Sexual Violence in Disasters

From the National Sexual Violence Resource Center

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Foreword

In the chaotic aftermath of Hurricane Katrina in 2005, a rise in sexual violence became a tragedy within a tragedy. Prompted by the accounts of survivors and the knowledge that disasters worsen conditions that contribute to sexual abuse, harassment, and assault, both the Louisiana Foundation Against Sexual Assault (LaFASA) and the National Sexual Violence Resource Center (NSVRC) began to examine this issue. The two organizations partnered to produce *Preventing and Responding to Sexual Violence in Disasters: A Planning Guide for Prevention and Response* (Klein, 2008). The guide offered practical recommendations for victim advocates, emergency responders, disaster managers, and others to prepare for, prevent, and respond to sexual violence in disasters.

For over a decade since its publication, the guide has remained one of NSVRC's most-requested resources, and has been instrumental in helping communities develop plans to prevent and address sexual violence when disaster strikes. In that time, the frequency and severity of climate- and weather-related disasters have steadily increased, impacting regions across the U.S. and the world. Simultaneously, researchers, journalists, human rights organizations, disaster responders, and victim advocates have continued to examine and document the prevalence, causes, and consequences of sexual and gender-based violence in the context of disasters. This ongoing work has continued to deepen understanding and broaden awareness about the connections among oppression, disasters, and sexual violence.

In 2020, as the COVID-19 pandemic spread and stay-at-home orders went into effect across the globe, many community-based rape crisis centers and domestic violence programs reported a noticeable increase in hotline calls and requests for services. At the same time, it quickly became clear that due to structural racism and long-standing health, housing, and economic inequities in the United States, Black, Indigenous, and other communities of color were disproportionately impacted by the coronavirus itself, the financial crisis that came with it, and the subsequent risks of sexual violence victimization.

NSVRC recognized the need for updated resources that could help to highlight and carry forward the lessons learned from the COVID-19 pandemic and other recent disasters, with particular attention to the racial and social inequities that shape both disasters and sexual violence. We convened an advisory group of organizations working at local, state, and national levels to support Black, Indigenous, Latinx, and Asian American and Pacific Islander survivors of sexual violence. These movement leaders have guided the creation of this resource.

Acknowledgments

In 2020, the world was overwhelmed by the COVID-19 pandemic, a global public health crisis of unparalleled magnitude. Within one year of the pandemic's beginning, 30 million people had been diagnosed, and more than 500,000 had died from the virus in the United States alone (Wu & Chiwaya, 2020). In addition, the indirect social and economic consequences of the pandemic caused an estimated 30,000 additional deaths (Matthay et al., 2021). In an effort to limit the spread of infection, businesses and agencies across the country shut their doors as the entire country was directed to stay home. In the first month of the pandemic, more than 20.5 million people in the U.S. lost their jobs (Kochhar, 2020; Long & Van Dam, 2020).

While families and communities across the country struggled to survive the direct and indirect effects of the virus, the United States was also struck by climate- and weather-related disasters that were historic in both their number and severity. On the east coast, the 2020 Atlantic hurricane season brought a record-breaking 30 named storms, with 11 making landfall in the continental U.S. (National Oceanic and Atmospheric Administration [NOAA], 2021). On the west coast, states struggled to contain and recover from the worst wildfire season on record, with more than five million acres burned, thousands of buildings destroyed, and numerous lives lost (Migliozzi et al., 2020). Southern and central states experienced the second deadliest tornado season in a decade (Storm Prediction Center, n.d.).

In the midst of these acute disasters, the ongoing disaster of systemic racism was brought to the forefront of national consciousness. Countless people around the country and the world joined uprisings in every state to protest police violence and anti-Black racism following the murder of George Floyd by a Minneapolis police officer. As the COVID-19 pandemic continued, it became clear that Black, Indigenous, and Latinx people were dying from the virus at twice the rate or more of white people due to long-standing health inequities (Centers for Disease Control and Prevention [CDC], 2021). At the same time, racist rhetoric about the virus from the highest levels of government coincided with a surge in hate violence against Asian Americans and Pacific Islanders (Tavernise & Oppel, 2021).

A Note about Language

Many of the key terms we have used in this guide are defined and discussed in notes on the pages that follow. We have also included a glossary with these terms at the end of the guide. Our goal is to use language in ways that are informative and inclusive, while understanding that language can also be limited and oppressive, sometimes simultaneously. We recognize that language is complex and constantly evolving, and words have different meanings for different people, communities, and cultures. We support individuals and communities in using the language they choose to describe their own identities and experiences.

Introduction

Disasters reveal and reinforce social, political, and economic inequities that exist in the United States and across the world. The immediate and long-term effects of disasters increase the overall prevalence of sexual harassment, abuse, and assault; worsen the frequency and severity of harm for victims experiencing ongoing sexual violence;[1] and exacerbate barriers and obstacles for survivors in their healing.

While the effects of disasters, including sexual violence, are widespread, hardship is not distributed equally. The history and continuing legacy of colonialism, institutionalized racism, hetero-patriarchy, and systemic oppression shape both the causes and effects of disasters in the United States. Underlying inequities, disasters, and sexual violence create a "collision of crises" that disproportionately harm Black, Indigenous, and people of color (BIPOC);[2] people experiencing economic and housing insecurity; documented and undocumented immigrants; people with disabilities; people in later life; youth; LGBTQ[3] people; women; trans and non-binary people; and those who live at the intersections of these and other historically marginalized identities.

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[1]Sexual violence is an umbrella term to describe any type of sexual abuse, harassment, or assault. This includes sex trafficking, sexual extortion, reproductive coercion, and unwanted sexual contact or exposure. People who commit sexual violence may use force, threats, manipulation, or coercion to commit these acts. They often know and are trusted by the people they abuse and may victimize people of any age or gender.

[2]BIPOC is an acronym for Black, Indigenous, and people of color. It is used throughout this resource and in some activist and academic communities to acknowledge and center the specific violence, cultural erasure, and systemic oppression experienced by Black and Indigenous people in the United States.

[3]LGBTQ is an acronym for lesbian, gay, bisexual, transgender, and queer or questioning. It is used throughout this resource as an umbrella term for people whose sexual orientation and/or gender identities have been historically marginalized.

The conditions of risk and inequity that lead to increased sexual violence and hardship for survivors during disasters do not materialize when disaster strikes or end when disaster recedes. They precede, are magnified by, and often become further entrenched by disasters. Alongside these conditions, during disasters and otherwise, are the individual and collective resilience and survival strategies of survivors and communities, especially among those already enduring a disproportionate burden of the underlying causes and long-term consequences of systemic oppression and sexual violence.

The work to eliminate inequity and injustice is an integral part of both disaster preparedness and violence prevention, and everyone has a role to play. Community members can share resources and social support, build coalitions, and advocate for equitable policies and programs. Service providers can build accessible, equitable, and holistic systems of care. Policymakers can prioritize equity in housing, health care, disaster management, and more. Strategies to meaningfully prevent and respond to sexual violence in disasters can increase equity, safety, and healing not only in times of disaster, but at all times.

This guide draws from research, reporting, and the lived experiences of survivors to explore the connections between sexual violence and disasters; the inequities that shape them both; the lessons to be learned from the resilience of survivors and their communities; and opportunities for all of us to prevent sexual violence before, during, and after disasters.

Defining Disaster

Disaster is commonly defined as:

> *a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources* (United Nations International Strategy for Disaster Reduction, 2009).

This definition includes disasters caused by natural hazards, such as hurricanes, floods, tornadoes, earthquakes, wildfires, and epidemics and pandemics.[4] It also includes disasters that arise from human action, such as war, terrorism, and political repression; nuclear explosions and radiation; and air, water, and soil pollution arising from commercial farming, manufacturing, oil and gas drilling, mining, and other industries. Disasters can also result from a combination of both natural and human causes, such as an earthquake destroying a nuclear power plant, a hurricane flooding a toxic waste site, or an epidemic made worse by structural inequities and discriminatory response. By definition, it is not the cause of an event that creates disaster, but its overwhelming consequences for people and communities (Zibulewsky, 2001).

While some events – such as hurricanes and earthquakes – may be natural and inevitable, the devastation they cause to people and communities is neither. The frequency, severity, and distribution of losses that define disaster are determined by the social, economic, and political conditions in which a potentially disastrous event occurs (Jacobs, 2019). These underlying conditions are the result of human decisions and actions related to investment and inequity that either bolster or undermine communities' abilities to prepare for, survive, and recover from disasters. In this way, "there is no such thing as a natural disaster" (International Federation of Red Cross and Red Crescent Societies [IFRC], 2020b; N. Smith, 2006).

> "Disasters are often depicted as great levelers, victimizing rich and poor alike. The effects of disasters on populations are anything but random... The same factors that disadvantage members of society on a daily basis also play out during disasters."
>
> – Kathleen Tierney (Tierney, 2014, as cited in U.S. Federal Emergency Management Agency [FEMA], 2020, p. 12)

BIPOC communities face disproportionate risks of disasters because of systemic racism and environmental injustice. Due to exclusionary zoning ordinances, racial bias in property values, discriminatory lending by banks and insurance companies ("redlining"), and other long-standing forms of housing and economic discrimination, BIPOC neighborhoods are disproportionately located near industrial facilities, oil refineries, landfills, and roadways (American Bar Association [ABA], 2020; American Public Health Association [APHA], n.d.; Squires, 2017). In fact, research

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[4]An epidemic is an unexpected increase in the number of cases of a disease within a population or region. A pandemic is an epidemic that has spread to multiple countries or continents.

shows that race is the number one indicator for the placement of toxic facilities in the United States (APHA, n.d.; Bullard et al., 2007; Clark et al., 2014; Commission for Racial Justice, 1987). In violation of tribal sovereignty and federal law, tribal lands are systematically targeted by private corporations for oil, gas, and coal extraction and pipelines while state and federal policymakers weaken regulations (Glick, 2019; Nelson, 2020; Osborne, 2018). During the Cold War, the United States conducted extensive weapons testing in the Pacific — detonating 67 nuclear bombs, launching a dozen biological weapons, and burying 3.1 million cubic feet of plutonium and other radioactive debris in the Marshall Islands — leading to widespread displacement, destruction of resources, and negative health outcomes that persist among many Indigenous Pacific Islanders today (Gerrard, 2015; Jose et al., 2015; Rust, 2019; Yam, 2020). The close proximity to these various facilities and operations increases risks to BIPOC communities from acute disasters such as industrial accidents and oil spills, as well as chronic exposure to toxic fumes, water pollution, and other environmental hazards that contribute to health disparities (APHA, n.d.; Berkovitz, 2020; Cliffton et al., 2020).

Past and present discriminatory housing practices also cause BIPOC neighborhoods to be disproportionately located in low-lying coastal areas that are ecologically vulnerable to hurricanes and flooding (Squires, 2017). For example, Black homeowners in New Orleans were more than three times as likely to have been flooded as white homeowners during Hurricane Katrina, due to their geographic location within the city and governmental failure to repair the surrounding levees (Cliffton et al., 2020). Despite the disproportionate risks and costs to BIPOC communities in disasters, people with the power to make environmental policy and implement large-scale disaster plans consistently exclude their experience and expertise (Sze, 2006). These are all forms of pervasive and entrenched environmental racism.[5]

Disasters expose and exacerbate pervasive inequities. Systemic racism, colonialism, nativism, sexism, classism, ageism, ableism, heterosexism, cissexism, and other oppressions leave marginalized communities exposed to higher rates of morbidity, mortality, unemployment, and housing insecurity, and greater barriers to evacuation, essential services, and recovery at every stage of disaster planning and response (Cliffton et al., 2020; FEMA, 2020).

The definition of *disaster* also offers a lens for understanding colonialism, white supremacy, institutionalized racism, and other oppressions as long-standing, human-caused disasters. Like other disasters, these result in "widespread human, material, economic, and environmental losses" to BIPOC communities, whose "own resources" have been simultaneously and systematically stolen, exploited, and deprived by governments, businesses, and other institutions. These institutions have even planned, sanctioned, and carried out disasters targeting BIPOC communities, such as slavery, massacres, forced relocation, and mandatory boarding schools for Indigenous children, with enduring effects on survivors and their descendents (University of Minnesota Extension, n.d.). Structural racism has been widely described as a pandemic itself, one that has generated health disparities, chronic illness,

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[5]Environmental racism is a form of systemic racism in which governmental, corporate, and other institutional policies and practices disproportionately expose Black, Indigenous, and people of color to health hazards such as pollution, toxins, and hazardous waste where they live and work.

death, and trauma for BIPOC individuals and communities in the United States for centuries (Cheng & Conca-Cheng, 2020; Krisberg, 2021; Laurencin & Walker, 2020; M. Singh, 2020). This calls us to center, uplift, and learn from the resilience and strategies employed by BIPOC communities to resist and endure these historic and present-day disasters.

Disasters are common in the United States and throughout the world, and at any given time many communities are struggling to cope with multiple disasters at once. When one disaster follows right after another, they multiply each other's impacts. This makes it profoundly difficult for affected communities to survive and recover. Overlapping disasters are expected to become increasingly common in the coming decades due to climate change and continued injustices (Flavelle & Fountain, 2020). Climate- and weather-related disasters have become more frequent over the last century. The number, intensity, duration, variability, and impact of these events are predicted to climb as increasing global temperatures lead to rising sea levels and more precipitation, flooding, droughts, and heatwaves (APHA, n.d.; IFRC, 2020b; Kaplan, 2020; U.S. Geological Survey [USGS], n.d.). The effects of climate change, including desert expansion, environmental degradation, and sea-level rise currently displace more than 20 million people each year, forcing them to migrate to other regions or countries (McDonnell, 2018; United Nations High Commissioner for Refugees [UNHCR], n.d.). Researchers anticipate that many low-lying Pacific Islands, such as the Marshall Islands, will become uninhabitable by 2050 due to the direct and indirect consequences of wave-driven flooding (IFRC, 2020b; Storlazzi et al., 2018). Climate change may also increase the risks of infectious diseases with epidemic potential, as well as human-caused disasters associated with political instability, armed conflict, and terrorism around the world (APHA, n.d.; Hsiang et al., 2013; IFRC, 2020b; United Nations General Assembly, 2009; Werrell & Femia, 2018; Worland, 2020). Without sweeping changes in public policy and allocation of resources, the consequences of these events will continue to disproportionately burden BIPOC, low-income, and other marginalized communities due to racial and socioeconomic inequities in a wide range of factors, including housing, health and health care, and disaster planning and relief (APHA, n.d.; IFRC, 2020b).

> "While natural disasters and disease do not discriminate, we know that people can and do. These 'equal opportunity' calamities have a way of exposing our nation's greatest weaknesses bare to the world: pervasive and dangerous inequities across race, class, gender identity and sexual orientation."
>
> – Pascale Leone (2020, para. 1)

Contributing Factors to Sexual Violence in Disasters

The immediate and long-term effects of disasters heighten risk factors for sexual violence perpetration and victimization. They also create and worsen existing barriers to safety and healing for survivors and accountability for people who sexually offend. As a result, sexual violence often becomes a tragedy within the tragedy of disaster. These factors contribute to a rise in sexual violence when disaster strikes and for a long time to follow. Importantly, these factors are not inevitable. By taking action to reduce risk factors, advance equity, and strengthen community support before disasters strike, community members, service providers, and policymakers can prevent sexual violence both in and out of disasters.

Risk Factors for Perpetration

Research has identified individual, relational, community, and societal risk factors that can increase the likelihood that a person will commit sexual violence (CDC, n.d.d). Many of these risk factors, which are prevalent even in the absence of disaster, become elevated due to the psychological, interpersonal, economic, physical, and other hardships caused by disasters. Notably, none of these conditions directly cause sexual violence, and not everyone who experiences these risk factors will perpetrate sexual violence. However, these heightened risks can increase the likelihood of sexual harassment, abuse, and assault in the context of disasters.

Individual

Disasters frequently cause significant trauma, stress, and major losses, including the loss of homes, jobs, and loved ones. These experiences can overwhelm an individual's abilities to cope while simultaneously limiting access to their usual strategies for dealing with challenges. For some, this can lead to increased use of drugs and/or alcohol as a means to manage the trauma and stressors of a disaster. It can also contribute to depression, suicidality, and other

mental health concerns (Czeisler et al., 2020). At the same time, disasters can make substance abuse and mental health treatment and other supports more difficult — or even impossible — to access. All of these factors — limited coping skills, drug and alcohol use, unmet mental health needs — may increase a person's likelihood of committing sexual violence (CDC, n.d.a, n.d.b, n.d.d; Storey, 2020; Thurston et al., 2021; World Health Organization [WHO], 2005).

The conditions created by disasters may increase not only the likelihood, but also the potential lethality, of sexual and gender-based violence. Disasters can lead to spikes in gun purchases, and the presence of a firearm can drastically increase the likelihood of lethal violence in households with a history of intimate partner violence, elder abuse, or other interpersonal violence (Bettinger-Lopez & Bro, 2020; Bleiweis & Ahmed, 2020; Makaroun et al., 2020).

Relational

As people struggle to cope with a disaster and its aftermath, dynamics can change and tensions can grow in families and other relationships (Bancroft, 2018). Family stress and conflict, poor parent-child relationships, and an emotionally unsupportive family environment can contribute to risk of sexual violence perpetration (CDC, n.d.a, n.d.d). People may seek shelter with extended family, friends, or acquaintances, which can increase the potential for child abuse (CDC, n.d.a). People may become increasingly financially and emotionally dependent on elder family members for whom they provide care, and more resentful of their caregiving roles amidst financial hardship and competing demands on their time and resources. This can increase the risk of elder abuse, including sexual abuse (CDC, n.d.b; Makaroun et al., 2020; Storey, 2020). Social networks beyond the family may also become compromised by disaster, increasing social isolation and decreasing social support, further contributing to risks of child and elder abuse perpetration (CDC, n.d.a, n.d.b; WHO, 2005).

Community

Weak sanctions against people who sexually offend and a lack of institutional support from police and judicial systems in the community increase the risk of sexual violence perpetration. These systems are already lacking in terms of culturally responsive and accessible services, and are not helpful to many survivors of sexual abuse, harassment, and assault. In the wake of disaster, these systems tend to become even less responsive and accessible. Law enforcement may become overwhelmed with disaster response and unavailable to receive reports or pursue investigations related to sexual violence. Sexual offenses may also be assigned lower priority than other crimes in disaster settings (Klein, n.d.; Thurston et al., 2021; WHO, 2005). Systems such as probation and parole, court-mandated drug testing and treatment, and mental and behavioral health services that provide accountability, supervision, and support to people convicted of sexual violence may also be interrupted during and after a disaster, increasing risks of recidivism (Yukhnenko et al., 2020). It is often necessary to release people from correctional facilities during disasters in order to protect their lives and safety, and this should be part of communities' disaster planning and response. However, this can also increase risk to victims in the community unless there are clear protocols and precautions in place to facilitate safe release in the context of disasters (National Resource Center for Reaching Victims [NRC] & Women of Color Network [WOCN], 2020).

Community-level risk factors for sexual violence perpetration also include poverty and lack of employment opportunities (CDC, n.d.d). These conditions also increase in disasters as businesses are shuttered or destroyed, unemployment rates rise, and incomes fall (WHO, 2005). The socioeconomic effects of disaster can extend for years or even decades after the disaster itself.

Societal

Weak laws and policies related to sexual violence and gender equity increase the likelihood of sexual violence perpetration (CDC, n.d.d). While recognition of the intersections between disasters and sexual violence has grown in the twenty-first century, many disaster planning and response efforts on the local, state, and federal levels still fail to adequately account for and address the increased risks of perpetration and barriers for survivors. By integrating sexual violence prevention and intervention into practices and policies, emergency responders, shelter workers, lawmakers, and others can help to reduce the risks of sexual violence perpetration during and after disasters.

Risk Factors for Victimization

Sexual violence is rooted in oppression (Guy, 2006). People who commit sexual violence often target those who have less social, economic, or political power in the world, and who therefore have more real or perceived barriers to resisting, reporting, and mobilizing systems of support and accountability. Because of interlocking oppressions and inequities, Black, Indigenous, and people of color; people experiencing poverty or homelessness; people with disabilities; elders; children and youth; LGBTQ people; and women are among those who experience the highest rates of sexual violence. The risks of victimization are even greater for people with more than one of these identities, who face compounding layers of oppression. These individuals and communities also face disproportionate burdens and barriers, including greater economic hardship and significant disparities in health and health care, before, during, and long after disasters (IFRC, n.d.b). As disasters exacerbate and further entrench existing structural inequities, they multiply risk factors for sexual violence victimization among already marginalized communities (National Sexual Violence Resource Center [NSVRC], 2012b; Ruíz et al., 2020).

Economic insecurity

When people experience economic insecurity – such as uncertainty about whether and how they will be able to pay rent, buy food, cover expenses, or cope with an unexpected financial setback – they are significantly more likely to experience sexual violence (Breiding et al., 2017). Economic insecurity can increase dependence on partners, family members, caregivers, employers, acquaintances, and others for shelter, food, and other necessities, increasing the potential for abuse. People who commit sexual violence frequently exploit and perpetuate these conditions in order to coerce and control victims. This can make it profoundly difficult or outright impossible to escape a sexually abusive situation.

Disasters create staggering financial loss for individuals, families, and communities, heightening economic insecurity and vulnerabilities to sexual violence (Peterman et al., 2020; Thurston et al., 2021). Disasters often result in widespread loss of jobs, income, housing,

and personal possessions, while generating enormous costs for health care, relocation, and recovery. At the same time, community supports and systems that might sustain some individuals through a personal financial crisis — such as personal networks, private organizations, and public systems — are often overwhelmed and inaccessible during the collective crisis of disaster. These losses expose and further entrench existing economic inequities in society.

The economic effects of disaster, and the accompanying rise in sexual violence victimization risk, disproportionately impact people who already experience economic marginalization, including Black, Indigenous, and people of color; documented and undocumented immigrants; people with disabilities; people in LGBTQ communities; women; low-wage workers; and people at the intersections of these and other historically marginalized identities (Evans et al., 2020; Mukherji, 2020; Polaris, 2020g). Due to structural racism and persistent inequities in employment, education, housing, and health, Black, Indigenous, and people of color have significantly less accumulated wealth than white people on average, are over-represented in low-wage jobs, and disproportionately work in industries likely to be most affected by unemployment in a disaster, such as restaurants, hotels, child care, retail trade, and transportation (Center on Budget and Policy Priorities [CBPP], 2021; Hamel et al., 2017; Kochhar & Barroso, 2020). Other communities that face disproportionately high poverty rates, wage gaps, and employment discrimination, including LGBTQ people and people with disabilities, are also disproportionately affected by the economic costs of disasters (Bleiweis & Ahmed, 2020).

During the COVID-19 pandemic, the majority of jobs lost were in industries with low average wages, with disproportionate impact among BIPOC workers, immigrants, women, young workers, and workers with less formal education (CBPP, 2021; Falk et al., 2021; Kochhar, 2020; Long & Van Dam, 2020). The intersections of racism and sexism are further evident in unemployment during the pandemic: data suggests that Black women experienced the largest number of job losses, while Latinx[6] women had the highest overall unemployment rate one month into the crisis (Ruíz et al., 2020). Six months after the president declared the pandemic a national emergency, 72% of Latinx, 60% of Black, and 55% of Native American respondents reported that their households were facing serious financial problems, compared to 37% of Asian and 36% of white respondents (Chatterjee, 2020). This has been further compounded by the fact that unemployment benefits have been delayed for millions of people in the United

> "One thing we know about disasters is that they not only exacerbate the impacts of structural inequalities, they entrench them. They also remove many of the safety nets available and limit the exit strategies out of situations produced by interlocking structural oppressions."
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> (Ruíz et al., 2020, p. 18)

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[6]Latinx is used throughout this resource as a gender-neutral and non-binary term when referencing people of Latin American culture or origin, regardless of race.

States, and outright denied to households with undocumented or mixed immigration status and workers in informal and gig economies (NRC & WOCN, 2020). These disparities echo the economic effects that have been documented in previous disasters (Bernstein, 2005; Campbell, 2020; Hamel et al., 2017).

Even without a disaster, survivors of sexual violence already face significantly higher burdens of economic insecurity, with lost earnings over their lifetimes and personal costs for medical care, counseling, and/or relocation (Doyle et al., 2020; Loya, 2014). Research suggests that people who have experienced rape earn an average of $5,000 less per year than people who have not, a disparity that can persist for years or decades following an assault (NSVRC, 2013). The economic hardship caused by sexual violence is further compounded for BIPOC survivors, low-income survivors, and immigrant survivors due to structural inequities in employment, education, housing, and public assistance programs (Loya, 2012). During the COVID-19 pandemic, nearly twice as many BIPOC survivors of sexual and gender-based violence reported high economic insecurity, compared to white survivors (Ruíz et al., 2020). Women who said they were likely to return to an abusive partner during the pandemic had less than half the financial resources ($3,734 on average) than women who said it was unlikely that they would return ($8,322 on average) (Ruíz et al., 2020).

Housing insecurity

Housing insecurity is both a common cause and consequence of sexual violence victimization (NSVRC, 2020a). In a national study, around 15% of people experiencing homelessness had experienced sexual assault or rape, with higher rates of victimization among people who had experienced longer periods of homelessness (Meinbresse et al., 2014). Studies of youth experiencing homelessness have found that as many as 32% have experienced sexual violence while homeless, and as many as 42% have been involved in sex trafficking or survival sex. These rates are highest among LGBTQ homeless youth and disproportionately affect Black, Latinx, and multiracial youth (NSVRC, 2020a, 2020b).

Disasters contribute to widespread and worsening housing insecurity and homelessness directly through the destruction of homes and indirectly through effects on income and unemployment. When rental properties are damaged or destroyed by flooding, wildfires, or other natural hazards, landlords often raise rent prices significantly to recoup the cost of repairs and to increase their profits while demand for housing is high and supply is low (Bernstein et al., 2006; Breaux, 2019; Ortiz et al., 2019). In several cases, property owners, local officials, and federal agencies have decided to demolish affordable housing units that were damaged by disasters, rather than rebuild them (Bernstein et al., 2006; Ortiz et al., 2019; Seicshnaydre, 2011). Emergency shelters, already in short supply, may be forced to close due to physical damage from a disaster or limit capacity to prevent the spread of infection during an epidemic.

Before, during, and after disasters, housing insecurity and its associated risks for sexual violence victimization are experienced disproportionately by Black, Indigenous, and people of color. Out of approximately 3.5 million people who experience homelessness in the United States each year, 42% are Black (despite being only 12% of the overall population); 20% are Latinx (12% overall); 4% are Indigenous (1% overall); and 2% are Asian (1%) overall (National

Law Center on Homelessness & Poverty & Los Angeles Community Action Network, 2014). Discriminatory housing and lending practices towards BIPOC communities over generations mean that Black and Latinx people are more likely to rent than own their homes, putting them at higher risk of eviction and making them more susceptible to exploitation by landlords (ABA, 2020). Research after Hurricane Harvey found that Black and Latinx residents in Texas were less likely to have homeowners', renters', or flood insurance; among those whose homes were damaged by the storm, 67% of white residents, 49% of Black residents, and 36% of Latinx residents reported having any type of insurance to assist with repairs (Hamel et al., 2017). According to surveys collected in February 2021, one year after the start of the COVID-19 pandemic, nearly one in five adult renters were not caught up on their rent, with inequitable impact by race/ethnicity: 29% of Black renters, 22% Latinx, 19% American Indian/Alaska Native/ Native Hawaiian/Pacific Islander and multiracial (combined), 16% of Asian, and 13% of white renters were behind in rent (CBPP, 2021).

Disasters can further exacerbate housing insecurity by making emergency shelters less accessible. During COVID-19, many shelter programs for survivors of intimate partner violence, trafficking victims, and people experiencing homelessness reduced their capacity, turned away new residents, or shut down and moved residents to hotels out of concern for possible virus transmission within the facility (Bosman, 2020; Evans et al., 2020). Some survivors of sexual and gender-based violence avoided shelters for fear of exposing themselves or their children to COVID-19 in a communal living environment (Mukherji, 2020). Shelter facilities can also be damaged by natural disasters (Gearhart et al., 2018), such as flooding and fire, creating barriers for new residents and compounding safety concerns for current residents. The decreased availability of emergency shelter in disasters can increase barriers to leaving an abusive home environment and contribute to prolonged and worsening abuse.

Disparities in Health & Health Care

Systemic inequities in health, health insurance, and health care further cause disproportionate illness and death, heighten trauma, increase vulnerabilities to sexual violence victimization, and exacerbate existing barriers to services among marginalized communities, both during disasters and otherwise.

The combined effects of historical trauma,[7] environmental racism, chronic stress, lack of access to health care, and racial bias in medicine all contribute to higher rates of chronic health conditions and negative health outcomes among Black, Indigenous, and other people of color (Berkovitz, 2020; Carron, 2020; M. Singh, 2020). In the case of COVID-19, higher rates of diabetes, asthma, cardiovascular disease, compromised immune system, and other underlying conditions have significantly increased the risks of serious illness and death from the virus among BIPOC communities (Fenway Health, 2020; Infectious Diseases Society of America [IDSA] & HIV Medicine Association [HIVMA], 2020). BIPOC workers are also disproportionately represented among "essential" industries during the pandemic — including jobs that require close physical interaction with others — which increases the risk of exposure to COVID-19. As a result of these inequities, Black and Latinx people are approximately three times more likely to be hospitalized and twice as likely to die from the virus, and American Indian and Alaska Native people are over three times more likely to be hospitalized and nearly 2.5 times more likely to die from the virus, compared to white people (CDC, 2021). Higher rates of COVID-19 infection and mortality have also been found among people with intellectual or developmental disabilities (Gleason et al., 2021, Landes et al., 2021) and LGBTQ people (Fields, 2021; Heslin & Hall, 2021; Schmidt, 2021), who also experience disproportionate risks of exposure, higher rates of underlying health conditions, and medical bias connected to structural oppression. Elevated risk of infection, illness, and mortality in an epidemic or pandemic can dramatically raise the stakes around leaving a potentially abusive home or work environment or seeking care related to sexual violence.

Racial disparities in health care insurance may further prevent many BIPOC survivors from seeking treatment for either disaster- or sexual violence-related health needs, with significant implications for health, safety, and economic security. As of 2019, the uninsured rate was more than 2.5 times higher among Latinx people and approximately 1.5 times higher among Black people, Native Hawaiians, and other Pacific Islanders, when compared to white people. American Indians and Alaska Natives were nearly three times more likely to be uninsured than white people (Artiga et al., 2021). Among immigrants in the U.S., an estimated 20% are uninsured, more than twice the rate in the overall population, and this percentage is likely higher among people who are undocumented (UN Women, n.d.a).

Existing inequities in health care coverage are likely exacerbated in disaster by widespread unemployment and the resulting loss of employer-sponsored insurance, if it was provided (Bleiweis & Ahmed, 2020). When uninsured people become ill or injured in a disaster, the out-of-pocket health care costs can further contribute to economic and housing insecurity, and subsequent risk of sexual violence. To make matters worse, many people who are uninsured rely on emergency room visits as their primary form of care, and these are important avenues for identifying and intervening in sexual violence, intimate partner violence, child and elder abuse, and human trafficking. When hospitals are overwhelmed during a disaster, these opportunities are restricted or eliminated, blocking access to clinical care and forensic exams (Evans et al., 2020; Johnson et al., 2020; Peterman et al., 2020; Todres

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[7]Historical trauma is "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma" (Brave Heart, n.d.).
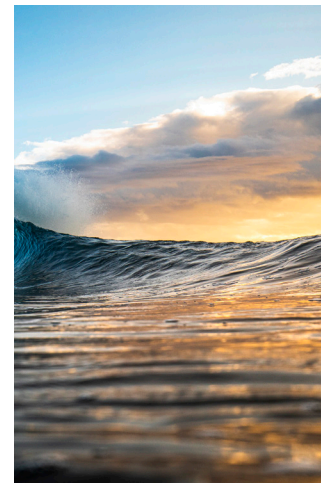
& Diaz, 2020). Even in the absence of disasters, there is a shortage of health care providers in many BIPOC communities. In tribal communities, in particular, the federal government's chronic underfunding of the Indian Health Service has resulted in a shortage of health care facilities, and many people in Indian Country live hours from the nearest health clinic or hospital (Belcourt, 2018; Burki, 2021). All of these factors reduce access to care and increase vulnerability to sexual violence.

Many people in BIPOC, LGBTQ, and disabilities communities have encountered and been harmed by bias among health care providers. This bias can discourage people from seeking care for health needs related to disasters and/or sexual violence, and can lead to misdiagnosis or lack of treatment when they do (Berkovitz, 2020). For example, due to racial bias, it is common for health care providers to dismiss symptoms and minimize pain among Black patients (North, 2020). During the height of the COVID-19 pandemic in 2020, this was demonstrated in the life and death of Dr. Susan Moore, a Black physician who documented the racist treatment she received as a patient in an Indiana hospital just days before she died from coronavirus infection (Eligon, 2020). The pattern of health care providers dismissing Black women's medical concerns and symptoms is also a major driver of the national crisis in Black maternal mortality, and Black women are three to four times more likely than white women to die from childbirth-related causes (Bobrow, 2020). During the COVID-19 pandemic, health care policies that restricted access to in-person visits and prohibited patients from bringing in support people who could advocate on their behalf exacerbated disparities for pregnant Black women, with dire and sometimes deadly consequences (Bobrow, 2020; North, 2020). These experiences are alarmingly common and profoundly dangerous. By discouraging care-seeking and contributing to substandard care, overt and implicit bias in health care can prevent identification, intervention, and treatment of sexual violence-related health needs.

Discriminatory Distribution of Disaster Relief

Institutionalized oppression has led to inequitable distribution of financial aid in the wake of disasters, further compounding economic and racial injustice and risks for sexual violence victimization. Research shows that as damages from natural hazards and the amount of federal disaster relief increase within a community, white residents gain wealth while Black and Latinx residents lose wealth due to structural racism (Howell & Elliot, 2018). Racial disparities have been found at every step of the federal disaster relief process. One study found that after a disaster, people living in neighborhoods with higher percentages of Black residents were less likely to receive a home inspection, more likely to have their funding requests denied with no reason given, and awarded less money on average if their applications were approved (Flavelle, 2021). Disaster relief funding processes unfairly advantage homeowners and those who have the time, resources, and technological and linguistic access to navigate complicated federal, state, and municipal bureaucracies, while failing to serve communities with the greatest need. Immigrants who are undocumented, already systematically excluded from mainstream financial systems and safety nets, are not eligible to apply for most forms of disaster relief funding or services (Martin, 2015).

Federal responses to several recent disasters have brought greater national attention to racial discrimination in disaster relief. Since Hurricane Katrina struck New Orleans in 2005, recovery in predominantly white neighborhoods has far outpaced recovery in predominantly Black neighborhoods, due to systemic racial disparities in federal aid. As a result, nearly 100,000 fewer Black people lived in New Orleans a decade after the storm than before it (Williams, 2020). After hurricanes Harvey, Irma, and Maria hit the Gulf Coast and Caribbean islands in 2017, then-president Donald Trump repeatedly threatened to withdraw disaster relief from Puerto Rico, while promoting federal aid to Texas and Florida. An investigation later found that the Trump administration created unprecedented bureaucratic hurdles that prevented Puerto Rico from accessing nearly $20 billion in funds that Congress allocated for disaster relief and reconstruction. The administration did not impose comparable restrictions on Texas, Florida, or other parts of the United States recovering from the same and similar disasters (Acevedo, 2021; Jan & Rein, 2021). In 2019, residents of the Pine Ridge Reservation struggled to get federal aid after a "bomb cyclone," an intense blizzard followed by severe flooding, displaced approximately 1,500 members of the Oglala Lakota nation and stranded many without food or running water. Meanwhile, the White House quickly approved a national disaster declaration for Nebraska and Iowa, both affected by the same storm (Sainato, 2019). In a 2020 report, the Federal Emergency Management Agency's (FEMA) National Advisory Council acknowledges the long and ongoing history of government disaster aid benefiting wealthy white homeowners while further entrenching poverty among low-income and BIPOC families and communities. The report asserts:

"Through the entire disaster cycle, communities that have been underserved stay underserved and thereby suffer needlessly and unjustly" (FEMA, 2020, p. 12).

Social Isolation

Whenever a disaster forces people to relocate or shelter in place, social isolation can increase (Inoue et al., 2014; Teasdale et al., 2013). People who evacuate often end up far away from home and community networks. Schools, youth and senior centers, cultural centers, places of worship, businesses, and other spaces of social connection may be forced to shut their doors for prolonged periods of time, sometimes permanently. People who commit sexual violence may exploit victims' disconnection from their existing social supports to further isolate, control, and abuse in the context of disasters. They may also do so with less accountability, as the lack of outside social contact reduces the likelihood that concerned bystanders will recognize abusive behavior or take steps to intervene.

Paradoxically, the measures needed to prevent the spread of an epidemic or pandemic like COVID-19 – such as physical isolation, reduced access to work and/or school, limitations on travel and services – are the very conditions that abusive individuals impose and exploit to inflict harm and avoid accountability for their actions (Bradbury-Jones & Isham, 2020; Mukherji, 2020). This has been referred to as "the pandemic paradox" (Bradbury-Jones & Isham, 2020). As survivors spend more time at home with abusers and have less contact with potential sources of support, the danger grows while paths to safety shrink. Abusive individuals – which may include partners, caregivers, family members, traffickers, or others in the household – often use the circumstances of the disaster to further police a victim's body, restrict their behavior, surveil their communications, isolate them from friends and family, and threaten their health and safety (Minnesota Coalition Against Sexual Assault [MNCASA], n.d.; Peterman et al., 2020).

Barriers to Support & Services

Even in the absence of acute disaster, there are often significant barriers that prevent survivors of sexual violence from accessing supportive, trauma-informed, culturally relevant services and other resources. These services, where they exist, are typically underfunded and understaffed (UN Women, n.d.b). During disasters, basic resources that may promote safety and support healing from sexual violence are even more difficult to reach. This is especially the case for survivors who experience discrimination and marginalization based on one or more of their identities, who are even less likely to receive the support they need. All of these factors can make it more difficult for survivors to escape sexually abusive situations and can have long-lasting effects on survivors' safety, health, and well-being.

Manipulation & Threats of Abusers

Abusive individuals may persuade victims that systems are inoperable and completely unavailable or prevent victims from reaching out for help through constant surveillance and lack of privacy while sheltering together in a disaster (Mukherji, 2020). During the COVID-19 pandemic, survivors described their abusive partners using the threat of infection as a tactic of control and isolation, such as threatening to withhold medical care or personal protective equipment, cancel insurance, or lock them out of the home so they would get sick (Godin, 2020; Rowan, 2020). In institutional settings such as nursing homes and jails, where risks of COVID-19 infection and serious illness are particularly high, survivors of sexual abuse may fear that retaliation for reporting could include increased exposure to the virus and denial of life-saving treatment.

Health and Safety Concerns

During an epidemic, survivors may avoid seeking services for fear of infection, particularly among those most vulnerable to severe illness and death (Fraser, 2020; Kaszovitz, n.d.; Peterman et al., 2020). In other types of disasters, survivors may face risks of exposure to air pollutants, radiation, flood waters, unsafe roads, or other health and safety hazards by traveling to seek care. These conditions can prevent people from accessing health care, legal services, counseling, or shelter related to experiences of sexual and gender-based violence (Mukherji, 2020).

Digital Divide

Virtual counseling, support groups, workshops, and other services can offer invaluable lifelines to survivors during a disaster. However, the digital divide can prevent many survivors from accessing these services. When services are only available online following a disaster, they are unavailable to people who do not have access to devices or internet, or are unfamiliar with using the necessary technologies and platforms. Without the ability to connect online, many people are cut off from health care, education, disaster relief, and other critical resources. This disproportionately affects people in BIPOC and low-income communities, people in later life, and people with disabilities, all of whom experience heightened risks from disasters and correspondingly heightened vulnerability to sexual violence victimization (Human Rights Watch, 2020; Makaroun et al., 2020; Vera Institute of Justice, 2020). Online platforms with a high degree of data security, critical for protecting confidentiality, are often not fully accessible and pose additional hurdles that can discourage participation in services (NRC & FORGE, 2020; Vera Institute of Justice, 2020). People who are being sexually abused by someone in their household face additional barriers to accessing services online, as the abusive person may restrict and/or monitor a survivor's technology use. This can make it difficult or impossible to connect with service providers privately or safely from home, particularly for survivors who experience sexual violence in the context of intimate partner violence, child abuse, elder abuse, human trafficking, or abuse in institutional settings (Bradbury-Jones & Isham, 2020; UN Women, n.d.b).

Lack of Cultural Responsiveness

The practices and procedures of mainstream organizations often inhibit communities of color from participating. This lack of cultural responsiveness extends into services created or adapted in the wake of disasters (NRC & Common Justice, 2020). Without awareness of and attention to the cultural frameworks, customs, experiences, and assets of individuals and communities affected by sexual violence and disasters, service providers may fail to provide meaningful support and frequently perpetuate further harm. For example, among Indigenous communities, common policies and procedures that dictate the separation of families in emergency shelter, counseling, and other programs hearken back to historical trauma from white-run boarding schools and the forced separation of Indigenous children from their families and cultures (Strong Oak Lefebvre, personal communication, August 24, 2020).

Lack of Accessibility

Despite some progress towards increasing accessibility, many victim services agencies are not yet fully accessible to people with disabilities. Existing barriers persist and worsen as organizations try to quickly adapt their programming to respond to the circumstances of disaster. For example, concerns about COVID-19 infection led some victim services organizations to prohibit survivors from bringing support people with them to shelter, counseling, or other in-person programming, preventing access for people with disabilities who require the support of personal care attendants (Vera Institute of Justice, 2020). Some written resources designed to educate community members about sexual violence and available services in the aftermath of disaster have not been made accessible in terms of formats and font size, type, or color contrast (Mwendwa, 2020).

Lack of Language Access

Disasters can expose and widen gaps in service providers' abilities to provide meaningful access for people who speak languages other than English. This lack of language access can prevent survivors of sexual violence from obtaining vital support for their safety and healing. It can also block people from accessing disaster relief, public assistance, health care, and other benefits and services that might help mitigate the effects of disaster and decrease vulnerability to sexual violence victimization (Hamel et al., 2017). During COVID-19, interpreters have reported losing jobs due to closures of courts and other settings, and are often not called in to interpret when services are provided through online platforms. The digital divide also prevents many people from being able to utilize interpretation services online even when they are offered. In addition, departments of health and other agencies in many communities failed to provide information about the virus and related safety measures in languages other than English (NRC & Casa de Esperanza, 2020).

Transportation Barriers

Following a disaster, roads and rail lines may be closed due to flooding, downed power lines, collapse of transportation infrastructure, or other hazardous conditions. Public transportation is often compromised during disasters, creating additional barriers for those who do not drive or own a car. This can disproportionately impact people with low income, people with disabilities, and immigrants (Hayes, 2020; Mukherji, 2020). Personal vehicles may also be damaged or lost in the disaster, and they may be harder for low-income residents to repair or replace (Hamel et al.. 2017). These transportation barriers can prevent people from fleeing an abusive situation, seeking services related to sexual violence, and evacuating when disaster strikes. In addition, when shelter-in-place or curfew orders are in effect, people may face fines, arrest, or other sanctions for traveling to seek services or escape an abusive situation at home (UN Women, n.d.b). People may also fear legal repercussions from reporting sexual violence if they were assaulted outside their home while stay-at-home orders were in place (Koller, 2020).

Resources Diverted/Deprioritized

Counseling and mental health support, sexual and reproductive health care, substance abuse treatment, and other programs that are vital for sexual violence survivors' coping and healing are often viewed as "luxury" or "non-essential" services in the wake of a disaster. Critical

staffing, funding, and other resources that make these services possible may be diverted to other disaster response (Fraser, 2020; Johnson et al., 2020). Culturally specific organizations, already chronically underfunded by foundations and government sources, are disproportionately impacted by the diversion of these critical resources during and after disasters (Ujima, n.d.).

Services Delayed or Unavailable

Due to increased need and decreased resources arising from disasters, hospitals, law enforcement agencies, courts, child and adult protective services, and other institutions may only accept "urgent" cases. This can lead to delays in critical services for survivors and an "atmosphere of impunity" surrounding sexual and gender-based violence (Fraser, 2020). Hospitals and clinics may delay or cancel non-emergency appointments and services. Law enforcement and other first responders may prioritize needs related to enforcing evacuation or quarantine orders and responding to other crimes. Courts may postpone hearings, including civil protection order, family law, and immigration cases, and expert witnesses may be unavailable to testify in criminal hearings (Evans et al., 2020; Johnson et al., 2020; Mukherji, 2020; NRC & Casa de Esperanza, 2020). Child and adult protection services workers may postpone or be unable to conduct home visits (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.a). Emergency shelters may close or operate at limited capacity. Victim services agencies may be severely understaffed, creating or lengthening waiting lists for counseling and other programs (UN Women, n.d.b).

Lack of Coordinated Community Response

While some essential services may be maintained during a disaster, coordination between service providers and sectors can be interrupted or curtailed due to downed communication lines, limited hours and furloughs, shelter-in-place orders and teleworking, barriers to transportation, and other limitations imposed by the disaster (Todres & Diaz, 2020; UN Women, n.d.b). This can prevent access to the comprehensive, coordinated care across multiple health, housing, financial, education, legal, social service, and other systems that survivors often need.

Service Providers Overwhelmed and Burned Out

Service providers in all sectors must also contend with the impacts of disasters on themselves, their families, and their communities. Both the direct and indirect effects of disasters cause staffing and volunteer shortages for many organizations, while at the same time, the number and complexity of requests from service users are likely to increase (National Alliance to End Sexual Violence [NAESV], 2020). As Mary Ellen Stone, executive director of the King County Sexual Assault Resource Center in Seattle, noted during the COVID-19 pandemic:

We are getting everything from "How do I navigate the legal system now with the courts basically shut down" to "How do I do social distancing and still at the same time get the help and support that I need?" It's a much more complicated environment, and people are under a whole other degree of stress (Kindelan, 2020, para. 17).

In addition, many service providers may be compelled to work from home during and after a disaster, blurring the lines between work life and home life, work time and personal time, office

space and private space. This can interfere with personal boundaries and self-care practices that many crisis workers use to maintain their own health and wellness while providing support to others. It can also heighten experiences of vicarious trauma.[8] Further, many counselors, advocates, and others who work with victims of trauma are survivors themselves, and some may also be vulnerable to violence both at home and at work (UN Women, n.d.b).

Limited Research and Resources Regarding Sexual Violence in Disasters

Although the many risks and barriers surrounding sexual violence during disasters are increasingly recognized and documented, little guidance, funding, or other resources exist to support programs in preparing for and overcoming these challenges. The limited body of research and lack of resources regarding best practices for preventing and responding to sexual violence in disasters create challenges for both the survivor advocacy and disaster response communities.

Opportunities for Prevention

Sexual violence is preventable, both in and out of disasters. The risk factors, inequities, and barriers that contribute to sexual violence are not inevitable or unchangeable. Each of them presents an opportunity to advance equity, strengthen systems, and implement policies that will build and sustain safe and healthy communities free from sexual abuse, harassment, and assault. Reducing the risk factors for sexual violence perpetration and victimization will also build our collective capacity to survive and thrive in the face of past, present, and future disasters.

For more information about addressing risk factors and preventing sexual violence, visit:

- *STOP SV: A Technical Package to Prevent Sexual Violence* from the Centers for Disease Control and Prevention: nsvrc.co/STOP_SV

- *Continuing the Dialogue: Learning from the Past and Looking to the Future of Intimate Partner Violence and Sexual Violence Prevention* from the Centers for Disease Control and Prevention: nsvrc.co/ContinuingTheDialogue

- *Transforming Communities to Prevent Child Sexual Abuse and Exploitation: A Primary Prevention Approach* from Prevention Institute: nsvrc.co/TransformingCommunities

- *Sexual Violence and the Spectrum of Prevention* from the National Sexual Violence Resource Center: nsvrc.co/SpectrumOfPrevention

- *Engaging Communities in Sexual Violence Prevention* from the Texas Association Against Sexual Assault: nsvrc.co/EngagingCommunities

- *Engaging Bystanders to Prevent Sexual Violence Information Packet* from the National Sexual Violence Resource Center: nsvrc.co/EngagingBystanders

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[8]Vicarious trauma refers to the cumulative effects on a person's physical, psychological, and spiritual health from witnessing the suffering of others over time.

Examples of Sexual Violence in Disasters

Sexual violence includes any type of unwanted sexual contact, harassment, exposure, or abuse. People who commit sexual violence may use force, threats, manipulation, or coercion to commit these acts. They often know and are trusted by the people they abuse, and may victimize people of any age or gender (NSVRC, 2016). In order to effectively prevent and respond to sexual violence in disasters, it is critically important to recognize the potential impact across the full spectrum of sexual harassment, abuse, and assault.

Measuring the prevalence of sexual violence is always difficult. Sexual violence is the most under-reported crime, with only around 25% of all rapes and sexual assaults reported to law enforcement (Morgan & Oudekerk, 2019). Reports to employers, colleges and universities, and other institutions with internal investigation and accountability procedures are similarly low. Disasters create additional barriers to reporting sexual violence and intensify the existing ones. Despite these challenges, existing data, survivor accounts, and the evidence on risk factors for perpetration and victimization show that sexual violence, in all its many forms, commonly increases during and long into recovery from disasters.

Intimate Partner Sexual Violence

Intimate partner violence (IPV) itself is a public health crisis in the United States. An estimated one in five women and one in seven men have experienced physical violence, and one in five women and one in twelve men have experienced contact sexual violence, by an intimate partner in their lifetime (CDC, 2020).

Advocates and researchers have documented increases in IPV in numerous disasters in the United States and around the world, including floods, hurricanes, earthquakes, oil spills, and economic recession (Enarson, 2006; Thurston et al., 2021). For example, after the 1993 Missouri River Flood, domestic violence agencies reported a 400% increase in demand for

emergency shelter (Enarson, 2012, as cited in Parkinson & Zara, 2013, p. 28). In Southern Mississippi, rates of physical abuse by intimate partners doubled among women after Hurricane Katrina in 2005 (Schumacher et al., 2010). Rates of physical and emotional abuse by intimate partners similarly doubled among women directly impacted by the Deepwater Horizon oil spill in 2010 (Lauve-Moon & Ferreira, 2017). During the Great Recession of 2007-2009, rapid increases in unemployment rates were linked to increased abusive behavior towards intimate partners (Schneider et al., 2016). Where intimate partner violence increases, so too does intimate partner sexual violence: Research suggests that between 45 and 75% of women who are physically abused by a partner will also be sexually assaulted by that partner, usually multiple times (Center for Court Innovation & Safe Horizon, n.d.; National Coalition Against Domestic Violence, 2018; Spiller et al., 2012).

In the first few weeks and months of the COVID-19 pandemic, as stay-at-home orders went into place to prevent the spread of infection, law enforcement and victim services agencies around the world documented spikes in reports of IPV (Bettinger-Lopez & Bro, 2020; Bradbury-Jones & Isham, 2020; IFRC, n.d.b; National Task Force to End Sexual & Domestic Violence [NTF], n.d.; Roesch et al., 2020). Across the United States, law enforcement agencies reported increases ranging from 10-100% in IPV-related calls and arrests following the implementation of stay-at-home orders (Arizona Department of Health Services [ADHS], 2020; Boserup et al., 2020). Many survivors who contacted the National Domestic Violence Hotline described their abusive partners "leveraging" the COVID-19 crisis to further control, isolate, and threaten them (Lee, 2020). In some areas, initial increases in calls to IPV hotlines and shelters were followed by sharp decreases, likely as it became more difficult for survivors who were sheltering in place with abusive partners to find a safe time and place to reach out for help (Bleiweis & Ahmed, 2020; Mukherji, 2020).

These rising rates of IPV in disasters, combined with declining access to contraception and abortion services, may contribute to reproductive coercion,[9] a form of sexual violence that often occurs in the context of IPV (Marie Stopes Australia, 2020; Porter, 2020; Randell et al., 2020). Research suggests that in general, around one in three women who have experienced IPV have also experienced some form of reproductive coercion (Hathaway et al., 2005; Miller et al., 2010), and that rates are disproportionately higher among Black and multiracial women and young women (Holliday et al., 2017; Rowlands & Walker, 2019).

Child Sexual Abuse

An estimated one in four girls and one in six boys experience sexual abuse in childhood (Finkelhor et al., 1990), and research suggests that this number is likely to be higher during disasters. The International Federation of Red Cross and Red Crescent Societies reports that the risks of experiencing violence, abuse, or exploitation in a disaster are highest for children, compared to other age groups (IFRC, 2020a). Almost by definition, disasters create chaotic and unstable environments, a known risk factor child sexual abuse (CDC et al., 2014).

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[9]Reproductive coercion is behavior intended to control another person's reproductive health and often includes sabotaging birth control and/or pressuring or forcing an intimate partner to initiate, continue, or terminate a pregnancy against their wishes.

Around 90% of child sexual abuse is perpetrated by someone the child or their family knows (CDC, n.d.c), often a family or other household member. When families are required to shelter in place during a disaster, it means that many children will be trapped in their homes with a person who is abusing them. At the onset of the COVID-19 pandemic in the United States, national hotlines received a surge in calls related to physical and sexual abuse of children, and doctors reported an alarming increase in abuse-related injuries among child and adolescent patients (Donaghue, 2020; Kovler et al., 2021; Schmidt & Natanson, 2020; Todres & Diaz, 2020). In the first two months of stay-at-home orders, more than half of all calls to the RAINN (Rape, Abuse, and Incest National Network) hotline were made by minors, for the first time in the organization's 25-year history (Kindelan, 2020; RAINN, 2020). Among those children and adolescents who called the hotline with coronavirus-related concerns, 79% said they were living with the person sexually abusing them, and 67% said that person was a family member (Kamenetz, 2020; RAINN, 2020). Many contacted RAINN through the online chat option, sharing that they could do so with "a little bit of privacy" because the adults at home believed they were using their device to do schoolwork (Kindelan, 2020).

Disasters can also lead to a lack of safe supervision for children, as parents and caregivers struggle to address their families' economic, housing, food, health, and other basic needs while schools and child care facilities are forced to close. When parents and caregivers must continue to work or look for work, or when they become sick themselves during an epidemic, they may turn to friends, family members, neighbors, or other acquaintances for help with child care (Evans et al., 2020; Kovler et al., 2021). In one case during COVID-19, an essential health care worker with no other child care options left her two small children in the care of her boyfriend. Her sibling later contacted the ChildHelp National Child Abuse Hotline with concerns that both children showed physical signs of abuse afterward (Bosman, 2020). Children may also be left unattended after a disaster, because of a lack of options or because the disaster itself separated children from their caregivers. People who sexually abuse or exploit children may leverage these circumstances to gain access to child victims (Fraser, 2020; Kaszovitz, n.d.).

Online sexual exploitation of children[10] also increased during COVID-19, as both children and adults spent more time online for virtual school, work, recreation, and socializing during stay-at-home orders (INTERPOL, 2020; O'Donnell, 2021a; Sullivan, 2020). In 2020, the National Resource Center for Missing and Exploited Children received 37,872 calls to its CyberTipline regarding cases of online enticement,[11] a 97.5% increase compared to the previous year (Morse, 2021; O'Donnell, 2021a). People who sexually abuse and exploit children online had more time to create, distribute, and access sexually abusive content (INTERPOL, 2020), and some were found "openly discussing the pandemic as an opportunity to entice unsupervised children into producing sexually explicit material" (O'Donnell, 2021b). In addition, they had

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[10]Online sexual exploitation of children includes using technology to groom, coerce, or blackmail children for sexual purposes; viewing, creating, and/or distributing images or videos of child sexual abuse; and live-streaming the sexual abuse of children.

[11]Online enticement refers to someone communicating with a child online with the intent to commit a sexual offense, such as obtaining sexually explicit images, engaging in sexual conversation, and/or meeting in person for sexual purposes.

more opportunity to connect with children through multi-player video games and social media sites to groom and coerce them into taking and sending sexually explicit photos and videos of themselves. The U.K.-based Internet Watch Foundation reported a 77% increase in "self-generated" sexually exploitative content in 2020 (Internet Watch Foundation, 2021). Globally, increases in live-streaming of child sexual exploitation for payment were also reported, as victims were trapped at home with abusers, travel was restricted, and economic hardship increased (INTERPOL, 2020; Servallos, 2021; Sullivan, 2020). In the Philippines, which has been described as the "global epicenter" of live-streamed child sexual abuse, children are most often trafficked by a parent or other family member, and buyers are most often based in the U.S. The number of child sexual abuse images and videos reported from the Philippines tripled during the COVID-19 pandemic (Servallos, 2021).

At the same time disasters increase children's risk of exposure to sexual abuse, they decrease children's access to safe and trusted adults to tell, or who could recognize signs of abuse and intervene. When children are displaced to emergency shelters or other temporary housing situations, or as they are forced to shelter in place, they lose connection with teachers, child care providers, and other mandated reporters who might otherwise identify and report suspected abuse (Baron et al., 2020; Evans et al., 2020). Advocates and child protection agencies expect to see a significant uptick in disclosures in the aftermath of disaster, as children's environments stabilize and they return to school, child care, youth groups, and other community settings where they may show indicators of abuse or feel safe to disclose (NAESV, 2020; Schmidt & Natanson, 2020).

Sexual Abuse by Caregivers

The prevalence of sexual abuse by caregivers is difficult to measure, and doubly so in the context of a disaster. Annually, an estimated 1 in 10 older adults experience sexual, physical,

psychological, and/or financial abuse in the United States, with only 1 in 24 cases reported (Makaroun et al., 2020). Barriers to reporting increase in disasters, as many victims are confined in their homes under the constant surveillance of abusive caregivers, and there are limited opportunities for other providers and loved ones to identify signs of abuse. In addition, caregivers and other providers may be less inclined to report suspected abuse while they are overwhelmed with care recipients' and their own needs related to surviving and recovering from disaster (Birnstengel, 2020; Judson & Nieto, 2020). However, anecdotal reports across the U.S. suggest a significant increase in elder abuse and abuse of people with disabilities during the COVID-19 pandemic, and data from countries around the world suggest the same (Birnstengel, 2020; Han & Mosqueda, 2020).

Disasters often increase social isolation, a significant risk factor for sexual victimization among people in later life and people with disabilities. In the case of COVID-19, many older adults and people with disabilities have health conditions that increase the risks of contracting the virus, experiencing severe illness, and dying due to COVID. Measures put in place to prevent transmission of the virus among older adults and people with disabilities also increase social isolation. Whether living independently in the community or in long-term care facilities, many older adults and people with disabilities have been secluded with an abusive care provider during stay-at-home orders. Limited contact with people outside their homes and bans on visits to long-term care facilities reduce opportunities for health care workers, family, friends, and others to identify and intervene in abuse of older adults and people with disabilities who rely on caregivers (Han & Mosqueda, 2020; King, n.d.; Makaroun et al., 2020; Vera Institute of Justice, 2020).

Disasters can also lead to shortages and changes in staffing that can increase the potential for sexual abuse in both institutional and community settings. Personal care attendants, transportation providers, family caregivers, and others who provide daily support to older adults and/or people with disabilities may become unavailable in a disaster due to injury or illness, displacement and relocation, reassignment to respond to the crisis, or other factors. This can further isolate individuals who rely on caregivers, increasing potential for abuse and decreasing opportunities for intervention (King, n.d.). To address this need, there may be a rush to fill those positions with new providers. During COVID-19, however, advocates expressed concerns that in an effort to replace essential workers as quickly as possible, employers loosened some hiring requirements, such as mandatory waiting periods for background checks and comprehensive training requirements in place to help prevent abuse (Vera Institute of Justice, 2020). In addition, whenever people in later life and/or people with disabilities have to change personal care attendants, there is new potential for abuse (Vera Institute of Justice, 2020). In institutional settings such as nursing homes and other long-term care facilities, chronic staffing problems, lack of administrative oversight, staff burnout, and stressful working conditions can all increase the likelihood of elder abuse, including sexual abuse (CDC, n.d.b). Disasters can elevate all of these risk factors, as staff are overwhelmed with the effects of disasters on residents and themselves.

Sex Trafficking, Sexual Extortion, & Survival Sex[12]

The economic and housing insecurity created and exacerbated by disasters increases risks of sexual exploitation, including sex trafficking, sexual extortion, and survival sex (IFRC, n.d.b; Polaris, 2020f). Traffickers leverage existing vulnerabilities to ensnare and control victims and often target people who are living in unsafe situations, experiencing poverty, struggling with unmet mental health or substance abuse needs, isolated from support systems, or forced to flee their homes (British Columbia, n.d.; CDC, n.d.e; Franchino-Olsen, 2019). All of these conditions are common outcomes of disasters. As a disaster leaves people without income and shelter, many may be forced to engage in transactional[13] or survival sex in exchange for access to food, shelter, or another necessity (MNCASA, n.d.; Peterman et al., 2020). A young girl participating in a Red Cross project in Haiti explained:

Girls might be having sex to get help in return or even protection. When there's no money or good jobs after a disaster, women and girls sometimes need to turn to transactional sex. They don't always have a choice (IFRC, 2020a, p. 19).

While anyone may experience trafficking, people who are socially and economically marginalized by racism, nativism, classism, heterosexism, sexism, ageism, and/or ableism are at greatest risk (British Columbia, n.d.; CDC, n.d.e; Polaris, 2020b, 2020g; Todres & Diaz, 2020). Research indicates that Black girls are disproportionately represented among victims of child sex trafficking, and Latinx people are disproportionately represented among human trafficking in general, and labor trafficking in particular (Polaris, 2020g). LGBTQ youth, youth involved in foster care or juvenile justice systems, and youth with disabilities also experience elevated risks of sex trafficking (Franchino-Olsen, 2019; Institute of Medicine & National Research Council, 2013). People who have experienced previous violence and trauma, particularly sexual abuse, are also more likely to experience trafficking (Franchino-Olsen, 2019; Institute of Medicine & National Research Council, 2013; National Human Trafficking Hotline, n.d.). These individuals and communities also experience disproportionate impact from the material, social, and economic costs of disasters, further heightening existing vulnerabilities and limiting options for escape from exploitative situations (IFRC, n.d.a; Todres & Diaz, 2020).

Trafficking reports increased during COVID-19. In the month after stay-at-home orders went into effect in the U.S., crisis calls to the National Trafficking Hotline increased by more than 40%, and requests for immediate emergency shelter nearly doubled (Polaris, 2020f). Data from the national hotline also suggest that traffickers quickly adapted to the changing circumstances of the pandemic. During shelter-in-place orders, reports of online trafficking situations increased by more than 45%, while reports of non-online sex trafficking (such as street-based prostitution) fell by approximately 30%. Notably, previous analysis has

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[12]Sex trafficking is the crime of using force, fraud, or coercion to engage a person in sexual activity in exchange for something of value, such as money, housing, or drugs. Sexual extortion occurs when a person abuses their power or authority to coerce sexual acts, images, or videos from a victim. Survival sex refers to trading sexual activity to meet basic survival needs such as food, shelter, and clothing without the overt force, fraud, or coercion of a trafficker. Under federal law, this is a form of sex trafficking if the person is a minor.

[13]Transactional sex refers to exchanging sexual activity for gifts, money, or other services without the overt force, fraud, or coercion of a trafficker. Under federal law, this is a form of sex trafficking if the person is a minor.

found that online trafficking situations are significantly more likely to involve children and adolescents, compared to other forms of sex trafficking (Polaris, 2021).

The COVID-19 pandemic also brought growing reports of landlords pressuring tenants to trade sexual services to avoid eviction (NAESV, 2020; Polaris, 2020c). Importantly, under federal law, coercing sexual activity or images in exchange for something of value – in this case, housing – is sex trafficking (Polaris, 2020d). While state and federal lawmakers enacted policies to temporarily halt evictions during the pandemic, rent forgiveness was not included, and millions of people were unable to pay rent due to lost jobs and income during stay-at-home orders (Jabola-Carous, 2020). People experiencing economic and housing insecurity are more likely to experience sexual extortion by landlords than those who are not, and low-income women of color are disproportionately targeted (Jabola-Carolus, 2020; Oliveri, 2018; Ruíz et al., 2020).

In addition to increasing vulnerability to exploitation, disasters worsen conditions for people who are already in trafficking situations and make it harder to identify and comprehensively serve victims (IFRC, n.d.a; Todres & Diaz, 2020). Reports from survivors and service providers during the COVID-19 pandemic indicate that demand for street-based and in-call sex buying slowed down during the pandemic, due to stay-at-home orders and concerns about coronavirus transmission. However, the sex trade has not stopped, and some sex buyers are exploiting the growing economic crisis and lack of other buyers to negotiate for lower prices and riskier sexual activity, such as more aggressive sex acts and no condom use (Fraser, 2020; Polaris, 2020c). At the same time, people experiencing trafficking face high risks of exposure to coronavirus, with limited or no ability to practice or enforce protective measures like physical distancing or mask wearing, and often living in overly cramped conditions (IFRC, n.d.a; Todres & Diaz, 2020).

Workplace Sexual Harassment

In the midst of widespread unemployment, layoffs, and furloughs that often follow a major disaster, those who are able to continue working often face a drastically changed working environment. Many workplaces are understaffed, and many employees may work in remote or secluded locations. In an epidemic or pandemic, social distancing guidelines may change

work assignments and schedules. All of these factors contribute to workplaces becoming increasingly isolated and decentralized, where sexual harassment is more likely to occur and less likely to be observed or interrupted by bystanders, reported by survivors, or addressed by management (Ending Violence Association of British Columbia [EVA BC], n.d.; Feldblum & Lipnic, 2016; Strauss, 2020). In addition, the heightened threat of unemployment in the wake of a disaster can further discourage victims from reporting workplace sexual harassment, give more leverage to exploitative employers, and make it harder to leave an abusive work environment in search of another job.

Essential workers in jobs that can't be done from home experience continued, and often heightened, workplace sexual harassment during and after disasters. For example, tipped food service workers — a majority of whom are women and disproportionately women of color — already experience elevated risks and rates of sexual harassment at work (Feldblum & Lipnic, 2016; One Fair Wage et al., 2020). During the COVID-19 pandemic, harassment of tipped workers became even more common and uniquely threatening. More than 40% of food service workers surveyed in five states and the District of Columbia reported that sexual harassment from customers had increased during the pandemic, at the same time their earnings fell due to restaurant closures and slowed business. Male customers routinely demanded that women food service workers remove their masks — thereby risking their health and safety for the customer's sexual pleasure — in order to get better tips, at a time when many workers' livelihoods depend on them (Elliott & Bowman, 2020; One Fair Wage et al., 2020). A bartender and bar manager in Chicago described one such interaction with a group of diners during COVID-19:

When it came time to drop off the check, one gentleman was like, 'Um, excuse me miss, I'm going to need you to take off your mask so we can see your face so we know how much to tip you.'... People are just being very aggressive in their advances... Never in my life have I seen my staff disrespected over and over again (One Fair Wage et al., 2020, p. 19).

While data about the prevalence of sexual harassment towards domestic workers and farmworkers during the COVID-19 pandemic are not yet available, these essential workers also experience rampant harassment generally, and conditions are likely to worsen when disaster strikes (Saccomano, 2020). Domestic workers — more than 90% of whom are women, more than half women of color, and disproportionately immigrant women — support people in later life and people with disabilities, provide child care, and keep homes clean (Maye, 2020; Wolfe et al., 2020). Farmworkers — 83% of whom are Latinx, a large majority of whom are immigrants, and more than half of whom are undocumented — put food on tables across the country and the world (Farmworker Justice, n.d.). Their work is life-sustaining and absolutely essential to help families and communities weather a disaster, yet domestic workers and farmworkers are among the lowest paid and least protected workers in society. Due to the legacies of slavery and Jim Crow, domestic and agricultural labor were explicitly and intentionally excluded from 1930s federal labor laws that established union rights, minimum wage, overtime pay, and child labor standards. These essential workers are still denied many of the legal rights and protections enacted since then (Farmworker Justice, n.d.; Maye, 2020). They have little to no legal protection from sexual harassment or sexual extortion, retaliation

for reporting abuse, or being fired without notice or cause (Maye, 2020; Saccomano, 2020; Soriano, 2020). Many workers also fear the threat of deportation if they report sexual harassment or violence (Burnham & Theodore, 2012; Yeung & Rubenstein, 2013). Unlike all other industries, current laws allow children as young as 12 to work in agriculture, and some children working on farms are even younger. In addition, many farmworker parents make the difficult choice to bring their children with them into the fields when school and child care are not available (Hellerstein, 2020; Ramírez, 2020). Children and adolescents who experience sexual harassment or abuse in these settings often face additional threats of harm to their families if they disclose (Kimber Nicoletti-Martínez, personal communication, May 24, 2021). These factors contribute to widespread and persistent sexual abuse against domestic workers and farmworkers of all ages, and are likely heightened by the economic crisis precipitated by disasters, including the COVID-19 pandemic (Maye, 2020; Ramírez, 2020; UN Women, n.d.a). As noted by two national advocacy organizations:

The existing circumstances related to the pandemic are ripe for both violence and exploitation against farmworkers due to the increased levels of stress, anxiety and feelings of helplessness, coupled with the overall vulnerability of this population. Domestic violence, sexual violence and human trafficking are all real threats against farmworkers during this time of instability (Farmworker Justice, n.d., para. 41).

These intersectional constraints of race, gender, and citizenship worsen the plight of domestic workers' efforts to have their rights acknowledged and, in light of the COVID-19 crisis, leaves them even more vulnerable in our economy (Maye, 2020, p. 3).

In addition to increased risk of workplace sexual harassment, domestic workers and farmworkers experience higher risks and fewer supports in the context of COVID-19. The nature of their work puts them in close proximity to others, increasing the risk of exposure, severe illness, and death from the virus (Farmworker Justice, n.d.; Maye, 2020). Most have not had access to the personal protective equipment they need, are unable to take time off for illness, and are uninsured and/or otherwise unable to seek medical care when needed (Clark, 2021; Lindsay, 2020; Treviño-Sauceda, 2020; Wolfe et al., 2020). At the same time, many or most have been denied access to unemployment benefits or other economic relief measures put in place during the pandemic due to working in the cash economy, having undocumented immigration status, or other factors (Clark, 2021; Ramírez, 2020).

Among people working from home during the COVID-19 pandemic, workplace sexual harassment has changed but not stopped. Remote work environments can lead people to believe that standard workplace policies and expectations do not apply and enable people to engage in harassing behavior with less accountability (Feldblum & Lipnic, 2016; Livelihood Law Firm, 2020). Reports of online harassment spiked as more and more people shifted to a virtual workspace (Norris & Torrisi, 2020). In addition to harassing and offensive comments, gestures, and chat messages during online meetings, women have described receiving pressure or demands from supervisors and co-workers to wear more make-up and "sexier" clothing on video conference platforms, and being told to show their whole bodies on camera rather than just their face (Elsesser, 2020; Norris & Torrisi, 2020). One woman described:

The director of the company uses Zoom to take screenshots of myself and other women which he shares with colleagues making derogatory statements and implying the photos look like we're doing sexual acts (Rights of Women, 2021, para. 11).

As employees increasingly rely on digital and social media to stay connected, some may be more apt to cross the line between professional and personal relationships, sending unwanted and potentially offensive messages, pictures, emojis, or memes to co-workers. Unwelcome calls or messages after work hours have become more common, including questions about what the recipient is wearing or doing (P. Singh, 2020). These sexually harassing behaviors may be more likely to occur in online channels that aren't being monitored by managers, including one-on-one and small group texts, chats, and emails (Swirling, 2020). Working from home can create a more informal atmosphere that may foster offensive and unwanted communication, while also making it more difficult for recipients and managers to recognize these behaviors as harassment (P. Singh, 2020). The fact that this harassment occurs while victims are at home can increase feelings of fear and violation, as one woman described:

Having to let colleagues into my bedroom [via video meetings] means I feel my privacy has been invaded and nowhere is safe. The men now have more ammunition to mock me with (Rights of Women, 2021, para. 10).

Barriers to reporting workplace sexual harassment can increase during and after disasters, and when cases are reported, investigation and accountability processes may be stalled or derailed. An essential hospital worker who reported sexual harassment to her employer in the U.K. described her experience:

As the pandemic was declared, all attention was diverted in managing clinical pressures and needs... This meant an investigation was not started for months. In the meantime, I felt unprotected as there was no system in place to remove the harasser from the department whilst an investigation was pending (Rights of Women, 2021, para. 16).

Even in the absence of disaster, workplace sexual harassment is chronically underreported. Fears of retaliation for reporting may increase in the midst of widespread unemployment and layoffs in a disaster, especially for low-wage workers and immigrant workers whose immigration status is undocumented or dependent on their employer. In addition, reporting channels may become unclear or unavailable as human resources departments, management
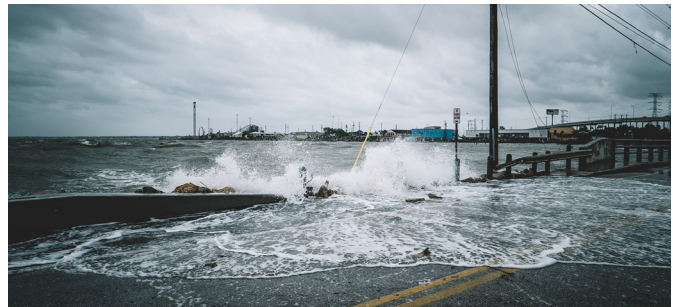
teams, and other leaders responsible for ensuring workplace safety are understaffed and overwhelmed with disaster response. When employees are working remotely after a disaster, they and their employers may discover that existing workplace policies do not adequately define or address harassment in online and remote work settings (EVA BC, n.d.). In some cases, employers may leverage the disruptions caused by the disaster to downplay reports of harassment and dodge their legal obligations to address them. In a U.K.-based survey in the fall of 2020, nearly one in three women who had reported recent sexual harassment to their employer said the investigation process had been negatively affected by the COVID-19 pandemic (Rights of Women, 2021).

Image-Based Sexual Abuse

Image-based sexual abuse[14] (sometimes called "revenge porn" or non-consensual pornography) has reportedly increased during the COVID-19 pandemic, as people spend more time at home and online, and abusive individuals use digital media to abuse victims from afar. The Cyber Civil Rights Initiative provides resources and support to victims of image-based sexual abuse. In the month after stay-at-home orders went into effect, calls to their crisis helpline increased by 54% (Fattal, 2020). Similarly, visits to the U.K.'s Revenge Porn Helpline website nearly doubled at the start of the pandemic, and more cases were reported over the next four weeks than in any previous four-week period (Price, 2020). Around the same time, a well-known website used for image-based sexual abuse posted the message:

We currently have a 24-hour backlog of memberships due to the sheer volume coming in... We would like to thank every one of our contributing users for all the effort put in to keep us all a steady stream of fresh porn to view over the lockdowns that are carrying on all over the world (Price, 2020, para. 25).

In some cases, people who perpetrate image-based sexual abuse may obtain sexual pictures or videos of strangers through phishing and cyberattacks, which reportedly increased in the early months of the COVID-19 pandemic, and then use them to blackmail victims and/or share nonconsensual pornography (Fattal, 2020). In other cases, current or former intimate partners of victims may have obtained images either consensually, by force or coercion, or without the victim's knowledge. During lockdown, distributing – or threatening to distribute – the images becomes a means of exerting power and control even when the victim and offender are not sheltering in the same place (Price, 2020). Victim advocates and law enforcement agencies have also expressed concern that more people – including more children and adolescents – are taking and sending each other sexual pictures and videos during stay-at-home orders, increasing the potential for future abuse (Morse, 2021; Price, 2020).

Sexualized Hate & Bias-Motivated Violence

Hate and bias-motivated violence rooted in racism, xenophobia, heterosexism, misogyny, and other oppressions is widely prevalent in U.S. society. This violence is often intersectional in nature, targeting individuals and communities based on more than one of their interconnected

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[14]Image-based abuse refers to the non-consensual creation and/or distribution of sexual images or videos.

identities (Meyer, 2008; Walser, 2020). Sexualized harassment and sexual assault are frequently weapons of hate and bias-motivated violence, particularly but not only when perpetrated against victims who are lesbian, gay, bisexual, queer, transgender, gender non-binary, and/or women (NSVRC, 2012a). Throughout history, many major disasters — including epidemics or pandemics and acts of war or terrorism — have been followed by a surge in stigmatizing and scapegoating rhetoric propagated by politicians and the media. These messages stoke long-standing prejudices and further embolden harassment and violence against members of marginalized communities (Aguilera, 2020; Bhaman et al., 2020; Gover et al., 2020; Leavitt & Leavitt, 2020).

In the year after COVID-19 was declared a national emergency, reports of hate incidents perpetrated against Asian Americans and Pacific Islanders (AAPI) increased 145% (Center for the Study of Hate & Extremism, 2021; Harwell et al., 2021). Some service providers described as many as one hundred incidents happening each day (NRC & Casa de Esperanza, 2020). This surge in hate violence occurred as then-president Donald Trump, accompanied by many other elected officials and media outlets, persistently referred to COVID-19 as the "China virus" and other racist language that stoked xenophobia and wrongly associated the virus with Asian immigrants and Asian Americans (Donegan, 2021; Tavernise & Oppel, 2021). People who perpetrated violence against Asian Americans and Pacific Islanders during the COVID-19 crisis frequently echoed these racist terms and sentiments. Over the course of one year, nearly 3,800 hate incidents were reported to Stop AAPI Hate, an online database created to track and respond to racist harassment, violence, and discrimination targeting AAPI communities in the U.S. These reports came from all 50 states and the District of Columbia, and included verbal, physical, and online harassment, workplace discrimination, refusal of services, and other violations of civil rights (Jeung et al., 2021). Women reported 2.3 times more hate incidents than men, and many of the incidents included racialized sexual harassment (Fraser, 2020; IFRC, n.d.b; Jeung et al., 2021; Yam, 2021). For example, one person from New York reported:

A white man catcalled me, then aggressively followed me down the block, and got inches from my face and yelled "Ch*nk!" and "C*nt!" after realizing I was Asian. Lots of neighbors were standing outside their homes and no one intervened (Jeung et al., 2021, p. 7).

In a similar incident on the other side of the country, a Vietnamese American woman in Los Angeles was verbally assaulted in a restaurant by a man who yelled racist and sexually degrading insults after she refused his request to have lunch with him (Abdollah & Hughes, 2021; Bit & Hung, 2020; Huang, 2020).

Community activists, among others, noted similarities to the sharp rise in hate incidents perpetrated against LGBTQ communities, and particularly gay and bisexual men, during the AIDS crisis in the 1980s (Leavitt & Leavitt, 2020; Walters, 2020). The rhetoric from the White House at the time similarly fueled stigma and scapegoating directed at marginalized communities (Killian, 2020; Walters, 2020). Surveys of LGBTQ communities in New York found that 28% of all hate incidents in 1985 included verbal harassment related to AIDS, and the overall number of hate incidents against LGBTQ people doubled the following year. LGBTQ advocacy groups across the country described assaults increasing in frequency and brutality during the AIDS crisis (Greer, 1986).

Scapegoating rhetoric and increased hate and bias-motivated violence, including sexual violence, also occurred following the terror attack on September 11, 2001. Perpetrators of this violence, primarily white men, harassed, threatened, and assaulted Muslims, Sikhs, Arab Americans, South Asian Americans, and other people they perceived to be of Middle Eastern descent (Alimahomed-Wilson, 2017; Lichtblau, 2016). According to FBI statistics, the number of reported hate crimes against Muslims increased more than 1,600% in 2001 (Schevitz, 2002). In a 2002 interview, Maha ElGenaidi, executive director of the Islamic Network Group, noted:

This has been the pattern for a very long time. We witnessed the same thing after the Oklahoma bombing, after the first terrorist attack on the World Trade Center in 1993 and after the Persian Gulf War. I am very glad that finally Americans at large are beginning to recognize this as a pattern and a problem that we need to address (Schevitz, 2002, para. 16).

Many hate incidents targeting Muslim Americans post-9/11 have included misogynist, homophobic, and sexualized language, imagery, and violence (Ahmad, 2004; Southern Poverty Law Center [SPLC], 2011). Researchers have noted that while people of all genders are targeted by Islamophobic harassment and violence, "it is a particularly gendered crisis" (Elmir, 2016). Muslim women, and especially women who wear hijab and niqab, are at heightened risk of harassment and violence in public spaces, due to intertwined oppressions of sexism and Islamophobia (Alimahomed-Wilson, 2017; Elmir, 2016; Zempi & Chakraborti, 2014).

Sexual Assault in Confinement

Sexual assault in jails, prisons, and juvenile and immigration detention centers may increase as disasters lead to worsening conditions, staffing shortages, delayed Prison Rape Elimination Act (PREA) investigations, and increased risks of retaliation for survivors who report sexual abuse in confinement. Each year, an estimated 200,000 adults and children are sexually abused behind bars, usually more than once. Around half of sexual violence against people who are incarcerated is committed by other inmates, and half is committed by the corrections staff. The vast majority of assaults are not reported, as retaliation by staff and other inmates is common when survivors do come forward (Just Detention International [JDI], 2018).

People who experience sexual abuse in immigration detention settings – including adults, adolescents, and children – face additional barriers to reporting and getting help, including lack of language access, lack of legal representation, fear of retaliatory deportation, and a culture of secrecy among federal immigration agencies (JDI, 2009, 2015). Young people, LGBTQ people, people with mental illness, and survivors of previous sexual victimization experience significantly higher rates of sexual assault while in confinement, compared to other people who are incarcerated or detained (JDI, 2009, 2015, 2018; Fernández, 2020).

Across the country, local, state, and federal corrections and detention facilities are underprepared for disasters. As described by David Fathi, director of the American Civil Liberties Union (ACLU) National Prison Project (NPP),

"In disaster planning as in everything else prisoners are an afterthought, if they are thought about at all" (Nicholas, 2019, para. 14).

This lack of preparedness has led to exceedingly dangerous conditions in jails and prisons during Hurricanes Katrina, Rita, Ike, Harvey, Irma, and Maria, among other disasters. Corrections officials refused or otherwise failed to evacuate facilities in the paths of storms, leaving inmates in flooded and overcrowded cells, in total darkness when the power went out, and without adequate food, water, medical care, or means of contacting anyone outside the facilities for help (Nicholas, 2019; NPP, 2006; Omorogieva, 2018). In interviews after Hurricane Katrina, many inmates described witnessing or experiencing sexual assaults during the crisis – often in the presence of correction staff who refused to intervene – both while trapped at Orleans Parish Prison (OPP) and after being evacuated by state order several days later to the Elayn Hunt Correctional Center (ACLU, n.d.). One of the men who was detained at Hunt wrote:

Yes they had sexual assaults, even brutal and physical assaults between inmates. The non violent offenders were either getting beat up on, rob[b]ed of valuables, sexual[ly] assaulted or jumped by violent charged inmates while the superior stood back and did nothing it was to[o] uncontrol[l]able (NPP, 2006, p. 76).

Another man who was incarcerated at OPP during Hurricane Katrina described hearing people being sexually assaulted in the pitch darkness. He was sexually assaulted by other inmates later the same night. When he tried to report the incident to a corrections officer the next day, he said the officer "just looked at me and shook his head in disbelief. He said 'I can't do nothing about it.'" The man was sexually assaulted again the following night (ACLU, n.d., p. 47).

The COVID-19 pandemic has posed an extreme threat to the health and safety of people who are incarcerated or detained. Social distancing measures are virtually impossible in prisons, jails, or detention facilities. Many cleaning products, including hand sanitizer, are considered contraband, and access to soap and running water is severely restricted. By December 2020, one in every five prisoners in the U.S. had tested positive for COVID-19, compared to one out of 20 in the general population (Schwartzapfel et al., 2020). Furthermore, the pandemic adds to already significant understaffing issues in many facilities across the nation, creating additional safety risks (Texas Criminal Justice Coalition, 2020). As articulated by Matthew Van Winkle, Senior Program Officer of Just Detention International, during COVID-19 "not only the sexual

safety, but the very survival of some prisoners, is being left to chance by the government at all levels" (JDI & California Coalition Against Sexual Assault [CALCASA], 2020). With visitation suspended and access to communication channels — even phone and mail in some cases — restricted during the pandemic, survivors face ever greater obstacles to reporting or receiving counseling, advocacy, medical, and/or legal services related to sexual assault in confinement (JDI & CALCASA, 2020). Staffing, visitation, and communication challenges created or worsened by the COVID-19 crisis may cause significant delay in PREA investigations when survivors do report. In some cases, survivors may fear that retaliation for reporting will take the form of COVID-19 exposure. For example, at an immigration detention facility in Arizona, a transgender woman described being placed in an isolation cell just minutes after watching a man with COVID-19 symptoms being escorted out of it. She had just reported being sexually harassed by another detainee, and being placed in this isolation cell felt like punishment. After standing there for five hours, afraid that sitting down or touching anything would expose her to the virus, she withdrew her sexual harassment complaint (Fernández, 2020).

Sexual Violence in Shelters & Camps for Displaced Persons

Around the world, high rates of sexual violence have been documented in camps and shelters for individuals and families displaced by natural- and human-caused disasters (Thurston et al., 2021). During Hurricane Katrina in 2005, reports of sexual assault within the Superdome shelter and other evacuation locations began to make their way to the media within hours of the storm. Almost a third of reported incidents of sexual assault in the context of Hurricane Katrina occurred at evacuation shelters (Klein, 2008). Notably, research by the Centers for Disease Control and Prevention found that girls and young women (ages 13 - 24) displaced to camps or tent settlements after the 2010 earthquake in Haiti were significantly more likely to have experienced sexual abuse after the earthquake than their peers, displaced or not, who were not living in camps or tent settlements (CDC et al., 2014).

Overcrowded, chaotic, and unsafe conditions in evacuation centers and shelters can increase risks of sexual assault, particularly against children, women, and LGBTQ people (International Union for the Conservation of Nature [IUCN], 2020; UN Women, n.d.c). In the chaos of evacuation, it may be difficult for shelter workers and law enforcement to identify and track people who are on sex offender registry lists to ensure that they are not housed with evacuees who may be particularly vulnerable to abuse (Ford & Buchanan, 2018; Sullivan, 2017). Evacuation shelters may not have locking doors for bathroom facilities, private areas for sleeping, or adequate (if any) lighting, particularly in more remote or secluded spaces, all of which can contribute to increased risks of sexual violence (UN Women, n.d.c). The presence or absence of gender-segregated facilities for sleeping, dressing, and toileting may also play a role. While many disaster response experts advocate for separating facilities by gender to reduce the likelihood of sexual violence (UN Women, n.d.c), this may create considerable risk of harm for transgender, non-binary, and two-spirit people, who experience high rates of sexual violence and harassment by staff and residents in emergency shelters, both during disasters and otherwise (bonnabella. xvx, 2020; Camey et al., 2020; North, 2017; NRC & FORGE, 2020). The lack of privacy in shelters and camps for displaced persons also makes it difficult for survivors to disclose sexual violence, and services are typically overwhelmed (IUCN, 2020; UN Women, n.d.c).

Trauma & Healing in Disasters

Disasters can cause extreme distress for affected individuals and communities. Intense feelings of fear, grief, anxiety, outrage, helplessness, and hopelessness are common and widespread. For survivors of sexual violence, whether the violence occurred during the disaster or long before, the circumstances of disasters can also trigger severe trauma responses and complicate survivors' healing needs (NAESV, 2020). These experiences can remind survivors of the trauma and feelings surrounding past experiences of violence, create a heightened sense of danger in the present, and cause a survival response in the body. Survivors may experience flashbacks, nightmares, and other trauma reactions related to past violence.

Stress Related to the Immediate and Long-Term Effects of Disaster

Research suggests that at least half of people directly or indirectly affected by disasters experience significant mental health impacts, and that people with a prior history of trauma are particularly likely to have symptoms of post-traumatic stress, depression, anxiety, and other adverse mental health effects in the wake of disaster (Lee et al., 2020; Raj et al., 2020; Rezaeian, 2013; Taggart et al., 2021). For survivors of sexual violence, living and dealing with the personal, social, financial, and material losses caused by disaster can trigger memories, feelings, and trauma responses connected to past experiences of sexual harassment, abuse, and assault (MNCASA, n.d.).

Re-Traumatizing Conditions of Sheltering

Sheltering during a disaster, either at home or in an evacuation center, often entails isolation from family and friends, restricted freedom of movement, strict rules for behavior, increased surveillance, and limited access to basic necessities. For anyone, these conditions can be extremely challenging. For survivors of sexual violence, they can also be intensely

re-traumatizing, as these are the same conditions many abusive people impose and exploit as tactics to control and abuse victims (Eduardo & Powell, 2020; NRC & Common Justice, 2020; Taggart et al., 2021; Vera Institute of Justice, 2020; Walker, 2020). Research during the COVID-19 pandemic found that people with a history of sexual or intimate partner violence reported higher rates of depression and/or anxiety during the first two weeks of stay-at-home orders, and that symptoms worsened over time (Raj et al., 2020).

Medical Anxiety

Many survivors of sexual violence experience heightened anxiety about medical appointments, even in the absence of disaster. Common health care processes and dynamics – such as undressing and lying down, being touched, having objects inserted into one's body, being physically and emotionally vulnerable to an authority figure, among many others – can be difficult and potentially triggering for survivors of sexual abuse or assault. In addition, many BIPOC survivors, LGBTQ survivors, survivors with disabilities, and survivors from other marginalized communities have been repeatedly mistreated and traumatized by medical providers and systems, further contributing to health care anxieties and avoidance (Bein, 2011; Sexual Assault Demonstration Initiative [SADI], 2020). All of these concerns can become intensified during a disaster, particularly an epidemic or pandemic, which raises both the stakes and the barriers surrounding medical care (Green et al., 2020; NRC & FORGE, 2020; Vera Institute of Justice, 2020).

Complex Trauma

People experience complex trauma when they are exposed to prolonged, repeated, and/or severe periods of victimization, as often occur in the context of child abuse, intimate partner violence, institutional abuse, human trafficking, and other conditions of physical and/or emotional captivity and chronic abuse (Courtois, 2004; National Center for PTSD, n.d.; Pressley & Spinazzola, 2020). Survivors of complex trauma often experience a chronically elevated stress response and a sense of constant danger, unpredictability, and/or powerlessness that can affect relationships, coping strategies, physical and mental health, and overall functioning. These experiences can be triggered and intensified by disasters and their effects, leading to more intense psychological responses and unique needs for support and healing (Armstrong, 2020; Pressley & Spinazzola, 2020). During the COVID-19 pandemic, one survivor of complex trauma wrote:

Due to panic around the coronavirus (COVID-19)... I don't know what will happen next. The feeling of imminent danger is a constant for me. On my best days, I still feel like something is just around the corner ready to crush any sense of stability I've managed to carve out. Everything feels so fragile. I grieve things before there is need to grieve. I expect the worse [sic] and so I fight to take control, over my body, my environment and the future. It's a battle I can't win. Eventually my system becomes overloaded because living on the edge is exhausting, mentally and physically. And then I dissociate, freeze or fall apart. And the cycle of hypervigilance starts all over. This is the impact that trauma has had on me and a taste of what it's like to have complex PTSD (C-PTSD) (Armstrong, 2020, para. 1-2).

Historical Trauma

For Black survivors, Indigenous survivors, and survivors of color, disasters may trigger historical trauma. Many disasters and the inequities they exacerbate and expose are rooted in colonialism, genocide, slavery, forced relocation and family separation, and ongoing forms of environmental racism and structural violence in the United States. These and other institutionally induced disasters result in collective and cumulative emotional, psychological, and spiritual wounding that is carried across generations (Strong Oak Lefebvre, personal communication, June 24, 2021; University of Minnesota Extension, n.d.). Reflecting on the interconnectedness of past and present trauma during the COVID-19 pandemic, psychologist Jean Pierre Ndagijimana writes:

In many societies that experienced massive fear and collective heightened stress, the coronavirus may trigger stories they think they have buried in their past. For many, this is not the first time the elders in their/our communities and those physically vulnerable among us are at the highest risk of dying from a communal threat... For some, this is not the first time that leaving home could result in dying sooner rather than later... These are embodied stories that our brain-bodies have stored for our future survival (Ndagijimana, 2020, para. 4-5).

Historical trauma is deeply tied to enduring health, economic, environmental, and other racial inequities and injustices today. The repeated failure of governments, emergency responders, community organizations, media, and other mainstream entities to center and prioritize the lives, safety, and wellness of BIPOC communities in disasters not only recalls but replicates in the present the long history of racial violence and oppression in the United States. This can give rise to historical trauma, grief, fear, distrust, and disbelief in mainstream systems and interventions (Begay, 2020).

Unmet Needs for Healing

At the same time disasters can trigger trauma responses associated with previous experiences of sexual violence, they can also interrupt or cut off access to many of the supports survivors turn to for their healing. The following circumstances, common in disasters, can complicate survivors' healing needs.
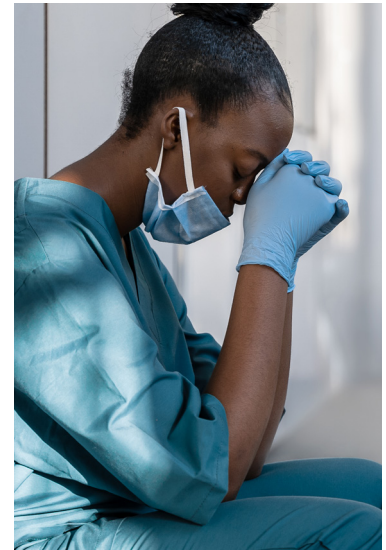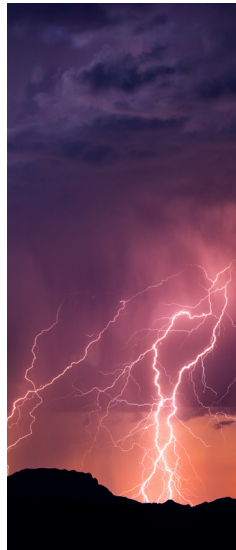
Social Isolation and Loss of Emotional Support

Research has consistently identified social support as one of the most critical factors in supporting coping and reducing trauma in periods of high stress (John-Henderson & Ginty, 2020). In some cases, social support may actually increase following a disaster, as community members rally together, check in with each other, and provide mutual aid and comfort. Often, however, disasters can create or worsen social isolation, a significant barrier to healing for many survivors of sexual violence.

Restricted Access to Healthy Coping Strategies

The physical, social, and economic hardships created by disasters can make it extraordinarily difficult, if not impossible, to go for a walk or to the gym, prepare and eat healthy foods, engage in soothing hobbies, visit calming places, go to a place of worship or other community spaces, connect with family and friends, or engage in various other strategies survivors of sexual violence may turn to for comfort and healing in their day-to-day lives.

Increased Use of Drugs and Alcohol to Cope

With declining access to other coping strategies, many people increase their use of alcohol, prescription medications, or other drugs to cope with or escape from the physical, emotional, interpersonal, and other challenges in the wake of disasters (Czeisler et al., 2020). For people in recovery from substance use disorders, including many survivors of sexual violence, disasters can provoke strong urges to drink or use again while simultaneously cutting off or limiting access to peer support groups or medication-assisted treatment that support their recovery (National Child Traumatic Stress Network [NCTSN] & National Center for PTSD, 2018; SAMHSA, n.d.b).

Worsening of Chronic Illness and Mental Health Conditions

Experiences of sexual violence and other trauma can influence survivors' physical and mental health across their lifespan. Health conditions that are common with trauma include gastrointestinal issues, autoimmune disorders, frequent headaches, gynecological issues, eating disorders, mental health needs, insomnia, fatigue, anxiety, and unexplained symptoms, among others (SADI, 2020). These conditions can be further complicated by injuries, illnesses, and/or stressors arising from disasters, compounded with decreased access to medical and mental health care.

Compromised Physical and Emotional Safety

By definition, disasters threaten the physical and emotional safety of affected people and communities. Survivors of sexual violence may face additional and unique safety concerns. For some survivors, evacuating in a disaster may mean leaving a place of refuge and risking the possibility of being found and further harmed by past perpetrators of sexual violence. Some survivors may find that they have no other option but to shelter with those who have abused them, whether in evacuation centers, their own homes, or the homes of extended family, friends, or acquaintances. In addition to increased threats to physical safety, disasters can disrupt routines, push boundaries, compromise trust, and restrict choices. These factors can be particularly detrimental to the emotional safety and healing of people who have experienced previous trauma.

Loss of Material Needs and Supports

Disasters can take away access to people's most basic human needs, including shelter, food, water, clean air, clothing, warmth, and rest. These are the foundational requirements for human survival, and necessary for sustaining physical and emotional safety. For survivors of sexual violence and other trauma who may already struggle to have their basic needs met, the additional losses imposed by disaster can be devastating and derailing to their healing journey.

Survivor-Centered & Community-Centered Healing & Recovery

While there is much to say about the vulnerability and trauma created by disasters and sexual violence, it is important to recognize the deep wells of personal and collective strengths they can also uncover. Across generations, survivors of trauma have found, created, and passed on means to survive, heal, and transcend disaster, oppression, and abuse. Many have formed survivor networks for mutual support, advocacy, and activism for transformative social change. Advocates, counselors, emergency responders, and other service providers must recognize and support survivors' resilience and resourcefulness, and honor their expertise in the survival strategies that are most meaningful and effective for them and their communities.

"The people who have been living with a pandemic of marginalization, disregard, or neglect for much of their lives or their whole lives are the people who have the expertise we need today, and that could help the rest of the world, yet continue to be disregarded."

—JD Davids (Werning, 2020)

Historical Resilience & Ancestral Ways

The knowledge that communities have about their own and their ancestors' experiences, including their legacies of resilience and survival, must be centered and honored at all stages of disaster preparedness, response, and recovery. In times of crisis, many survivors may turn to and deepen their connection with ancestral knowledges and cultural practices from which they can draw strength and healing.

BIPOC, immigrant, disabilities, LGBTQ, and other historically marginalized communities who have experienced repeated and prolonged disasters and historical trauma throughout U.S. history have also developed, shared, and passed on strategies and traditions for survival to subsequent generations. These can include spirituality and religion, rituals, storytelling, arts

and music, movement and dance, foodways, medicines, connection to elders, and collective care, among many others. After centuries of colonialist, racist, ableist, heterosexist, and other oppressive policies that have persecuted and shamed people for practicing their cultural traditions and ancestral ways, maintaining, reclaiming, and embracing these strategies of survival and healing is a form of resilience and resistance in itself (Betty, 2020).

Far too often, disaster managers, emergency responders, and service providers have failed to recognize, appreciate, and learn from the historical resilience and ancestral ways of BIPOC, immigrant, and other communities disproportionately impacted by disasters, both in the U.S. and around the world (FEMA, 2019; Grossman, 2013; Marsella & Christopher, 2004; Trader-Leigh, 2008). There are already local, community-based programs – both formal and informal – supporting survivors in traditional ways. It is the responsibility of mainstream service providers to learn about and uplift the strengths, resources, and resilience that are already present within communities.

For many people and communities, spirituality and religion have been vital sources of resilience in the context of natural- and human-caused disasters, providing hope, meaning and purpose, a sense of empowerment, and social support, among other important personal and collective strengths (Alawiyah et al., 2011). Following the 9/11 terror attack, 90% of U.S. adults surveyed reported that they turned to religion to help them cope (Schuster et al., 2001). Interviews with Black survivors of Hurricane Katrina found that relying on a higher power, praying and meditating, reading the Bible, attending church, and serving others were essential sources of emotional resilience during and after the disaster (Alawiyah et al., 2011; Lawson & Thomas, 2007). During the COVID-19 pandemic, even as places of worship were forced to close their doors to prevent the spread of the virus, 41% of Black adults, 30% of Latinx adults, and 20% of white adults said the pandemic had strengthened their faith. Among people who attend historically Black churches, 56% said that their faith grew stronger during the pandemic, higher than any other group (Gecewicz, 2020).

> "I am finding myself uniquely equipped to help others who are struggling. Because of all the hard work I've done over the years learning to deal with my fear, I'm shockingly emerging from this as a valuable resource. I used to think my complex PTSD was a disability. In crisis, I'm recognizing that it is a superpower."
>
> – Stephanie Foo (2020, para. 8)

Particularly in Black communities, faith and faith communities have long served as important lifelines and coping strategies in response to adversity (Alawiyah et al., 2011; Gates, 2021; Trader-Leigh, 2008). For centuries, Black churches have attended to not only the spiritual, but also the emotional, physical, economic, and political resilience of Black communities enduring the ongoing disasters of systemic racism and oppression (DeSouza et al., 2020; Gates, 2021; Sinha, n.d.). In the wake of Hurricane Katrina, Black clergy and churches played

a central role as first responders, providing housing, food, clothing, medical and mental health care, systems advocacy, and other urgently needed practical support – generally without recognition, funding, or other support from government officials or disaster relief organizations (Trader-Leigh, 2008). During the coronavirus pandemic, with its disproportionate impacts within Black communities, Black churches across the country have similarly provided wide-ranging services and support – including food, employment support, COVID-19 testing and vaccination sites, and social connection for older adults and others experiencing heightened isolation under stay-at-home orders (Abdul-Mutakabbir et al., 2021; Banks, 2020; Bunn, 2021; Guess, 2020; Kolade, 2020; Norris, 2020). As described by Pastor Nick Taliaferro of the West Philadelphia Seventh-Day Adventist Church shortly after the start of the pandemic:

When times get dark, the church demonstrates its relevance. What you're seeing now is the church, as it has always been in the Black community in particular, filling the place where government and social-economics fail (Norris, 2020, para. 7).

In addition to the practical support provided by Black churches, research shows that church attendance can strengthen physical and mental health among Black parishioners. Reverend Dr. Maria Black and her colleagues note that group singing, a common aspect of traditional Black worship experiences, releases endorphins and increases pain thresholds, social bonding, and immune competence, for example (DeSouza et al., 2020).

"At times of great uncertainty like these, I remind myself that my Black, LGBTQ+ and female ancestors constantly experienced moments just like the current one that our world is in – and many survived. I lean on my personal strength as a Black bisexual female human walking around in this world. Plus, I have access to the knowledge passed down to me from the Black foremothers who founded the reproductive justice framework and movement. I can look to the knowledge passed down to me from my queer and trans elders who came-of-age during the United States AIDS epidemic – which we are still fighting – and survived, even when too many of their families and friends did not."

– Candace Bond-Theriault
(Bond-Theriault, 2020, para. 4-5)

Research similarly supports the physical and mental health benefits of traditional rituals and ceremonies among Indigenous communities. Clinical psychologist Dr. Tami DeCoteau explains:

What the science is saying is that the things that help to restore your body and quiet the noise and the chaos that trauma creates so that we can access our Indigenous knowledge are the things that are part of our culture, like rhythmic sound and rhythmic movement, and bilateral

movement, and safe connections, and meaningful ceremonies that help us with transitions...
So it's really validating what we know and who we are as Indian people and empowering us to
think about how do we revive and bring together those Indigenous methods to help us with our
own individual healing and our community healing (Van Ness Feldman & The Roundtable on
Native American Trauma-Informed Initiatives, 2020).

Through violence, forced removal from Native lands, coerced conversion through missionization, and compulsory boarding schools, U.S. governments, churches, and institutions sought to destroy Indigenous peoples and cultures for generations (Avalos, 2021). For Indigenous individuals, families, and communities surviving intergenerational historical trauma from these institutionally created disasters, connecting to cultural identity through traditions, customs, practices, and language is a means of digging into the root of the trauma, finding identity and pride, and engaging in the long and ongoing process of healing. From day to day, people can continue to find outlets for healing that resonate for them, which may include connecting with religious, spiritual, and/or cultural practices (Stacy Four Star, personal communication, June 24, 2021). Many Indigenous people have visions and dreams which they use to survive and heal, which are too often misinterpreted, mislabelled, and dismissed by mainstream mental health resources (Strong Oak Lefebvre, personal communication, June 24, 2021). Circles are also a significant part of Indigenous ways of thinking, often in contrast to the linear processes and worldviews of mainstream legal, education, health care, and other systems. For example, talking circles, the circle of life, the medicine wheel, and the seasons, directions, ceremonies, and sweat lodges are all circular. In Indigenous communities, circles represent the interconnectedness of all things, and that there is no beginning or end. The circle is also seen in survivors helping others heal, as they get what they need for their own healing (Stacy Four Star, personal communication, June 24, 2021).

Healing is relational and interconnected within Indigenous communities, helping to restore relationships with self, community, ancestors and descendents, and the natural and spiritual world (Avalos, 2021). Acknowledgement of trauma and pain, including accountability from those who caused harm, are also essential for healing and restoration. In the summer of 2021, nearly 1,000 Indigenous children were found buried in unmarked graves at the sites of former residential schools in Canada. The response of Indigenous communities across the continent included ceremony, prayers, songs, art, and witnessing stories of survivors and descendents, both in person and online. Communities also called for accountability from Canada and the U.S. to repatriate Indigenous children's remains and to be honest about this history and its lasting effects today. This has been part of the work of Canada's Truth and Reconciliation Commission, which offers a model to support healing of historical trauma in the U.S. (Native American Boarding School Healing Coalition [NABS], 2021; Strong Oak Lefebvre, personal communication, June 24, 2021). The National Native American Boarding School Healing Coalition wrote:

...healing starts with confronting the trauma and understanding it. We are hopeful that the U.S.
has finally stepped foot on the path of confronting the harmful Indian boarding school policy
and seeking to understand it so we can heal for our collective future... Our healing begins by
taking the time to care for each other in the ways that they tried to strip away from us. Support

our elders during this time. Go to ceremony. Sing and dance and laugh to honor our ancestors who were forbidden to do all of those things. And keep demanding justice (NABS, 2021).

In *Decolonizing Community Care in Response to COVID-19*, the NDN Collective also highlights traditional medicines, and the value of connecting with these ancestral ways and knowledges among Indigenous peoples:

*It's true that our relatives and ancestors endured germ warfare at the hands of the U.S. military while suffering great losses. What's also true is that **we survived**, and our connection to traditional knowledge and medicine has played a role in that survival. During this time when we are having to practice "social distancing," it is a perfect time to dive into learning about your traditional medicines, whether that be tinctures and syrups, traditional foods, plant medicines, fermentation, and so on. Connect with friends and relatives and learn from each other (Begay, 2020, para. 10-11).*

Connecting with traditional foodways – including methods and rituals for growing, foraging, preserving, preparing, and sharing food – is also an important source of resilience for many people and communities preparing for, coping with, and recovering from disasters. In many cases, ancestral knowledges related to food may be linked to surviving the protracted disasters of colonialism, racism, nativism, and other oppressions. For example, reflecting on the experiences of Afro-Puerto Rican coastal foragers and the effects of Hurricane María in 2017, cultural anthropologist and decolonial scholar Dr. Hilda Lloréns explains:

For my ancestors the capitalist impetus was disastrous from the moment their bodies were conceptualized as racialized chattel and their right to freedom lost… Rather than starve, they learned to engage in several subsistence activities, such as cultivating small food gardens, animal husbandry, foraging for food in the forests and/or mangroves, fishing, and sharing food, goods, and exchanging favors with family and neighbors. In the margins, they found freedom in their proximity to nature and to each other, creating and living by alternative logics from those that conceptualized them only as "workers" (Lloréns, 2019, para. 13).

"As sick, disabled, poor, Black and brown, queer and trans people (to name a few), we already know a hell of a lot about surviving. Over the past two decades, I've learned a lot about survival in ways many people do – from being poor and sick and having to make food stretch and grow, shoplift and forage my food... From studying herbal medicine as a chronically ill person and learning to make my own so I could afford it and could share with friends, to learning skills from friends who live rurally and low electricity. Most recently, I've learned from sick and disabled mutual aid in the face of wildfires, snow, power cut offs and now, COVID-19/coronavirus."

– Leah Piepzna-Samarasinha (2020, para. 2)

Many examples have emerged during the COVID-19 pandemic of traditional foodways serving as strategies for resilience and healing. In tribal communities, more people turned to collecting food as medicine, rather than commodity, and growing and sharing their own healthy food as an alternative to the packaged foods provided by federal food distribution programs (Strong Oak Lefebvre, personal communication, September 21, 2020). In addition to starting a community garden, one University of Nevada graduate student from the Pyramid Lake Paiute Tribe decided to catch, clean, and distribute Lahontan cutthroat trout to elders and others in the community, saying:

We're in a global pandemic, and it's so important that we return to these foods… Our people have been eating trout for thousands of years. They've sustained our communities and have contributed to our survival as a people (Spillman & Kane, 2020).

Foodways within many immigrant and refugee families and communities also serve as sources of resilience in times of disaster. After traveling across town to stock up on favorite foods at one of the only Caribbean markets in the Bay Area, Sio Massiah tweeted:

I've been joking about how Africans and West Indians been prepared for corona. We grew up with canned goods and rice. Buying produce with long shelf lives. Sanitizing everything with dettol. But it just dawned on me that it means our families always lived in a state of survival (Evelyn, 2020).

Research suggests that many immigrants and refugees have "earned strength" as a result of experiences with everyday inequities and previous disasters (Uekusa & Matthewman, 2017). Strategies such as preserving and conserving food, preparing and storing meals in large quantities, self-isolating for safety, and creating exit plans are often everyday practices for people who have lived through traumatic events in the past, and can be assets for coping with current and future disasters (Aghajanian, 2020). Sio Massiah reflects:

Back home, they prepared for hurricanes, for shipments not making it from the port… our families sometimes come from dire situations already, only to come here [to the United States] and struggle to climb the socioeconomic ladder. So regardless of your experience, survival becomes a way of life. We become our own experts (Evelyn, 2020, para. 5-6).

These experiences highlight the importance of intergenerational storytelling within immigrant communities, as different generations bring different experiences and strategies related to disaster preparedness, response, and recovery (Mira Yusef, personal communication, September 21, 2020).

Current and future generations can learn from elders across many different communities about the previous disasters they have experienced and the ways they have survived. During the COVID-19 pandemic, many LGBTQ people have noted similarities not only to the trauma and loss of the AIDS crisis, but also to the resilience and survival strategies that communities drew on during that time, including political activism, community education, and mutual aid (Killian, 2020; NRC & FORGE, 2020). Reflecting on his experiences caring for and losing friends through the AIDS epidemic in the 1980s and 90s, journalist Barry Yeoman described:

> *"We are only as strong as the most vulnerable person in our community, so now more than ever it is imperative for us to decolonize from individualism and reconnect with ways of community care."*
> — NDN Collective (Begay, 2020, para. 6)

But in that crucible, we learned our strengths. Some of us were good at bedside visits. Some of us were good at dealing with the parents. Some of us were good at scheduling care. Some were good at interacting with the doctors. And some of us were good at supporting the inner-circle... I feel like maybe I do have some coping skills that my peers don't have (Killian, 2020, para. 61-63).

Collective care and mutual aid are critical sources of resilience among many cultures and communities that have survived previous trauma, as will be discussed in the following section.

Collective Care & Mutual Aid

Collective care and mutual aid networks have always existed, particularly within communities that have never been able to depend on the state or helping systems and have been intentionally denied access to resources. BIPOC, LGBTQ, immigrant, disabilities, sex worker, and other communities that have been chronically underserved or unserved by mainstream institutions have long and rich traditions of mutual aid. This can include gathering together, sharing stories, growing community gardens, developing and supporting community businesses, and coming together to hold systems accountable (Strong Oak Lefebvre, personal communication, June 24, 2021). In a widely circulated resource about establishing pods of mutual aid, social justice trainer and community organizer Rebel Sidney Black wrote:

Mutual aid can look many different ways. Those of us who are sick and disabled, black, indigenous, multiracial, and people of color, poor, working class, immigrants, queer, trans, two spirit, and more, probably already practice mutual aid and may not even know it (Black, 2020, para. 1).

Mutual aid projects have also developed in response to previous disasters. After Hurricane Katrina, New Orleans residents founded the mutual aid organization Common Ground Relief to provide for immediate needs like housing, health, and clothing with an emphasis on "people

working together to rebuild their lives in sustainable ways" (Common Ground Relief, n.d.). In another example, thousands of volunteers and activists with Occupy Sandy provided water, food, and other resources and support that were otherwise unavailable to many residents affected by Superstorm Sandy in 2012 (McMenamin, 2020).

During the COVID-19 pandemic, mutual aid networks have gained more widespread recognition and support. As the pandemic has reached every corner of the United States and most of the world, it has become as apparent as ever that individualistic approaches to disasters are ineffective and unjust, and that the responses of governments and other systems are often too late and too little and further marginalize people already at the margins. Individuals, groups, and organizations established new mutual aid networks, and retooled existing ones, to mobilize the strengths, skills, and resources in communities to address wide-ranging needs. These networks have highlighted that mutual aid can take many different forms. Some of the many acts of mutual aid during the pandemic include, among others, preparing meals; delivering groceries; picking up prescriptions and other supplies; providing funds for food, rent, utilities, health care, and other necessities; making and distributing masks, hand sanitizer, and personal protective equipment; sharing coping and survival skills; caring for children (remotely or in person); and providing companionship and emotional support.

> "This moment of precarity and disaster reminds us that we cannot rely on the state for our wellbeing. The legacies of imperialism, capitalism, and patriarchy undergird forms of violence that unevenly expose many in our communities to further risk, rendering people disposable. Yet, in this moment, we also see how revolutionary love and care can reshape our world... We are made of communities with deep collective knowledge on how to care for each other and the world around us. Together, we can survive and build interdependent communities of resistance."
>
> – Asian American Feminist Collective (Bhaman et al., p. 3)

Many mutual aid efforts during the pandemic have been created by and for people in communities disproportionately impacted by the health and economic crises of COVID-19, and chronically overlooked and underserved by mainstream systems. Emergency relief funds and other mutual aid projects centering LGBTQ BIPOC communities, Navajo and Hopi reservation communities, undocumented immigrant communities, disabilities communities, and sex worker communities, among many others, emerged in cities and states across the country (Solnit, 2020).

Some mutual aid efforts have formed to meet needs of people experiencing sexual violence and sexualized racial harassment during this time. For example, Nylah Burton, a Howard University alumna, launched the Black Survivors Healing Fund, a mutual aid project to collect

and provide unrestricted funds to current and former Howard students who have experienced sexual violence. Most survivors who accessed the funds indicated needing help with rent, groceries, and mental health care, as well as relocation and tuition expenses (Barthel, 2020). In Orange County, California, neighbors offered up mutual aid by organizing shifts to sit outside and protect the home of a family that was being targeted nightly for anti-Asian harassment during the pandemic, including racial insults and a pornographic print left at their front door (CBSLA Staff, 2021; Fry, 2021). Black Women's Blueprint shifted the focus of their Sistas Van, usually a mobile healing unit for survivors of sexual violence, to provide food, clothes, toiletries, contraception, personal protective equipment, social and emotional support, and other resources to meet the immediate needs of Black women and girls across New York City. They partnered with existing mutual aid groups throughout the community and donors across the country to respond where they were needed (NSVRC, 2021).

Another intersection between mutual aid and sexual violence that arose during the COVID-19 pandemic is the strategy of pod mapping. Pod mapping was originally created by educator and community organizer Mia Mingus and the Bay Area Transformative Justice Collective (BATJC) as a tool for people to identify who in their lives they could turn to "for support around violent, harmful, or abusive experiences, whether as survivors, bystanders or people who have harmed" (Mingus, 2016, para. 1). It encourages people to identify skills that they would find helpful in a crisis, and talk to people in their circles about that possibility before it happens. Pod mapping thus provides a resource for applying principles of collective care to support and accountability related to violence and abuse (AAPI Women Lead, 2020). During COVID-19, pod mapping was adapted and shared as a tool for building

> "One of the biggest clichés about disasters is that they reveal civilisation as a thin veneer, beneath which lies brutal human nature… But the great majority of people in ordinary disasters behave in ways that are anything but selfish, and if we're stuck with veneer as a metaphor, then it peels off to reveal a lot of creative and generous altruism and brilliant grassroots organising."
>
> — Rebecca Solnit (Solnit, 2020, paras. 2-3)

relationships and connections for other forms of mutual aid during the crisis (Black, 2020). The Firecracker Foundation, an organization serving child survivors of sexual trauma in mid-Michigan, incorporated pod mapping in the development of a childcare collective to help prevent sexual and domestic violence by "alleviating the pressure in homes with children and increasing accountability by putting children in contact with a network of safe, healthy adults" (Firecracker Foundation, n.d., p. 1).

There is a lot that mainstream service providers can learn from collective care and mutual aid networks, and the ways in which communities have and continue to survive and support one another outside of state-sponsored services. A core philosophy of mutual aid is "solidarity, not

charity." Mutual aid organizing is driven by the needs of communities as they define them, and centers the strengths and capacities of community members to care for one another. Community members drive decisions about how resources are allocated, without outside systems or institutions mediating or restricting access (Mayorquin, 2020; McMenamin, 2020). This approach views people "as participants in their survival rather than passive consumers of assistance," (Araabi, 2020, para. 9) and recognizes that people who need assistance of one kind can also likely offer assistance of another (Arnold, 2020). Mutual aid is also about building and strengthening relationships within community, and sustaining connection for the long-term. These lessons extend far beyond the context of disasters. As one mutual aid organizer expressed:

There's nothing new in America about people not being able to work, being laid off or not having a job, or not having access to food, or not having access to reliable transportation... It's important to keep the mindset moving forward, that the lessons we learn from this about how communities can take care of each other and how neighbors can come together [are] a potential solution... to some of the hardships that will continue to exist (Diavolo, 2020, para. 31).

"...We invented anti-sexual violence work and anti-domestic violence work... Our work came into being because survivors demanded that it be so. This work has always been about creative solutions, and this work has always been about responding to things that should not happen. And I think that gives us a lot of strength, and resilience, and power in this current moment... We work in a field that is about creating solutions out of nothing. This is what we do. So I have a lot of hope and faith in us."

– Kris Bein, Resource Sharing Project (NRC, 2020a)

Mainstream providers can also learn about mutual aid happening in their communities, and find out how to best support these efforts. This might include contributing funds, time, or other resources, promoting the efforts through other channels and networks, encouraging people to offer what they can and ask for what they need, or other forms of support. It is important to remember that mutual aid is a long-standing practice within many communities, particularly among those that mainstream institutions have repeatedly failed to serve, and to take direction with humility and openness from mutual aid networks and projects that already exist.

Emergency Response from Crisis to Stabilization

Disasters require us to re-imagine sexual violence work and how we serve survivors more holistically. When people are displaced, isolated, struggling to get basic necessities, and unable to reach services in the wake of disaster, "it does not matter what services an organization or institution usually provides, the caring of the brain-body health of those they are serving should be a priority" (Ndagijimana, 2020, para. 14). While the shape of services may change, the basic principles of a survivor-centered approach remain the same. It is crucial

that disaster managers, emergency responders, and service providers in every sector recognize that survivors are the experts in their own lives and needs, and services must be designed and adapted accordingly.

During the COVID-19 pandemic and other disasters, victim services and other community organizations and systems have innovated to meet the changing and growing needs of sexual violence survivors and their communities. They have developed new strategies and adapted existing ones to support survivors in moving from crisis to stabilization. The lessons learned from these efforts can inform planning and response in the event of disasters, and also broaden and strengthen service delivery models for the future.

Financial and Material Support

For many survivors of sexual violence, healing from trauma can come only after basic life needs are met. This is always true, and more visibly so in the context of disasters. For advocates, counselors, and others who work with survivors, this can require expanding services or shifting focus to more deeply and directly address financial and material needs, including housing and utilities, food, health care, technology, transportation, child care and schooling, and other basic necessities. For example:

- Creating direct cash assistance programs that empower survivors to make their own financial choices about what they need for their safety and healing (Doyle et al., 2020; Durrence et al., 2021).

- Providing information about disaster relief funds, unemployment benefits, utilities assistance, and other financial resources; assisting survivors through application processes; and advocating on their behalf with systems.

- Becoming a drop-off site for donations of essential goods – such as toilet paper, paper towels, cleaning products, diapers and wipes, baby formula, menstruation products – and coordinating pick-up or delivery to survivors (Arizona Coalition to End Sexual & Domestic Violence [ACESDV], n.d.b).

- Providing smartphones, data packages, wireless internet hotspots, chargers, burner phones, or other technology resources survivors need to access services, work, school, safety, and social supports (IFRC, n.d.a).

- Advocating with funders to be able to redirect organizational resources to provide direct financial, housing, and material support to survivors and their families.

For survivors sheltering in place with perpetrators of sexual violence, it may be unsafe to contact an organization to discuss issues of sexual violence but possible to place a call about financial, material, and other needs. In this way, broadening the scope of services and supports offered can also open up opportunities for survivors to connect with victim services agencies (NRC, 2020e).

Housing Support

Both in and out of disasters, safe housing is critical for preventing, escaping, and healing from sexual abuse, harassment, and assault. Some of the ways victim services and other organizations can support the housing needs of sexual violence survivors include:

- Advocating on behalf of survivors with landlords to negotiate rent payments, prevent evictions, etc. (NRC & WOCN, 2020).

- Providing support for rapid rehousing, using agency resources to immediately pay for expenses like rent, utilities, and deposits to move survivors and their families into permanent housing (NRC, 2020a).

> "I think the most important thing is advocates partnering with survivors to identify, strategize, creatively think through, problem solve what are going to be the best options."
>
> – Lisa Fleming, Rose Brooks Center (NRC, 2020a)

- Paying for extended-stay hotel placements, and/or working with housing programs in the area that are moving people into hotels or other temporary housing locations (Head Start Early Childhood Learning & Knowledge Center [ECLKC], 2020; NRC, 2020a).

- Providing transportation to emergency shelters or other housing options in other regions, if temporary housing in the immediate area is unavailable or inaccessible.

- Advocating with funders to be able to reallocate funds towards providing/or and increasing housing subsidies for survivors (NRC, 2020c).

For additional recommendations and resources related to housing advocacy for survivors of sexual violence, visit:

- *Sexual Violence and Housing Resource Collection* from the National Sexual Violence Resource Center: nsvrc.co/SVandHousing

- *Creating Spaces of Healing: Exploring Housing Advocacy* from the Resource Sharing Project: nsvrc.co/CreatingSpaces

- *Guidance for Using Hotels to Meet Survivors' Immediate Safety and Housing Needs* from the Domestic Violence and Housing Technical Assistance Consortium: nsvrc.co/UsingHotels

- *Flexible Funding for Domestic Violence and Sexual Assault Survivors* from the National Alliance for Safe Housing & Washington State Coalition Against Domestic Violence: nsvrc.co/FlexibleFunding

Digital/Online Services

When health, safety, financial, transportation, or other barriers prevent survivors from physically accessing care in their communities, online services can provide a critical lifeline for many. During the COVID-19 pandemic, as organizations and institutions were forced to close their doors to prevent the spread of infection, service providers across the country quickly shifted to digital/online formats — including online chat, text messaging, and video conferencing — in order to sustain services to survivors. Some of the best practices advocates have identified include:

• Working with individual survivors to identify the technology solutions that work best for them, as there is no one-size-fits all tool or platform that will work for all survivors and situations (NRC, 2020b, 2020e).

• Remaining open to different platforms, offering multiple options, and finding out what survivors need in order to connect safely and accessibly (NRC, 2020b, 2020e).

• Prioritizing and balancing privacy, confidentiality, and accessibility when selecting and using online and digital platforms and tools (NRC, 2020e).

• Practicing informed consent and safety planning related to the use of digital/online services, such as (IFRC, n.d.a; NRC, 2020c, 2020e):

  - Discussing potential risks to privacy and confidentiality with different platforms or tools;

  - Sharing strategies for deleting texts, emails, recent calls, browser histories, etc.;

  - Establishing code words or signals to prevent impersonation and indicate whether it's safe to talk;

  - Offering text-based communication options (through online chat or text messaging), as many survivors may not be able to discuss issues out loud, for safety or other reasons; and

  - Following the survivor's lead in identifying the technologies that feel safest and most accessible for them.

• Referring survivors to online chat services provided by national organizations, if the local service provider does not have the capacity to implement this option safely and sustainably.

For in-depth recommendations and resources related to online/digital services, check out these resources from Tech Safety:

• *Using Technology to Communicate with Survivors During a Public Health Crisis:* nsvrc.co/UsingTechnology

• *Best Practices When Using Mobile Devices for Advocacy:* nsvrc.co/MobileDevices

• *Digital Services Toolkit:* nsvrc.co/DigitalServicesToolkit

• *Response to the COVID-19 Pandemic:* nsvrc.co/COVID19Toolkit

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Creative Service Venues

In order to make supportive services accessible to survivors of sexual violence, advocates and other service providers need to meet them where they are, both figuratively and in many cases literally. Disasters exacerbate many of the barriers that already prevent survivors from being able to visit rape crisis centers or other traditional locations for in-person support. Therefore, many service providers find innovative ways to move services out of their offices and into other community settings that survivors can more readily access. For example:

• Partnering with pharmacies, grocery stores, restaurants, gas stations, food banks, and other essential businesses and services where survivors can use code words to ask employees to contact victim services on their behalf, or provide them with a safe place to make the call (Kottasová & Di Donato, 2020; Rise, n.d.).

• Coordinating with a survivor so that you "just happen coincidentally to be at the local market at the same time to do your weekly shopping" to meet up with a survivor at a grocery store or other essential business for quick check in (NRC, 2020d).

• Arranging to meet in a parking lot, where the survivor and service provider each stay in their separate cars and talk with each other over cell phones. They can see and hear each other, and talk privately without risk of exposure during an epidemic or pandemic (NRC, 2020d).

• Providing services on-site at evacuation centers, emergency shelters, hotels and motels, faith-based shelters and housing programs, or other places where people are being housed in a disaster (Head Start ECLKC, 2020; SAMHSA, n.d.a).

Social Connection

Disasters disrupt social networks and increase isolation for many survivors. Service providers can help to foster social connection in multiple ways, including:

• Proactively reaching out by text, email, or phone call (depending on how the survivor previously connected with services) to check in with survivors and help people feel connected and less isolated (NRC, 2020b).

- Working with survivors to identify people they can reach out to for connection and support, including friends, family, neighbors, culturally specific organizations, faith community, service providers, etc. The pod mapping resource developed by the Bay Area Transformative Justice Collection can be useful to share with survivors (Mingus, 2016).

- Providing warm referrals to other service providers and community organizations to facilitate smoother connections and continuity of care. This can be especially important for survivors who are evacuating or otherwise relocating to other areas (Head Start ECLKC, 2020).

Safety Planning

Safety planning is always centered around the survivor's own knowledge of what they need and what will work for them to be physically and emotionally safe. Safety means something different for everyone and can take on new meanings and challenges in the context of disasters. Some strategies to consider include:

- Exploring times and places where the survivor could come into contact with the perpetrator(s) (if they aren't currently sheltering in place together) and creating plans to help stay safe, such as alternating routes, changing routines, and requesting accompaniment and support from trusted others (ACESDV, n.d.c).

- Identifying opportunities to safely and privately reach out for services when sheltering in place with someone who is abusive, such as going into the bathroom and running water, going for a walk or walking the dog, going to the laundry room or laundromat, grocery shopping or getting water, picking up medications, getting gas, etc. (ACESDV, n.d.a).

- Offering alternative ways of communicating that may be more private under the circumstances, such as online chat or text messaging.

- Identifying safe people to contact in case of an emergency — such as neighbors, family, friends, co-workers, or others — and creating a code word or signal with those trusted individuals to indicate when help is urgently needed.

For more information about safety planning in the context of COVID-19 and other disasters, visit:

- *An Advocate's Guide to Safety Planning During COVID-19* from the Arizona Coalition to End Sexual and Domestic Violence: nsvrc.co/SafetyPlanning

- *Feeling Safe in Your Body and Mind: A Guide for Survivors of Sexual Violence* from the Arizona Coalition to End Sexual and Domestic Violence: nsvrc.co/FeelingSafe

- *Safety Plan for Sexual Assault Survivors* from the North Carolina Coalition Against Sexual Assault: nsvrc.co/SafetyPlanForSurvivors

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Coping and Self-Care Strategies

Supporting survivors in coping and self-care is foundational to the work of advocacy. During disasters, survivors may find that their usual capacities for coping are overwhelmed and their strategies for self-care may be disrupted or out of reach. Some techniques that may be particularly useful in these times include:

• Creating routines to help create a sense of normalcy, predictability, and control. This might include things like starting each day with the same activity, like light exercise or stretching, making the bed, journaling, or another calming activity; setting regular times for errands, meals, etc.; scheduling a regular daily or weekly time to connect with family, friends, or other sources of support (ACESDV, n.d.d).

• Identifying triggers – what makes the survivor feel unsafe, anxious, or overwhelmed – and exploring strategies for working through them when they occur.

• Practicing grounding skills, such as breathing exercises, noticing small details about the surrounding environment, or visualizing places of safety and comfort.

• Encouraging breaks from news and social media, if they are adding to feelings of anxiety and stress.

For additional resources and suggestions related to coping and self-care, visit:

• *Let's Get Grounded: A Toolkit for Survivors* from the Arizona Coalition to End Sexual and Domestic Violence: nsvrc.co/LetsGetGrounded

• *Self-Care During COVID-19* from the Arizona Coalition to End Sexual and Domestic Violence: nsvrc.co/SelfCareDuringCOVID19

• *A Toolkit for Survivors During COVID-19* from metoo movement: nsvrc.co/ToolkitForSurvivors

• *Coping Strategies for Complex Trauma Survivors Contending with the Coronavirus (COVID-19) Pandemic* from The Foundation Trust: nsvrc.co/CopingStrategies

• *A Guide for Survivors of Sex Trafficking During COVID-19* from Sanctuary for Families: nsvrc.co/SurvivorsOfTrafficking

• *Student's Guide to Radical Healing* from the University of Nevada, Las Vegas: nsvrc.co/RadicalHealing

Strategies for Sustainable Prevention

The conditions of risk and inequity that lead to increased sexual violence and hardship for survivors during disasters do not materialize when disaster strikes or end when disaster recedes. They precede, are magnified, and often become further entrenched by disasters. As these conditions are exposed during and after disasters, survivors, advocates, community organizers, service providers, and others invested in sexual violence prevention have the opportunity to create programs, build coalitions, and enact policies that foster safer, healthier, and more equitable communities free from sexual violence, not only in times of disaster, but at all times.

Organizational Change

Transformative change to effectively and equitably prevent sexual violence during and beyond disasters often starts with change within organizations and institutions, including those that focus on victim services, emergency services, and disaster preparedness and response.

Accountability to survivors

People who have experienced trauma have unparalleled expertise in their own strengths, resources, and needs. This is true of survivors of sexual violence, survivors of disasters, and survivors of other forms of trauma. It is vital that service providers across all sectors embrace and uplift survivor leadership by:

- Centering the wisdom and experiences of those most affected by structural inequities and the resulting human, material, economic, and environmental losses and impacts of disasters.

"Whether it's a coronavirus pandemic or climate change or any number of increasing natural and military-based and disease-based disasters, we create the conditions now for the communities we want to live in tomorrow..."

– Susan Raffo (2020, para. 20)

- Adapting services and models to be responsive to survivors and the contexts of their lives.

- Creating systems by which survivors can provide meaningful input and feedback regarding programs and services and hold community organizations and systems accountable.

- Proactively identifying survivor communities who are underserved or unserved by existing programs and organizations, learning from those communities about their strengths and needs, building relationships and investing resources to ensure that culturally responsive and accessible services are available to *all* survivors.

The anti-trafficking movement has developed several resources that offer a model for centering survivor leadership within organizations:

- *Toolkit for Building Survivor-Informed Organizations* from the National Human Trafficking Training and Technical Assistance Center: nsvrc.co/SurvivorInformedOrgs

- *Survivor-Informed Practice: Self-Guided Assessment Tool* from the National Human Trafficking Training and Technical Assistance Center: nsvrc.co/SurvivorInformedPractice

- *Survivor Engagement Resources* from Survivor Alliance: nsvrc.co/SurvivorEngagement

- *Survivor-Centered and Survivor-Led Practices* from Youth Collaboratory: nsvrc.co/SurvivorCentered

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Accountability to Black, Indigenous, and People of Color Organizations

Culturally specific and tribal programs are a lifeline for many BIPOC survivors. They provide support and services that are rooted in historical resilience and ancestral ways, build upon and organize networks for mutual aid, and center the lived experiences of people and communities who have been systematically marginalized by mainstream services and institutions. In these and other ways, organizations led by and for BIPOC communities hold expertise that is vitally essential for our collective survival and recovery during and beyond disasters.

> "...The expertise about what harms and heals lies primarily with trauma survivors."
>
> (Taggart et al., 2020, para. 16)

Despite this, they are consistently under-funded and often excluded from the continuum of care and referral pathways in many communities. Mainstream service providers have much to learn through intentional and transformative collaboration with and accountability to BIPOC-led organizations by:

- Learning about the work of culturally specific and tribal organizations working locally, regionally, and nationally to center the voices and experiences of BIPOC survivors.

- Entering into partnerships with BIPOC-led organizations with humility and respect, and a willingness to build relationships and offer support in ways that may be unfamiliar (National Resource Center on Domestic Violence [NRCDV] & NSVRC, 2021).

- Offering more resources, support, and power in partnerships and collaborations with culturally specific and tribal organizations than they take (NRCDV & NSVRC, 2021).

- Compensating culturally specific and tribal partners for the expertise and time they share with mainstream organizations and service providers.

- Advocating with funders to allocate and increase funding dedicated to BIPOC-led organizations to support their work.

To learn more, explore the work of these and other national BIPOC-led organizations:

- Black Women's Blueprint: www.blackwomensblueprint.org

- DC Rape Crisis Center (DCRCC): www.dcrcc.org

- Multicultural Efforts to end Sexual Assault (MESA): www.asec.purdue.edu/mesa

- National Organization of Asians and Pacific Islanders Ending Sexual Violence (NAPIESV): www.napiesv.org

- National Organization of Sisters of Color Ending Sexual Assault (SCESA): www.sisterslead.org

- Visioning B.E.A.R. Circle Intertribal Coalition: www.visioningbear.org

- Women of Color Network: www.wocninc.org

Anti-Oppression Work Within Organizations

Fundamentally, preventing sexual violence in disasters, and at all times, requires uprooting systems and structures of oppression and organizing communities around the guiding principles of equity and justice. This work starts at home within organizations and institutions, including victim services, emergency response, disaster management, and other sectors and systems. Some organizations may have incorporated this work since their origins, some have made significant investments, and some are just beginning to have these conversations. Organizations and systems must commit to the ongoing process of integrating anti-racism and anti-oppression into all aspects of their work and workplaces, for example (Potapchuk et al., 2005):

- Assessing readiness for and commitment to dismantling oppression at all levels of the organization.

- Developing a common language and analysis for having honest and hard conversations about racism, classism, heterosexism, ableism, ageism, sexism, and other oppressions within organizational culture and processes.

- Evaluating policies, practices, procedures, and programs through the lens of racial and social equity.

- Centering equity in decision-making throughout the organization.

- Providing training and coaching for all employees to consistently apply anti-racism and anti-oppression lenses to their work.

- Creating systems of accountability and indicators of progress towards dismantling oppression and increasing equity within the organization.

For more information and resources to support anti-oppression work in organizations, visit:

- *Plan: Organization Change* from Racial Equity Tools: nsvrc.co/PlanProcessOrgChange

- *Strategies: Organizational Change Process* from Racial Equity Tools: nsvrc.co/StrategiesOrgChange

- *Operationalizing Racial Justice in Non-Profit Organizations* from MP Associates: nsvrc.co/RacialJusticeNonProfit

- *White Supremacy Culture in Organizations* from The Centre for Community Organizations (COCo): nsvrc.co/WhiteSupremacyinOrgs

- *Anti-Racism Resource Collection* from Resource Sharing Project: nsvrc.co/AntiRacismResource

- *Anti-Oppression* from Resource Sharing Project: nsvrc.co/Anti-Oppression

- *Anti-Racism as Violence Prevention* from Futures Without Violence: nsvrc.co/ViolencePrevention

- *Anti-Racism is Fundamental to Sexual Assault Services* from Sexual Assault Demonistration Initiative: nsvrc.co/AntiRacismFundamental

- *Interrupting Racism & Other Forms of Oppression* from Elevate | Uplift: nsvrc.co/InterruptingOppression

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Trauma-Informed Organizational Management and Supervision

Organizational leaders have the responsibility to ensure that the organization's practices, policies, and culture are rooted in a trauma-informed framework. Staff and volunteers, many of whom are themselves survivors of sexual violence or other trauma, must have the support and resources they need to sustain their own wellness and safety, as well as the emotional capacity to provide meaningful services to others. Disasters often shine a bright light on the need for these supports, but they are also beneficial and necessary in the daily work

of organizations in the absence of disaster as well. During the COVID-19 pandemic, many victim and social services organizations have incorporated trauma-informed supervision practices, workplace flexibilities, emotional and social supports, and other measures to support the well-being of staff and volunteers. These strategies can be sustained and built upon for ongoing trauma-informed organizational culture, including:

- Recognizing that staff, volunteers, and their families are also personally impacted by disasters or other traumatic events and need support for their own trauma and grief, physical and emotional safety, caregiving responsibilities, economic, housing, food security, and other needs (IFRC, n.d.b).

- Consulting with staff about their needs and providing flexibility in work hours, locations, and deadlines (IFRC, n.d.b).

- Acknowledging and providing support around the logistical, physical, and emotional challenges that can arise when staff need to work from home, including difficulties maintaining emotional boundaries between personal life and work life and decreased access to colleagues for collaboration and support (Kindelan, 2020; Polaris, 2020e).

- Ensuring that organizational policies give staff access to paid time off and encourage staff and volunteers to take breaks from the work.

- Providing free and easy-to-access mental health support through an Employee Assistance Program or similar resource (IFRC, n.d.b).

- Offering affordable health insurance coverage for staff and their families to support access to quality medical and mental health care.

- Designating time in workday schedules for healing, meditation, or other self-care.

- Recognizing and celebrating the creativity of staff and volunteers in adapting to new challenges, strategizing and problem solving, and continuing to deliver essential services and support to survivors and communities.

- Checking in more frequently with supervisees, creating space for staff to talk about work-related stress, vicarious trauma, and vicarious resilience.

- Asking staff and volunteers what they need to thrive in their work and actively striving to meet those needs.

- Ensuring that workloads are manageable, flexible, and diverse, with healthy expectations and boundaries around the work.

- Providing regular opportunities for social connection among colleagues for formal and informal debriefing, collaboration, peer learning, relationship building, and mutual support.

- Building trust and supporting a sense of predictability through clear communication, consistent and equitable guidelines and expectations, and transparent decision-making processes.

- Ensuring that organizational leaders have their own support structures, both professional and therapeutic (Orlene Davis, personal communication, June 29, 2021).

For additional resources related to trauma-informed organizations, visit:

- *COVID-19: Considerations for a Trauma Informed Response for Work Settings* from Trauma Informed Oregon: nsvrc.co/COVIDTraumaInformed

- *Supervising During the Pandemic* from Workplaces Respond to Domestic & Sexual Violence: nsvrc.co/PandemicSupervising

- *Leading During Traumatic & Triggering Events* from Diversity Equity Inclusiveness Consulting: nsvrc.co/LeadingDuringTriggeringEvents

- *Building Cultures of Care: A Guide for Sexual Assault Services Programs* from Sexual Assault Demonstration Initiative: nsvrc.co/CulturesofCare

- *NCTSN Trauma-Informed Organizational Assessment* from The National Child Traumatic Stress Network: nsvrc.co/TraumaInformedAssessment

- *Resources for Organizations* from Trauma Informed Oregon: nsvrc.co/TIOResources

- *A Guide to Trauma-Informed Supervision* from Pennsylvania Coalition Against Rape: nsvrc.co/TraumaInformedSupervision

- *Organizational Trauma and Resilience* from Resource Sharing Project: nsvrc.co/OrgTraumaResilience

- *The Vicarious Trauma Toolkit* from Office for Victims of Crime: nsvrc.co/VicariousTraumaToolkit

Coalition Building

Disasters, by definition, overwhelm the available resources within affected communities. The scope of problems and range of needs created by disaster are far too vast for any single organization or entity to address alone. Collaboration is essential for survival and recovery. The same is true of sexual violence, both during and beyond disasters. Preventing and responding to sexual violence requires multi-racial, multi-system, multi-sectoral responses in collaboration with organizers and organizations addressing a wide range of risk factors and providing comprehensive pathways to healing. Every part needs to see the major role they play, as one cannot succeed without the success of all.

Community coalitions – which may take the form of committees, task forces, or other alliances and partnerships – are often formed in response to major events, outside threats, sudden changes, new information, or a desire for meaningful social change (Community Tool Box, n.d.). Disasters are likely to bring about any or all of these circumstances. The COVID-19 pandemic and the increasing frequency and severity of other natural- and human-caused disasters have motivated many organizations and individuals to seek out, establish, and revitalize collaborative spaces to address disasters and their effects in their communities. Bringing together and joining with community partners to plan for, respond to, and recover from disaster can help to facilitate connections, strengthen resources, and enact policies and protocols to prevent sexual violence and promote healing during a crisis and long into the future.

> "The problem of violence is deeply interconnected with a wide range of social conditions... Our solutions need to be as comprehensive and interconnected as the problems they seek to address. The challenge is to recognize natural allies whose work has an impact on violence prevention but whose motivation or interest may not be specifically about violence prevention."
>
> – Berkeley Media Studies Group (Dorfman & Wallack, 2009)

Connect with Community Partners

It is important to think broadly and inclusively about community partners to engage with around issues of sexual violence and disasters. The factors that increase risks for sexual violence and barriers for survivors during disasters connect to virtually every sector in the community, as well as persistent systemic inequities in each, including housing, employment, mental and physical health, child care and education, city planning, transportation, police and prison systems, and others. Connecting with individuals, organizations, and systems that address these wide-ranging issues to plan for, respond to, and recover from disasters can help to prevent sexual violence and support healing throughout the community.

Key community partners may include:

- Community residents
- Culturally specific organizations
- Tribal organizations
- Youth-serving organizations
- Elder-serving organizations
- Disabilities advocacy organizations
- LGBTQ centers
- HIV/AIDS community organizations
- Religious congregations and faith-based organizations
- Community advocacy groups
- Housing programs and homeless shelters
- Workforce development programs

- Health care providers and systems
- Mental and behavioral health care providers and systems
- Drug and alcohol treatment programs
- Residential care facilities
- Emergency responders and disaster managers
- City/urban planners, public works, and transportation departments
- Food banks and meal programs
- Educational institutions
- Child care and early learning centers
- Businesses
- Labor unions

- Local and state policymakers
- Local and state public health departments
- Child welfare services
- Adult protective services
- Restorative and transformative justice programs
- Law enforcement and corrections officials
- Civil legal programs
- Court systems
- Rape crisis centers, domestic violence agencies, and other violence prevention and survivor advocacy organizations

Each of these community partners will have different insights, resources, and capabilities to contribute. Connecting with both current and new partners creates opportunities to learn about each other's experiences related to disasters, sexual violence, and intersecting issues such as economic and housing insecurity, health disparities, barriers to services, trauma and healing, mutual aid, and more. Service providers and other community stakeholders can begin to identify shared goals, collective strengths, common challenges, and opportunities for collaboration in disaster planning, response, and recovery.

Prioritize Equity

Whether engaging with an existing coalition or initiating a new collaborative endeavor to address sexual violence in disasters, an equity-focused approach that centers the experiences and leadership of people and communities most affected by the issues is essential. Black, Indigenous, and people of color; people experiencing economic and/or housing insecurity; documented and undocumented immigrants; people with disabilities; LGBTQ people; women and girls; older people; and young people face disproportionate risks and burdens from disasters.

In *Flipping the Script: White Privilege and Community Building*, Maggie Potapchuk offers concrete strategies and recommendations for promoting equity in multi-racial partnerships and community coalitions, including (Potapchuk et al., 2005):

- Create inclusive, transparent, and equitable decision-making processes that seek to redistribute power to individuals and communities most impacted by inequities.

- Pay consistent attention to whose voices are being heard and whose are not, and work to ensure that "the people most accustomed to controlling these processes (white people with respect to people of color; men with respect to women; wealthier people with respect to poorer people; advocates and system workers with respect to neighborhood residents)" are not dominating decision-making processes (p. 112).

- Work to ensure that the cultural norms of predominantly white and mainstream organizations do not dominate group processes, timelines, agendas, deliverables, or assumptions about what is "best," "normal," or "appropriate."

- Actively learn about, honor, and create space for coalition members' cultural practices, rituals, and community processes.

- Establish consistent systems and processes by which the coalition will be accountable to community residents.

> "A coalition is a powerful tool for mobilizing people to action and bringing equity to the forefront of multiple agendas."
>
> – Prevention Institute (Prevention Institute, n.d.)

- Recognize and acknowledge that predominantly white and mainstream organizations have often betrayed communities of color, and that community residents are taking risks when they partner with and trust entities that have historically caused harm.

- Gather many different types of evidence to inform strategies and evaluate the coalition's work and impact in the community, such as storytelling, shared wisdom from long-time residents or elders, quantitative and qualitative data from multiple sources, and levels of community participation, among others.

Creating and sustaining equity in a community coalition requires ongoing attention and conversation. It is important to take time to regularly check in with everyone involved in the coalition to review and assess equity and inclusion within the group's processes, and make adjustments as needed (Orlene Davis, personal communication, June 29, 2021).

> **For more information about fostering equity in community coalitions, visit:**
>
> - *Flipping the Script: White Privilege and Community Building* from MP Associates: nsvrc.co/FlippingTheScript
>
> - *Fostering Equity: Creating Shared Understanding for Building Community Resilience* from Center for Community Resilience: nsvrc.co/FosteringEquity
>
> - *"Chapter 27: Working Together for Racial Justice and Inclusion" in Community Tool Box* from Center for Community Health and Development — University of Kansas: nsvrc.co/WorkingTogetherCommunityToolbox

Plan and Implement Prevention Strategies

The specific goals and activities of a community coalition will depend on the needs identified within the community and the assets and abilities of coalition members. The more coalition members can actively and meaningfully contribute — whether in expertise, skills, or other resources — the more the coalition will achieve. Starting out with activities that can be accomplished in the short-term can help to boost the motivation, visibility, and credibility of the coalition to facilitate larger-scale, longer-term goals (Cohen et al., n.d.).

A community coalition working to increase safety and prevent violence during and after disasters might work on one or several of the following activities:

Conduct a community assessment related to sexual violence in disasters.

Community coalitions can work to identify the strengths, assets, needs, and challenges in the community that may affect risk factors for sexual violence and resources for healing during and following a disaster. This might include sharing and gathering stories about mutual aid efforts, innovative services, and individual and collective resilience, as well as inequities, underserved or unserved populations, and unmet needs in current or previous disasters. This process can help identify the most important and impactful issues for a community coalition to address and identify key strategies, partners, and resources that can help achieve shared goals (Smathers & Lobb, n.d.).

Facilitate training for disaster responders, service providers, and community members.

Community coalitions often provide a forum for both informal information sharing and more formal cross-training among their members. For example, a coalition might request disaster response training from a local or state emergency management agency, and in turn offer to train regional emergency response teams in issues related to sexual violence, including trauma-informed and culturally informed responses and the potential for disasters to trigger trauma reactions among survivors of previous sexual abuse, harassment, or assault. Community coalitions may also collaborate on developing and delivering training opportunities to policymakers, service providers, and community members at large regarding roles that everyone can play in preventing sexual violence and supporting survivors in the context of disasters.

> **For more information about conducting a community assessment, visit:**
>
> • *Community Assessment* from Ohioline — Ohio State University Extension:
>   nsvrc.co/CommunityAssessment
>
> • *"Community Assessment" in Vision to Action: Take Charge Too* from North Central
>   Regional Center for Rural Development — Iowa State University:
>   nsvrc.co/VisiontoActionCommunityAssessment
>
> • *"Chapter 3: Assessing Community Needs and Resources" in Community Tool Box* from
>   Center for Community Health and Development — University of Kansas:
>   nsvrc.co/AssessingCommunityNeedsCommunityToolbox
>
> • *Mapping the Assets of Your Community: A Key Component for Building Local Capacity*
>   from Southern Rural Development Center: nsvrc.co/MappingYourCommunity

Build and strengthen referral pathways that can be sustained or adapted in a disaster.

Community coalitions can work to ensure that all service providers and systems are knowledgeable about one another's work, including services offered and referral processes. This helps to foster a "no wrong door" approach to service provision, such that a community member who contacts any service can be connected directly to a broad range of support available throughout the community. This is valuable at all times, and even more so during a disaster when some services and systems may be temporarily unavailable, operating at reduced capacity, and/or overwhelmed by requests for services. Organizations can support community members and each other by answering questions, assisting with triage, and helping to connect residents to a full spectrum of services to meet their needs. These service networks should include housing and homelessness programs, food banks and meal programs, culturally specific organizations and advocacy groups, faith communities, holistic health care and healing arts practitioners, and other community organizations and partners whose critical roles in preventing sexual violence and supporting survivors are often overlooked in mainstream referral networks for sexual violence response. Community coalitions can create or update service directories that can be distributed throughout the community and provide updates as service availability and contact information may change in the event of a disaster.

Share, strengthen, and coordinate disaster response and recovery plans.

Community coalitions can work to develop more cohesive, comprehensive, and coordinated disaster response and recovery plans that address the increased risk factors for sexual violence and the complex healing needs of survivors in a disaster. Each member of the coalition can review and share their own organization's, agency's, or community's plans for ensuring continuity of services during a crisis, and members can support each other in strengthening and coordinating plans throughout the community. This process can also help to ensure that critical funding, staffing, and other resources are getting where they are

most needed and prevents stakeholders from working at cross-purposes or unnecessarily duplicating efforts when disaster strikes. It is important to consider disaster response and recovery plans through the lens of risk factors for sexual violence perpetration and victimization – including economic and housing insecurity, health inequities, and barriers to services – so that these can be anticipated and mitigated wherever possible.

Develop and distribute community messaging related to sexual violence in disasters.

Community coalitions can reach a wider audience than any one of its members would reach alone. Using social media, email blasts and newsletters, text or phone banking, posters, flyers and palm cards, television and radio public service announcements, news media, word of mouth, and other channels, coalition members and other community stakeholders can work together to amplify key messages in the community to prevent sexual violence and support survivors before, during, and after disasters. Key messages include:

- **Support is available** – Acknowledging the effects of disasters on mental and behavioral health, promoting help-seeking, and providing information about available services in the community can help to reduce risk factors for perpetration, decrease vulnerabilities for victimization, and provide support to people healing from sexual violence. Messages can also offer suggestions for healthy coping strategies and where to get support with these strategies, in the context of the disaster. Information about legal protections and options related to housing, employment, immigration, health care, disaster relief, public benefits, and other arenas can also help to mitigate potential risk factors for sexual violence in disasters. Make sure that information about community services – such as availability, hours, and location – is verified before distributing (IFRC, n.d.b).

- **How to help** – Promoting skills and support for noticing and interrupting abusive behavior in the context of disasters encourages bystander intervention. It also signals to people who might be inclined to commit sexual violence that others in their community will be looking out for these behaviors. Messaging could include examples related to sexually exploitative behavior and sexual violence by landlords, employers, caregivers, family members, humanitarian workers, or other potential offenders, and a variety of strategies for interrupting and intervening in these situations.

It is important to collaborate with community partners in developing community messages to ensure that they are relevant, accurate, and accessible to everyone throughout the community. This includes planning for translation or transcreation of written resources in multiple languages, and distribution through linguistically and culturally diverse media and venues. Messages should be survivor-centered and inclusive of survivors of all genders, ages, abilities, cultures, and experiences to avoid further stigmatization or marginalization of any survivor community (IFRC, n.d.b).

Advance policies that prevent sexual violence and support survivors.

By bringing together organizers and organizations from across the community, coalitions can combine their clout and constituencies to wield a large amount of political influence. They can work to educate local, state, regional, and even national policymakers about funding

and policy changes needed to prevent sexual violence and support survivors as communities prepare for, respond to, and recover from disasters. The next section outlines additional considerations related to policy education efforts.

Policy Education

Policies at all levels – organizational, municipal, state, national, and international – can be implemented that help to prevent and respond to sexual violence both during times of crisis and at all times. Community organizers and organizations can play significant roles in educating policymakers about the experiences, strengths, innovations, challenges, and needs of their constituents. As the country and the world seek to rebuild after the devastation of the COVID-19 pandemic and other current and recent disasters, attention must be paid not only to the needs for violence prevention and survivor support in the present moment, but also to policies and infrastructures that will build and sustain safer, healthier, more equitable communities for the long-term future.

> "Supporting survivor-led initiatives to determine specific policy changes is critical to a just system of change that is truly inclusive, better supports the needs of survivors, and also works to end systemic sexual violence in the U.S. and throughout the world."
>
> (Ruíz et al., 2020, p. 22)

Equity Analysis

In order to prevent sexual violence in disasters, policies must explicitly account for and attend to the social, economic, political, and health inequities that create disproportionate harms and risks among historically marginalized communities.

Policymakers can:

- **Apply an equity analysis** to emergency preparedness and response plans at every level: organizational, city, state, national, and international.

- **Assess and address disparate impacts** of plans and policies among BIPOC communities, poor and low-income people, people experiencing homelessness or housing instability, documented and undocumented immigrants, LGBTQ people, people with disabilities and chronic illness, people in later life, youth, women, and victims/survivors of sexual and gender-based violence.

- **Facilitate meaningful participation** of individuals and communities who are disproportionately impacted by the primary and secondary effects of disasters, including increased risks of sexual violence victimization, in decision-making processes related to disaster planning, response, and recovery (IFRC, n.d.a).

- Ensure that policies enacted to prevent, respond to, and recover from disaster **proactively address increased risks** of sexual violence victimization and needs of survivors.

- **Prioritize resources** for individuals and households at particular risk from the secondary impacts of disasters, such as economic, housing, and food insecurity, who experience heightened vulnerability to sexual violence victimization (IFRC, n.d.a).

Data Collection and Surveillance

Policymakers, program planners, and emergency responders need significantly more data regarding risks and prevalence of sexual violence in disasters to identify, implement, and evaluate effective prevention strategies.

Policymakers can:

- Collect and analyze **gender-, age-, disability-, and race-disaggregated data** to measure differential impacts, barriers, and risks being faced by different groups in the context of disaster (IDSA & HIVMA, 2020; IFRC, n.d.a).

- Ensure that surveillance systems developed to monitor the impacts of disasters **include indicators of sexual violence** incidence, prevalence, and risk factors (IFRC, n.d.a, n.d.b; WHO, 2005). Include data from sources beyond law enforcement, as the overwhelming majority of sexual assaults are never reported.

- Use data to **inform and adjust efforts and interventions** to best meet the needs of individuals and communities disproportionately impacted by disaster and resulting risk factors for sexual violence (IFRC, n.d.a; UN Women, n.d.b).

Essential Services

Services that help to prevent sexual violence from happening and support survivors' healing when it does are life-saving and must be recognized and prioritized as essential during disasters and always. This includes programs and services that reduce risk factors for sexual violence perpetration and victimization – including housing, mental health, and substance abuse treatment – as well as those that provide direct emotional, informational, and material support to survivors.

Policymakers can:

- Expand **definitions of essential services** to include sexual and domestic violence agencies and shelters, sexual and reproductive health clinics, mental health and substance abuse treatment providers, housing programs, and other services critical for preventing sexual violence and supporting survivors (Bleiweis & Ahmed, 2020).

- Dedicate funding to ensure that these essential services are **fully funded and equipped** to operate safely during and beyond disasters, including living wages for workers, access to personal protective equipment and other needed supplies, and adequate funding and other resources to respond to the increased volume and complexity of community needs in disasters (Bleiweis & Ahmed, 2020; Bradbury-Jones & Isham, 2020; NAESV, 2020; Roesch et al., 2020).

- Allocate **additional funding to culturally specific and tribal organizations** that provide services to BIPOC survivors, immigrant survivors, LGBTQ survivors, survivors with

disabilities, and other underserved communities who are disproportionately affected by disasters, their effects, and barriers to healing (Ramírez, 2020; Survivors' Agenda, n.d.; NTF, 2020; Ujima, n.d.).

- Protect funding that has been previously allocated for the essential services outlined above, and ensure that **existing resources are not diverted elsewhere** in the event of disasters (IFRC, n.d.a).

- Incorporate explicit **exemptions for seeking safety or services** related to sexual or gender-based violence when implementing curfews, travel restrictions, or orders to shelter in place during disasters. Ensure that survivors are not harassed, punished, fined, or put at further risk for violating these orders while escaping an abusive situation or accessing essential services (IFRC, n.d.b; Roesch et al., 2020; SAMHSA, n.d.a; UN Women, n.d.b).

- Ensure that people are able to access **essential services regardless of immigration status**, and that seeking services will in no way lead to detention, deportation, or involvement of immigration authorities (Hayes, 2020; IFRC, n.d.a). Provide guidance and resources to ensure that individuals and communities are informed, in both written and spoken formats and in multiple languages, that services are available to immigrants who are undocumented.

> "The core definition of equity is to provide the greatest support to those with greatest need... It is separate from equality, which is providing the same resources to everyone regardless of need. One of the core tenets of emergency management is to work to stabilize and heal communities from the disruption caused by disaster. As such, it is important to recognize the role that equity plays in communities' ability to mitigate, prepare, respond, and recover from a disaster."
>
> – FEMA National Advisory Council (FEMA, 2020)

- Invest in **equitable access to technology** so that all community residents can access essential services online, which is often the only option available in the event of a disaster. This might include technology subsidy programs, wireless internet hotspots in public spaces, funding for community-based organizations to distribute mobile devices, or other measures (Evans et al., 2020; Human Rights Watch, 2020; NRC & Common Justice, 2020).

Trauma-Informed Systems

Disasters create widespread trauma in affected communities. In the case of the COVID-19 pandemic, the world has experienced a level of collective trauma that has rarely been seen before in human history and that will continue to impact the global community for generations. This comes at a time when many individuals, families, and communities are already reeling from an epidemic of trauma tied to widespread sexual violence, intimate

partner violence, child abuse, elder abuse, hate violence, state violence, historical and enduring oppressions, and other traumas. The need for trauma-informed practices and approaches in all systems and aspects of society could not be more apparent or more urgent.

Policymakers can:

- Allocate funding in **disaster relief and recovery packages** to implement and expand trauma-informed approaches throughout affected communities (Campaign for Trauma-Informed Policy and Practice [CTIPP], 2020).

- Provide **support, guidance, and funding opportunities** for local and state systems to integrate trauma-informed practices across all sectors, including housing, health, education, early childhood education and child care, law enforcement, immigration, corrections, and courts (CTIPP, 2020; Futures Without Violence, 2018; Scattergood Foundation, n.d.).

- Designate or create a **local and/or state entity to support efforts** related to implementing trauma-informed approaches through training and technical assistance (CTIPP, 2020; Yatchmenoff, 2015).

- Incorporate requirements for **sector-specific training on trauma-informed practices** into funding announcements and contracts with community service providers (Futures Without Violence, 2018).

Economic Justice

Widespread economic inequities contribute to elevated risks and prevalence of sexual violence, with disproportionate impact on people and communities who are already economically marginalized. Advancing economic justice can help to prevent sexual violence before, during, and after disasters.

Policymakers can:

- Implement and extend **rent and mortgage relief, eviction moratoria, vouchers for temporary housing, and utilities relief** to prevent housing insecurity and homelessness caused or exacerbated by disasters (Polaris, 2020a).

- Invest in **safe and affordable housing** and rapid-re-housing programs for individuals and families who are homeless to prevent sexual violence, reduce trauma, and shorten the lengths of stay in emergency and transitional shelters (Survivors' Agenda, n.d.).

- Extend **worker protections**, including wage and hour laws, occupational safety standards, and protections from harassment and discrimination, to all workers, regardless of type of work or immigration status. This would help to protect the essential domestic workers, farmworkers, tipped workers, gig workers, and others who are disproportionately affected by the economic impacts of disaster and resulting risks of sexual violence (Lindsay, 2020; Survivors' Agenda, n.d.; Wolfe et al., 2020).

- Ensure that all workers receive a **living wage** (Lindsay, 2020; Ramírez, 2020; Survivors' Agenda, n.d.; Wolfe et al., 2020).

- Extend **paid family, medical, sick, and safe leave** to include time off related to sexual violence, intimate partner violence, human trafficking, and stalking. This allows survivors of violence to take time off from work to access essential services, heal from abuse, and seek safety (Bleiweis & Ahmed, 2020; Ruíz et al., 2020).

- Invest to increase the availability and accessibility of **affordable, quality child care** so that workers – particularly women, low-wage workers, and many essential workers – do not have to choose between their livelihoods or their children's safety in the context of disasters or otherwise (Ramírez, 2020; Survivors' Agenda, n.d.).

- Extend **unemployment benefits and emergency stimulus payments** to individuals and families who have been historically excluded, including gig workers, people residing in households with mixed immigration status, and resident and nonresident immigrants who have been issued an individual tax identification number (ITIN) (Bleiweis & Ahmed, 2020; Ramírez, 2020).

- Fund direct **unrestricted cash assistance programs** for survivors of sexual and gender-based violence, and allow victim services organizations to use their state-issued funding for this purpose, so that survivors can do what they need to get and stay safe (Bleiweis & Ahmed, 2020; Doyle et al., 2020; Durrence et al., 2021; Ruíz et al., 2020).

Health Equity

Systemic inequities in health, health insurance, and health care create significant barriers to essential physical and mental health services and increase risk factors for sexual violence perpetration and victimization, both during disasters and otherwise.

Policymakers can:

- Ensure that all health insurance policies fully cover **mental health services** without co-pay, including trauma-informed, culturally specific, and identity-affirming services and providers, as well as substance abuse treatment and harm reduction services (Ruíz et al., 2020).

- Fully fund the **Indian Health Service** to ensure adequate health care for Indigenous peoples (Doshi et al., 2020; IDSA & HIVMA, 2020; National Congress of American Indians [NCAI], n.d.; Smith, 2018; Warne & Frizzell, 2014).

- Invest in **community health centers**, particularly in underserved rural and migrant communities, to expand access to health care, including trauma-informed services for survivors of sexual violence (Ramírez, 2020; Survivors' Agenda, n.d.).

- Require all employers of essential workers – including domestic, agricultural, and service industry workers – to provide **personal protective equipment** and other resources needed in an epidemic, pandemic, or other disaster, and protect workers in all industries from retaliation for reporting violations of workplace safety protocols (Ramírez, 2020).

Moving Forward

Disasters can shake and reshape our understanding of the world and our place within it. During the COVID-19 pandemic and other recent disasters, we have seen how past and present policies, practices, and funding priorities leave our communities vulnerable to disasters and their devastating effects, including increased risks of sexual violence. These conditions disproportionately burden Black, Indigenous, and people of color, people experiencing economic and housing insecurity, documented and undocumented immigrants, people with disabilities, people in later life, youth, LGBTQ people, women, trans and non-binary people, and other historically marginalized communities. The costs to lives and livelihoods are immeasurable. We have seen that these same conditions contribute to widespread sexual abuse, harassment, and assault. Perhaps most importantly, we have seen that all of this was true before these disasters, and will continue to be true unless and until we take collective, sustained, and urgently needed action to change it.

At the same time, we have seen our immense capacity for resilience, innovation, and collective care in action. People have uplifted and reconnected with ancestral ways of healing. Neighborhoods have come together to share in mutual aid, ranging from meals

"We can not go back to business as usual after this experience. We have to apply what we learned to our lives, to our politics, and to our relationships, so that if and when this happens again, whether it's a pandemic or a climate catastrophe, we can be fully prepared as communities. This might look like voting in November, or working for medicare for all in your state or region, or working within your community to build gardens and food banks, bringing in renewable energy so we are not dependent on grids or oil and gas. This moment can feel scary and strange but again, when you quiet worries and the fears, it's moments like this that really urge us to become strong, innovative, holistic-minded and resilient peoples."

– NDN Collective (Begay, 2020, para. 18)

to housing to child care and more. Service providers have innovated and adapted to more holistically and accessibly meet the growing and changing needs of the people they serve. Community leaders have formed new coalitions, both formal and informal, to pool their resources and efforts to contain multiple and mounting crises and build back better for the future. Across the country, people have rallied together to demand racial justice, economic justice, and social change. We have seen that we are all connected, that together our small actions can have enormous impact, and that everyone has a vital role to play in our collective resilience and survival.

The work of achieving racial and socioeconomic equity, preventing sexual violence, and preparing for and recovering from disasters is inseparably intertwined. Moving forward, let us take what we have learned and use it to grow our support networks, strengthen systems of care, advance racial equity and social justice, and ensure that all of our communities are healthy, safe, and free from sexual violence – not only when the next disaster strikes, but today and every day.

> "What I have seen after earlier disasters is that a lot of people aspire to 'go home' and 'back to normal', but some find in the moment a sense of self and a sense of connection so meaningful that something about who they were and what they did in the crisis carries forward into how they live the rest of their life. Sometimes this is as intangible as a change of priorities and habits, and a new sense of agency; not uncommonly, it's as substantial as a new coalition, a new network, a new set of policy priorities, a new political career or a decision to go into work that supports the whole. And even those who want things to get back to normal often find they are changed permanently in their sense of who they are, and what matters most."
>
> – Rebecca Solnit (Solnit, 2020, para. 34)

Recommended Resources

The resources recommended throughout the guide are listed below for easy reference.

Visit NSVRC's online resource collection on sexual violence in disasters to find additional resources for organization leaders, service providers, community organizers, and survivors: https://www.nsvrc.org/sexual-violence-disasters

For more information about addressing risk factors and preventing sexual violence, visit:

- *STOP SV: A Technical Package to Prevent Sexual Violence* from the Centers for Disease Control and Prevention: nsvrc.co/STOP_SV

- *Continuing the Dialogue: Learning from the Past and Looking to the Future of Intimate Partner Violence and Sexual Violence Prevention* from the Centers for Disease Control and Prevention: nsvrc.co/ContinuingTheDialogue

- *Transforming Communities to Prevent Child Sexual Abuse and Exploitation: A Primary Prevention Approach* from Prevention Institute: nsvrc.co/TransformingCommunities

- *Sexual Violence and the Spectrum of Prevention* from the National Sexual Violence Resource Center: nsvrc.co/SpectrumOfPrevention

- *Engaging Communities in Sexual Violence Prevention* from the Texas Association Against Sexual Assault: nsvrc.co/EngagingCommunities

- *Engaging Bystanders to Prevent Sexual Violence Information Packet* from the National Sexual Violence Resource Center: nsvrc.co/EngagingBystanders

For additional recommendations and resources related to housing advocacy for survivors of sexual violence, visit:

- *Sexual Violence and Housing Resource Collection* from the National Sexual Violence Resource Center: nsvrc.co/SVandHousing

- *Creating Spaces of Healing: Exploring Housing Advocacy* from the Resource Sharing Project: nsvrc.co/CreatingSpaces

- *Guidance for Using Hotels to Meet Survivors' Immediate Safety and Housing Needs* from the Domestic Violence and Housing Technical Assistance Consortium: nsvrc.co/UsingHotels

- *Flexible Funding for Domestic Violence and Sexual Assault Survivors* from the National Alliance for Safe Housing & Washington State Coalition Against Domestic Violence: nsvrc.co/FlexibleFunding:

For in-depth recommendations and resources related to online/digital services, check out these resources from Tech Safety:

- *Using Technology to Communicate with Survivors During a Public Health Crisis:* nsvrc.co/UsingTechnology

- *Best Practices When Using Mobile Devices for Advocacy:* nsvrc.co/MobileDevices

- *Digital Services Toolkit*: nsvrc.co/DigitalServicesToolkit

- *Response to the COVID-19 Pandemic:* nsvrc.co/COVID19Toolkit

For more information about safety planning in the context of COVID-19 and other disasters, visit:

- *An Advocate's Guide to Safety Planning During COVID-19* from the Arizona Coalition to End Sexual and Domestic Violence: nsvrc.co/SafetyPlanning

- *Feeling Safe in Your Body and Mind: A Guide for Survivors of Sexual Violence* from the Arizona Coalition to End Sexual and Domestic Violence: nsvrc.co/FeelingSafe

- *Safety Plan for Sexual Assault Survivors* from the North Carolina Coalition Against Sexual Assault: nsvrc.co/SafetyPlanForSurvivors

For additional resources and suggestions related to coping and self-care, visit:

- *Let's Get Grounded: A Toolkit for Survivors* from the Arizona Coalition to End Sexual and Domestic Violence: nsvrc.co/LetsGetGrounded

- *Self-Care During COVID-19* from the Arizona Coalition to End Sexual and Domestic Violence: nsvrc.co/SelfCareDuringCOVID19

- *A Toolkit for Survivors During COVID-19* from metoo movement: nsvrc.co/ToolkitForSurvivors

- *Coping Strategies for Complex Trauma Survivors Contending with the Coronavirus (COVID-19) Pandemic* from The Foundation Trust: nsvrc.co/CopingStrategies

- *A Guide for Survivors of Sex Trafficking During COVID-19* from Sanctuary for Families: nsvrc.co/SurvivorsOfTrafficking

- *Student's Guide to Radical Healing* from the University of Nevada, Las Vegas: nsvrc.co/RadicalHealing

The anti-trafficking movement has developed several resources that offer a model for centering survivor leadership within organizations:

- *Toolkit for Building Survivor-Informed Organizations* from the National Human Trafficking Training and Technical Assistance Center: nsvrc.co/SurvivorInformedOrgs

- *Survivor-Informed Practice: Self-Guided Assessment Tool* from the National Human Trafficking Training and Technical Assistance Center: nsvrc.co/SurvivorInformedPractice

- *Survivor Engagement Resources* from Survivor Alliance: nsvrc.co/SurvivorEngagement

- *Survivor-Centered and Survivor-Led Practices* from Youth Collaboratory: nsvrc.co/SurvivorCentered

To learn more, explore the work of these and other national BIPOC-led organizations:

- Black Women's Blueprint: www.blackwomensblueprint.org

- DC Rape Crisis Center (DCRCC): www.dcrcc.org

- Multicultural Efforts to end Sexual Assault (MESA): www.asec.purdue.edu/mesa

- National Organization of Asians and Pacific Islanders Ending Sexual Violence (NAPIESV): www.napiesv.org

- National Organization of Sisters of Color Ending Sexual Assault (SCESA): www.sisterslead.org

- Visioning B.E.A.R. Circle Intertribal Coalition: www.visioningbear.org

- Women of Color Network: www.wocninc.org

For more information and resources to support anti-oppression work in organizations, visit:

- *Plan: Organization Change* from Racial Equity Tools: nsvrc.co/PlanProcessOrgChange

- *Strategies: Organizational Change Process* from Racial Equity Tools: nsvrc.co/StrategiesOrgChange

- *Operationalizing Racial Justice in Non-Profit Organizations* from MP Associates: nsvrc.co/RacialJusticeNonProfit

- *White Supremacy Culture in Organizations* from The Centre for Community Organizations (COCo): nsvrc.co/WhiteSupremacyinOrgs

- *Anti-Racism Resource Collection* from Resource Sharing Project: nsvrc.co/AntiRacismResource

- *Anti-Oppression* from Resource Sharing Project: nsvrc.co/Anti-Oppression

- *Anti-Racism as Violence Prevention* from Futures Without Violence: nsvrc.co/ViolencePrevention

- *Anti-Racism is Fundamental to Sexual Assault Services* from Sexual Assault Demonstration Initiative: nsvrc.co/AntiRacismFundamental

- *Interrupting Racism & Other Forms of Oppression* from Elevate | Uplift: nsvrc.co/InterruptingOppression

For additional resources related to trauma-informed organizations, visit:

- *COVID-19: Considerations for a Trauma Informed Response for Work Settings* from Trauma Informed Oregon: nsvrc.co/COVIDTraumaInformed

- *Supervising During the Pandemic* from Workplaces Respond to Domestic & Sexual Violence: nsvrc.co/PandemicSupervising

- *Leading During Traumatic & Triggering Events* from Diversity Equity Inclusiveness Consulting: nsvrc.co/LeadingDuringTriggeringEvents

- *Building Cultures of Care: A Guide for Sexual Assault Services Programs* from Sexual Assault Demonstration Initiative: nsvrc.co/CulturesofCare

- *NCTSN Trauma-Informed Organizational Assessment* from The National Child Traumatic Stress Network: nsvrc.co/TraumaInformedAssessment

- *Resources for Organizations* from Trauma Informed Oregon: nsvrc.co/TIOResources

- *A Guide to Trauma-Informed Supervision* from Pennsylvania Coalition Against Rape: nsvrc.co/TraumaInformedSupervision

- *Organizational Trauma and Resilience* from Resource Sharing Project: nsvrc.co/OrgTraumaResilience

- *The Vicarious Trauma Toolkit* from Office for Victims of Crime: nsvrc.co/VicariousTraumaToolkit

For more information about fostering equity in community coalitions, visit:

- *Flipping the Script: White Privilege and Community Building* from MP Associates: nsvrc.co/FlippingTheScript

- *Fostering Equity: Creating Shared Understanding for Building Community Resilience* from Center for Community Resilience: nsvrc.co/FosteringEquity

- *"Chapter 27: Working Together for Racial Justice and Inclusion" in Community Tool Box* from Center for Community Health and Development – University of Kansas: nsvrc.co/WorkingTogetherCommunityToolbox

For more information about conducting a community assessment, visit:

- *Community Assessment* from Ohioline – Ohio State University Extension: nsvrc.co/CommunityAssessment

- *"Community Assessment" in Vision to Action: Take Charge Too* from North Central Regional Center for Rural Development – Iowa State University: nsvrc.co/VisiontoActionCommunityAssessment

- *"Chapter 3: Assessing Community Needs and Resources" in Community Tool Box* from Center for Community Health and Development – University of Kansas: nsvrc.co/AssessingCommunityNeedsCommunityToolbox

- *Mapping the Assets of Your Community: A Key Component for Building Local Capacity* from Southern Rural Development Center: nsvrc.co/MappingYourCommunity

Glossary

Many of the key terms we have used in this guide are defined and discussed below. Our goal is to use language in ways that are informative and inclusive, while understanding that language can also be limited and oppressive, sometimes simultaneously. We recognize that language is complex and constantly evolving, and words have different meanings for different people, communities, and cultures. We support individuals and communities in using the language they choose to describe their own identities and experiences.

BIPOC

BIPOC is an acronym for Black, Indigenous, and people of color. It is used throughout this resource and in some activist and academic communities to acknowledge and center the specific violence, cultural erasure, and systemic oppression experienced by Black and Indigenous people in the United States.

Disaster

A disaster is a serious disruption of the functioning of a community or a society causing widespread human, material, economic, or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources (United Nations International Strategy for Disaster Reduction, 2009).

Environmental Racism

Environmental racism is a form of systemic racism in which governmental, corporate, and other institutional policies and practices disproportionately expose Black, Indigenous, and people of color to health hazards such as pollution, toxins, and hazardous waste where they live and work.

Epidemic

An epidemic is an unexpected increase in the number of cases of a disease within a population or region.

Historical Trauma

Historical trauma is "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma" (Brave Heart, n.d.).

Image-Based Sexual Abuse

Image-based sexual abuse refers to the non-consensual creation and/or distribution of sexual images or videos.

Latinx

The term Latinx is used in this document as an LGBTQ+ inclusive and gender-neutral alternative to the ways traditional Spanish grammar has reinforced sexism and the male/female binary. It is important to note that some people may use Latin@, Latine, or other terms to reflect the language of their communities.

LGBTQ

LGBTQ is an acronym for lesbian, gay, bisexual, transgender, and queer or questioning. It is used throughout this resource as an umbrella term for people whose sexual orientation and/or gender identities have been historically marginalized.

Online Enticement

Online enticement refers to someone communicating with a child online with the intent to commit a sexual offense, such as obtaining sexually explicit images, engaging in sexual conversation, and/or meeting in person for sexual purposes.

Online Sexual Exploitation of Children

Online sexual exploitation of children includes using technology to groom, coerce, or blackmail children for sexual purposes; viewing, creating, and/or distributing images or videos of child sexual abuse; and live-streaming the sexual abuse of children.

Pandemic

A pandemic is an epidemic that has spread to multiple countries or continents.

Reproductive Coercion

Reproductive coercion is behavior intended to control another person's reproductive health and often includes sabotaging birth control and/or pressuring or forcing an intimate partner to initiate, continue, or terminate a pregnancy against their wishes.

Sex Trafficking

Sex trafficking is the crime of using force, fraud, or coercion to engage a person in sexual activity in exchange for something of value, such as money, housing, or drugs.

Sexual Extortion

Sexual extortion occurs when a person abuses their power or authority to coerce sexual acts, images, or videos from a victim.

Sexual Violence

Sexual violence is an umbrella term to describe any type of sexual abuse, harassment, or assault. This includes sex trafficking, sexual extortion, reproductive coercion, and unwanted sexual contact or exposure. People who commit sexual violence may use force, threats, manipulation, or coercion to commit these acts. They often know and are trusted by the people they abuse and may victimize people of any age or gender.

Survival Sex

Survival sex refers to trading sexual activity to meet basic survival needs such as food, shelter, and clothing without the overt force, fraud, or coercion of a trafficker. Under federal law, this is a form of sex trafficking if the person is a minor.

Transactional Sex

Transactional sex refers to exchanging sexual activity for gifts, money, or other services without the overt force, fraud, or coercion of a trafficker. Under federal law, this is a form of sex trafficking if the person is a minor.

Vicarious Trauma

Vicarious trauma refers to the cumulative effects on a person's physical, psychological, and spiritual health from witnessing the suffering of others over time.

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About the Author

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About NSVRC

The National Sexual Violence Resource Center (NSVRC) is the leading nonprofit in providing information and tools to prevent and respond to sexual violence. NSVRC translates research and trends into best practices that help individuals, communities, and service providers achieve real and lasting change.