

# Gender-Based Violence and Disaster

Debra Parkinson, Monash University

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## Summary

Gender-based violence (GBV) increases in disasters across the world. The extent of the increase is not consistently or accurately enumerated due to a number of factors: practical, methodological, ethical, and sociological. Nevertheless, 50 notable publications on GBV in disasters were identified in 14 single countries between 1993 and 2020, and 16 multicountry studies were identified between 1998 and 2018. Most publications in single countries were from the United States, while key multicountry publications were from the United Nations, the World Health Organization, and the International Federation of Red Cross. Evidence to support the hypothesis of increased violence against women after disaster grew from the late 1980s, although by 2008, the question of whether GBV increases in disasters was still considered to be unanswered. Hurricane Katrina in the United States presented new opportunities to study GBV, and between 2008 and 2010, key papers were published on disasters across the world, all articulating the link between disaster and GBV. A common theme in the literature on violence against women in disasters is that it is evident worldwide. In countries as diverse as Iran, Pakistan, Japan, and Australia—although predisaster recorded levels of GBV may differ—there are commonalities of victim blaming, women's sacrifice, and excusing men's violence. By 2018, evidence had accumulated. Triggers, though not *causes*, of GBV were identified. After disasters, there is unsafe or insecure housing; substance abuse; stress, trauma, grief, and loss; relationship problems; unemployment and economic pressures; complex bureaucratic processes regarding grants, insurance, and rebuilding; reduced informal and formal supports and services; restricted movement and transport options; and a changed community and a different life course. Less identified as an explanation for GBV in disasters is the role of patriarchy and male privilege in allowing male violence against women and children. Despite the greater attention to GBV in disasters during the early 21st century, including through the United Nations and the World Health Organization, research remains fragmented, and emergency management across the world fails to address GBV in any effective, coordinated, or systematic way. Disasters indeed offer an excuse for men's violence against women, and the deep disinterest in its relevance to disaster planning, response, or recovery is evidence that GBV after disaster is not seen as important. Women do not speak easily of the violence against them. In disasters, there is enormous pressure on women not to speak of men's violence—from family members, friends, police, and even health professionals. The urgency of disaster response, the valorization of male heroism, and the complexity of postdisaster trauma and suffering challenge our commitment to the notion that women and children always have the right to live free from violence. Some effective initiatives to address increased GBV in disasters have been developed and indicate some progress. Recommendations for take-up and tailoring of these, along with embedded policy and practice

changes, are clear. Until there are effective action and censure from the emergency management sector, from the legal processes, and from society, the vicious circle—of disaster followed by increased GBV and strengthened patriarchal power—will continue.

**Keywords:** gender, disaster, gender-based, violence, gender-based violence, GBV, emergencies, women, girls

**Subjects:** Gender Issues

## Introduction

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Gender-based violence (GBV) in disasters operates on an individual level within intimate-partner couples and families, and at a systemic level where disaster-affected communities, institutions, and the media monitor and reinforce gender roles. The effect of this is to reestablish a traditional patriarchal power base, thereby increasing the risk of GBV.

The experience, risk, and legacy of disaster—while devastating to all concerned—are gendered. In disasters and their aftermath, women are affected differently and in many cases more severely than men. Specifically, women are at greater risk of mortality in a disaster in many countries (Neumayer & Plümper, 2007), and increased violence against women is a documented characteristic of a postdisaster recovery.<sup>1</sup> Since the 1990s, a growing body of international research has presented evidence of the gendered impact of disaster and directed attention to GBV. With rare and isolated exceptions, the emergency sector worldwide is yet to devote attention to this prevalent and life-threatening “hidden disaster” in planning, recovery, and reconstruction.

## Definition of Gender-Based Violence

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The original intention, concept, and meaning of the term GBV as defined by the United Nations (UN) in 1993 is used here. This definition clearly states that its aim is to focus on violence against women and girls in order to address the neglect of violence against women in conflict and disasters (Read-Hamilton, 2014). The UN states ‘Article 1

For the purposes of this Declaration, the term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

### Article 2

Violence against women shall be understood to encompass, but not be limited to, the following:

- (a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- (b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- (c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs. (UN Declaration on the Elimination of Violence Against Women, 1993, p. 2)

GBV policy, programs, and frameworks were developed and were feminist-informed to reveal the structural and normative violence of men against women. In 2015, the Inter-Agency Standing Committee (IASC) GBV Guidelines reaffirmed its focus on women and girls within the concept of GBV, noting:

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.

(International Federation of Red Cross [IFRC], 2015, p. 14)

The International Federation of Red Cross and Red Crescent Societies (IFRC) points to gender inequality and discrimination against women “embedded in the cultures of many countries,” noting that where GBV was reported, the most common form was domestic violence (IFRC, 2015, pp. 14, 20). In fact, domestic violence affects more than a third of women everywhere across the globe. This will be the lens through which GBV is considered in this article.<sup>2</sup>

The person intimidating a woman is likely to be a man with a familiar face, namely her partner. On a world scale, about 35% of women have experienced either physical and/or intimate partner sexual violence or nonpartner sexual violence (i.e., 7% by nonpartners) while 38% of all murders of women are committed by intimate partners. . . . Such violence is perpetuated within a complex web of societal hierarchies, powers, and privileges which conditions female insecurity and precariousness.

(Nguyen & Rydstrom, 2018, p. 57)

## Higher Risks for Women in Disasters

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As GBV is situated in everyday contexts, it is necessary to provide the empirical and theoretical contexts for GBV in disasters. Globally women are at greater risk in disasters than men (Dasgupta et al., 2010; Neumayer & Plümper, 2007; Phillips et al., 2009), and there is a higher disaster mortality rate for women than men in developing countries (Domeisen, 1998; Neumayer & Plümper, 2007). The common factor in tsunamis, earthquakes, and hurricanes in the early 21st century has been that the great majority of victims are women, children, and other vulnerable groups (Phillips et al., 2010).

Historically, the figures are stacked against women’s and children’s survival. In the Indian Ocean Tsunami in 2004, 80% of the 300,000 deaths were women and children from 13 nations (Phillips & Morrow, 2008). The risk exists both during the disaster and in the recovery period that follows (Alston, 2009).

Preexisting social inequalities are magnified during and after disasters (Enarson, 2012; Eriksen, 2014; Ferris et al., 2013; Houghton et al., 2010; Roeder, 2014). Women are more likely to live in areas that are susceptible to disaster and in housing that is poorly constructed (Dasgupta et al., 2010; Neumayer & Plümper, 2007; Scanlon, 1998; Seager, 2006). During the COVID-19 pandemic, official data in the United Kingdom in June 2020 indicated that people living in the poorest areas were twice as likely to die than those living in the wealthiest parts of England and Wales (Devlin & Barr, 2020). Women often have little autonomy to plan and survive disasters (Enarson, 2000) and are less likely to have the resources to escape if a disaster threatens (Henrici et al., 2010).

In the aftermath of disasters, women have a greater risk of economic insecurity; a heavier workload; increased conflict in the home, the community, and the workplace; and fewer supports for workforce participation (Enarson, 2000; Phillips & Morrow, 2008; Shaw et al.,

2012). Ultimately, women—as a group—are vulnerable in disasters because of the power differential that characterizes gender relations in every country (True, 2012). Henrici et al. (2010) outlined the reasons for this differential in disasters:

Women in most regions share a greater responsibility for child care than men and more often than men have the home as their workplace, with residences often of less stable construction than commercial or public buildings. Women who are pregnant or recovering from childbirth have limited mobility and face additional difficulties during disasters. Women also make up a greater proportion of the elderly, typically one of the groups with the highest mortality rates during disasters. . . . Women also face a high risk of gender-based violence.

(Henrici et al., 2010, p. 2)

Just as postdisaster reconstruction traditionally benefited men (Dasgupta et al., 2010; Enarson, 2006; Molin Valdés, 2009), new government policies responding to the COVID-19 pandemic also favor men and increase risk to women. Much media attention has been paid to COVID-19 economic responses significantly worsening preexisting forms of gender inequality, such as greater unemployment and financial insecurity for women (Hinsliff, 2020; Hunt, 2020; Monsebraaten, 2020; Richardson & Denniss, 2020; Wenham et al., 2020). Traditional caring responsibilities have significantly increased for women everywhere during COVID-19 lockdowns, thereby limiting options for paid work (McLaren et al., 2020; UN Working Group on Discrimination Against Women and Girls, 2020). This echoes Enarson's (2000) observation two decades earlier of postdisaster expectations that women would do unpaid emergency response and community work even as their care responsibilities had increased. Globally, women perform 76.2% of total hours of unpaid care (Hutt, 2020).

In the United States—as elsewhere—the situation is exacerbated for women who are outside the “protection” or “control” of a man. Single mothers, widows, divorced women, and lesbians “conspicuously lack access to male-controlled relief and recovery resources” (Enarson & Phillips, 2008, p. 51). Indeed, women “are treated differently to men at every step from the initial warning period . . . through the immediate post-impact . . . to the relief and recovery period when women, especially single parents, may be left out of the relief process” (Scanlon, 1998, p. 46). After Hurricane Katrina, single mothers who were displaced and without their usual social and economic supports were further stigmatized and discriminated against, based on intersectional disadvantages such as class, race, and geographic region (Tobin-Gurley et al., 2010). In the high-needs environment that characterizes the aftermath of disaster, there are, indeed, fewer supports for women:

For women, home-based work, the burdens of seeking relief resources, extended family care, gender bias in reconstruction work, and structural unemployment due to cutbacks in heavily female sectors all reduce income and expand unpaid labor.

(Enarson et al., 2018, p. 210).

Across the world in disasters, men are expected to “protect and provide,” and women to put their own needs last, even to the extent of enduring violence from men (Parkinson, 2019). Enarson and Scanlon (1999, p. 118) confirm that “[E]ssentialist stereotypes about gender identity, the division of labor, and male power and authority were not challenged but affirmed.” This is what plays out and is exacerbated in disasters.

## Methodology

In undertaking this review into GBV and disaster, electronic databases were searched using the following key words: gender, disaster, gender-based, violence, gender-based violence, GBV, emergencies, women, and girls. The period searched was from 1990 to 2021, and, while only English language articles were requested, research from countries across the world was sought. Both quantitative and qualitative research studies were examined, along with articles seeking to understand the phenomenon of GBV in disasters through meta-analyses such as literature reviews, through reflections on the challenges of data gathering on this topic, and through engaging with the issues involved. Searches extended to international gender and disaster resource sites including GDN (Gender and Disaster Network) Online <https://www.gdnonline.org/> and the UN Prevention Web <https://www.preventionweb.net/english/> and to examining the reference lists of included articles to identify other relevant research.

## History of Investigation Into GBV and Disaster

This discussion of the available research and commentary begins with a table to give an overview of the literature found in this review. Some publications focus on one disaster or one country, and others compare experiences of GBV in different disasters and different countries. Table 1 offers a temporal and geographic overview of researchers’ interest in GBV in disasters, where substantial in investigation or conclusion.<sup>3</sup> Table 1 is organized by country of investigated population in the left column, with the citation to the reference organized alphabetically in the right column. The table indicates that 50 publications on GBV in disasters were identified in 14 single countries between 1993 and 2020, and 16 multicountry studies were identified between 1998 and 2018. Most publications in single countries were from the United States, while key multicountry publications were from the UN, the World Health Organization (WHO) and the IFRC.

**Table 1. Publications on GBV and Disaster in Single and Multiple Countries**

Single countries	
Australia	Dobson, 1994; Parkinson, 2019; Parkinson et al., 2011; Parkinson & Zara, 2013; Sety, 2012; Williams, 1994.
Bangladesh	Nasreen, 2010.
China	Chan & Zhang, 2011.

Single countries	
Haiti	Bookey, 2010; Horton, 2012; Schuller, 2015; Sloand et al., 2017; Weitzman & Behrman, 2016.
India	Rao, 2020.
Iran	Sohrabizadeh, 2016.
Japan	Saito, 2012; Yoshihama et al., 2019.
Nepal	Standing et al., 2016.
New Zealand	Houghton, 2009a, 2009b; Houghton et al., 2010.
Pakistan	Memon, 2020.
Philippines	Valerio, 2014.
South Asia	Phillips & Jenkins, 2016.
Sri Lanka	Fisher, 2010; Rees et al., 2005.
United States	Anastario et al., 2009; Austin, 2008; Bell & Folkerth, 2016; Brown, 2012; Clemens et al., 1999; Emmanuel & Enarson, 2012; Enarson, 2012; Fagen et al., 2011; Fothergill, 1999, 2008; Frasier et al., 2004; Harville et al., 2011; Jenkins & Phillips, 2008a, 2008b; Lauve-Moon & Ferreira, 2015; Luft, 2008; Morrow & Enarson, 1996; Palinkas et al., 1993; Phillips et al., 2009; Picardo et al., 2010; Renzetti, 2010; Santa Cruz Commission for the Prevention of Violence Against Women, 1990; Schumacher et al., 2010; Wilson, Phillips & Neal, 1998.
Multiple countries	
Australia, Canada, New Zealand, United States	Sety et al., 2014.
Australia, Canada, Scotland, United States, etc.	Scanlon, 1998.
Canada, United States	Enarson, 1999.



Single countries	
Fiji, Papua New Guinea, Solomon Islands, Vanuatu, East Timor	AusAID Office of Development Effectiveness, 2008.
Philippines, Vietnam	Nguyen & Rydstrom, 2018.
United Kingdom, United States	Enarson & Fordham, 2001.
Worldwide considerations	Dasgupta et al., 2010; Enarson, 2000; Gender, Human rights and Culture Branch UNFPA Technical Division, 2008; Henrici et al., 2010; IFRC, 2015; Inter-Agency Standing Committee, 2005; Rosborough et al., 2009; World Health Organization, 2005.

## Key Findings

### 1980–2000

Evidence to support the hypothesis of increased violence against women after disaster grew from the late 1980s, with the pivotal text, *The Gendered Terrain of Disaster* (Enarson & Morrow, 1989; see also Enarson, 2000; Palinkas et al., 1993; Phillips et al., 1998). In one of the earliest findings, 400% more women and children than expected sought shelter from the antiviolence coalition after the 1993 Missouri River Flood in the United States (Constance & Coble, 1995, cited in Enarson, 1999, 2012). In Australia, a 1992 symposium on *Women in Emergencies and Disasters* and subsequent special edition of *The Macedon Digest* included three papers that noted increased domestic violence. One author writes, “an increase in domestic violence is repeatedly found in post-disaster situations” (Honeycombe, 1994, p. 31; see also Dobson, 1994; Williams, 1994).

A 1998 review of approximately 100 studies, situated in both developed and developing countries, addressed gender in disaster scholarship more broadly with several studies indicating an increase in domestic violence following disaster (Fothergill, 1998). Evidence began to mount. In the first four months following the 1997 earthquake in Dale County, Alabama, domestic violence reports increased by 600% (Wilson et al., 1998), and the following year an article was published comparing two case studies of women who experienced domestic violence after the 1997 Grand Forks flood (Fothergill, 1999). That same year, results of a cross-sectional survey of 140 adults indicated that domestic violence was significantly



greater among respondents after the Grand Forks flood (Clemens et al., 1999). A study of 77 Canadian and U.S. domestic violence programs echoes these findings, concluding that violence against women increases in the period following disasters (Enarson, 1999).

In this period there was little published outside the United States. GBV increased in the Philippines after the 1991 Mount Pinatubo eruption and in Nicaragua after Hurricane Mitch in 1998, yet these findings were not reported until 2005 (Inter-Agency Standing Committee, 2005). Compiling a sound evidence base on rates of violence against women after disaster is not easy:

[T]here is a suggestion that the stress of disaster may lead to increased violence, making battered women greater targets than at other times. However . . . it was difficult to acquire empirical data to demonstrate that this was the case, and impossible to document it.

(Scanlon, 1997, p. 5)

## 2000–2020

In 2008, little had changed.

The research on woman battering in post-disaster communities is still almost non-existent. In the disaster research community, many question whether rates of woman battering increase in a disaster. Thus, although this question has been frequently asked, it remains largely unanswered.

(Fothergill, 2008, p. 131)

By way of explanation, Rosborough et al. (2009) write that few researchers tackle GBV in disasters because it is difficult to study. Inadequate data and documentation to capture reports to police and services postdisaster mean that quantifying domestic violence is both methodologically and practically difficult (Jenkins & Phillips, 2008a). It is also complicated. For example, following Hurricane Katrina, some women evacuated *with* their violent partner to ensure the safety of their children while escaping the disaster (Phillips et al., 2009), and after the Black Saturday bushfires men re-entered former partners lives and resumed their violence (Parkinson, 2019).

In 2005, however, Hurricane Katrina presented new opportunities to study GBV. Between 2008 and 2010, key papers were published, all articulating the link between disaster and GBV (Henrici et al., 2010; Jenkins & Phillips, 2008a, 2008b; Molin Valdés, 2009; Phillips & Morrow, 2008; Phillips et al., 2009). In one study conducted seven to nine months after Hurricane Katrina, 66 women aged 18–49 were screened for physical and sexual abuse by using a 20-question survey, with the authors reporting that both new and increased physical abuse experienced by displaced women was “not uncommon” (Picardo et al., 2010, p. 282). In another study, Schumacher et al. (2010) compared the 6-month periods before and after

Hurricane Katrina, finding an astounding 98% increase in physical victimization. The authors conclude, “[T]he current study provides compelling evidence that risk of IPV [intimate partner violence] is increased following large-scale disasters” (Schumacher et al., 2010, p. 601). Two publications in 2012 provided an overview of women’s experiences in Hurricane Katrina and more broadly (David & Enarson, 2012; Enarson, 2012).

In New Zealand, Houghton reported significant increases in GBV with a tripling of workload for domestic violence agencies and a doubling of police callouts in New Zealand after the Whakatane flood in 2004 (Houghton, 2009a, 2009b; Houghton et al., 2010). Evidence emerged in other disasters soon after (Dasgupta et al., 2010), and reports of increased GBV followed the 2010 Gulf Coast oil spill (David & Enarson, 2012) and the 2008 Sichuan earthquake (Chan & Zhang, 2011). In Haiti, GBV “dramatically escalated” after the 2010 earthquake, with an estimated 230 rapes of women and girls in 15 of the camps in Port-au-Prince, and with Doctors Without Borders treating 68 rape survivors in one facility in the month of April (Bookey, 2010, pp. 7–8). Increased GBV was documented following the 2004 tsunami in Sri Lanka (Fisher, 2010) and India (Rao, 2020); in Australia after the 2009 Black Saturday bushfires (Parkinson, 2019; Zara et al., 2016); in Iran after earthquake and floods in 2012–2013 (Sohrabizadeh, 2016); and in the aftermath of the 2015 earthquake in Nepal (Standing et al., 2016).

A scoping review of “Women’s mental health and intimate partner violence (IPV) following natural disaster” in the United States in 2016 included 58 articles, only 10 of which related to IPV; notably, the authors state that “the experience of natural disaster often is related to increased rates of intimate partner violence among survivors” (Bell & Folkerth, 2016, p. 648). The same year, Phillips and Jenkins (2016) produced an international review, followed by Lee in 2018 with a “Rapid review of GBV and natural disasters.” Key findings included GBV following the devastating 7.0 magnitude earthquake in Haiti in 2010, and after Nepal’s 7.8 magnitude earthquake in 2015 (Lee, 2018). Memon’s (2020) study in Pakistan found evidence of physical, emotional, and sexual violence against women by their male partners.

Thus, in 2018, Enarson et al. (2018, p. 208) were able to unequivocally note that “evidence has accumulated about increases in violence following disaster.” Despite this greater attention to GBV in disasters, including through the UN and the WHO, emergency management across the world still fails to address GBV in any effective way, and research remains fragmented.

The COVID-19 lockdowns—as variously imposed from region to region—have clearly seen increased violence against women in the home. Domestic violence spikes were documented in China (tripled reports in Wuhan in February), and France and Singapore saw 30% increases during lockdown periods (Lennard, 2020; Peterman et al., 2020; Special Rapporteur & EDVAW Platform, 2020). A UN rapid review found that 80% of the 49 participating countries reported an increase in calls to helplines during the COVID-19 pandemic. Increases were reported: 40% in Malaysia, 50% in China and Somalia, 79% increase in Colombia, and 400% in Tunisia (UN Women, 2020, p. 2). The Australian Institute of Criminology surveyed 15,000 women in May 2020 about the previous 3 months, and two-thirds of women who experienced intimate

partner physical or sexual violence said it had started or escalated during the COVID-19 pandemic (Boxall et al., 2020). A common theme in the literature on violence against women in disasters is that it manifests “in many countries, regardless of GDP” (Lee, 2018, p. 28).

## **Women’s Voices**

Qualitative data on GBV sourced through women’s participation, in particular, is rare. Although research has largely focused on domestic violence agency data or domestic violence workers as informants (Houghton, 2009a, 2009b; Houghton et al., 2010; Santa Cruz Commission for the Prevention of Violence Against Women, 1990; Wilson et al., 1998), in-depth accounts from women have been documented in several countries. Fothergill presented two case studies from a study of 60 women after the Grand Forks flood (Fothergill, 1999, 2008) and Parkinson and Zara reported the narratives of 16 women who experienced domestic violence after the Black Saturday bushfires in Australia (Parkinson, 2019; Parkinson & Zara, 2013). Sohrabizadeh (2016) interviewed eight women and seven informants in Iran in 2014 about their experiences following preceding earthquakes and floods; and Nguyen and Rydstrom (2018, p. 58) write that the “Philippine material includes 42 in-depth interviews with women who had been subjected to intimate partner violence” following the 2013 Typhoon Haiyan. Seventy-eight adolescent girls were interviewed by Sloand et al. (2017) and her research team in Haiti from 2011–2013 about their experiences of physical, psychological and sexual violence following the 2010 Haiti earthquake. In 2020, Memon interviewed 20 women about climate change and violence against women in the flood-prone area of Sindh in Pakistan (Memon, 2020).

## **Counter Claims and Absence of Data**

Despite this body of work, claims as to whether GBV increases after disaster continue to be cautious. In 2011, a questionnaire survey with 237 women pre-Hurricane Katrina and 215 afterward found no evidence of increased sexual assault among female students at the University of New Orleans (Fagen et al., 2011). Another example is a study in Australia after flooding in 2011, which notes “perceived” increased violence (Shaw et al., 2012). However, the report states that “further targeted research would be needed to investigate this aspect of the study” (Shaw et al., 2012, p. 32).

Both practical and sociological barriers prevent the establishment of unequivocal positive results using standard research instruments. Barriers to women indicating increased violence against them in a quantitative survey postdisaster include lack of privacy in filling in the form; uncertainty of anonymity in highly exposed disaster-affected communities; confusion regarding changed relationships; pressure from family and community to be loyal; and a myriad of other explanations for absence of data. For example, lack of political will to collect GBV data postdisaster guarantees lack of data (Parkinson et al., 2011). In quantitative data collection, wording questionnaires to accurately capture responses about GBV in a multiple-choice or tick box response is problematic for researchers and respondents alike. Qualitative

data collection poses many barriers to potential interviewees regarding confidentiality and fear of repercussions. Yet, with the right timing, entrée via trusted community members, and stringent attention to privacy, such research is feasible and valuable to both parties. An ethical approach is central, and extends to checking and rechecking with interviewees both the transcript and the use of their quotations in a final research report.

Indeed, any assessment of the levels of violence against women in the aftermath of disasters must begin with an understanding that violence from intimate partners and sexual violence is grossly underreported at any time (Mouzos & Makkai, 2004). Indeed, it seems that “[m]ost societies tend to blame the victim in cases of sexual violence” (IASC Taskforce on Gender in Humanitarian Assistance, 2005, p. 4), and in disasters, it has been noted that some violence against women is “unrecognized and unrecorded” (Phillips et al., 2009, p. 280). Sohrabizadeh (2016) writes that “Public beliefs hold that being a victim of rape is a very shameful matter; so, it is preferred by victims to remain silent and not to report such a personal experience” (p. 411). Despite a veneer of acceptance in the West of reporting of rapes, particularly rape by a partner or husband, this does not hold up to scrutiny (Parkinson et al., 2008). Reporting remains low and convictions even lower (Leviore, 2003, 2005). Sexual assaults were rarely reported after Hurricane Katrina as disaster-related barriers to reporting exacerbated the typically low reporting rates. A news report at the time stated that despite evidence of an increase in the number of rapes following Hurricane Katrina, a decreased rate of sexual assault reporting was expected because of the “unfathomable chaos of Hurricane Katrina,” and because of computer difficulties in the police department (Cook Lauer, 2005, para. 17). While formal reporting of sexual assault was low due to these barriers, Anastario, Shehab, and Lawry’s research in the 2 years after the Hurricane showed a sharp increase—more than 27 times the rate estimated before the hurricane. (Anastario et al., 2009, p. 22)

In disasters, the underreporting of *physical* violence against women, too, is apparent. Theorizing that women suffering violence from an intimate partner may seek care but are unlikely to draw attention to the violence itself, Anastario et al. (2009) write that women’s reluctance to report violence against them is a further factor compounding gender blindness in times of disaster. This is corroborated by the UN’s IASC:

One of the characteristics of GBV, and in particular sexual violence, is under-reporting. Survivors/victims generally do not speak of the incident for many reasons, including self-blame, fear of reprisals, mistrust of authorities, and risk/fear of re-victimization. Acts of GBV evoke shaming and blaming, social stigma, and often rejection by the survivor/victim’s family and community. Stigma and rejection can be especially severe when the survivor/ victim speaks about or reports the incident. Any available data, in any setting, about GBV reports from police, legal, health, or other sources will represent only a very small proportion of the actual number of incidents of GBV.

(IASC Taskforce on Gender in Humanitarian Assistance, 2005, p. 4)

## Theoretical Explanations for Increased GBV in Disasters

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Where researchers *have* reported the link between disaster and increased GBV, they hypothesize that this increase is due to a number of factors including destruction of housing, unsafe living conditions, heightened stress, alcohol abuse, and lapses in constraints to behavior offered by legal and societal expectations (Austin, 2008; Dasgupta et al., 2010; Enarson & Phillips, 2008; Fothergill, 1998; Jenkins & Phillips, 2008a; Morrow, 1999; Palinkas et al., 1993; Parkinson & Zara, 2013; Scanlon, 1998). After floods in Queensland, Dobson writes that domestic violence increased, speculating, “It was as if the balancing influences were removed and life became very raw and stark” (Dobson, 1994, p. 11).

### Triggers Not Causes

It is imperative to understand that disaster does not *cause* GBV. In her summation of the key literature, Sety (2012, p. 3) acknowledges “anecdotal” evidence of an increase in violence and reiterated that the question of attribution remains unanswered: “Relying on anecdotal reports and limited research, it is difficult to determine what the increase in domestic violence can be attributed to.” Disasters are clearly times of immense stress, and without doubt, the relationship between stress and violence is complex. “Clearly, the root causes of abuse are deep and complex,” Houghton writes (2009b), suggesting that stress is more a rationale or aggravating factor in GBV rather than a cause, asking why this stress leads to violence against spouses and not others, such as colleagues and friends (Houghton, 2009b, p. 101).

### What are the Triggers?

Teasing apart the triggers of gender violence in disasters (substance abuse, psychological stress, economic strain) would be a major step towards violence prevention and disaster recovery.

(Enarson, 2012, p. 75)

There is a long list of easily identifiable triggers for men’s use of GBV in the disaster context. After disasters, there is commonly unsafe or insecure housing; substance abuse; stress, trauma, grief, and loss; relationship problems; unemployment and economic pressures; red tape regarding grants, insurance, and rebuilding; reduced informal and formal supports and services; restricted movement and transport options; or a changed community and a different life course. A disaster does not alleviate the demands on people to keep up with their responsibilities. They are expected to keep on going despite urgent demands in every direction. Financial distress is foremost for many disaster survivors. Borrell (2011) writes that after disaster people face immediate loss of status and estimates that 80% of welfare recipients would not previously have relied on it. This applied equally in 2020 as the COVID-19

pandemic brought about widespread and substantial increases in unemployment across the world (International Labour Organization, 2020). Traversing this pandemic and previous disasters, there is a recognized link to GBV:

The result of the economic difficulty is that victims may find themselves unable to leave a situation or take legal action to keep themselves and their children safe. In other words, the disruption caused by the disaster can exacerbate potentially violent situations.

(Phillips et al., 2009, p. 288)

Money problems not only add to the multiple stressors and potential triggers that increased the likelihood and severity of domestic violence (Jenkins & Phillips, 2008b), they also prevent escape for women and children experiencing violence from husbands and fathers. Women are effectively trapped with violent partners (Enarson, 2012). In 2020, this was writ large as COVID-19 lockdowns forced families to isolate. The pressure cooker environment within the home was compounded as the usual channels for informal and formal support were restricted by lockdowns and legislation restricting movement due to COVID-19. Employment and income may be reduced due to the economic and health consequences of COVID-19 (Mittal & Singh, 2020). Changed living circumstances—such as increased and forced contact between couples (Phillips et al., 2009), shared accommodation, and overcrowding—is common, with small children and adults alike unsettled (Phillips & Morrow, 2008). Postdisaster disruption to services mean women cannot call for help and transport is reduced (Enarson, 2012). In the chaos, disaster diverts resources:

[P]olice and other service providers are usually busy responding to other calls or emergencies that are deemed more pressing, so “domestics” become a much lower priority.

(Renzetti, 2010, p. 52)

Displacement and relocation through disaster is another challenge. A 2009 literature review of the effects of relocation postdisaster on physical and mental health reports that three of the seven studies that considered gender found women to be at increased risk of adverse outcomes (Uscher-Pines, 2009). This is hardest on women and children who are often undernourished, susceptible to disease, and exposed to GBV (Cutter, 2017). Being relocated increases the burden due to “psychological stressors, healthcare disruption, social network changes and living condition changes” (Uscher-Pines, 2009, p. 17).

## Male Violence

Less identifiable in explaining GBV in disasters is the role of patriarchy and male privilege in allowing male violence against women and children. Rees et al. (2005) posit it is inequality and the limited representation of women in disaster responses that explain the increase.

Enarson and Phillips write that “From Peru (Oliver-Smith, 1986) to Alaska (Larabee, 2000; Palinkas et al., 1993), male ‘coping strategies’ after disasters involve alcohol abuse and interpersonal aggression” (Enarson & Phillips, 2008, p. 51). Austin (2008) observes that disasters temporarily remove the societal institutions that regulate masculinity and can lead to violence. Threats to women’s safety extend beyond the direct impact of the disaster to “vulnerability to unchecked male violence and aggression” (Williams, 1994, p. 34). Massive disasters like Hurricane Katrina resulted in widespread psychological distress and “maladaptive coping strategies” thereby creating “conditions where violence may emerge as a strategy” (Jenkins & Phillips, 2008b, p. 65). While some point to loss of control in domestic violence (Phillips et al., 2009), Fothergill writes, “Experts in the field maintain that perpetrators are very much in control, stating that crisis conditions do not cause the abuse nor do they cause men to lose control” (Fothergill, 1999, pp. 82–83). Indeed, some men purposely use such situational factors as disaster to excuse or justify their own behavior (Fothergill, 2008). As one respondent said of her abusive partner:

Whereas he would hold it back if we were in front of people normally, he really embraced the whole, ‘I can get away with it because I can say I’ve been through the fires and I’m traumatised.’

(Parkinson, 2015, p. 201).

Male violence is both individual and structural. Connell, a gender theorist, writes that crises may “provoke attempts to restore a dominant masculinity” (Connell, 2005, p. 84), and Austin explains further:

Disasters often cause a breakdown of the social institutions that support masculine dominance. The structural supports discussed here—the state, the economy, and the institution of family—are weakened, and the hegemony of masculinity is threatened. Disaster masculinity emerges, and some men resort to gendered violence in an effort to achieve or restore the dominance of hegemonic masculinity.

(Austin, 2016, p. 52)

The nature of violence against women is structural and systemic, and a powerful prop for patriarchy:

Men’s violence against women is something that individual men do and for which they can and should be held accountable. But it’s more than that, and this means we have to pursue its causes in a broader and deeper way.

(Johnson, 2005, p. 48)

Masson et al. (2019, cited in Memom, 2020, p. 70) state that “violence committed against women because of their biological gender, is a chauvinist phenomenon which is engrained in the psyche of most men and women across the globe.” The social construction of gender (and



hate) creates boys and men who in general believe in their superiority over women and their entitlement to more of everything (Connell, 2005). The feminist argument that all men benefit from some men's violence is affirmed. Male privilege does not rely on individual men consciously reinforcing patriarchal power through their personal use of violence against women (Brownmiller, 1993; Messerschmidt, 1993, cited in Pease, 2005). Rather, it is the lack of effective censure from society and from the legal processes that is the mechanism to reinforce patriarchal power.

Gender-based violence is one of the most powerful mechanisms in the hands of men to subjugate women and to keep them subordinate.

(Memon, 2020, p. 70).

The ever-present willingness to overlook violence against women is exacerbated in postdisaster circumstances.

### Disasters Magnify What Is Already in Place—Excusing, Promoting, or Condoning Violence

Disasters do not exist in isolation from the social and cultural constructs that marginalize women and place them at risk of violence. The UN IASC Taskforce on Gender in Humanitarian Assistance (2005) notes that “the most immediate and dangerous type of gender-based violence occurs in acute emergencies.” The way communities respond, and whether disaster planning and recovery is set up to recognize and address violence against women, seem to depend on how well it was addressed before the disaster (Fothergill, 2008; Wilson et al., 1998). In a positive move, government initiatives in Vietnam were implemented predisaster to end men's abuse of women, and these were identified as *preventing* GBV after the 2013 Haiyan (Yolanda) and Nari typhoons (Nguyen & Rydstrom, 2018, p. 56; see also Valerio, 2014). In contrast, cultural acceptance of domestic violence condemns women. It appears that when violence against women is accepted and widespread, “endemic” in the words of the IFRC, it is not only more difficult to quantify increases postdisaster, but also condones men's “right” to use GBV (IFRC, 2015).

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.’

(IFRC, 2015, p. 22)

Besides the location of Haiti being disaster prone, the sociopolitical context is turbulent, and, for many young people, violence is common. In one study, Sloan et al. (2017) reported that adolescent girls experienced unacceptably high levels of physical and sexual abuse—statistically the same pre- and postearthquake: “For many young people, violence is the ‘norm,’ often inescapable and part of everyday life” (Sloan et al., 2017, p. 3201).

Domestic violence and men’s resistance to women’s independence is considered normal in rural settings of Pakistan’s society (Memon, 2020). It is also observed that in countries like Pakistan, Bangladesh or India, women’s mobility is highly restricted, thereby increasing disaster risk (Memon, 2020). A rare study in Bangladesh found that over 86% of mothers had been abused by their husbands during the flood (Biswas et al., 2010, cited in Yoshihama et al., 2019, p. 863).

Preexisting condoning of men’s violence against women sets the scene for what follows. In countries as diverse as Iran, Pakistan, Japan, and Australia—although predisaster recorded levels of GBV may differ—there are commonalities of victim blaming, women’s sacrifice, and excusing men’s violence (Memon, 2020; Parkinson, 2019; Sohrabizadeh, 2016; Yoshihama et al., 2019).

What came out as an astonishing surprise was a majority of women’s acceptance of this type of violence as tokens of male superiority and their own helplessness. The same respondent further explained, ‘I have nowhere to go. Besides if he will not take his frustration out on me, then on whom? I am his wife. I have to bear it.’

(Memon, 2020, p. 75)

This is echoed by a respondent to Australian research:

After the fires [he was] just taking it out on the person that he could and I was the strong one and I kept thinking, ‘Better me than the kids.’

(Parkinson, 2011, p. 137)

It appears that men’s violent behavior is excused by embedded cultural and economic factors; as in every country where violence against women is high, those factors play a critical role in promoting and condoning violence as a legitimate way to resolve conflict (AusAID Office of Development Effectiveness, 2008). Disasters indeed offer a very good excuse for men’s violence against women and the deep disinterest in tracking changes to violence against women is evidence that violence against women after disaster is not seen as important to disaster planning, response, or recovery (Parkinson et al., 2011). A prevailing “private domain” of domestic violence and sexual violence (IASC Taskforce on Gender in Humanitarian Assistance, 2005) is compounded by empathy for the abuser and excuses for men’s “out of character” behavior (Parkinson, 2019).

This is underscored by community attitudes that minimize such violence. Australian research shows a litany of attitudes that blame women and excuse men in violent situations. In a 2006 report on Australian attitudes to violence against women, a large proportion of the community believed that “domestic violence can be excused if it results from temporary anger or results in genuine regret” (Taylor & Mouzos, 2006, p. xii). Such violence may even be seen as legitimate and excused because this is “the way men behave” (Atkinson, 2002, p. 4).

In the face of empathy and excuses, decades of training in the dynamics of domestic violence appeared to vanish. This played out in the long aftermath of Black Saturday as few in the affected communities chose to tackle the violence that emerged or increased. The complicating factors of the horrific and unprecedented disaster meant excuses for men’s harmful behaviour came from the women, and from the men themselves, from health professionals, police, trauma psychologists, and inconceivably, from some domestic violence practitioners. The way they excused men’s violence was to prioritise their suffering in the disaster’s aftermath over the women’s right to live without violence. Whether the men were suffering because of the trauma of the day, or the losses they endured, or their current difficulties, people felt sorry for these men whom they thought of as ‘good’ men.

(Parkinson, 2019, p. 2356)

## The Cost of Male Privilege

A critical first step in filling the research gap on violence against women after disaster is our willingness to hear women when they speak of violence against them. Instead, the notion of GBV after disaster can evoke hostility toward those who speak of it. Despite intense analysis of the Great East Japan Disaster, few studies focus on women and children, and in Japan, attention to postdisaster GBV has been limited to mentions in field reports (Aikawa, 2006; Kiyohara, 2006, cited in Yoshihama et al., 2019). Yoshihama et al. (2019) writes:

One notable exception is the effort of an NGO that documented incidents of gender-based violence after the 1995 Hanshin-Awaji Great Earthquake (Women’s Net Kobe, 2007). However, this organization experienced criticism from private citizens and local officials, who attempted to deny the existence of violence against women by attacking the credibility of “anecdotal” data (Yoshihama et al., 2019).

Researching GBV is met with resistance because disasters create a different context. Where the disaster is one that allows enactment of male “heroism,” such as in catastrophic fires, the concept of community is brought to the fore as a spotlight is shone on disaster-affected regions from media, government, and the health and community sector. Attention is momentarily focused on previously anonymous communities. There is a thirst for stories of courage and resilience, as mainstream media attention emphasizes the indomitable human spirit and the local embodiment of this. The hero narrative is ubiquitous, male centered, and stereotypical. Firefighters, in particular, are awarded and adulated. To uphold this image,

antisocial behavior is minimized in disaster analysis (Enarson, 2012), and reports of domestic violence or sexual assault are refuted—either subtly or explicitly (Parkinson et al., 2011; Parkinson, 2019; Yoshihama et al., 2019). Indeed, discussion of violence against women is read as disloyal to heroic and now suffering men (Parkinson, 2019). After interviews with 47 residents of two rural communities in British Columbia, Canada, Cox and Perry (2011) conclude:

The dominant discourse of recovery tended to reinstate the status quo and prescribe a preferred version of recovery in which suffering was privatized and individualized and positioned as something to be managed effectively and moved beyond as quickly as possible. A failure or inability to conform to this construction was construed as a character flaw or pathology.

(Cox & Perry, 2011, p. 401)

Reinstating the status quo overwhelmingly relies on a gender schema with men in charge. A reversion to traditional gender roles is observed even in the COVID-19 pandemic, with respondents in one study reporting greater belief in these stereotypes during the pandemic than before (Rosenfeld & Tomiyama, 2020). Other researchers have reached similar conclusions in relation to previous disasters. They report more stringent gender roles and a search for security in looking to the past (Enarson & Scanlon, 1999; Houghton, 2009b; Hoffman, 1998).

Through the social construction of the gender schema, women are made vulnerable in disasters, such as in the myth of women and children first, in the caring role assigned to women, expectations of women's sacrifice, lack of autonomy in decision-making, exclusion from hazard survival education and, through increased GBV. Men are also made vulnerable through the "hero" myth, risk-taking, overconfidence, loss of a sense of control, reluctance to seek help, and failure to live up to expectations of "protector" during disaster and "provider" in the aftermath (Parkinson, 2019). Akerkar and Fordham (2017) write that "women's recovery strategies were mainly aligned with emotional notions of care, while men's were with notions of control," and Enarson and Pease (2016) write that there was a high cost to both men and women in living up to gendered expectations.

Unrealistic gender-based expectations exacerbated postdisaster pressures as people tried to return to work and re-establish their lives. In 2006, Enarson wrote of silent men, suicidal men, unemployed men, men feeling "unmasked and unmanly," concluding that some will turn to drugs, alcohol, and aggression, endangering those around them (Enarson, 2006, para. 4).<sup>4</sup> The risks to men's health extended to post-traumatic stress disorder, depression, isolation, reclusiveness, and suicide (Zara et al., 2016). Men's reluctance to talk about emotions or trauma and the stigma associated with counseling were strong themes (Fordham & Ketteridge, 1998). This is known as double jeopardy—the masculine ideal is impossible to meet but help cannot be sought because real men do not admit any weakness (Addis & Mahalik, 2003, cited in Kahn, 2011). There are good reasons for this. Our society monitors enactment of gender roles, and there are career penalties and loss of status for men who

show emotion (other than anger). If men felt they had failed as protector, they had failed as a man. This is not a misconception as men were expected to be heroic. One woman, disappointed in her husband's actions in the heat of disaster said, "I want a man who would protect me, or die in the attempt" (Parkinson, 2011, p. 194). Researchers have drawn a direct link between men's perceived failure to live up to their own or society's expectations, and domestic violence (Austin, 2008; Enarson, 1999, 2012; Whittenbury, 2013). During the COVID-19 pandemic, too, with its existential threat, stark change to daily life and financial stress, some men felt a sense of failure related to gendered expectations (Peterman et al., 2020).

If GBV is to be eliminated, unconscious—yet structured and systemic—male privilege must be called out for the harm it does to both women and men:

The drivers of violence against women arise from unequal and discriminatory institutional, social and economic structures, social and cultural norms, and organisational, community, family and relationship practices. Together, these structures, norms and practices create environments in which women and men are not considered equal, and violence against women is both more likely to happen, and more likely to be tolerated and even condoned.

(Our Watch, 2020, p. 4)

## Measuring Progress

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For women in disasters, inequalities have persisted or worsened in the past 20 years (Cutter, 2017), especially in relation to wealth gaps, population movements, air and water quality—and GBV. Culture and patriarchal systems of power are behind this gendered differential:

Two salient concerns endure: the extent to which women and children continue to bear disproportionate burdens of disaster risk; and the lack of significant progress in documenting these differential impacts with reliable and consistent data.

(Cutter, 2017, p. 117)

Assessing disasters' impact on people is difficult, even for the most basic metrics. The Sendai targets to 2030 adopted in 2015 by 187 UN member states are compromised by doubt about whether they can be achieved, and by the lack of systems to measure them nationally and globally (Cutter & Gall, 2015). These are systems as basic as a common database of deaths, injuries, property loss, financial costs, etc.

We have well-established indicators for measuring development such as poverty, literacy, or gross domestic product. Why not the same for disaster and extreme event losses?

(Cutter & Gall, 2015, pp. 708–709).

Despite the UN including gender equality among 17 sustainable development goals with 190 signatory nations in 2015, lack of data will confound progress, as will the COVID-19 pandemic. It is expected that the long economic recovery from the COVID-19 crisis will result in increased GBV over the long term (UNFPA et al., 2020). A UNFPA technical note (2020) estimated that COVID-19 will result in a one-third reduction in progress to ending GBV by the deadline for the sustainable development goals in 2030. Estimates include 31 million additional cases of GBV globally for a 6-month lockdown, and an additional 15 million cases for every 3 months lockdown continues (UNFPA et al., 2020). The threat to progress on gender equality is clear in this 2020 joint statement signed by 58 countries:

COVID-19 affects women and men differently. The pandemic makes existing inequalities for women and girls, as well as discrimination of other marginalised groups such as persons with disabilities and those in extreme poverty, worse and risk impeding the realisation of human rights for women and girls.

(Department of Foreign Affairs and Trade, 2020)

### More Gender Inequality, More Disasters, More GBV

Our greater valuing of men in the 21st century is still apparent, for example, in sport, in the persistent pay gap, in the proportion of men in the most senior roles, in whose surname children are given, in whose name appears first in official documents, in unpaid caring roles, etc. In disasters, gender inequality is visible in the gender hierarchy of the emergency management sector, in who gets awards for heroism, in who gets to choose what role to take on in disasters, and in who gets to continue their career unencumbered by child care responsibilities. Bob Pease writes of an “ideology of gender that defines men and their activities as superior and women and their activities as inferior,” even invisible (Pease, 2010, p. 156).

Climate change brings more frequent and more extreme weather events, and the COVID-19 pandemic has offered men new ways of perpetrating violence against women. Strategies include forced “imprisonment” by exaggerating or lying about extant government regulations, threats to deliberately infect family members, and distorting child care arrangements by using COVID-19 restrictions as an excuse to keep the children (see, e.g., Baird, 2020; Moore, 2020; Peterman et al., 2020; Pfitzner et al., 2020). Previous disasters, too, offered opportunities for violent men to exploit women’s new vulnerability caused by the experience of the disaster and its consequences (Jenkins & Phillips, 2008b; Santa Cruz Commission for the Prevention of Violence Against Women, 1990). For example, violent ex-partners returning in disaster’s aftermath to claim disaster grant monies or other benefits meant for their ex-wife and children (Enarson, 2012). Such experiences from past disasters—as well as abundant preliminary evidence from the COVID-19 pandemic so far—reveal that disasters have significant negative effects on gender equality (e.g., Hinsliff, 2020; Wenham et al., 2020). Child care, for example, is unrelentingly demanding, never more so than in the high stakes of a flood or fire, or in homeschooling in a COVID lockdown. In these disasters, women’s



economic survival—or personal survival—is compromised by this responsibility. Indeed, the gendered impacts of the COVID-19 pandemic and disasters such as catastrophic fires are the same in almost every aspect, both in response and in their aftermath. Prescribed and stereotypical gender roles became more entrenched as decision-making in public life is dominated by men or by patriarchal forms of power and authority. There are increased gender expectations, GBV, restriction of movement, interrupted life course, increased unemployment and poverty, drug and alcohol abuse, decreased police reporting, decreased formal support seeking, etc. Only months into the worldwide 2020 pandemic, incursions into women's rights under the guise of coronavirus emergency measures include contraceptive supply shortages (McCammon & Pao, 2020), attempts to curtail abortion in the United States (Bazelon, 2020), and ceasing monitoring of the gender pay gap in the United Kingdom (Hunt, 2020).

Women will be greatly affected by this backward step—all in the name of quick responses to the economic fallout from coronavirus. It brings to mind Milton Friedman's concept of the "window of opportunity" that disasters offer (1962/2002). Disasters provide the ultimate platform for those with the greatest male privilege. At a macro level, those in charge not only benefit individually but are in positions that allow patriarchy and capitalism to take back territory that had been ceded to marginalized groups including women and girls. History teaches that times of disaster have been used to claw back hard-won gains by minorities and reinstate inequality to preserve male privilege. Subverting these conservative intentions and actions, disasters instead present an alternative opportunity: to rethink dominant models of the nuclear family in which women are oppressed and capitalism and racism are reproduced (Lewis, 2020). Embedded, structural gender equity interventions are vital:

Working towards structural changes that will take longer to come to fruition, especially those that relate to reducing global inequality, is the only way to radically decrease the extent of harm caused by moments of crisis, especially for vulnerable populations . . . otherwise history is doomed to repeat itself.

(O'Donnell, 2020)

## Recommendations

The emergency management sector worldwide continues to ignore GBV as if it is outside their remit (IFRC, 2015), and, despite the prevalence of GBV in disasters, it remains understudied. The following recommendations begin with the key research gaps, and then move to policy and practice changes within the sector, and broader cultural education. Where specifics are given, these must be read as examples and must, necessarily, be adapted from the ground up for local application in different places and with different people.

The key research gaps are the following:

1. Data is needed on GBV to allow comparison pre- and postdisaster, and across countries. The data must be sex disaggregated with specific statistics for women and girls (and separate statistics to capture other dimensions of marginalization, such as SOGIESC



[sexual orientation, gender identity and expression, and sex characteristics] communities, First Nations people, minority racial groups, people with disabilities, etc.).

2. Gendered analyses in emergency management policies and practice are needed as a first crucial step in addressing the immense harms that result from neglect of GBV. Such gendered analyses should be applied to emergency sector organizations as well as to the disaster-affected communities that benefit from their service.
3. Research is needed on how to disseminate good practice examples of both prevention and response to GBV in disasters, and document their implementation.
4. Research is needed on how male privilege is produced and maintained (Pease, 2010), especially in disaster, and the subsequent dissemination of this knowledge worldwide is a precondition for genuine change in relation to GBV.
5. More research (and action) is needed on the significant questions of the intersectionality of structures—sexism, racism, capitalism, colonization, and patriarchy in relation to GBV and disaster.

### Progressing the Elimination of GBV in Disasters

Despite the complexity of gendered theoretical concepts, action in disasters at a pragmatic level is both possible and urgently needed. Sometimes controversial (Department for International Development, 2015), it is critical to take action on GBV even without “proof” as urged by the IFRC:

[A]ssume that GBV is taking place, even if no reliable data are available . . . 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.

(IFRC, 2015, p. 41)

The key policy and practice changes are:

6. Involve respected emergency management leaders as the “voice” of action on GBV in disasters.
7. Involve the right people where decisions on emergency management are made—engage gender advisors or women with expertise in gender issues to ensure decisions enhance gender equality and work toward the elimination of GBV.
8. Engender a willingness to hear women speak of GBV (and to hear men speak of trauma) and to act on their recommendations.

One example is through gender and disaster training on the harm of stringent gendered expectation for both the emergency sector and particularly for community members and first responders affected by their disaster experience. See the Training Hub at the Gender and Disaster Australia <<https://www.genderanddisaster.com.au/training/>> website.

9. Ensure resources to be used in the emergency sector are concise and use plain language (Department for International Development, 2015).
10. Proactively, locally, and collaboratively develop, adopt, and implement gender and emergency management (GEM) guidelines, which include central attention to GBV and address local contexts.

One example was developed in 1997 and is still relevant (Enarson, 1997, particularly, Section D), and another was written in 2003 for disaster management in South Asia (Ariyabandu & Wickramasinghe, 2003). Further examples include Australia's National GEM Guidelines (Gender & Disaster Pod, 2016), along with Minimum Standards (UNFPA, 2019) and a Handbook for coordinating GBV interventions in emergencies (Gender-Based Violence AoR, 2019).

11. Create a practical checklist for emergency managers to ensure attention to GBV. Depending on local circumstances, the checklist would ideally cover procedures in evacuation centers and in the field to protect women with intervention orders; inclusion of domestic violence workers in recovery committees and as speakers at postdisaster community meetings; provision of information about increased domestic violence in disasters; support for women's self-help groups; and accessible and mandatory training on GBV in disasters for recovery workers and disaster-affected communities.
12. Encourage field workers to understand GBV issues postdisaster through accessible, quality education.

One comprehensive example is online training offered by CONVERGE: Understanding and Ending Gender-Based Violence in Fieldwork Training Module <<https://hazards.colorado.edu/news/center-news/new-converge-training-module-available-understanding-and-ending-gender-based-violence-in-fieldwork>>. It is also relevant for educators, students, researchers, practitioners, and other professionals.

13. Build evidence for emergency responders that attention to GBV will not divert essential resources, but will educate field workers to identify GBV and refer on (Holmes & Bhuvanendra, 2014). This is reliant on predisaster prevention work, and establishment of partnerships between emergency managers and GBV experts.

A simple example is a postcard <<https://www.genderanddisaster.com.au/translated-disaster-is-no-excuse-for-family-violence-postcard/>> designed for the local context for use by community member and field workers.

14. Include a critical mass of women, SOGIESC people, and gender and diversity specialists at every level of planning, response, and recovery.
15. Embed practice and policy (including GEM guidelines) addressing GBV in emergency management manuals and legislation.
16. “[I]dentify and fund prevention and response arrangements in nations” disaster policies and practices to address GBV in disasters’ (IFRC, 2015).

One example emerges from the Australian Government’s Royal Commission into National Natural Disaster Arrangements Report (2020), followed by funding six months later. Recommendation 22.5 states (p. 479):

“Develop nationally consistent, pre-agreed recovery programs Australian, state and territory governments should expedite the development of pre-agreed recovery programs, including those that address social needs, such as legal assistance, domestic violence, and also environmental recovery.”

## Conclusion

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The last 20 years of the 20th century and the first 20 years of this century reveal the journey from total neglect of GBV in disasters, through isolated glimpses of the problem, to a compelling (if fragmented) database of evidence (Enarson et al., 2018). Fifty publications on GBV in disasters were identified in 14 single countries between 1993 and 2020, and 16 multicountry studies were identified between 1998 and 2018.

Returning to the more complicated question of patriarchy and gender inequality, disasters give a rare opportunity to theorize about causes of increased violence against women—principally patriarchy, capitalism, racism, and colonization. The common factor is white male privilege. Inequality widens in disasters as people with privilege, power, and resources profit from the chaos, while hard-won gains by women, SOGIESC people, people of color, and other marginalized groups may be lost. In countries across the world:

- Educate staff and communities in gender equality and GBV especially postdisaster
- Understand how power and privilege work
- Engender commonality with other marginalized groups, avoiding criticism of each other and instead focusing on efforts against patriarchy
- Oppose governments using “the tyranny of the urgent” to push through policy and legislative changes that will increase inequality and cement patriarchy

These calls to action, together with the more detailed recommendations and examples of feasible strategies, will begin to address increased GBV in disasters. They are wide ranging and adaptable to local conditions. They address both practical initiatives and policy change that, if embedded (and where possible, legislated), will begin the sustained culture change that is overdue. Until there is effective action and censure from the emergency management

sector, from the legal processes, and from society, the vicious circle—of disaster followed by increased GBV and strengthened patriarchal power—will continue. “It is easy to be swayed by the tyranny of the urgent,” which understands gender issues as a luxury that can wait until the immediate crisis is over (Fordham, 2011, p. 838).<sup>5</sup> While women and children live with violence, action cannot wait. The hidden disaster of GBV is tragic and long-lasting. Women do not speak easily of the violence against them. Violence against women is an abuse of human rights (AusAID Office of Development Effectiveness, 2008). Crucially, we must not compromise on women and children’s right to live free from violence—even in times of disaster.

## Links to Digital Materials

Gender and Disaster Online Network <<https://www.gdonline.org/>>.

Gender and Disaster Pod Website <<http://www.genderanddisaster.com.au/>>.

## Further Reading

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## Appendix: A Note on the Terminology of GBV

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It is noteworthy that theorists sought to develop a typology of domestic violence to allow deeper understanding and more targeted interventions, yet the various terms and concepts are controversial and disputed (Wangmann, 2011). The nomenclature used to describe men's violence against women is extensive. Terms include domestic violence, family violence, relationship violence, intimate partner violence, spousal abuse, wife beating and battery, with more complex definitions of "abusive household gender regime" (Morris, 2009, p. 414), "control-initiated," and "conflict-driven" (Ellis & Stuckless, 1996, cited in Wangmann, 2011, p. 3).

Domestic violence is predominantly that of men's violence against women. It is both gendered and asymmetrical (UN, 1993; VicHealth, 2011), as women's violence is often in self-defense or retaliation and "does not equate to men's in terms of frequency, severity, consequences and the victim's sense of safety and well-being" (Dobash & Dobash, 2004, p. 324; Kimmel, 2013).

Other terms consider motivations or situations identified as "pathological violence," "anti-social violence" (Pence & Dasgupta, 2006, pp. 12–13), "within the perpetrator," "within couple," and its relation to "potent stressors" (Johnston & Campbell, 1993, p. 191). Influential theorists Kelly and Johnson sought to categorize different kinds of domestic violence in order to accurately measure it and effectively intervene, and their early terminology included such terms as "patriarchal terrorism," "intimate terrorism," "common-couple violence," "mutual combat," and "violent resistance" (Kelly & Johnson, 2008, pp. 477–478, 485; see also Gondolf, 2007; Johnson, 1995). These were refined in 2008 to categories of "coercive controlling violence," "violent resistance," "situational couple violence," "separational couple violence," "separation-instigated violence," and "mutual violent control" (Kelly & Johnson, 2008, p. 477).

One highly influential theory of domestic violence since the early 1990s is the "Duluth model" that hypothesizes that domestic violence is a pattern—springing from male privilege—of coercion, intimidation, isolation, emotional, and financial abuse, and which may involve exploitation of children. The model was conceptualized by a "power and control wheel" <[http://www.ncdsv.org/images/FCADV\\_NaturalDisastersPowerControlWheel.pdf](http://www.ncdsv.org/images/FCADV_NaturalDisastersPowerControlWheel.pdf)>—since expanded with different versions, including one on disaster (Domestic Abuse Intervention Project, n.d., circa 1993; Florida Coalition Against Domestic Violence, n.d.).

Both practitioners and theorists debate the role of confounding factors (such as alcohol abuse or mental illness), gender asymmetry, and type of male perpetrators, as well as notions of control, the role of men in prevention, research methodology, and whether a focus on physical violence is misplaced (Dutton & Corvo, 2007; Flood, 2006; Foran & O’Leary, 2008; Gondolf, 1988, 2007; Gottman, 2001; Jacobson et al., 1995; Johnson, 1995; Pease, 2008; Stark, 2006, 2010; Wangmann, 2011).

## Notes

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1. Please note that the terms *violence against women*, *domestic violence*, and *family violence* are all used as a result of the different framing of the problem and the specific terms used in the research cited and the agency reporting.
2. See Appendix for further information on the nomenclature of domestic violence. For discussion of specific GBV experienced in some countries, e.g., trafficking, early/child marriage, and transactional sex, see IFRC (2015). See also GDN Online <<https://www.gdnonline.org/>>.
3. Please note that COVID-19 related material is not included in the table as the available publications in early 2021 were predominantly media articles or rapid reviews of still emerging data.
4. Other studies, too, have found that there is greater use of alcohol and drugs in the aftermath of disasters (Enarson, 2012; Fothergill, 2008; Palinkas et al., 1993). Yet, the same reluctance to attribute blame for men’s violence to disaster applies to alcohol “due to concerns about misconstruing alcohol as a cause of partner abuse, thereby reducing perpetrator responsibility for their violence and failing to target its real causes” (Braaf, 2012, p. 1).
5. The “tyranny of the urgent” is a concept originated by Bridget Walker, Oxfam (Walker, 1996).

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