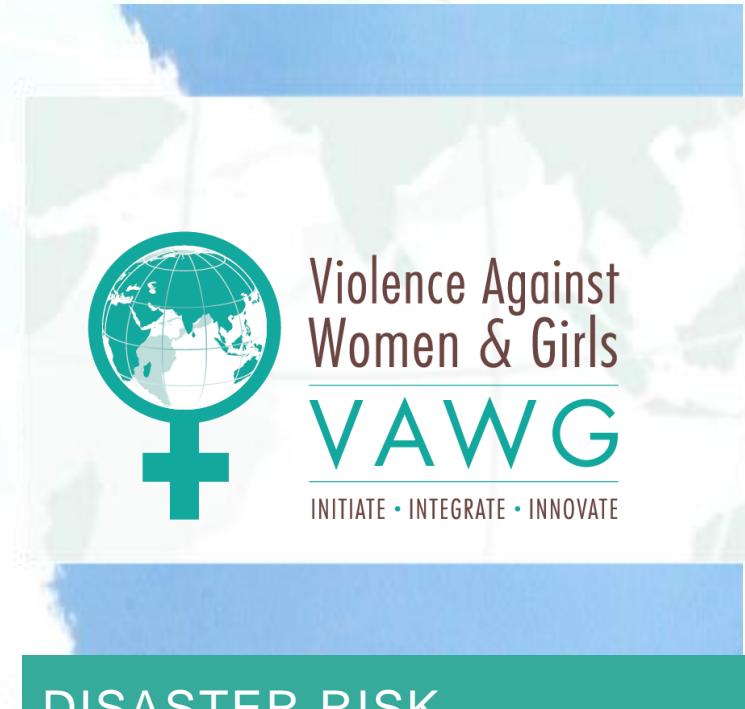


92967



DISASTER RISK MANAGEMENT BRIEF

Public Disclosure Authorized

Public Disclosure Authorized

Public Disclosure Authorized

Public Disclosure Authorized

April 2015



The Global
Women's Institute
THE GEORGE WASHINGTON UNIVERSITY





“According to the principles of humanitarian aid and the international legal framework related to gender-based violence, the humanitarian community, host governments, donors, peacekeepers, the UN and all others engaged in working with and for affected populations **are collectively accountable for preventing and responding to gender-based violence.**”

Source: Inter-Agency Standing Committee (2005). Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.

KEY POINTS

- Violence against women and girls (VAWG) has negative impacts on their physical and mental health. Health care settings provide a unique opportunity to identify VAWG survivors, provide critical support services, and prevent future harm.
- In 2012, 357 natural disasters were registered with 124.5 million people affected and 9,655 people killed worldwide. This is in contrast with the rates during the previous decade (2002-2011), in which 107,000 people died each year as a result of natural disasters.¹ The number of people affected directly and indirectly by disasters has risen since the 1960s, as have the economic costs associated to these events.² Analysis of data from recent disasters in seven countries (Haiti, Japan, Kenya, New Zealand, Pakistan, Samoa, and St Lucia) shows that the cost of damages caused by disasters ranged from 1.9% to 120% of GDP.³ In Nicaragua, for example, the damages of Hurricane Mitch were estimated at 41% of GDP in 1998.⁴
- Six of the 10 countries with the highest disaster mortality are low or middle-income countries. Asia was the continent most often hit by natural disasters in 2012 (40.7%), followed by the Americas (22.2%), Europe (18.3%), Africa (15.7%) and Oceania (3.1%).⁵
- Ample studies have shown that natural disasters, including tsunamis, hurricanes, earthquakes, and floods, disproportionately affect women and girls, who are at greater risk of violence and exploitation than men and boys in the face of uprooted housing and traditional support structures, disrupted access to services, and both structural and social obstacles to accessing food, relief, supplies, and latrines.
- In 2010, unsafe living conditions after the earthquake in Haiti contributed to sexual violence against women and girls (VAWG) in camps;⁶ and both psychological and economic violence increased during and prior to Tropical Storm Agatha in Guatemala.⁷ In Sri Lanka and other countries affected by the 2004 Indian Ocean tsunami, increased levels of intimate partner violence (IPV) and non-partner rape were documented in the wake of the disaster.⁸ A study conducted four years after Hurricane Katrina occurred in the United States found that the rate of new cases of VAWG among displaced women also increased and did not return to the pre-hurricane baseline during the protracted phase of displacement.⁹



INTERSECTION BETWEEN DISASTER RISK MANAGEMENT AND VAWG

- Women and girls are at far greater risk of experiencing physical and sexual violence in emergency settings.¹⁰ Protection from violence is one of the minimum standards established as a principle for humanitarian aid.¹¹ The types of VAWG that are common in emergency settings include rape and other sexual assault, physical assault, psychological and emotional abuse, sexual exploitation, and trafficking.¹² It is important to note that the type of response required will vary depending on the forms of VAWG being perpetrated. For example, trafficking of women and girls might involve very different actors and responses (especially if it happens across borders) than increased incidence of rape within a specific location or an increase in physical intimate partner violence (IPV).
- In addition to the direct harm caused by violent acts, VAWG can also prevent women and girls from accessing services or securing shelters/safe spaces during an emergency, further increasing their likelihood of injury or death.¹³ It can also impact women's ability to access aid and other resources during recovery and reconstruction. Therefore, it is vital that disaster management projects include measures to prevent and effectively respond to VAWG.

Acts of VAWG in crises may be perpetrated by anyone, including husbands and other intimate partners, family members, border guards, military personnel, humanitarian aid workers, community members hosting the displaced, and other refugees and internally displaced people.

Source: Reproductive Health Access, Information and Services in Emergencies (RAISE), RAISE Fact Sheet: Gender-Based Violence.

http://www.raiseinitiative.org/library/pdf/fs_gbv.pdf



ETHICAL AND SAFETY RECOMMENDATIONS FOR VAWG INTERVENTIONS¹⁴

Any intervention that aims to prevent or address VAWG should include precautions above and beyond routine risk assessment to guarantee no harm is caused. This includes following ethical guidelines related to: **respect for persons**, **non-maleficence** (minimizing harm), **beneficence** (maximizing benefits), and **justice** to protect the safety of both service providers and the survivors. The sensitive nature of collecting information about VAWG demands additional precautions above and beyond routine risk assessments to guarantee no harm is caused. Interventions should:

- Assess whether the intervention may increase VAWG
- Minimize harm to women and girls
- Prevent revictimization of VAWG
- Consider the implications of mandatory reporting of suspected VAW cases
- Be aware of the co-occurrence of child abuse
- Minimize harm to staff working with survivors
- Provide referrals for care and support for survivors

For further details on these Ethical and Safety Recommendations, visit the [Ethics](#) section of our website.

RAPID SITUATION ANALYSIS

Before developing a plan to address VAWG prevention and response into a disaster risk management, project teams should understand what the legal, social, and epidemiological situation of VAWG was in the country, region or local community prior to the disaster. Teams should work with governments, humanitarian aid groups, private sector partners, non-governmental organizations, local experts and other counterparts in the country to answer some or all of the following questions:

For general questions to undertake a Rapid Situation Analysis visit the [Integrate](#) section of our website.



Specific questions for the sector:

Before the emergency - Preparedness and mitigation:

- Do the existing trainings on disaster risk management (DRM) include how to address VAWG in the different stages of the process?
- What services will be needed to respond to VAWG during the emergency and the recovery, and which organizations will be responsible for providing them?
- Do the established protocols for DRM (preparedness, emergency response, recovery) include actions on how to address and mitigate the risk of VAWG?
- Is there any coordination among the institutions that work on DRM and those that work on VAWG prevention and response?

During and after the emergency¹⁵ - Emergency response and recovery:

- What is the proportion of women (as a percentage of the affected population) accessing humanitarian assistance or VAWG service providers within a referral system? This information can be illustrative of how safe women and girls perceive the delivery of aid and services to be.¹⁶
- Have there been reports of sexual assault and/or other forms of VAWG (for examples, trafficking, intimate partner violence, forced marriage) perpetrated in the immediate aftermath of the crisis?
- What are the main types of VAWG being perpetrated? Who is the most vulnerable to each type of violence, why, and where?
- Who are the main perpetrators of violence?
- What are the factors likely to increase the risk of violence within the affected communities?
- What operating support systems and services are available, trusted, and accessible for VAWG survivors? Are existing service agencies adequately staffed and resourced to respond to VAWG?
- What services are available to help affected families to recover from the crisis? Do they specifically address IPV/family violence and associated factors, such as substance abuse?
- What security measures (police, UN, private, community, etc.) are in place to help prevent and respond to VAWG?



KEY AREAS FOR INTEGRATING VAWG IN DISASTER RISK MANAGEMENT

Prior to the Emergency – Preparedness and Mitigation

Policy Level

While many countries have disaster contingency plans and preparedness strategies, these often do not include VAWG prevention and response strategies. At a minimum, DRM plans should:

- **Comprehensively address VAWG in legislation, policies, and plans** on disaster risk management. Also, legal and policy frameworks on violence against women should address VAWG that occurs in emergency situations. Ensure budget allocations for their implementation.
- **Promote the participation of various sectors, stakeholders, and community members** from diverse backgrounds (e.g. ethnicity, gender, disability status) in the development of preparedness plans that include a focus on VAWG prevention and response.¹⁷
- **Create or strengthen existing protocols/guidelines to integrate actions to respond to VAWG during the emergency and the recovery phase.** Place specific emphasis on security measures for the protection of displaced populations, especially women and girls, and support services to help mitigate the risk of IPV and VAWG more broadly.
 - Assign clear lines of responsibility for providing the services to respond to VAWG, and train the staff that will be in charge of these activities to comply with the protocol.

Institutional/Sectoral Level

- **Build the capacity of disaster response actors at the regional and national levels** to identify and integrate VAWG issues into existing risk reduction and emergency response training and manuals. Adapt training materials on VAWG and emergencies to your setting and offer training opportunities on the adapted material to your staff. Examples include the virtual course on Gender and Disaster by Development Connections¹⁸ and UNFPA's GBV in Emergencies training.¹⁹
 - Train response teams and staff working directly with the community to recognize and respond to violence triggers.
- **Ensure preparedness plans consider that women and girls are at higher risk of experiencing physical and sexual violence in emergency settings.** Unless adequate precautions are taken, measures intended to assist the population affected by disasters may place women and girls at



greater risk of harm. Settlements for displaced populations, for example, should include ample patrols and adequate lighting, particularly at night.

- **Map VAWG services and develop dissemination materials outlining the availability of services.** Note that information will need to be updated to include new actors after the disaster.²⁰
- **Whenever possible, ensure medico-legal and health services (such as the collection of forensic material and treatment of injuries) are provided at the same time, same location, and ideally by the same person** to avoid burdening the survivor of physical or sexual violence with multiple visits and points of contact.
 - Health care workers should have adequate knowledge of local protocols and laws governing physical and sexual violence to avoid compromising legal processes, such as future investigations or court hearings.²¹
- **Strengthen confidential referral mechanisms** among and between sectors working on VAWG prevention and response.²²
- **Ensure that medical, reproductive health, and safety supplies are ready** to be deployed in the case of an emergency.
- **Systematically include VAWG in disaster research, evaluations, training, and advocacy/awareness campaigns.**

Community Level

Work with government and key stakeholders, including community-based organizations and women in the local community, to prevent VAWG and respond appropriately to survivors by:

- Establishing confidential entry points where survivors and other community members can seek assistance after an incident of sexual violence and/or make an incident report.
- Carrying out community educational programs on how to be prepared for disasters, with an emphasis on the right to a life free of violence before, during, and after disasters and the negative effects violence can have on the entire populations' recovery. (See Box 1)



Box 1. *Promising Practices: A multi-media public information campaign on post-disaster VAWG in Nicaragua*

The post-Hurricane Mitch campaign, “Violence Against Women: A Disaster Men CAN Prevent,” designed and promoted by the Puntos de Encuentro Foundation in Nicaragua, was a novel approach addressing post-disaster VAWG, especially intimate partner violence (IPV). This nation-wide campaign cleverly applied the theme of rebuilding to personal relationships, drawing parallels between the hurricane and IPV. Campaign activities consisted of TV and radio announcements, educational materials, public presentations and training workshops, and promotional materials with the campaign slogan, including t-shirts, hats, calendars and bumper stickers. One leaflet, for example, described seven reasons VAWG negatively impacts the community, society, and development efforts, and provided men with anger management strategies and tips for peaceful conflict resolution.

A mixed-methods evaluation of the campaign, comparing men exposed to the campaign with controls, found that the greatest impact was an increase in men’s belief in their ability to avoid violence: 15 percent more of the men exposed to the campaign believed this was the case, compared with the controls. The evaluation also revealed a greater belief in the perception that VAWG is as destructive as natural disasters and can hinder progress at the community level (15% increase among the men exposed to the campaign).

Source: Reyes, Ruben. (n.d.). *Violencia contra las mujeres: un desastre que los hombres sí podemos evitar*: http://www.jerez.es/fileadmin/Documentos/hombresxigualdad/fondo_documental/Violencia_masculina/Violencia_Un_desastre_que_los_hombres_si_podemos_evitar._Ruben_Reyes_Giron..pdf



During and After the Emergency – Response and Recovery

It is important that recovery be given equal attention to the emergency response phase since VAWG and its effects continue after the acute crisis period of the disaster and require long term support to address.

Policy Level

VAWG prevention and response require multi-sectoral coordination among health and social services actors, legal, human rights, and security actors, and the community. The primary objectives of coordinated action are two pronged: to ensure that VAWG survivors are identified and receive prompt, confidential, and appropriate services according to guidelines and that mechanisms to prevent VAWG are put into place.

- **Form inter-organizational, multi-sectoral VAWG working groups** at the national, regional and local levels, comprised of VAWG service providers and other key actors from the community, government, UN, international and local NGOs, donors, etc. Identify coordinating agencies responsible for ensuring that the action described in the [Inter-Agency Standing Committee's Guidelines on Gender-Based Violence Interventions in Humanitarian Settings](#) are carried out. Ensure the coordinating agencies operate with clear terms of reference that are agreed upon by all working group members and aligned with the IASC Guidelines.²³
- **Develop an interagency VAWG Action Plan, together with government and key stakeholders.** Delineate objectives, roles and responsibilities, and indicators for ensuring objectives are met. The plan should be informed by data obtained in the situation analysis, and with the active participation of women from the community. For detailed guidance on developing an action plan, please see, for example, the Handbook for Coordinating GBV in Humanitarian Settings.²⁴

Institutional Level

- **Integrate VAWG expertise into agencies' disaster response and recovery teams** to help ensure the design and implementation of interventions that address VAWG comprehensively. VAWG advisors should also facilitate multi-sectoral coordination at national and local levels, and help build the capacity of locally-based actors during and after the crisis.²⁵
- **Involve governmental and civil society groups already working to address VAWG** in the affected regions in disaster-related coordination committees and decision-making bodies.²⁶
- **Ensure that the [Inter-Agency Standing Committee's Codes of Conduct on Protection from Sexual Abuse and Exploitation in Humanitarian Crisis](#) are enforced** for all humanitarian aid workers, and post-disaster recovery and reconstruction staff.



- **Promote the standardization of VAWG data collection, analysis, and incident recording** by all key stakeholders and partners. Use existing data collection systems in country or state of the art instruments such as the Gender-based Violence Information Management System (GBVIMS)²⁷
- **Provide health and social services that take into account women's and girls' safety** and the provision of confidential VAWG information and survivor services.

Box 2. Promising Practices: Addressing VAWG in Response and Recovery Efforts

Hurricane Mitch struck Central America in 1998, dropping historic levels of rainfall and causing catastrophic damage. In addition to the national and regional efforts to respond to the immediate shelter and safety needs of affected families and communities, the Nicaraguan government took steps to ensure that VAWG was also taken into account as a priority in the post-hurricane period. These included:

1. A social and gender audit to assess the impact of the hurricane on both men and women, including violence against women.
2. Six months later, a second audit to identify who was included and excluded from relief efforts.
3. Formation of a commission on psychosocial development to support the emotional recovery of affected individuals, which included issues related to violence in all workshops and groups.
4. The Nicaraguan Psychosocial Commission worked for several years after the hurricane to provide support to survivors of violence in their healing and empowerment.

Data on VAWG by Auditoria Social existed prior to the hurricane, which allowed a comparison and subsequent analysis in the wake of the storm. Local NGOs also conducted household surveys, participated in a social audit, and carried out campaigns about reducing VAWG.

Source: UNFPA (2012) Gender Based Violence and Natural Disasters in Latin America and the Caribbean.

- **Develop projects that leverage women's strength and capabilities, particularly in income-generating activities.** Despite limited evidence that economic opportunities reduce VAWG, these interventions may reduce women's need to resort to risky measures such as sex work or transactional sex.²⁸
 - Overall, when attempting to include women in disaster response and risk reduction agendas, ensure that this improves the situation of women, rather than merely adding to their workload.



Community Level

During and after the emergency, work with government and key stakeholders, including community-based organizations and women in the local community to prevent VAWG and respond appropriately to survivors' needs.²⁹ Some services must be offered beyond the immediate crisis to address the continuing VAWG and to provide longer-term support for survivors recovering from trauma. The following actions address both immediate and longer-term support scenarios:

Security

- **Design sites and shelters that meet internationally agreed-upon standards and that consider women's and girls' physical safety.** To ensure that the site and shelter design strengthens the protection of women and girls, include them in consultations as much as possible.
 - In Bassaso, Somalia, for example, focus groups revealed that women preferred corrugated galvanized iron shelters, despite the heat these generate, as these were perceived to be more effective for safeguarding against sexual violence than tents.³⁰

Box 3. Promising practices: Using Edutainment to Help Communities Prepare for Disasters: Caribbean Audio Soap Opera

Entertainment-education (edutainment) is an effective means of providing information to a wide audience through an engaging and dramatic (or comedic) medium that has mass appeal. The Rough Season is a radio soap opera on disaster risk reduction strategies created for communities in the Caribbean that are vulnerable to recurrent natural disasters. This soap opera is based on other successful examples from across Latin America, such as "Times of Hurricanes" and "Tremors of the Heart." Using edutainment principles, "The Rough Season" employs catchy music, culturally appropriate characters and storylines to raise awareness about the risks of natural disasters, food security crises, as well as IPV. The serial educates its audience about best practices in preparedness before a disaster and safety during and after. The ten episodes lasting 15 minutes each incorporate script, characters, and situations typical of a Caribbean scenario.

This audio soap opera is an inter-agency effort of various organizations, including the Pan-American Health Organization, International Strategy on Disaster Reduction, International Federation of Red Cross and Red Crescent, and Association of Caribbean States.

For more information, visit

<http://www.eird.org/eng/educacion/radionovela-caribe/radionovela-caribe-ing.htm>

- **Ensure female protection or police officers are available,** and that female workers are included in food distribution, registration, and other services set up to respond to the emergency.



- **Establish an early warning system for VAWG**, so that individuals are able to report threatening behaviors before incidents occur, thus triggering appropriate preventive measures. Ensure that on-the-ground reporting mechanisms are private and confidential.
- **Distribute safety equipment with basic emergency supply kits**, such as whistles, flashlights, etc. to help women and girls to better protect themselves.
- **Set up latrines, washing facilities and water points in accessible, secure locations**, and have locks to ensure safety and privacy while the latrine or washing facility is being used.
- **Patrol firewood collection routes** or provide direct transportation to firewood collection sites.
- **Identify vulnerable individuals**, and after consulting them, provide them with special arrangements, such as housing for unaccompanied children and for female-headed households.

Outreach/psychosocial support

- **Implement outreach activities focusing on women and girls** in camps/settlements, to raise awareness of risks of increased violence, how to protect themselves, and where to go for assistance.
- **Ensure the displaced population is informed of the availability and location of services** for survivors of various forms of violence.
- **Provide culturally appropriate psychosocial support** for families in crisis to help reduce the risk of IPV/family violence and provide direct support for VAWG survivors (during and after the crisis).

Sexual violence/sexual and reproductive health response (see also Box 4)

- **Offer a standard medical response to sexual violence survivors**, including the option of emergency contraception, preventive treatment for STIs, post-exposure prophylaxis for prevention of transmission of HIV, and tetanus and hepatitis B vaccinations and wound care as appropriate.
- **Allow for the presence of same-sex, same-language health worker or chaperone** and, if the survivor so desires, a friend or family member, present for any medical examination.
- **Put in place measures to protect the physical safety of the survivor** immediately following an incident of sexual violence, such as safe housing.
- **Identify and document locations where incidents of sexual violence have occurred** and establish relevant preventive measures.
- **Ensure the availability of the Minimum Initial Service Package (MISP)**. Rather than consisting of kits of equipment and supplies, the MISP is actually of a series of actions to respond to the reproductive health needs of a population in a refugee or post-disaster situation. Adequately trained



staff can implement the package without carrying out a needs assessment, given that ample evidence already exists to support its use.³¹ For further information on the MISP, please visit <https://www.unfpa.org/emergencies/manual/index.htm>.

Box 4. *Providing appropriate care for survivors of sexual violence requires that these priority services should be available and accessible:*

- Emergency contraception (EC) to prevent pregnancy
- Post-exposure prophylaxis (PEP) to minimize HIV transmission
- Treatment for STIs, care of wounds and injuries
- Counseling and other psychosocial support
- Collection of forensic evidence, with consent of survivor
- Referral to legal and social support services within the community

Sources:

RAISE Initiative Fact Sheet: Gender-Based Violence <http://www.raiseinitiative.org/library/factsheets.php>

World Health Organization. (2004). *Clinical management of rape survivors: developing protocols for use with refugees and internally displaced persons.*

<http://www.who.int/entity/reproductivehealth/publications/emergencies/924159263X/en/index.html>

World Health Organization (2013). *Responding to intimate partner violence and sexual violence against women: Clinical and policy guidelines*

<http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>



RECOMMENDED RESOURCES FOR INTEGRATING VAWG INTO HEALTH SECTOR PROJECTS

Programming

Clinical Care for Sexual Assault Survivors: Health care workers often lack the skills and experience to provide optimal care to survivors of sexual assault. The IRC partnered with UCLA's Center for International Medicine to create a multimedia training tool designed for use in resource-limited and conflict-affected health settings. Since 2008 the Clinical Care for Sexual Assault Survivors training DVD has been used to train health care workers across Africa, Asia, and the Caribbean. The goal of this tool is to improve the clinical care of sexual assault survivors in low resource settings by demonstrating compassionate, competent, and confidential care in keeping with international standards. It is intended for use in the training of all staff in health clinics (clinicians and non-clinicians) that interact with sexual assault survivors.

GBV Responders' Network

The IRC Women's Protection & Empowerment (WPE) Unit developed the GBV Emergency ToolKit based on years of experience responding to GBV in emergencies. The ToolKit, designed to strengthen our global response and preparedness, includes ready-to-use tools and templates, as well as guidelines and examples of best practice.

The Gender Based Violence Information Management System (GBVIMS) aims to provide program managers with one simple system to manage their data on reported GBV cases, including the safe and ethical sharing of reported incident data. Effective utilization of the GBVIMS can also assist service providers to understand better the reported GBV cases they receive to: adjust their programming to more effectively respond to the needs of survivors; aggregate data to analyze wider trends and threats; and enable safe sharing for improved inter-agency coordination and joint action to address emerging issues.

Global Protection Cluster (July 2010). Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings. The Coordination Handbook is a quick reference tool that provides practical guidance on leadership roles, key responsibilities and specific actions to be taken when establishing and maintaining a GBV coordination mechanism in a humanitarian setting (conflict, post-conflict and natural disaster).

Inter-Agency Standing Committee (IASC) (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies.



The primary purpose of these guidelines is to enable communities, governments, and humanitarian organizations to establish and coordinate a set of minimum multi-sectoral interventions to prevent and respond to sexual violence during the early phase of an emergency. The Guidelines specifically detail minimum interventions for prevention and response to sexual violence to be undertaken in the early stages of an emergency. Twenty-five action sheets have been developed in 10 functional/sectorial areas.

[The Reproductive Health Access, Information and Services in Emergencies \(RAISE\) Initiative](#) is catalyzing change in how reproductive health (RH) is addressed by all sectors involved in emergency response, from field services to advocacy and from local aid providers to global relief movements. Developed by Columbia University's Heilbrunn Department of Population and Family Health in the Mailman School of Public Health and Marie Stopes International (MSI), the RAISE Initiative aims to address the full range of RH needs for refugees and internally displaced persons (IDPs) by building partnerships with humanitarian and development agencies, governments, United Nations (UN) bodies, advocacy agencies, and academic institutions. This page provides useful tools, fact sheets, and links to training for providers of clinical and social services in emergencies.

RHRC. (2003). [Gender Based Violence Tools Manual](#). This manual is a result of the three-year global Gender-based Violence Initiative that aimed at improving international and local capacity to address GBV in refugee, internally displaced, and post-conflict settings. The manual provides tools for assessment, program design, and program monitoring and evaluation according to a multi-sectoral model of GBV programming. It is intended to be used by humanitarian professionals committed to GBV prevention and response.

UNFPA. (2011). [Managing GBV Programming in Emergencies](#). This course was developed by the UNFPA and World Education, Inc. in consultation with a wide range of GBV experts and humanitarian and development actors worldwide. The goal of this course is to improve the knowledge of program managers to better address the issue of gender-based violence in humanitarian emergencies.

Research

Spangaro, J., A. Zwi, C. Adogu, G. Ranmuthugala, G. P. Davies, and L. Steinacker (2013). *What Is the Evidence of the Impact of Initiatives to Reduce Risk and Incidence of Sexual Violence in Conflict and Post-Conflict Zones and Other Humanitarian Crises in Lower- and Middle- Income Countries? A Systematic Review*. London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London.

UNFPA, (2012). *Gender Based Violence and Natural Disasters in Latin America and the Caribbean*.



WHO, UN Action, MRC South Africa, and SVRI. (2012). *A research agenda for sexual violence in humanitarian, conflict and post-conflict settings (Executive Summary)*. Pretoria: Sexual Violence Research Initiative, Gender and Health Research Unit, Medical Research Council.

WHO. (2007). *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. Geneva: WHO Press.
<http://www.who.int/gender/documents/violence/9789241595681/en/>

Wood, E. J. (2006). Variation in Sexual Violence in War. *Politics & Society* 34(3), 307–342.

Other Relevant Guidance

Children in a Changing Climate, Children's Charter: An action plan for disaster risk reduction for children by children. (2011). Retrieved from
http://www.childreninachangingclimate.org/database/CCC/Publications/children_charter.pdf

Canadian Red Cross and International Federation of Red Cross and Red Crescent Societies (IFRC). (2012). *Predictable, Preventable: Best Practices for Addressing Interpersonal and Self-Directed Violence During and After Disasters*. Retrieved from
<http://www.ifrc.org/PageFiles/94522/ViolenceInDisasters-English-1up.pdf>

Pincha, C. (2008). *Gender-Sensitive Disaster Management: A Toolkit For Practitioners*. Mumbai: Earthworm Books for Oxfam America and Nanban Trust. Retrieved from
<http://www.eldis.org/vfile/upload/1/document/0812/Gnder%20sensitive%20disaster%20management%20Toolkit.pdf>

The Sphere Project: Humanitarian charter and minimum standards in humanitarian response. (n.d.). Retrieved from <http://www.sphereproject.org>

Pinheiro, P. S. (2006). *World report on violence against children*. Geneva, Switzerland: ATAR Roto Presse SA. Retrieved from
<http://www.unviolencestudy.org/>

WHO, UNFPA, and UNHCR. (1999). *Reproductive Health in Refugee Situations: an Inter-agency Field Manual*. Retrieved from
<https://www.unfpa.org/emergencies/manual/index.htm>

UNHCR. (2008). UNHCR Guidelines on Determining the Best Interests of the Child. Retrieved from
<http://www.unhcr.org/4566b16b2.pdf>

WHO. (2008). *Preventing violence and reducing its impact: How development agencies can help*. France. Retrieved from
http://whqlibdoc.who.int/publications/2008/9789241596589_eng.pdf



REFERENCES

- ¹ Guha-Sapir D, Hoyois P., and Below R. Annual Disaster Statistical Review 2012: The Numbers and Trends. Brussels: CRED; 2013.
- ² Laframboise, N. and B. Loko. (2012). Natural Disasters: Mitigating Impact, Managing Risk. (WP/12/245). Retrieved from International Monetary Fund website: <https://www.imf.org/external/pubs/ft/wp/2012/wp12245.pdf>.
- ³ Laframboise and Loko, 2012.
- ⁴ Integrated Regional Information Networks. (2005) Disaster Reduction and the human cost of disaster. *IRIN Web Special*. Retrieved from <http://www.irinnews.org/pdf/in-depth/disaster-reduction-irin-in-depth.pdf>.
- ⁵ Guha-Sapir et al., 2013.
- ⁶ UNFPA, 2012.
- ⁷ GETSA, SEPREM, and UNFPA (2010). *Impacto en los Medios de Vida de las Mujeres Afectadas por la Tormenta Agatha* (Guatemala: GETSA).
- ⁸ Pittaway E, Bartolomei L, and Rees S. (2006). Neglected issues and voices. *Asia-Pacific Journal of Public Health* 19 (Spec No: 69).
- ⁹ Anastasio, M., N. Shehab and L. Lawry. (2009) Increased Gender-based Violence among Women Internally Displaced in Mississippi 2 Years Post-Hurricane Katrina. *Disaster Medicine and Public Health Preparedness* 3(1) 18-26.
- ¹⁰ UNFPA, 2012.
- ¹¹ The Sphere Project, n.d..
- ¹² Arango, D. and Guedes, A. (2012). Addressing Gender Based Violence (GBV) in Natural Disasters and all Emergency Settings is Critical. Pan American Health Organization (PAHO) unpublished guidance note.
- ¹³ Arango and Guedes. 2012.
- ¹⁴ Adapted from Ellsberg, M., and Heise, L. (2005). *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington, DC: World Health Organization, PATH.
- ¹⁵ Adapted from IFRC, 2012.
- ¹⁶ DFID. (2013). Violence against Women and Girls in Humanitarian Emergencies. CHASE Briefing Paper. Retrieved from DFID website:



[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271932/VAWG-humanitarian-emergencies.pdf.](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271932/VAWG-humanitarian-emergencies.pdf)

¹⁷ Arango and Guedes, 2012.

¹⁸ UNFPA, 2012.

¹⁹ **Note:** This course can be found at: <https://extranet.unfpa.org/Apps/GBVinEmergencies/index.html>.

²⁰ Arango and Guedes, 2012.

²¹ WHO. (2003) *Guidelines for medico-legal care for victims of sexual violence*. Retrieved from <http://whqlibdoc.who.int/publications/2004/924154628X.pdf?ua=1>.

²² Inter-Agency Standing Committee (2005). *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*. Geneva: Inter-Agency Standing Committee.

²³ IASC, 2005.

²⁴ Global Protection Cluster, 2010.

²⁵ UNFPA, 2012.

²⁶ UNFPA, 2012.

²⁷ UNFPA, 2012.

²⁸ Willman, A. M. and Corman, C. (2013). *Sexual and Gender-Based Violence: What is the World Bank Doing and What Have We Learned, A Strategic Review*. Washington, DC: World Bank.

²⁹ Adapted from Arango and Guedes, 2012.

³⁰ Danish Refugee Council, Norwegian Refugee Council, UNHCR, and UNOCHA. (2011). Transitional Shelter Assessment Phase I Report: Bossaso 14th-17th April. See also DFID, 2013.

³¹ WHO, UNFPA, and UNHCR, 1999.

PHOTO CREDITS

Cover: Nugroho Nurdikiawan Sunjoyo/World Bank.

Page 7: Scott Wallace/World Bank.

This brief was written by Floriza Gennari (GWI), Diana Arango (GWI), Anne-Marie Urban (IDB), and Jennifer McCleary-Sills (WBG), with comments and editing from Manuel Contreras (GWI), Mary Ellsberg (GWI), and Nidia Hidalgo (IDB). Inputs were also provided by Sveinung Kiplesund (WBG). Lisa Fry (WBG) provided editorial support.