Malawi, Myanmar, Namibia, Romania and Samoa. The researchers interviewed a range of stakeholders, including women and men affected by disasters, representatives of government, and staff from National Societies and international and national non-governmental organizations. (See Annex A for more detail.)

Researching GBV during and after disasters is inherently difficult, especially if it was widespread beforehand, since it is usually hidden and takes many forms (including domestic violence, sexual violence, sexual exploitation and abuse, child/early marriage, and trafficking). In high-income countries, researchers have found that GBV increased significantly after disasters; however, few academic studies have been done in other parts of the world. The country studies commissioned for this report indicated, inter alia, that disasters tend to exacerbate existing patterns of GBV in a society, and that new forms of GBV sometimes emerge in their aftermath. Overall, the research suggested that immediate action as well as further research is required to address GBV in disasters.

Specifically, the study found:

- In some settings, both domestic and sexual violence (assault and sexual abuse and exploitation) increase following a disaster. In other settings, particularly where the level of GBV was already high, it is difficult to determine whether violence increased as a result of disaster.
 - Displacement can increase the incidence of GBV, both in initial temporary shelters and when displacement becomes protracted.
 - Disasters cause impoverishment which can induce some people to adopt negative coping mechanisms, including transactional sex.
-

- Previous studies and news reports detected an increase in child/early marriage and trafficking after disasters. This was not a major finding of the country studies carried out for this report. Further research may be required, perhaps using different methodologies.
- Those responding to disasters are not aware that GBV may increase after disasters, and are neither looking nor preparing for it. Lack of data on the prevalence of GBV contributes to lack of awareness.
- Given the stigma and shame associated with GBV, statistics on its incidence are always problematic. This seems to be true in disaster situations too.
- Reporting and law enforcement mechanisms as well as services for survivors of GBV are often disrupted by disasters. This also hampers the collection of data on GBV's prevalence in disasters.
- Several of the country studies noted that police records during disasters were poor or missing. This may indicate disruption of law-enforcement activity during emergencies.
- While all nine countries studied have both national policies on disasters and national legislation on gender, and a few refer to gender in their national disaster policies, none of their disaster plans included arrangements for preventing and addressing GBV. This reflects and may contribute to low awareness of GBV in disasters.
- Disasters and conflicts are usually treated as two separate types of humanitarian emergency. The fact that disasters often occur in areas of conflict suggests that the intersections between GBV, conflict and disasters should receive more attention.

During past disasters, GBV has been largely unseen and unheard. This study concludes that more should be done to establish GBV's frequency during disasters, the forms it takes, and what disaster responders can and should do to prevent GBV and respond effectively when it occurs. In particular, more research is needed to clarify the relationship between displacement and GBV in disaster settings, and the degree to which the restoration of livelihoods reduces its incidence.

On definitions

What is 'a disaster'?

This study uses the widely-accepted definition of disaster adopted by the United Nations' International Strategy for Disaster Reduction (UNISDR):

A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.⁴

The above definition is broad enough to include armed conflict, but this report focuses on non-conflict disasters because their dynamic is very different and we know much less about GBV during them. Disasters are often triggered by natural hazards, but are typically caused by the interaction of human factors and natural phenomena.⁵

Disasters can occur suddenly (rapid onset: typhoons, earthquakes, volcanos) or gradually (slow onset: droughts). They affect millions of people. In 2013,

disasters disrupted the lives of about one hundred million people and caused economic damage valued at almost USD 120 billion. Over the last decade, they affected nearly 2 billion people and caused damage evaluated at a staggering USD 1.7 trillion.⁶ These figures probably understate their real impact, particularly in smaller countries. The 2009 tsunami in Samoa caused an overall economic loss of USD 124 million, equivalent to 24.7 per cent of the country's GDP.⁷ Future disasters are likely to become more harmful, because climate change is expected to intensify the effects of weather-related disasters and more people are living near coastlines and in cities.

Small-scale disasters (that cause fewer than 10 casualties) account for some 90 per cent of the number of disasters every year. Though they do not trigger an international response, their local effects can be serious. According to the UNISDR: 'Widely unreported extensive disasters and risks, such as localized flooding, landslides and wildfires, have a persistent, ongoing, debilitating impact on the poor and the vulnerable, especially women, children, the elderly, persons with disabilities and minorities. [This type of risk]... is accountable for just 13 per cent of disaster mortality rates [but] 42 per cent of economic losses.'⁸

Disasters displace people. On average, over 25 million people were displaced every year by sudden-onset disasters between 2008 and 2013.⁹ Many of those who are displaced by such disasters are able to return relatively quickly to their communities, but unknown numbers are displaced for long periods of time in both high and low-income countries. Protracted displacement often remains undetected by international agencies. In 2015, three years after Hurricane Sandy in the United States, over 56,000 people were still displaced¹⁰ and, also in 2015, 230,000 people in Japan have not yet settled into new homes after the earthquake, tsunami, and nuclear meltdown that devastated parts of the country in 2011.¹¹

In addition to disasters and displacement, disaster responders are also challenged to prepare for and respond to health emergencies, such as HIV/AIDS and, more recently, Ebola. Health emergencies also have far-reaching effects on communities.

The human impact of disasters and other emergencies is usually depicted in terms of casualties and economic costs. GBV adds to the physical, psychological and emotional suffering of those affected by them.

What is gender-based violence?

In the past decade, various technical descriptions have been adopted including 'sexual and gender-based violence' and 'violence against women and girls'. Behind these definitions and acronyms is the tragic reality of individuals who have suffered violence at moments when they are often particularly vulnerable. This study uses the definition of GBV adopted by the Inter-Agency Standing Committee's Guidelines for Integrating Gender-based violence in humanitarian action.¹² It states that gender-based violence is

An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females...

The term 'gender-based violence' is most commonly used to underscore how systemic inequality between males and females – which exists in every society in the world – acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls.¹³

Men and boys are also victims of GBV, including sexual violence. Very little research has been done on GBV against males and virtually none in disaster settings. It requires additional attention and careful action, given the particular difficulties that men and boys face in admitting that they have been victims of GBV.

Most practitioners agree nevertheless that, because of power inequities, most GBV is directed at women and girls. The IASC notes in the 2015 GBV Guidelines: ‘While humanitarian actors must analyse different gendered vulnerabilities that may put men, women, boys and girls at heightened risk of violence and ensure care and support for all survivors, special attention should be given to females due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance.’¹⁴

GBV is a result of gender inequality and discrimination, which is embedded in the cultures of many countries. A recent global review of violence against women found that 35 per cent of women worldwide have experienced physical and/or sexual intimate partner violence or non-partner sexual violence.¹⁵ Armed conflict and disaster seem to increase the risk of GBV and violence against women and girls on the basis of their gender.

Movement engagement with the issue of GBV in disasters

The Red Cross Red Crescent Movement has addressed GBV in emergency settings since the 1990s, seeking both to prevent its occurrence and respond to its consequences. The Movement considered this issue in a workshop during the Council of Delegates in Sydney in 2013.¹⁶ Since then, a number of initiatives have been taken, including: a survey of all Movement activities that have addressed GBV in armed conflicts and disasters; consultations with National Red Cross Red Crescent Societies to determine common definitions of ‘gender’, ‘GBV’ and ‘sexual violence’; and the research commissioned for this study. The International Committee of the Red Cross (ICRC), the IFRC, and several National Societies will also consider aspects of this issue during the Movement’s 2015 statutory meetings,¹⁷ with a report to the Council of Delegates and a resolution at the International Conference of the Red Cross and Red Crescent. Both these events take place in December 2015.

The IFRC’s efforts to address GBV are reflected in a range of policies and strategies, including the 1999 Gender Policy, the 2013 Strategic Framework on Gender and Diversity Issues, and the 2011 Strategy on Violence Prevention, Mitigation and Response.

Because of its leadership role in disasters, the Red Cross Red Crescent Movement is in a strong position to lift the profile of GBV in disasters. National Societies, often with the support of the broader Movement, are usually among the first responders to disasters and some play key roles in disaster risk reduction efforts. Following disasters, long after other international actors have moved on, National Societies remain on the ground to support long-term recovery. In cases of small and seasonal disasters, along with communities themselves, they may be the only responders. In some cases, National Societies also play a leading role in pressing their governments to adopt national laws and policies

on disaster risk management. Their close relationships with government, their key role in international coordination mechanisms at field level, and their established expertise, make them important local actors. By virtue of its close relationships with National Societies, the IFRC too is well-positioned to support National Societies' work on GBV in disasters and to promote issues that require global action.

The difficulty of researching GBV in disasters: methodology

Though much has been written about GBV, it remains difficult to research. In most countries, it arouses stigma, shame and fear. The perpetrators themselves often conceal their conduct. Those who have suffered GBV are reluctant to speak of their experience. In some cultures, it is taboo even to acknowledge that GBV occurs; in others, violence against women or children is so pervasive that it is almost considered normal. A Romanian interviewed for this study remarked of his community that they 'are good people, they work, they mind their own business. Women do not report cases of domestic violence. They are obedient, it is their role to be obedient.'

This study draws on field studies conducted between May and August 2015 in nine countries, extensive desk research, and telephone interviews with experts in gender, GBV and disaster response. To ensure regional balance and diversity, the research countries were selected in consultation with IFRC's Zone and Regional offices and National Societies. All the researchers used a common questionnaire and research outline, which they adapted to suit the local context. (See Annex for the guidance given to researchers.) They examined relevant local documents and interviewed key informants in government, the National Society, and international and local non-governmental organizations (NGOs) as well as other civil society actors. Where possible, they also travelled to areas particularly impacted by disasters where, in most of the countries studied, focus group discussions were organized with disaster-affected communities (particularly women). In some countries, security issues hindered field research. The original plan was to focus on smaller disasters but, with the exception of the study in Romania, the researchers found that stakeholders were more eager to talk about recent major disasters.

All the researchers found very little written documentation available to confirm the information on GBV that emerged from their interviews. In some cases, where disasters had occurred some years earlier, interviewees were unable to recollect specific experiences. In disasters such as Cyclone Nargis (2008) and the Haitian earthquake (2010), staff turnover made it hard to locate interviewees who had participated in the original response of local and especially international organizations. In common with other research on GBV, in some countries many people were reluctant to acknowledge that GBV had occurred. Where levels of GBV had been high before a disaster, it was hard to assess what impact disasters and other emergencies had on levels of GBV. As one woman from a disaster-affected community in Malawi said: 'the violence had always been there and we can't really say when it started except that the violence was getting worse by the day'.

In spite of these shortcomings, the research generated important insights into GBV in disasters. These provide a foundation for further research and the development of effective policies and actions.

Disasters affect people differently

The issue of GBV in disasters is only one aspect of a wider phenomenon: the gendered impact of disasters. The trauma of losing loved ones or caring for injured family members, the destruction of homes and loss of livelihoods, can have a devastating effect on family relationships. Women, men, girls and boys do not have the same needs or vulnerabilities during disasters, or the same resources to draw on for coping with their effects. Healthy young women, for example, may be less vulnerable than men with mental or physical disabilities, unaccompanied children, older people, or the chronically ill. At the same time, gender interacts with other characteristics, so that unaccompanied adolescent girls and boys, for example, face different kinds of risk.

Since the 1990s, the gender dimensions of natural disasters have increasingly been recognized internationally, and important tools have been developed for incorporating a gender dimension into both disaster risk reduction and disaster response. The Fourth World Conference on Women in Beijing acknowledged that ‘many women are also particularly affected by environmental disasters, serious and infectious diseases and various forms of violence against women’ and called on governments to take action in response.¹⁸ Since then, initiatives by the Inter-Agency Standing Committee (IASC), the Hyogo Framework for Action, the Sendai Framework for Disaster Risk Reduction, and many UN agencies and NGOs have addressed gender issues in disasters.¹⁹

For biological and physiological reasons, but also because of socioeconomic and power inequalities, women tend to be more vulnerable than men to the effects of disasters. They tend to have higher mortality rates, particularly in countries where they are disadvantaged economically and socially.²⁰ Some studies have found that women and children are 14 times more likely than men to die in disasters.²¹ In certain cases women may be unaware of natural hazards or not allowed to make a decision to evacuate; in Bangladesh’s Cyclone Gorky (1991), when this was so, 90 percent of the 140,000 fatalities were women.²² By comparison with men and boys, women and girls are often less likely to be able to swim, and find it difficult to flee if they are pregnant, or caring for children or elderly relatives.²³

Men are also disproportionately at risk in certain situations. For physiological reasons, they tolerate heatwaves less well and are more likely to experience post-traumatic stress. ‘Disaster fathering’ (when mothers die, leaving fathers as single parents) has been under-examined; the scale of female deaths during the 2004 tsunami, for example, thrust men into new roles, including childcare and cooking, for which they lacked the skills to cope.²⁴ Indications that men tend to turn to alcohol to relieve disaster-induced stress, a response that seems to exacerbate GBV, were picked up by the majority of the country reports for this study (Bosnia-Herzegovina, Malawi, Myanmar, Namibia, Romania, Samoa.)²⁵

Disasters tend to exacerbate pre-existing vulnerabilities and patterns of discrimination. Ethnic minorities, extremely poor people, and other groups that have traditionally been marginalized, tend to be harmed by a disaster more than individuals who were in positions of relative privilege beforehand. Women face similar protection risks including sexual exploitation and abuse, unequal access to assistance, discrimination in aid provision, loss of documentation, inequitable access to property restitution, and violence.

Introduction

While men may be frustrated because they cannot protect and provide for their families and cannot work, affecting their perception of themselves as providers and protectors of the family, women usually find that their workloads increase after a disaster. Following a disaster, it takes longer and is more difficult to find and prepare food, and care for older relatives and children (particularly if schools are closed).

Many of the factors associated with disasters – the separation of families, the collapse of social networks, the breakdown of norms and mores, the destruction of infrastructure, the relocation of individuals, and changed relationships within the family – seem to increase violence against women and children (and in some cases men).

If women are particularly at risk, and suffer disproportionately during disasters, they also play significant roles in all stages of disaster risk management. They work in their communities to reduce risks and often act as frontline responders. They keep their families together and generally ensure that scarce resources reach the most vulnerable individuals in households. They serve their communities as leaders in ways that are often unrecognized by national governments and international organizations. Those working to prepare for and respond to disasters, and assist communities to recover, would do well to recognize and use the resources that women bring.



Research findings

The study sought to determine the characteristics of GBV during and after disasters, and the forms it takes, including intimate partner or domestic violence, sexual violence, sexual abuse and exploitation, child/early marriage, and trafficking. The research found that GBV's prevalence (or perhaps the willingness to recognize and talk about it), as well as its forms, vary significantly from country to country. The desk research revealed strong evidence of GBV after disasters in high income countries. Many solid studies document widespread GBV, particularly against women. For example, 'the rate of gender-based violence (including sexual assault and domestic violence) in Mississippi rose from 4.6 per 100,000 per day, when Hurricane Katrina hit the state, to 16.3 per 100,000 per day a year later, while many women remained displaced from their homes and were living in temporary shelters and trailers'.²⁶ More recently, 'New Zealand police reported a 53 per cent increase in callouts to domestic violence incidents over the weekend of the Canterbury earthquake' in April 2010.²⁷

With the exception of the 2004 South Asian tsunami²⁸ and the 2010 Haiti earthquake,²⁹ few research reports have assessed the incidence of GBV in natural disasters in developing countries. In part this reflects the lack of solid baseline data. In Guatemala, an evaluation in June 2010 found that psychological violence increased from 7 per cent before the storm to 22.5 per cent during and 19 per cent after it.³⁰ In *Gender-based Violence and Natural Disasters in Latin America and the Caribbean*, the UN Population Fund (UNFPA) noted differences between perceptions and first-hand knowledge of violence and GBV, a finding that some of the country reports for this study shared. As researchers in both Samoa and Bosnia noted, interviewees recognized that women were at risk of violence but could cite few specific examples.

The country researchers for this study reported different experiences of GBV during and after disasters. In Haiti, Malawi and Namibia, interviews and focus group discussions revealed that the incidence of GBV increased after disasters and took various forms. In Samoa, El Salvador, Romania and Bosnia-Herzegovina, by contrast, interviewees reported that GBV did not occur or only rarely occurred after disasters, though they acknowledged that women in particular situations were at risk. In Myanmar, there were competing narratives. Some respondents cited specific cases of GBV after Cyclone Nargis, while others maintained that none had occurred.

In different countries, different groups of people were seen to be at special risk. In Samoa, for example, wives who moved into their husband's community and were no longer protected by their brothers or family were thought to be at high risk.

Domestic violence: A constant theme

In countries where GBV was reported, domestic violence was the most widespread form of violence and most respondents said that it had been prevalent long before the disaster. In Haiti, for example, interviewees considered that domestic violence had been common before the earthquake but seemed to increase afterwards. The reasons cited to explain this included: marital conflict exacerbated by stress caused by loss of family members, livelihoods and homes; limited resources; and infidelity and promiscuity resulting from cramped life in internally displaced person (IDP) camps. Earlier research by the Canadian Red Cross and IFRC confirmed that inter-personal violence tends to rise after disasters because negative shocks (such as loss of social networks) have an impact on underlying social factors (such as gender inequality or recourse to harmful coping mechanisms).³¹ The combination of personal loss, financial hardship and uncertainty seems to increase violence by husbands and intimate partners within the family. This was highlighted in a scoping study prepared by the Australian Red Cross, which noted evidence of increased family violence after disasters there.³² Some researchers have suggested that, when stress aggravates feelings of loss of control, perpetrators tighten their authority at home, the one area in which they feel they have power.³³ Several of the country reports signalled that alcohol had a negative effect: drinking seems to have increased after disasters and to have caused a higher incidence of domestic violence (and, at least in Namibia, higher levels of sexual violence by non-family members).

Almost all the domestic violence was directed at women. Reports of GBV directed at men were confined to Namibia, where some wives emotionally abused their husbands for failing to provide for their families. Whereas domestic violence seems prevalent across the board, other types of GBV appear to occur more frequently in two particular situations. Sexual violence often peaked when people were displaced by disasters; and negative coping strategies (including transactional sex, child/early marriage, and trafficking) seemed to increase because people are left poorer and are more vulnerable to exploitation after disasters. These issues are explored in the next two sections.

The particular risks of GBV during disaster-induced displacement

People are displaced by both conflicts and disasters but, whereas the risks of GBV during displacement after conflict are quite well-understood, GBV during displacement after disasters has rarely been studied, except in the case of Hurricane Katrina and camps in Haiti. This study found that people displaced by a disaster, particularly people in temporary shelters, appeared to be especially vulnerable to sexual assault by strangers. Displacement seems to create risks in large measure because people are uprooted from their traditional social networks. One representative of a Haitian women's organization explained: 'In Haiti your neighbours are your family. Your aunt who lives in the house next to you may not be related to you biologically, but she is still your aunt.'

It is not uncommon for neighbours to rely on each other to watch children or help each other in times of need. However, after the mass displacement caused by the earthquake, many Haitians found themselves either forced to move into communities where they knew no one, or to see their own communities suddenly filled with desperate unknown strangers, or worse, to move into a camp where no one knew anyone. The breakdown in this collective security seemed to create conditions making GBV more prevalent.³⁴

In Samoa, our research revealed that people displaced by disaster were at higher risk of GBV than people who managed to stay in their communities. Individuals relocated to urban shelters lived for extended periods in crowded buildings with inadequate lighting, washing and toilet facilities, among people who were not from their community. The relocation of rural Samoan communities (especially dispersed bush communities that exercise less social control over children) seemed to be particularly associated with a rise in GBV. Young girls and adolescents living in temporary urban shelters were most at risk (of GBV by other adolescents and adults) because parental supervision fell during the day, when parents typically went to clean up and rebuild their damaged houses. In Malawi and Namibia, parents also left their children alone when they checked on their destroyed homes, increasing the risk that they would be targets of GBV in their absence.

The Namibia study looked at the experience of people affected by floods (who were relocated to temporary shelters) and people affected by drought (who remained in their homes) and found that those who were displaced reported more GBV.

In general, the country studies also seemed to show that single women living in temporary shelters are very vulnerable to violence.

In both Namibia and Malawi, families were separated because the displaced lived in sex-segregated communal tents, and violence sometimes erupted between husbands and wives when husbands insisted on exercising their 'conjugal rights' and wives resisted because of the lack of privacy. A focus group of Namibian men also said that men entered tents at night to have sex with women without their consent, a practice known in the Zambezi region as the 'Mangenela system'. The men noted that this behaviour (normally impossible because houses were locked at night) became feasible in camps where tents could not be locked. The men themselves attributed the increase in this practice to the separation of families and noted that such behaviour was not reported to the authorities.

When combined with generalized violence, the physical insecurity of tents obviously makes people who live in them particularly vulnerable; however, not all those living in such conditions reported GBV. In Romania, displaced interviewees did not report GBV although some lived in temporary tents. In El Salvador, interviewees said that the presence of security forces made shelters safer. It should also be noted that some interviewees in Malawi said that levels of violence remained the same for those who had been displaced and those who remained at home, while others said that those who remained at home were more likely to experience violence because home conditions were not monitored; in camps, they reasoned, people at least knew that violence was occurring. The country research in Haiti indicated that, while sexual violence against women in IDP camps attracted considerable media attention, GBV outside camps was scarcely covered, although anecdotal accounts suggest it was both widespread and underreported. Interestingly, the research in Haiti found that most victims of sexual violence before the earthquake were young women, but that after it older women as well as young girls and were at risk.

The international humanitarian community has worked hard to address protection concerns, including GBV, in camps. The IASC's GBV Guidelines³⁵ offers practical suggestions for improving security in camps and temporary shelters. Nevertheless, much remains to be done to translate these into reality. The issue of security in temporary shelters appears to be a good entry point for increasing awareness of GBV.

Economic impoverishment and GBV

It is hard to overstate the long-term economic and social impact of disasters. They contribute to poverty, malnutrition, and illiteracy; they deplete families' savings and erode their resilience.³⁶ Our research indicated that impoverishment associated with disasters can also increase the risk of GBV.

Disasters appear to exacerbate existing patterns of GBV. However, in common with other studies, we found it difficult to determine, where GBV was already endemic, whether it increased after disasters. In Romania, respondents commented that 'women are used to violence' and 'domestic violence is just one among many problems'. In both Namibia and Samoa, GBV was seen to be normal. A member of a community-based organization in Bosnia-Herzegovina observed that violence was not a priority for families after disasters and that 'women can deal with slaps, fists'. Globally, in both high and low income countries, around one in three women experience GBV in their lifetimes, even if they are not exposed to disasters.³⁷ Before the 2004 tsunami, about 60 per cent of all women in Sri Lanka suffered domestic violence at some point in their lives.³⁸ An official health survey in Malawi in 2010 found that 41 per cent of Malawian women said they had experienced physical or sexual violence.³⁹ Where GBV is already prevalent, nevertheless, the increased economic pressures caused by a disaster seem to intensify family tensions and GBV. The economic dependence of some women on men becomes more apparent, further reducing their ability to leave abusive relationships.

The theme of women's economic dependence emerged in several of the country studies, notably in Malawi, where the researcher observed that, after disasters, 'women were dependent on men for their survival and upkeep. As such,

they would be abused and still remain in the marriage or relationship because they had nothing to fall back on if the man was arrested.' In Namibia, similarly, women who reported abuse tended to withdraw complaints before trial, because they were afraid of losing the family breadwinner, a fear exacerbated by their weakened economic position after a disaster. When women lacked education, or were disempowered for cultural reasons, they were also less able to deal with issues of GBV. The Namibia research concluded that women and adolescent girls often remain victims of abuse, including economic abuse, because they cannot support themselves and have limited livelihood options; and when disasters cause impoverishment, these pressures increase.

Recovery after disasters is a long-term process. Our research suggested that how poverty is addressed (or not addressed) in the post-disaster context can have an impact on GBV. Where they lack economic alternatives, women and girls in abusive relationships have little choice but to remain with their abuser.⁴⁰ Because of poverty and desperation, they may be forced to adopt negative coping strategies, such as child/early marriage or transactional sex, and they become more vulnerable to traffickers and other criminals. This suggests that long-term recovery programmes play an essential role in reducing GBV. At the same time, gender experts caution that such programmes must be designed and implemented carefully, because new economic opportunities can expose girls and women to new risks (for example, if they need to travel to a new job).⁴¹

Child/early marriage

A number of published studies have reported early, sometimes forced, marriages in disaster settings. Forced marriages to 'tsunami widowers' were reportedly commonplace in Sri Lanka after the 2004 South Asian tsunami, and even occurred in the same family.⁴² Many adolescent girls facing economic hardship in drought-affected areas of Kenya had recourse to transactional sex or entered child/early marriages.⁴³ Research in Somaliland and Niger found that, after disasters, families considered that child/early marriage protected their daughters.⁴⁴ In Bangladesh (where 29 per cent of girls are married before the age of 15 and 65 per cent before 18⁴⁵), Human Rights Watch found that disasters are one of eight factors that contribute to child/early marriage.⁴⁶ In Kenya and elsewhere, girls who marry early after disasters are called 'famine brides'.⁴⁷ In Haiti, where no tradition of child/early marriage existed historically, girls took part in survival sex with older men after the earthquake, but none of the service providers interviewed thought that these relationships resulted in marriage. In Myanmar, the researcher noted that 'given the high level of widowers, both men and women viewed marriage as an important economic and social strategy, critical for civic rebuilding'. Five interviewees in Myanmar said that it was 'common practice' for rapists to marry their victims, but had different views on whether this was appropriate. An interviewee from a local NGO said, 'this way she isn't seen as being to blame or that no one else will want her', while others, including a local and an international NGO, considered the practice of forced marriage after rape to be harmful.

Child/early marriage was not commonly reported in the field studies. Where it occurred, it seemed to be the result of economic hardship.⁴⁸ In Malawi, young girls either went with older men in order to obtain basic necessities, or parents encouraged an child/early marriage for their daughters to provide for them (or to reduce the pressure on their families). In Namibia, teenage pregnancies were more common than child/early marriages. In many situations, parents did not betroth their daughters to older men, but the girls would engage in survival sex with men who already had wives or had no intention of marrying them.

If a girl became pregnant, the man would not marry her, and she would remain an unmarried teenage mother. This was particularly common in the Kavango region of Malawi.

Transactional sex

Several of the country studies found that transactional sex was a direct effect of food insecurity caused by disaster. In Namibia, participants in five out of eight focus groups had observed transactional sex in their affected communities, and said that it occurred primarily because food was insufficient and women needed to provide for their families. In Malawi, because the food relief was not adequate, 'women would end up exchanging sex just to feed their families'. Studies by both the World Food Programme and Mercy Corps have also reported that young girls commonly have recourse to the same strategy to escape poverty and food insecurity caused by drought.⁴⁹

A UNHCR study on transactional sex in five different IDP camps in Haiti after the earthquake found that every single participant had witnessed or engaged in transactional sex. Their primary motivation was personal survival and the survival of their children. Their need to resort to extreme coping strategies, including survival sex, correlated with how food insecure the women and girls were. According to the study, 'transactional sex appears to be a common method for women to feed their families in the absence of gainful employment, informal income generating activity, or free access to any type of aid distribution'. Many of the women interviewed had not resorted to transactional sex before the earthquake, indicating that it is a new coping mechanism.⁵⁰

Trafficking

Although interviewees in several countries said that trafficking was more likely after a disaster, they could identify very few specific cases, a finding consistent with some of the published academic research.⁵¹ The exception was Myanmar where the researcher cited several different local NGOs:

'Some weeks after the cyclone, strangers would come to the disaster affected areas to recruit young people – male and female – to work in Thai-Myanmar border or other border towns or cities because many people become homeless and jobless.'⁵² There seemed to be a lack of detail though as to whether people were actually trafficked or just moved into places like Yangon. Two respondents did indicate villages lost contact with women: 'many women went to "Yangon" but were never heard of again'⁵³ and 'young women and girls were being recruited by strangers to work in other provinces and towns and it was said that many disappeared – the village has no contact with them'.⁵⁴

It may well be that trafficking is occurring and that, because of its criminal and underground nature, researchers simply had no access to those who have been trafficked or who have been involved in trafficking. As one researcher said: 'It's really hard to get women to talk about GBV but at least you can find them: with those who have been trafficked, you just can't find them'. Even in Romania and Bosnia-Herzegovina, where trafficking is acknowledged to be a problem, no interviewees reported trafficking after the floods in those countries. Although dozens of news reports and statements discussed the risk of trafficking in post-earthquake Nepal, rather little specific information has emerged about its extent since the disaster.⁵⁵

Research findings

This implies that a range of organizations – women’s organizations, human rights groups, development actors – need to work together to address the needs, and support the recovery of those affected by disasters. Research in other areas suggests that it is important to make sure that affected communities participate in decisions concerning their recovery. As the debate surrounding the International Strategy for Risk Reduction shows, communities, and women in particular, play a vital role in reducing disaster risks.⁵⁶ Staff working in a range of programme areas, not just gender experts, need to be aware of the risks of GBV, and to take GBV into account when they design immediate relief and long-term recovery programmes. It has been recognized for some time that men and boys must be involved in GBV-reduction programmes; however, the evidence base for this position is not definitive.⁵⁷



Challenges to disaster responders

The lack of institutional frameworks for addressing GBV in disasters

While all the countries studied have national policies on disasters and national legislation on gender, and a few refer to gender in their national disaster policies, none of their disaster plans include arrangements for preventing and addressing GBV. This reflects and contributes to the generally low awareness of GBV in disasters.

From a legal perspective, research has underlined the importance of developing a comprehensive and gender-sensitive legal framework for disaster management. International organizations working in disaster risk reduction have identified a number of ways in which gender-sensitive approaches can be incorporated into policies and frameworks. They make provision for women's participation in all phases of disaster management, including disaster risk reduction, set minimum standards of assistance that address the particular vulnerability of women to GBV after disasters, provide more broadly for their security, and establish accountability mechanisms for the prosecution of perpetrators.⁵⁸

It is perhaps even more important to improve and apply existing criminal laws and policies, and address barriers that impede reporting of abuse. When the country researchers looked for official information on GBV in disaster settings, several remarked on the absence of data in police records, particularly during and after disasters. In a number of countries, legal rules also made it very difficult to report GBV, notably sexual violence. Some of the interviewees in Bangladesh, for example, said that long legal delays, as well as threats against victims and witnesses, obstructed efforts to seek justice for sexual assault, and that many people desisted for this reason. The same problems in Namibia caused complainants to prefer informal systems of reporting. In Myanmar, the Evidence Act requires sexual assault and rape cases to be reported to the police before the survivors can be examined and treated at the government hospital, unless they are in a life-threatening condition, 'in order that evidence is not destroyed'.⁵⁹ In Haiti, limited police capacity, high legal costs, and a weak judiciary impede the pursuit of legal action and contribute to a 'sense of impunity for perpetrators'. In Samoa, people are deterred from reporting cases of rape or incest, because individuals may be expelled from their community after such crimes. These obstructions are not disaster-specific but continue to be present in disaster settings; and, because they make reporting more difficult, disasters themselves represent a further obstacle.

One of the reasons that GBV may increase after a disaster is that disasters disrupt and weaken reporting and enforcement mechanisms. Ensuring that law enforcement mechanism function well could not only increase the accuracy of reporting but also deter GBV. At the same time, alternative reporting and response mechanisms may be helpful after disasters. In Malawi, Namibia and El Salvador, women's or GBV committees were established in temporary shelters and seemed to provide a more accessible forum for reporting GBV cases. In Namibia, family and community elders play an important counselling role in GBV cases. They may also punish perpetrators, though the researcher noted that, since the community has a high tolerance of GBV, abuse within families is often ignored.

Lack of awareness

It has been noted already that international and national actors have become more conscious of GBV (especially sexual violence) in conflicts, but that, despite some efforts to address GBV in disasters, humanitarian responders are generally less aware of the risks that GBV poses in post-disaster situations. In addition to the fact that stigma usually causes under-reporting of GBV, disaster responders are simply not looking for it; and when GBV takes the form of domestic violence, they often do not know how to respond. In Samoa, many of the National Society volunteers were young adults who were not comfortable questioning traditional leaders about relief distribution, much less family violence. In Namibia, women found it easier to report cases of GBV to traditional authorities than to the police. In particular, the presence of GBV committees in temporary shelters seems to have deterred violence and also provided an avenue for survivors to report. In Malawi, the researcher found that people were simply unfamiliar with GBV, and that 'there are things that they had always been doing not knowing they were actually abusing others'. She suggested that traditional leaders, as the custodians of culture, could play a particularly important role in raising awareness of GBV in their communities. Overall, the researchers discovered that many responders had not thought about GBV, or that it should be looked for in disasters.

National Society interviews indicated that, while some staff recognized the potential threat that GBV poses, most volunteers and staff working in disaster response need and want further training. In Samoa, for example, staff highlighted the importance of distributing assistance equitably and transparently: power and status often regulated the dispersal of relief items rather than vulnerability and need, a pattern that caused frustration and resentment among beneficiaries.

Because disasters often damage support systems as well as physical infrastructure, survivors of GBV, or women and children who face increased violence as a result of a disaster, often have access to fewer safe locations to which they can escape, while complaints mechanisms and counselling services may be disrupted or cease to function. In Samoa, service providers reported that they are expected to support a large number of emotionally distressed people during emergencies, overwhelming their capacity to deal with GBV-related issues. Noting that people seek help only in extreme circumstances and often do not know where and how to obtain support, one responder observed, 'vulnerability is people not accessing services'. In some cases, resources for responding to GBV are already very limited before the disaster: Namibia has only five designated safe spaces in the whole country, where survivors can seek protection from GBV.

At the international level, international agencies have decided to work together to respond to GBV needs in the context of disasters. Five-person emergency response teams were established in 2012, able to provide expertise on GBV within 72 hours. Two years after their inception, they had already been deployed 35 times.

Though international agencies have given GBV attention, there are still considerable shortcomings in their approach. At country level, the field research in Myanmar quoted one international official who said that ‘international actors as well as aid organizations were gender-blind – they just focus on the relief work, emergency food rations, and women’s needs for protection and security were ignored or unattended’, while in Bangladesh, the researcher noted that more senior women staff were needed in international organizations and in relief distribution, including in the National Society and IFRC.

In Malawi, the IASC Protection Cluster and specifically the GBV sub-Cluster have helped to raise awareness. In Haiti, the involvement of hundreds, even thousands, of disaster responders complicated coordination, including the coordination of efforts to respond to GBV. As mentioned, agencies devoted their attention to those displaced and living in camps, at the expense of those living outside. The immediate instinct of international actors working on GBV was to partner with the Haitian Ministry of Women’s Affairs during the initial response phase, rather than with local women’s groups. Given that the Ministry of Women’s Affairs’ lacked capacity even before the earthquake, and that local civil society was stronger and better equipped to work with communities on GBV, the Haiti research report concluded that this decision reduced the local capacity of Haitian women’s organizations, which became weaker than they had been before the disaster.

Lack of data

GBV is a sensitive issue. Survivors often feel shame, fear and stigma. Survivors are also often reluctant to report it to the authorities, especially when it occurs within the family or it is presumed that the perpetrator will not be brought to justice. In the immediate aftermath of a disaster, people may prioritize certain needs (physical survival, caring for injured family members, securing access to food, water and shelter) and may downgrade others, including reporting or seeking assistance for GBV. As highlighted in the reports on Myanmar and Bosnia-Herzegovina, there also appears to be a widespread desire to highlight positive community responses – neighbour helping neighbour – rather than unpleasant criminal behaviour that may divide communities already weakened by disaster. As a Romanian interviewee said, ‘after the flood, people felt more like crying than fighting’. The Samoa report noted that people may be even less likely to acknowledge domestic violence in their community after a disaster, recognizing that families face increased pressures and need to ‘stand together in the face of sadness and adversity’.

Given the stigma and shame associated with GBV, it is not surprising that our research found little data on GBV in disasters. This can partly be attributed to the sensitivities noted above. However, systems for reporting GBV often fall apart after a disaster. Published research, as well as interviews with the police and the authorities, confirmed that officials, who are often personally affected, are usually fully occupied in disaster response and either have no time to maintain records or accord them lower priority.⁶⁰ Similarly, mechanisms to provide

care to survivors of GBV (safe houses, hotlines, counsellors, etc.) are often overwhelmed or operate at reduced capacity after a disaster.

These three ‘lacks’ – of awareness, policies/institutional mechanisms, and data – are related. The absence of information about the prevalence of GBV in disasters contributes to the low awareness of responders, which hinders the development of mechanisms for collecting data, training staff and developing policies. The absence of institutional response mechanisms in turn deters survivors from reporting abuse, creating a ‘chicken and egg’ problem. This study, though far from conclusive, gathered sufficient evidence to suggest that further efforts should be made to collect data, take measures to prevent GBV in disaster contexts, and raise the awareness of all those who work to reduce disaster risks and assist those who are affected.

Sexual exploitation and abuse by responders

The research found references to sexual exploitation and abuse by disaster responders in some countries, including Haiti where UN peacekeepers were also implicated. Previous research found that both national and international staff have committed this form of abuse. Both humanitarian workers and members of the police and military have secured sexual services, sometimes by force or by coercion or by abusing their power, in exchange for essential goods such as food and water.⁶¹ Sexual abuse and misconduct continue to occur despite UN and international agency codes of conduct, zero-tolerance policies, and staff training courses designed to prevent the exploitation and abuse of vulnerable people during disasters and other emergencies.⁶²



The intersection of conflict and disasters

There are good reasons to distinguish between conflicts and disasters, because their causes and dynamics are different. At the same time, disasters often occur in areas affected by conflict. In 2014, the Internal Displacement Monitoring Centre (IDMC) reported that disasters had occurred in 33 of the 36 countries that were experiencing conflict.⁶³ Other research demonstrates that half of those affected by natural disasters reside in areas that are also affected by conflict. Natural disasters can exacerbate conflicts while conflicts and fragility intensify the effects of natural disasters.⁶⁴ This vicious circle is illustrated by Somalia, where conflict and drought led to famine in 2011.⁶⁵ Conflicts also limit the ability of governments and others to prepare for and respond to disasters.

The relationship between generalized violence after a disaster and GBV is poorly understood. In Samoa, one respondent noted 'some people from the community acted like criminals ... They just took things and took them to their families because they knew that everybody had left for higher ground.' In Haiti, lack of security (exacerbated by the release of thousands of criminals) and a breakdown of social norms generated 'opportunistic' sexual violence. In other contexts, fear of looting led men to stay behind to protect property, leaving women alone and more vulnerable to violence.

Although our country research did not find that GBV was widespread after disasters, women and girls in El Salvador were victimized by gangs. Gang members were prone to commit sexual violence, notably against women or girls linked to rival gangs. Where violence is endemic, it is likely that people who are at risk of GBV before a disaster are even more at risk after it, particularly if they have been displaced or if social networks that can protect them are damaged.

Although there is little research evidence, some of the international experts interviewed for this study suggested that individuals who suffered GBV during a conflict and then experience it again in a disaster are even less likely to report it, particularly if those who abused them in the first instance were never punished or held to account.⁶⁶

In Myanmar, few interviewees said that GBV took place in the aftermath of Cyclone Nargis, but many readily acknowledged that GBV was a major concern in ethnic conflicts in other parts of the country.

The relationship between conflicts, disasters and GBV cries out for further reflection, by researchers and practitioners. The IASC's recently-revised Guidelines for GBV Interventions in Humanitarian Settings⁶⁷ makes no mention of the intersection between conflict and disasters, and refers to disasters and conflicts as if the two occurred in complete isolation from one another. Since research indicates that most disasters occur in areas experiencing conflict, further work is necessary to develop response mechanisms and guidance that take this into account.



The particular challenge of GBV in health emergencies

Through desk research (but not the country studies), this study considered the relationship between GBV and health emergencies, particularly Ebola and HIV/AIDS. Little rigorous academic research has examined Ebola; most of the available information is from UN, government, NGO and media sources. These reports nevertheless suggest that GBV (including sexual assault and rape, transactional sex,⁶⁸ and domestic violence) increased during the epidemic. The increase was attributed to children being out of school, the death of parents, social isolation, and impoverishment. In Liberia, the authorities reported that between January and November 2014, the most common form of GBV was child rape.⁶⁹

The death of parents and the closure of schools meant that children did not have safe places to go.⁷⁰ Transactional sex increased, triggered in part by loss of livelihoods and poverty; the number of teenage pregnancies increased.⁷¹ Echoing experiences of disasters elsewhere, the police and civil authorities were overwhelmed by the epidemic and unable to respond to cases of GBV; as a result, crime (including GBV) flourished in an atmosphere of impunity.⁷² Those who suffered from GBV had limited access to medical care because clinics had closed and movement was restricted.⁷³ In some cases, men did not comply with medical instructions to avoid sex after recovering from Ebola, putting their sexual partners at risk.⁷⁴

By contrast with Ebola, a significant research literature describes the relationship between HIV/AIDS and GBV. Studies have shown that women who have been sexually assaulted are more likely to engage in other high-risk behaviours (sharing injection equipment, engaging in transactional or unprotected sex, having sex with multiple partners, abusing alcohol, etc.). These women are also more likely to be victims of domestic abuse, and likely to be afraid to ask their partners to use a condom, thereby exposing them to greater risks of HIV and other sexually transmitted infections.⁷⁵ Other studies have shown that orphans whose parent(s) died of HIV/AIDS were more likely to experience forced sex than those whose parents remained alive.⁷⁶ A number of studies have looked at rape as a weapon of war (for example, in Rwanda) and its impact on transmission rates of HIV/AIDS.⁷⁷ Other studies have found that women in relationships with violent or controlling men were at an increased risk of contracting HIV because these men tended to engage in riskier practices and to force their partner to engage in such practices.⁷⁸ GBV increased the risk of HIV transmission; women often did not disclose their HIV status for fear of abandonment or domestic violence.⁷⁹ A study from the United States found that two-thirds of HIV-infected women experienced domestic violence or childhood abuse in their

lives.⁸⁰ Research found that gender norms in Chennai, India, were conducive to GBV and impeded women's ability both to practise safe sex and discuss issues of infidelity.⁸¹ Men who had sex with men (MSM) were often victims of physical and sexual violence; one study found that bisexual men and MSM experienced domestic violence at rates comparable to women rather than men.⁸²

Health actors are usually in the best position to know whether GBV is occurring in the context of health emergencies. To address GBV in health emergencies, it is essential to establish partnerships with them. Health is also a good entry point when there are sensitivities. Sometimes, the only way to access women is through health services.

Broader issues

The issue of GBV in disasters also raises several much broader questions about the role of humanitarian organizations in addressing deep-seated cultural traditions and engaging in political processes. Social research has fairly conclusively demonstrated that domestic violence is widespread but it is not an issue that humanitarian organizations, mandated to respond to emergencies, generally include among their responsibilities. Should humanitarian agencies act to prevent an increase in domestic violence during disasters? Or prevent domestic violence in locations they supervise (such as temporary shelters)? Or tackle the broader issue of domestic violence in society? They are increasingly acting to prevent and reduce disaster risks: does this task extend to reducing the risk that GBV represents? Several of the field studies commissioned for this research include recommendations to address GBV in society, on the grounds that it is an essential step towards preventing GBV from increasing during and after disasters. Some National Societies are already working to address domestic violence. A related question arises with respect to the extent of humanitarian responsibility: does the responsibility of humanitarian actors end when a disaster is 'over', for example when women who are protected in temporary shelters return to situations of violence?

Other questions arise in relation to humanitarian mandates and sexual violence. It is generally the responsibility of national laws and national law enforcement mechanisms to prosecute and punish crimes, and sexual violence is considered a crime in almost all countries. However, this research has shown that, in some societies, perpetrators of sexual violence are not held accountable for their crimes (either ordinarily or during disasters). Reports of such crimes may not be taken seriously, legal procedures may take too long, standards of evidence may be too demanding, and reporting of such crimes may be compromised, not least by the stigma that frequently accompanies sexual violence. If humanitarian actors wish seriously to prevent sexual violence after disasters, they will need to engage with law enforcement actors and undertake humanitarian diplomacy to influence relevant laws, policies and procedures in an area that has not traditionally been part of humanitarian action.



Concluding thoughts

This study set out to shed light on gender-based violence (GBV) in disasters, an issue that has received very little attention from either academic researchers (except in a few high income countries) or the humanitarian community. It examined domestic violence, sexual violence, sexual exploitation and abuse, transactional sex, child/early marriage, and trafficking. Although these are difficult to research and the results were mixed, the study found that disasters seem to exacerbate GBV, that further work is needed to understand its prevalence, nature, and characteristics, that at a minimum those preparing for disasters should take measures to prevent its occurrence, that staff and volunteers should be alerted to the possibility that it could occur, and that response mechanisms should be strengthened.

Specifically, the study found that:

- In some settings, both domestic violence and sexual violence (assault, sexual abuse, and exploitation) increase following disasters. In other settings, notably where levels of GBV are already high, it is difficult to determine whether violence increased as a result of disaster.
 - Displacement can increase the incidence of GBV, both in initial temporary shelters and when displacement becomes protracted. Disasters cause impoverishment, which can induce people to adopt negative coping strategies, including transactional sex.
 - Previous studies and news reports detected an increase in child/early marriages and trafficking after disasters, but this was not a major finding in the field studies carried out for this report. Further research may be required, perhaps using different methodologies.
 - Those responding to disasters are not aware that GBV may increase after disasters, and are neither looking nor preparing for it. Lack of data on the prevalence of GBV contributes to lack of awareness.
 - Given the stigma and shame associated with GBV, statistics on its incidence are always problematic. This seems to be true of disaster situations too.
 - Reporting and law enforcement mechanisms as well as services for survivors of GBV are often disrupted by disasters. This also hampers the collection of data on GBV's prevalence in disasters.
 - Several of the country studies noted that police records during disasters were poor or missing. This may indicate disruption of law-enforcement activity during emergencies.
 - While all nine countries studied have national policies on disasters and national legislation on gender, and a few refer to gender in their national disaster policies, none of their disaster plans included arrangements for preventing and addressing GBV. This omission reflects and contributes to the generally low awareness of GBV in disasters.
 - With respect to health emergencies, academic research indicates that GBV increases the incidence of HIV/AIDS and that HIV/AIDS can cause a rise in GBV. Anecdotal reports from practitioners and governments indicate that GBV increased during the Ebola crisis.
 - Disasters and conflicts are usually treated as two separate types of humanitarian emergency. The fact that disasters often occur in areas of conflict suggests that the intersections between GBV, conflict and disasters should receive more attention.
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Recommendations

This research has shown that, in at least some situations, GBV increases in the aftermath of a disaster. For the humanitarian community, the overarching challenge is to prevent GBV, while standing ready to respond effectively when it occurs. This implies that responders need to make themselves aware of possible risk factors and become sensitive to GBV across their prevention, preparedness, response and recovery efforts.

The recommendations below address the broader humanitarian community, including national and local authorities, National Societies and local civil society organizations, and international organizations.

To the humanitarian community

All who work to prevent, prepare for, respond to and recover from disasters are encouraged to:

- Assume that GBV is taking place, even if no reliable data are available. This is a recommendation of the IASC⁸³ and its importance was confirmed by our research. It is difficult to collect data on GBV and even more difficult in emergency situations: GBV should be treated as a serious and life-threatening problem whether or not information on it is available.
 - Develop and incorporate strategies for preventing and addressing GBV in organizational responses and cultures. Strategies can include a range of actions: gather evidence of GBV in disasters; collect good practices; strengthen relations between local and global humanitarian actors; apply the IASC Guidelines in specific organizational contexts, etc.
 - Increase awareness within organizations and communities that disasters can heighten the risk of GBV. Actions can include: train staff and volunteers; teach staff and volunteers how to inquire about issues, such as domestic violence, which are often taboo; disseminate and train on the IASC GBV Guidelines (2015).
 - Ensure that GBV and the safety of women and children are considered in all disaster preparedness and planning. Actions might include: conduct risk assessments of the likelihood of GBV based on pre-disaster prevalence; collect information on develop partnerships with women's organizations that contribute to disaster preparedness; identify psychosocial support that could be mobilized in a disaster.
 - Recognize the role that livelihood support can play in preventing GBV, and prioritize livelihood projects for those most at risk from it.
 - Research and gather evidence on GBV in disasters; use it to inform policy. Actions can include: improve reporting mechanisms and systems for data collection in emergencies; encourage research and assessments by academics
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and practitioners; explore ways to document early marriage and trafficking in disaster contexts.

- Recognize the health risks that GBV poses in emergencies and take appropriate preventive action. Cooperate with actors in the health sector. Draw on their ability to obtain access where other humanitarian actors cannot.
- Consider ways to strengthen local capacity. Assist local official and civil society organisations to prevent and address GBV after disasters, including through deployment of GBV advisers.
- Ensure that policies on sexual exploitation and abuse are understood and implemented by staff and volunteers. Put appropriate investigative and disciplinary programmes in place to sanction breaches of policy. Encourage and assist organizations that do not have policies on sexual exploitation and abuse to develop them.
- Involve communities in efforts to prevent and address GBV. Participatory mechanisms can engage communities in long-term planning, reduce the risk of GBV, and strengthen responses to it when it occurs. In camp settings, establish committees that can report informally on GBV and provide support mechanisms for survivors.
- Explore collaboratively the intersections between GBV, disasters and conflict. Actions might include: undertake work to identify the common and unique characteristics of GBV in disasters and armed conflict; and collaborate to prepare specific guidance for the larger humanitarian community. A starting point might be to bring disaster responders and gender experts together to analyse common and distinct experiences of GBV in situations where disasters have occurred in conflict zones.

To public authorities

National and local authorities are encouraged to implement the recommendations above and in addition the three recommendations below:

- Develop locally-appropriate processes to ensure that women, children and men can report GBV confidentially and in a timely manner. National authorities, and particularly the police, should ensure that information on GBV is collected systematically before and during disasters. In this regard, organizations that assist those affected by GBV can help to set up systems. In countries that lack baseline data on GBV, encourage and assist the authorities to establish a baseline. Traditional and informal ways of reporting may complement official efforts.
- Give attention to GBV risks in disaster management laws, policies and plans, as appropriate. Following disasters, take adequate steps to prohibit GBV by establishing effective law enforcement mechanisms and procedures, including relevant criminal laws.
- Put measures in place to ensure that people living in temporary shelters after disasters are safe.

Resources

Movement resources on GBV

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Notes

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Annex. Methodology: Guidance to researchers

Although the methodologies will vary depending on the context, the suggestion is that each of the researchers tries for the following:

Interviews

Interviews with key informants to include:

- At least five interviews with government authorities, including local officials and, if possible, police representatives.
- At least 10 interviews with local actors, including National Societies, women's groups, and other civil society organizations.
- At least two interviews with representatives of international organizations (UN, INGOs and, in this regard, if possible with UN Agencies that are more active in the area of addressing GBV, including UNFPA, UNICEF, UNHCR and OCHA for coordination of the overall humanitarian effort; and INGOs that also are known for their work on GBV, including but of course not limited to the IRC, CARE, Oxfam, American Refugee Committee, International Medical Corps, etc.).
- At least five interviews with persons affected by the disaster (and it would be good to have gender and age diversity here).
- At least two focus groups with persons affected by the disaster, including at least one with women.

Depending on the situation, the researcher may wish to have a focus group (or groups) with representatives of local actors. Given sensitivities around GBV, it is suggested that interviews are not recorded but that the researcher takes notes during the meetings and writes up a full recollection as soon as possible after the interview.

These are intended as guidelines. Each researcher's mix of respondents will likely vary but it would be good to include respondents from these different groups of people.

Questions/Outline for studies

Country, disaster, and date of disaster being studied (can be recurrent disasters or more than one), e.g. Haiti earthquake 10 January 2010 or Malawi floods December 2014 – February 2015.

[The first six questions do not need to be asked of all respondents; some of the answers may be gleaned from desk research (for example, question 2) and should be properly cited].

1. What happened?
2. How many people were affected? Number of casualties, number affected, particular region affected, urban/rural.
3. How long did the disaster last? How was this determined? (For example, when did the floods subside? When did people return to their homes? When did the government say the emergency was over? When did affected people feel that things had returned to normal?)
4. Who in the government was in charge of disaster response?
5. What is the state of national/local disaster laws and policies? Do the relevant laws/policies acknowledge gender as an issue? Do they refer to GBV?

6. How did the disaster particularly affect women? When you ask people this question, do they mention violence against women in general? Or particular forms of violence?
7. To what extent did the following occur? How do respondents know that this occurred. (For example, did it happen to them, to a family member or close friend? Did they hear others talking about specific occurrences? Did they hear generally about it occurring?)
 - Rape and sexual violence (non-intimate partners).
 - Intimate partner/domestic violence.
 - Sexual exploitation and abuse, including transactional/survival sex.
 - Early marriage.
 - Trafficking.
8. Who were the victims of the violence? Do particular categories of people seem particularly vulnerable/at risk of GBV? (For example, adolescent girls, young men, single women, people with disabilities, people of a particular ethnic/minority group?)
9. Who carried out the violence?
10. Where did the violence occur (for example, in host families, in temporary shelters, at food distribution sites)? Did it occur any particular time of day?
11. How long after the disaster did the violence occur? (During the first week after disaster, first month, first six months, later?)
12. Are those displaced by disaster more at risk of GBV than those who managed to stay at home?
13. To what extent did other forms of violence occur after the disaster (for example, looting, vandalism, violence against children)? Was GBV seen as different from these other forms of violence?
14. What happened to the victims of GBV? Did they seek/receive medical treatment? Where did they find emotional/psychological support?
15. How did the authorities/police respond to GBV?
16. What actions did affected communities themselves take to prevent/respond to GBV?
17. How did local actors respond to GBV (for example, National Societies, women's groups, other civil society/NGOs)? How did International actors respond?
18. How aware are local and other actors of the potential for GBV in disasters? Do local actors/government authorities/other actors receive training on GBV?
19. What measures do these actors take – or think others should take – to prevent GBV?
20. How do respondents assess the impact of national laws/policies to prevent GBV and disasters? Do they prevent or improve the response to GBV?
21. If it seems to be the case that GBV is more prevalent after a disaster, how do people – affected communities, local actors and others – explain this?
22. If people affected by disasters are concerned about GBV, what do they think should be done? How could the response system be improved?
23. Thinking about preparing for disasters, what measures could be taken beforehand which would reduce the risk of GBV?

Specific questions

24. If rape and sexual violence are issues, are they occurring more frequently after the disaster than otherwise? If so, how do people explain this?
25. If intimate partner violence is an issue, is this occurring more frequently after the disaster than otherwise? If so, how do people explain this?
26. If women marry earlier in disaster situations than otherwise is the case, how do people (affected communities, local/international actors) explain why this happens? What are its consequences?
27. If trafficking is an issue, who is carrying out the trafficking and what happens to those who are trafficked?

For the researcher

- What differences do you notice in responses between different groups of respondents? Do people affected by disasters explain things differently than local actors or national authorities?
- Are there differences in the perceptions of local actors by gender? (Are women, for example, more likely to be aware of GBV than men?)
- Do issues come up in the responses that are not included in the questions?

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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