

# **PREVENTING AND RESPONDING TO SEXUAL VIOLENCE IN DISASTERS**

**a planning guide for prevention and response**

A Joint Publication of:

Louisiana Foundation Against Sexual Assault (LaFASA)  
& National Sexual Violence Resource Center (NSVRC)

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*Dedicated to the women, children and men  
who endured sexual violence as a result of  
Hurricane Katrina and other disasters:*

*May you know that what happened was not  
your fault, that our hearts are with you, and  
that there are many people who do care about  
what happened to you and are working to keep  
it from happening in the future.*

This guide offers a range of recommendations from suggesting small changes to developing comprehensive plans, making preparations, and coordinating far-reaching policy change.

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# SEXUAL VIOLENCE IN DISASTERS

a planning guide for prevention and response

***“The fault lines of American society, as much as the failings of its infrastructure, are shamefully on display in the aftermath of Hurricane Katrina. Race, class, age and disability are now at the heart of the public debate about vulnerability, preparedness and emergency response, but this is also a story, as yet untold, about women and men.”***

***- Elaine Enarson <sup>(1)</sup>***

## Introduction

In 2005, Hurricane Katrina delivered a devastating blow to the Gulf Coast of the United States, destroying homes, and in some cases, entire communities. The 140 mph winds and rain that ravaged New Orleans destroyed a number of crucial levees, drowning over 80 percent of the city in flood waters; it took more than two weeks for the waters to drain and recede. But an even greater misery befell New Orleans when residents discovered that there was little help – timely and adequate disaster relief proved unattainable. This compound tragedy shocked the nation; a natural disaster made worse by human error, poor planning, discrimination, neglect, and apathy resulted in the destruction of lives, homes, and the infrastructure and economy of an entire city and region. Hurricane Katrina crippled the cultural and social well-being of communities and cities, and ultimately had a profound effect on the entire country.

The implications of this disturbing disaster reveal many structural and institutional weaknesses and deficiencies in current disaster prevention and relief systems; they bring into sharp focus many of the challenges and needs in planning for and responding to future calamities. In the face of disaster, governments, national organizations and agencies, and individuals from across the globe will sometimes pull together to provide adequate response; at other times they fall woefully short and serve as a study in human and organizational failure. The case of Hurricane Katrina points to a need for the development and implementation of systematized local, national, and international policies for responding to disasters.

In addition to the 2005 hurricanes Katrina and Rita, there were several other recent natural disasters that wreaked havoc and loss: the 1989 Loma Prieta and 1994 Northridge earthquakes in California; 1992's Hurricane Andrew in Florida; the 2004 tsunami in South Asia, and earthquakes throughout the Middle East, Southeast Asia, and South America. These disasters underscore a compelling need for analysis of how to respond to tragedies and their victims, and how to begin to design systems and approaches to diminish and prevent harm, pain, injury and death.

In the chaotic aftermath of Hurricane Katrina, an increase in sexual violence became a tragedy within a tragedy. Women, children, and men who chose not to, or were unable to evacuate, often due to financial constraints, were trapped without safe drinking water, food, shelter, or sanitary facilities. Many people lost loved ones in the flooding that followed the storm; most lost their homes and possessions. A large majority of Gulf Coast residents lost their jobs, schools, and neighborhoods. Atop these atrocities, some women, children, and men became targets of sexual victimization by others, and suffered the additional pain and trauma of sexual assault.

## This guide

The sexual violence that occurred during and after Hurricane Katrina was not unique to this hurricane, but often and tragically accompanies disaster. Nonetheless, Hurricane Katrina served as a catalyst for the development of this guide. Prompted by reports, and the knowledge that disasters create a situation of increased vulnerability to sexual violence, the Louisiana Foundation Against Sexual Assault (LaFASA) and the National Sexual Violence Resource Center (NSVRC) each began work on developing a resource to help mitigate sexual victimization in times of disaster. With sponsorship from the Centers for Disease Control and Prevention, NSVRC began to research this issue. With funding from the U.S. Department of Justice's Office on Violence Against Women, the Louisiana Children's Trust Fund, and the Louisiana Children's Justice Act, LaFASA conducted a series of public meetings to discuss the lessons learned from Hurricane Katrina about preventing and responding to sexual violence in disasters. Because of their common goals, the two organizations then decided to work together to produce this document.

LaFASA and NSVRC created this guide to assist a variety of partners in the development of practices and policies for the prevention of, and optimal response to, sexual violence during and following disasters. It has been designed to serve as a practical resource for professionals in a number of fields including, but not limited to: sexual violence prevention, victim advocacy, policy planning and advocacy, emergency and forensic medicine, child protection, public health, sex offender treatment and management, law enforcement, disaster planning, and emergency response. With this guide and beyond, each professional field needs to be able to develop its own systems of prevention and response to sexual violence in disasters and then work cooperatively to create comprehensive plans for policy and action.

**THIS GUIDE OFFERS A RANGE OF RECOMMENDATIONS FROM SUGGESTING SMALL CHANGES TO DEVELOPING COMPREHENSIVE PLANS, MAKING PREPARATIONS, AND COORDINATING FAR-REACHING POLICY CHANGE.**

Ideally, partners in sexual violence prevention and response should team up at the local, state and federal levels with disaster planners, emergency response agencies, and policymakers. International expert on the subject, Elaine Enarson, explains that the role of emergency management professionals and policymakers is “not just to respond to disasters but to prevent and mitigate interpersonal violence, and provide anti-assault training for disaster practitioners.”<sup>2</sup>

Crucial to success is the need for each field to understand the work of the others, recognize the importance of what each does, and advocate for and support one another. Lieutenant Dave Benelli of the New Orleans Police Department and former Commander of the Sex Crimes Unit in that city explained the need for cross-disciplinary pre-planning for disasters, especially when it comes to preventing and policing incidents of sexual violence: “Decision making and legislation must be in place before a disaster hits because once the disaster is here, thinking can become digressed.”<sup>3</sup>

This guide offers a range of recommendations from suggesting small changes to developing comprehensive plans, making preparations, and coordinating far-reaching policy change. Based on a public health framework, the guide is arranged according to phases of a disaster, and offers practical ways to begin making changes first within your organization, and then by working toward broader policy change in concert with allied fields and organizations. It is crucial to remember that it is only through the development of successful working relationships with partners that policies can be designed and implemented for optimal success. Achieving many of these recommendations requires partners to advocate and fight for policy change in all areas of disaster planning and response.

Begin with small, concrete steps for change within your organization, and then continue to work more broadly within your field. Next, start a dialogue with other partners working on various aspects of preventing and responding to sexual violence. And when you are ready, make connections with disaster planners, first responders, and policymakers – legislators and other government officials – who can facilitate the systems change desired for dealing with sexual violence in disasters.

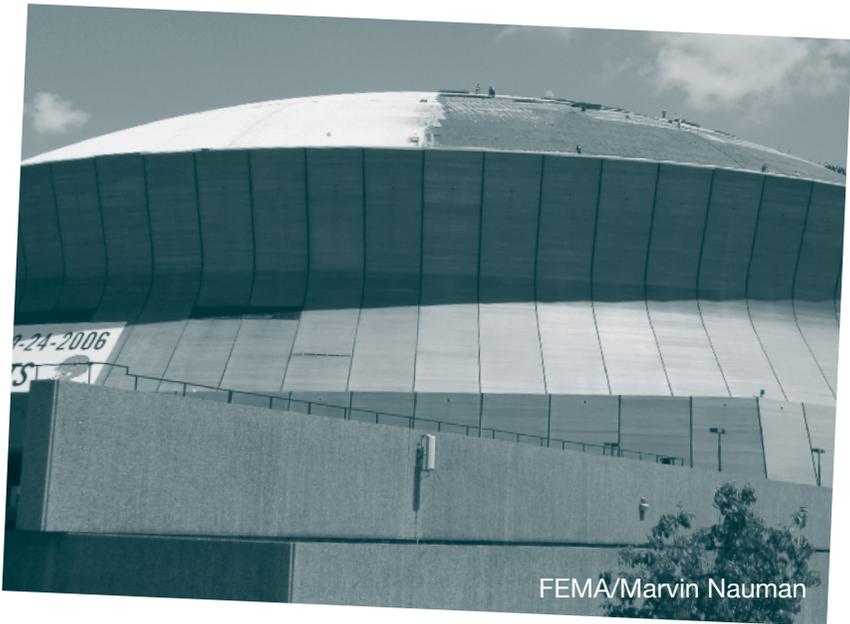
## **Background – Hurricane Katrina**

We begin by examining the devastation to New Orleans and its people as a result of Hurricane Katrina and the many inadequate responses to the crisis. Through the lens of this hurricane, we can discover important lessons to guide our response to future disasters, and help ensure that when disasters and tragedy strike again, sexual violence will not necessarily follow.

On August 29, 2005, a fierce hurricane ravaged New Orleans and the surrounding region and populations. Via television, the nation viewed horrifying images of disaster: wind-whipped trees, felled street signs, skeletal remains of homes, and people and animals abandoned and desperate on rooftops awaiting rescue. As reports began to surface about the number of lives lost and homes destroyed, the need for assistance of all kinds became abundantly clear. These scenes of devastation and the news about the many mismanaged, ill-conceived, and uneven attempts at recovery by various agencies brought international attention to the plight of the people of New Orleans. Many voices from across the nation charged that racism was at the heart of what appeared to be both ineffective and insincere attempts to provide adequate relief to the stranded, mostly black, population of New Orleans. The reports stirred many to action, compelling them to make their way to the city to provide assistance, to donate funds and provisions, and to find a way to alleviate some of the suffering.

Soon after the hurricane hit the city, some 30,000 residents of the 9th Ward and New Orleans East piled into the Louisiana Superdome, the Morial Convention Center, and other makeshift shelters. The nightmare for the evacuees was just beginning. People arrived with clothes and provisions for a day or two, the usual length of time away from home when hurricanes hit. Though local law enforcement and other volunteers attempted to manage the crowds in an orderly and peaceful fashion, their attempts were largely futile since the site was not designed to hold so many people or to provide emergency shelter for any length of time.

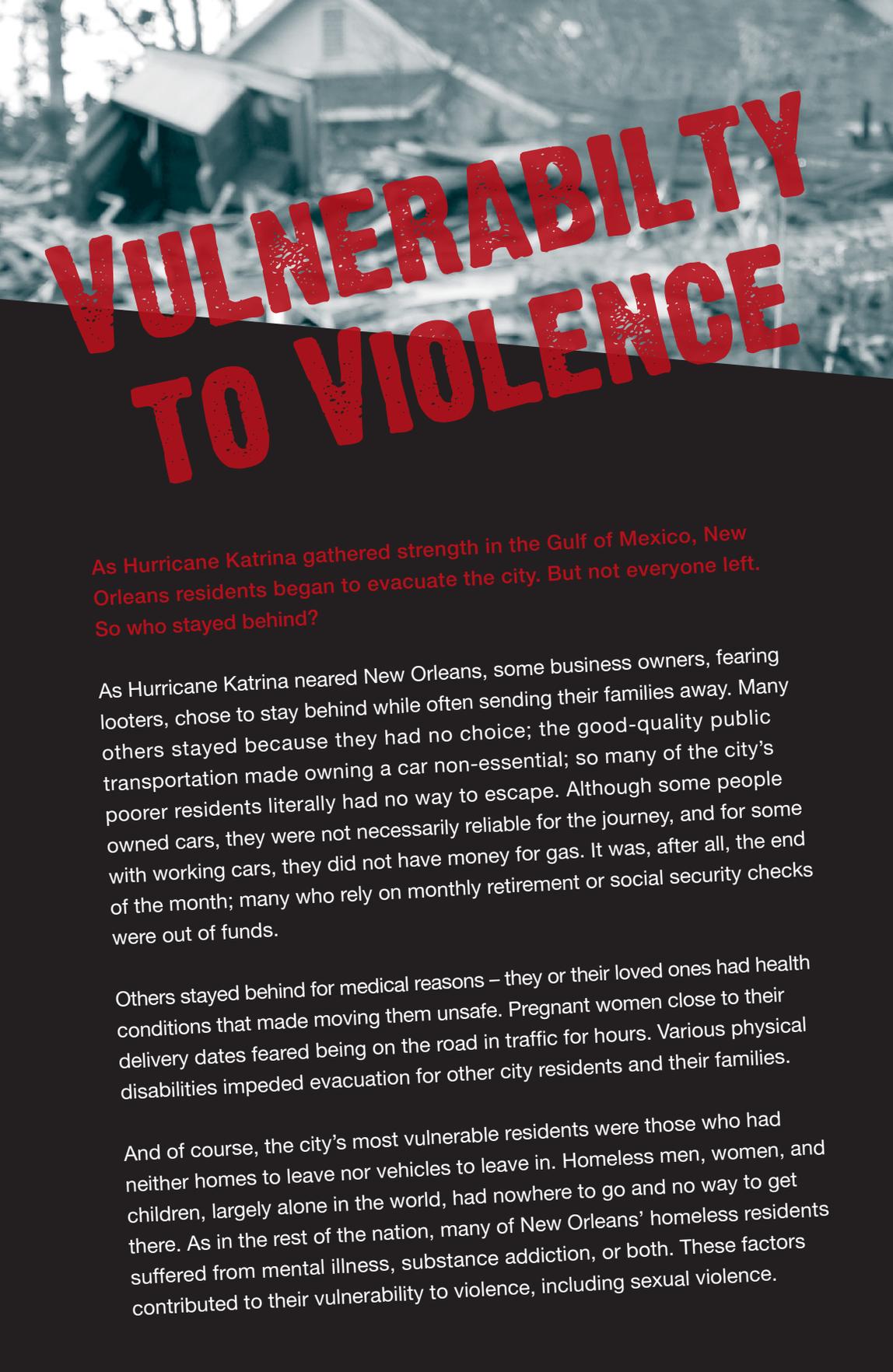
Due to the breach in the levees later that day, water engulfed the Superdome, trapping the evacuees inside. Electricity, lost just hours into the storm, could not be adequately reestablished by generators that had been designed essentially as back-up power; they only worked in erratic fits and starts. Track lighting with small bulbs placed at distant intervals from one another shone only tiny patches of light into the crowded halls, bathrooms, and spaces throughout the facility. With temperatures well over 100 degrees and no air conditioning or adequate ventilation, a kind of fog formed throughout the Superdome, incapacitating many evacuees. Parents and caretakers struggled to constrain thousands of children exploring the Superdome without supervision and in low-visibility conditions. With virtually no water pressure, the bathrooms proved insufficient for the number of people using them; floors became slick with human feces, urine, sweat, and humidity. The air in the Superdome was thick with unpleasant smells and seemingly unceasing and deafening noise. Nearly 30,000 people were trapped in these sub-human conditions.<sup>4</sup>



As conditions worsened, safety diminished. The massive crowd within the Superdome became angrier; women, children, and people with disabilities, in particular, felt the threat of personal attack growing. Evacuees who did not make it to one of the larger shelters found refuge wherever they could. With law enforcement occupied with emergency duties, there was no protection available for those stranded and helpless in different locations around the city. Within hours of the hurricane's arrival in New Orleans, reports of sexual assaults within the Superdome and in other evacuation locations began to make their way to the media.

The days in the Superdome did not mark the end of the disaster, but rather, the beginning. For weeks and months following the initial tragedy, stories emerged of ongoing struggle to find family members, to rebuild homes, and to find a way to survive. Reports of sexual assaults during, and in the aftermath of, Hurricane Katrina continued to surface all over New Orleans, in locations to which New Orleans residents had been evacuated, and in the places where evacuees were attempting to set up their lives anew.

Several months after the hurricane hit, the Louisiana Foundation Against Sexual Assault initiated a series of meetings in communities affected by Hurricane Katrina to examine situations of sexual violence in evacuation sites and in the aftermath of the disaster. In the cities of New Orleans, Lake Charles, and Ruston, Louisiana community members and professionals from the fields of sexual assault prevention and victim advocacy, emergency and disaster planning and response, child advocacy, law enforcement, healthcare and emergency medicine, sexual assault forensics, and others gathered to talk about their experiences, observations, and recommendations for the future. Many of their observations and findings have been incorporated into this guide.



# VULNERABILITY TO VIOLENCE

As Hurricane Katrina gathered strength in the Gulf of Mexico, New Orleans residents began to evacuate the city. But not everyone left. So who stayed behind?

As Hurricane Katrina neared New Orleans, some business owners, fearing looters, chose to stay behind while often sending their families away. Many others stayed because they had no choice; the good-quality public transportation made owning a car non-essential; so many of the city's poorer residents literally had no way to escape. Although some people owned cars, they were not necessarily reliable for the journey, and for some with working cars, they did not have money for gas. It was, after all, the end of the month; many who rely on monthly retirement or social security checks were out of funds.

Others stayed behind for medical reasons – they or their loved ones had health conditions that made moving them unsafe. Pregnant women close to their delivery dates feared being on the road in traffic for hours. Various physical disabilities impeded evacuation for other city residents and their families.

And of course, the city's most vulnerable residents were those who had neither homes to leave nor vehicles to leave in. Homeless men, women, and children, largely alone in the world, had nowhere to go and no way to get there. As in the rest of the nation, many of New Orleans' homeless residents suffered from mental illness, substance addiction, or both. These factors contributed to their vulnerability to violence, including sexual violence.



Across the nation, television viewers could see dozens of parked school buses; buses that the city did not use to evacuate its most vulnerable residents. In fact, the city administration of New Orleans did not order a mandatory evacuation, in part due to fear that law-abiding citizens would leave and criminals would stay behind to loot the empty city.

These circumstances resulted in the abandonment of so many. And some residents were reluctant to abandon their pets. In the end many of the city's most helpless residents were left to weather a disastrous hurricane. They included the city's most vulnerable – people who were poor; children and the elderly; those with medical issues and physical, cognitive and psychiatric disabilities; the homeless and drug-addicted. In addition to the vulnerable were the criminal-minded.

As the storm subsided and the water from the levees began to rise, people realized that their homes were being flooded, that they would be more than a day or two in shelters, that no provisions were forthcoming, that desperately needed help was not on its way. Again, they found that they were powerless. And some got angry.

Of course, under usual circumstances, the presence of law enforcement serves to constrain disorder, including rape and sexual violence. In the post-Katrina chaos, however, police could not be called, they could not drive flooded streets, and they were searching for survivors and rescuing them. Again: help was not on the way.

## Sexual violence and disasters

### ***A compelling need***

It is known that rape victims, as compared to those who have not experienced rape, are three times more likely to develop major depression, 4.1 times more likely to have seriously contemplated suicide, and 13 times more likely to have actually made a suicide attempt.<sup>5</sup> Imagine a woman or child fighting for day-to-day survival because of the disaster then also having to cope with the physical, mental, and emotional ramifications of sexual assault. The likelihood that this “double victim” will be overwhelmed by depression, terror, hopelessness, or perhaps suicidal thoughts is enormous. Beth Vann, an international expert on the prevention of gender-based violence in humanitarian crises suggests that we *“examine all of the consequences of sexual violence that we already know about this issue in many non-emergency settings; they include alienation from family; loss of function in the community; death and suicide; unwanted pregnancy; HIV and other sexually transmitted infections... preventing sexual violence in disasters...is about keeping people alive.”*<sup>6</sup>

### ***Gender-specific vulnerabilities in disaster***

Disasters increase women’s vulnerabilities and susceptibility to exploitation and violence for a variety of reasons; they include: poverty, gender roles, and the burden of care-taking responsibilities. These vulnerabilities are supported by a culture and society that in the best of times witness the sexual assault of girls and women by men at disproportionately high rates. During times of disaster, the stress, fear and sense of helplessness associated with emergency tend to increase risk factors for perpetration of violence against women. Elaine Enarson characterizes the increased vulnerability to violence suffered by women in emergency situations when she relates an account of a flood in Australia: “Human relations were laid bare and the strengths and weaknesses in relationships came more sharply into focus.”<sup>7</sup> The 2002 report of the World Health Organization (WHO), “Gender and Health in Disasters,” tells us that, “there is a pattern of gender differentiation at all levels of the disaster process: exposure to risk, risk perception, preparedness, response, physical impact, psychological impact, recovery and reconstruction.”<sup>8</sup>

We know, for instance, that after the Loma Prieta earthquake in Santa Cruz County, CA, reports of sexual violence rose 300 percent.<sup>9</sup> After the 1980 eruption of Mt. Saint Helens, reports of domestic violence rose 46 percent<sup>10</sup> In the South Asian tsunami, more women than men lost their lives, were subject to both domestic and sexual violence, received inadequate health care, and suffered more than men from economic hardship.<sup>11</sup>

The more recent evidence of women's susceptibility to interpersonal violence in situations of disaster comes from the reports of sexual violence from Hurricane Katrina. Police reports tell of a woman evacuated to the Superdome being raped at gunpoint; a New Orleans rape crisis center receives a report of the rape of a young boy in the bathroom at that same location; and the national press tells the story of Charmaine Neville, singer and member of the legendary musical family, who was raped on the roof of a school where she sought refuge from flood waters. Additional reports of sexual assault surfaced in Houston where more than 25,000 evacuees had been sent to live in makeshift shelters in the Astrodome arena.

The National Sexual Violence Resource Center, along with other organizations,<sup>12</sup> developed an anonymous database of self-reported sexual assaults during and after Hurricane Katrina; it offers ample evidence from various locations that the victims of sexual assault were primarily women and girls (93.2 percent). From Houston, TX to Jackson, MS to New Orleans, rape crisis centers reported receiving more than 100 sexual assault-related calls from Katrina evacuees. Law enforcement in cities hit by Katrina and with evacuees also received reports of sexual assaults. It is noteworthy that advocates, speaking with the voice of much professional experience, assert that many post-Katrina rapes are yet to be reported, explaining that the delay relates to a combination of stigma, confusion, and the prioritizing of other needs.

### **Reporting and underreporting**

In “normal” times, the prevalence of sexual assault in our society is astoundingly high. We know that at some point in their lifetimes, one in six females will be raped, and many more sexually assaulted.<sup>13</sup> Yet, despite the numbers and the staggering consequences for its victims, their families and their communities, sexual abuse is known to be the single most under-reported crime in the United States and throughout the world.<sup>14</sup> Only one in five to six female victims report their sexual assault,<sup>15</sup> and only 12 percent of child sexual abuse is ever reported to the authorities.<sup>16</sup> During and following a disaster, however, when it is likely that there is an increase in the perpetration of sexual assaults, it appears that reporting decreases even more than during times when conditions for reporting are optimal.

Because sexual assault is so traumatic for victims and their families and friends, it often takes weeks, months, or even years for victims to report the crime or get help, if indeed they ever do. In fact, there are many reasons for their reluctance and unwillingness to report the crime, such as fear of being blamed or not believed, feelings of shame, and the desire to just forget about it. Those victimized during disasters face additional concerns and difficulties. As they attempt to rebuild their post-disaster lives, their grief, sense of helplessness, and vulnerability may also impact their emotional ability to report at all. Beth Vann, says that the reporting of sexual violence in disasters is often considered a “luxury issue – something that is further down on the hierarchy of needs”<sup>17</sup> for disaster victims.

**DURING AND FOLLOWING A DISASTER, HOWEVER, WHEN IT IS LIKELY THAT THERE IS AN INCREASE IN THE PERPETRATION OF SEXUAL ASSAULTS, IT APPEARS THAT REPORTING DECREASES EVEN MORE THAN DURING TIMES WHEN CONDITIONS FOR REPORTING ARE OPTIMAL.**

Aside from the emotional challenges that victims face during the disaster and immediate post-disaster periods, a range of practical difficulties may also serve as barriers to reporting. For example, during Hurricane Katrina there were many anecdotal accounts that victims and family members were unable to report sexual assaults or receive services because law enforcement and other sexual assault emergency services were not functioning in their normal capacities. For instance, communication lines were down, anti-sexual violence personnel were struggling with their own emergencies due to the hurricane, and emergency shelters for evacuees did not offer enough privacy to facilitate talking about something as personal as having been sexually assaulted.

In some cases, victims were unaware that police departments in the locations to which they had been evacuated could take courtesy reports on behalf of the departments where the crimes were committed. What's more, much of the sexual assault that is perpetrated in the aftermath of a disaster may occur many months after the disaster itself has occurred; if the assault is reported, it may not be clear to the victim, law enforcement, or other responders that the sexual abuse is directly related to post-hurricane conditions and events.

One victim of sexual assault during Hurricane Katrina described her decision not to report her rape to the authorities by saying that the authorities had abandoned her during the hurricane, so why would they care about her now. In the months following the hurricane, she told a National Public Radio reporter, "Some bad things happened, you know. There was nobody there to protect you."<sup>18</sup> Cassandra Thomas, Senior Vice President of the Houston Area Women's Center (HAWC), confirms this victim's experience. She says that evacuees' sense of abandonment by the authorities did indeed contribute to their decision not to report. She explains, "Hurricane survivors felt that they had already been abandoned in the disaster. They felt like throw-away people, so they didn't have a lot of faith that the authorities would take care of them in the case of a sexual assault."<sup>19</sup>

### ***Social denial and lack of sexual violence protocols***

Sexual violence in disasters, as at other times, is often denied. In fact, after Hurricane Katrina, the media issued a number of reports that the stories of rape following the hurricane were “greatly exaggerated” or merely rumors. Yet official reports, unofficial reports, and anecdotal evidence tell us that sexual assaults were perpetrated immediately following the disaster and continue to be perpetrated in heightened numbers due to post-hurricane-related conditions and situations.

Ample evidence exists that disaster relief organizations, emergency shelters, and other emergency services proved inadequate to prevent and respond to sexual violence after Hurricane Katrina. The American Red Cross, among other disaster response organizations, has no protocol for addressing sexual assault in the aftermath of a disaster. For instance, Red Cross training for first responders in disaster and emergency situations, merely instructs trainees to encourage victims of sexual assault to call the authorities, or to offer to call 911 for the victim.<sup>20</sup> Clearly this response does not consider rape survivors who may want medical care and emotional support rather than police intervention.

In disasters such as Hurricane Katrina, when law enforcement officers are primarily occupied with conducting search and rescue activities, this kind of response is similarly useless. Susanne Dietzel, former Director of the Women’s Resource Center at Loyola University in New Orleans said that “First responders such as FEMA and the Red Cross, as well as policymakers and other officials, have the same preconceptions and prejudices around sexual assault that are held by society in general. These people and systems need to be sensitized to the fact that in disasters, sexual assault does not stop; in fact it increases, and needs to be attended to just as much as looting or shootings.”<sup>(21)</sup> In the planning for the prevention of, and response to, sexual violence in disasters, consider seeking support from city, county and state health departments and at the national level, agencies such as the U.S. Centers for Disease Control and Prevention.

## **A culturally respectful and meaningful approach to sexual violence in disasters**

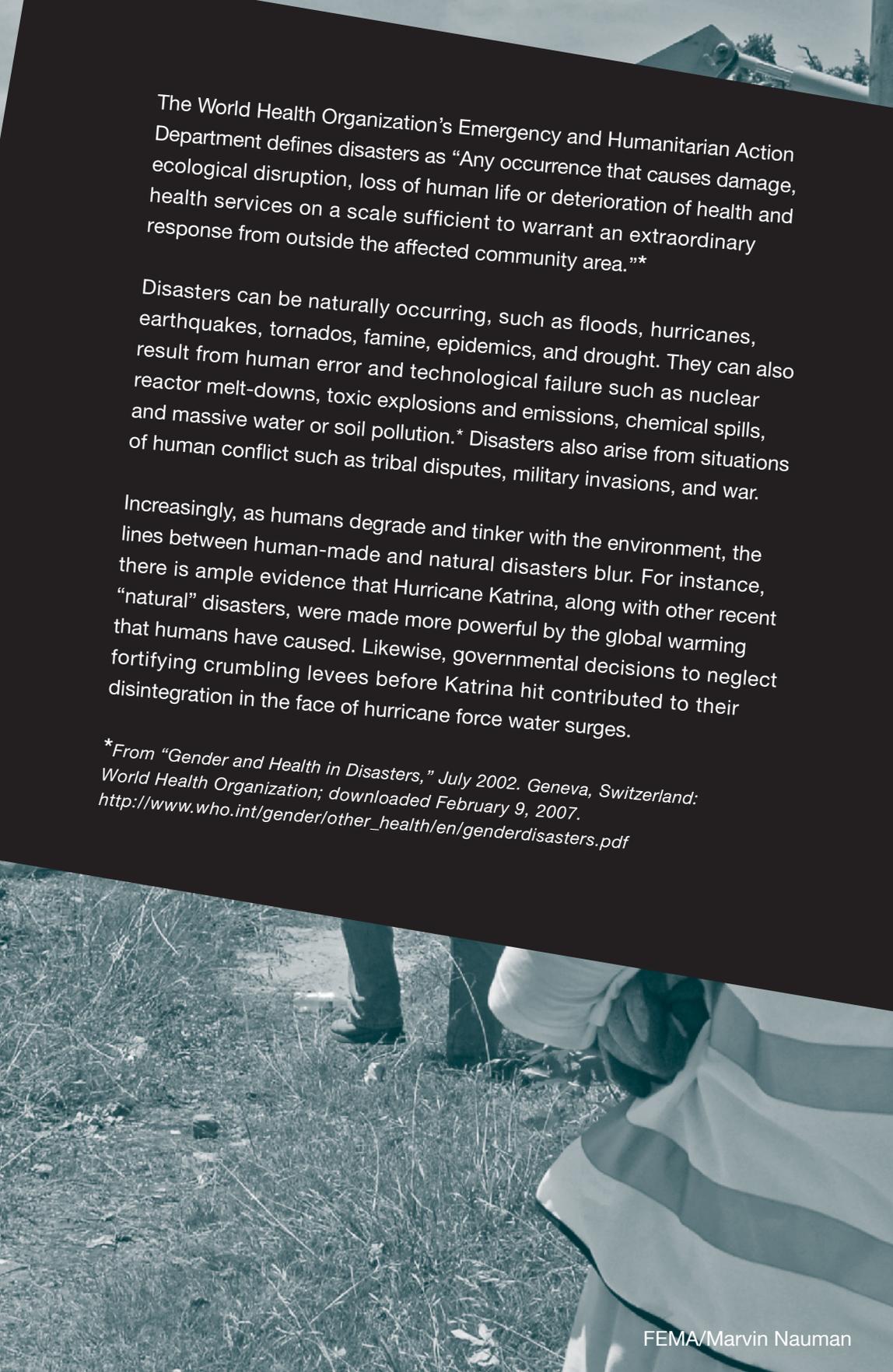
Disaster can be especially painful for people and communities already traumatized or repeatedly victimized. Trauma and victimization are not new experiences for peoples of color in the United States. The Indian Country Child Trauma Center defines this legacy of trauma as, “cumulative emotional wounding across generations.”<sup>22</sup> Communities such as African Americans, Latinos, Asian and Native Americans have experienced deep and systemic injustice, as well as sexual and other kinds of victimization. They often endured oppressive social policies with traumatic impact at the hands of the US establishment, white people, and others with social, political, and economic power. Through colonization, slavery, long histories of violence, and disruption of their culture, their lives have been deeply harmed.

The response to Hurricane Katrina serves as the ultimate example of how racism, both historical and current, allowed a community, the black community of New Orleans, already impoverished and suffering from neglect and abuse, to be further victimized by a disaster. Black women in New Orleans, in particular, were the most vulnerable to harm from the hurricane. Prior to Katrina, the female population of New Orleans endured multiple disadvantages such as poverty, single parenting without support, lack of health insurance, and low-paying jobs. New Orleans suffered from poverty rates two times higher than the national average. Of city residents in poverty, 12 percent were men while almost 26 percent were women. In fact, Louisiana ranks in the bottom ten of all states in the nation on many of the indicators of women’s status.<sup>23</sup>

And it was black families and women that were in fact hardest hit by Hurricane Katrina. They made up the majority of evacuees to the mass public shelters where sexual violence was prevalent immediately after the hurricane. Because people who experience oppression and neglect can be especially and deeply impacted by disaster situations, it is important to consider how we address issues of sexual violence prevention and response among communities of color. It is important to recognize that they are already hurting and suffering from a legacy of institutional and interpersonal violence and oppression. Communities of color must have access to the resources and assistance required to prepare prevention and response programs, or be assisted in the planning by individuals and organizations that are receptive to the specific needs of the particular community with which they are working.

When working with communities of color, it is important to implement strategies for preventing and responding to sexual violence in disasters that are meaningful and culturally respectful:

- Know the community you are working with; understand the cultural views of healing, harmony, and well-being within the community and adapt the prevention and response program as necessary
- Engage all communities in the planning and implementation; solicit ongoing input and feedback
- Provide training so diverse community members can implement and guide the process
- Ensure that potential linguistic barriers are overcome through the use of trained interpreters and written materials in the appropriate languages
- When appropriate, work with faith establishments, cultural centers, and other existing community resources to create education, prevention, and response systems that are relevant for the particular cultural or ethnic group



The World Health Organization's Emergency and Humanitarian Action Department defines disasters as "Any occurrence that causes damage, ecological disruption, loss of human life or deterioration of health and health services on a scale sufficient to warrant an extraordinary response from outside the affected community area."\*

Disasters can be naturally occurring, such as floods, hurricanes, earthquakes, tornados, famine, epidemics, and drought. They can also result from human error and technological failure such as nuclear reactor melt-downs, toxic explosions and emissions, chemical spills, and massive water or soil pollution.\* Disasters also arise from situations of human conflict such as tribal disputes, military invasions, and war.

Increasingly, as humans degrade and tinker with the environment, the lines between human-made and natural disasters blur. For instance, there is ample evidence that Hurricane Katrina, along with other recent "natural" disasters, were made more powerful by the global warming that humans have caused. Likewise, governmental decisions to neglect fortifying crumbling levees before Katrina hit contributed to their disintegration in the face of hurricane force water surges.

*\*From "Gender and Health in Disasters," July 2002. Geneva, Switzerland: World Health Organization; downloaded February 9, 2007.  
[http://www.who.int/gender/other\\_health/en/genderdisasters.pdf](http://www.who.int/gender/other_health/en/genderdisasters.pdf)*

## PRE-DISASTER PLANNING

A central goal for anti-sexual violence advocates is the prevention of sexual violence – preventing sexual violence before it is perpetrated. This is, of course, a complicated, long-term endeavor that involves professionals and individuals working in every sector of society. Preventing sexual violence in disasters should be viewed and contextualized within these broader efforts to prevent and end sexual violence. And it follows that in order to completely keep sexual violence from being perpetrated during disasters, we must achieve its complete eradication from society.

In the meantime, this guide examines and recommends possible ways to reduce the structural and social vulnerabilities that usually characterize disaster situations. These vulnerabilities play a role in increasing the potential for perpetration and victimization. Because the needs and conditions of individual organizations and communities differ, the recommendations in this guide are not presented in any order of importance. Rather, they should be selected and incorporated into your policy and action plans as they are deemed useful to your specific organization. However, this section does include two categories of recommendations: *Internal* recommendations should be accomplished within an organization; the recommendations that appear in the *Across Organizations and Disciplines* category require partnership with other organizations and agencies for planning and implementation.

### **Organizational preparedness – a first step**

In order to be able to prevent and respond to sexual violence in a disaster, a central goal for organizations and systems must be the resumption of business as quickly and efficiently as possible after the disaster hits. To that end, it is important for organizations to **form a disaster planning oversight committee** for long-term, systematic monitoring and assessment of the planning and implementation phases.<sup>24</sup>

It is also important to encourage and support the speedy return to operations of other organizations and systems involved in responding to sexual assault; they should return to at least a minimal level of functioning in the shortest period of time possible. Many of these organizations, agencies and offices provide care and follow-up to victims; others investigate, arrest, and adjudicate perpetrators. They all serve an essential role in the healing process of victims, families and communities.

After the September 11th attacks in 2001, the New York-based *Vera Institute of Justice* published a report that called for the immediate return to functioning of the judicial system after the occurrence of a disaster. It set a clear agenda related to the justice system, and many of the elements of that agenda could be applied to other crucial systems, such as to those that respond to sexual violence in disasters. In particular, two recommendations from the Vera report are especially relevant for anti-sexual violence organizations in their attempt to re-establish operations after a disaster. They are: first to establish strong leadership that will guide the system or organization through the crisis by setting a solid agenda and list of priorities; and second, to resume work immediately; this includes re-establishing channels of communication, negotiating the availability of workers, and establishing new and efficient methods to manage delays, postponements, and cancellations.<sup>25</sup>

## Recommendations for return to functioning

### *Internal*

- For communication purposes, if possible identify and work with a remote organization, such as a state coalition or some central organization not likely to be in the disaster zone, to become a place for employees to contact, either with a cell phone, or by email, in the event local phone service is suspended. Identify several ways to communicate information
- Have a plan and agreement with a remote organization to transfer any hotline calls to their system in the event of a disaster
- Prepare the groundwork to conduct fundraising for emergency needs that arise after a disaster. Then engage in disaster fundraising efforts prior to an actual disaster
  - Appoint a staff member to be in charge of emergency fundraising
  - Make arrangements ahead of time to launch a disaster relief website to facilitate communication with the “outside world.” Use the site to solicit and accept donations and other offers of help
  - Stress the need for unrestricted funds. Sometimes governmental funds, for example, might become inaccessible or difficult to obtain during times of disaster
  - Be able to explain the connection between the disaster at hand, sexual violence, and your organization
  - Solicit remote assistance ahead of time for the management of donated funds
  - Prepare a “funding tool kit” to be stored in a secure and accessible place. It should include: templates for emergency grant proposals; non-profit status certification papers; 990 forms; list of Board of Directors; and an organizational chart
- Earmark funds in the organization’s operating budget for disaster preparedness; frame it as “mitigating known hazards and reducing social vulnerabilities”<sup>26</sup>
- Develop an office evacuation plan in case of disaster during the workday; conduct regular trainings or “refreshers” with staff on its implementation; update the plan annually

- Develop a password-protected intranet site for notification and communication with staff; develop protocols for its use and train staff on how to access and use the site
- Maintain copies of vital records in a remote location; store digital records in a location that is accessible/recoverable even if computer hardware is destroyed
- Maintain basic survival supplies in secure places in the office at all times, e.g. potable water; candles and matches, flashlights and batteries; bug spray; basic non-perishable food items; cleaning products; emergency medical supplies; etc.
- Ensure that each staff member has a backpack at work with basic survival items ready for personal use; include comfortable shoes and a change of clothes



FEMA/Marvin Nauman

- Consider having cash funds and credit cards available in a secure location for the discretionary use of staff members; decide ahead of time who can use them; consider storing the funds and/or credit cards with a list outlining their allowable uses
- Prepare a listing of staff with their important information including emergency contacts that are outside of the local area; include alternative, non-office email addresses; distribute among all staff for use from their homes as well as the office. Be careful not to compromise safety/security. These positions should be voluntary and expectations for staff during emergencies/disasters should be clearly communicated
- Develop a staff and board phone tree with procedures for checking on safety, whereabouts, and availability
- Develop a contingency plan of how staffing and tasks will be carried out if the organization is not able to reconstitute its staff after the disaster. The plan should be discussed with staff
- Consider purchasing a number of satellite phones and/or smart phones, such as Blackberries, for key staff members in case of the need for alternative modes of communication
- Develop a manual for all disaster management and response procedures for the staff and board of directors including the office evacuation plan
- Conduct regular disaster management and response trainings for staff; provide disaster management and response orientation for new employees <sup>27</sup>
- For assistance with the development of a post-disaster return to business plan, utilize the guidelines developed by the Non-Profit Coordinating Committee of New York (NPCCNY) that has produced an online set of steps to facilitate the quickest possible resumption of services. It can be found at [http://www.npccny.org/info/disaster\\_plan.htm](http://www.npccny.org/info/disaster_plan.htm)

## ***Across organizations and disciplines***

- Create relationships and cross-organizational and cross-disciplinary disaster plans with other organizations before a disaster hits
- Become involved with your local and state emergency and disaster commissions and committees to ensure that issues pertaining to the prevention of, and response to, sexual violence are addressed
- Contact local first responders, e.g. Red Cross, FEMA, etc. to develop a relationship, train them in sexual violence-related issues, and assist them in the development of sexual violence prevention and response protocols to be used in the event of a disaster
- Develop a flier for victims of sexual assault in disasters; include your organization's contact information and other relevant information. Supply it to first responders and all other community organizations and agencies for distribution to disaster survivors and identified victims of sexual assault
- Consider developing memoranda of understanding with first responders and other organizations to create formal relationships and procedures for working with sexual assault survivors in disaster emergencies
- Request emergency and disaster response training from your local emergency response teams
- Share your organization's disaster protocol with fire, police, emergency responders, and others; include emergency contact information
- Request a National Incident Management System (NIMS) training for your organization and other local entities with whom you are working on your disaster management plans<sup>28</sup>
- Develop and distribute to all first responder agencies in your locale two one-page sheets: one on sexual violence prevention methods in the immediate aftermath of a disaster, and the other on how to respond to a report of sexual violence in the immediate aftermath of a disaster. Make agreements with these agencies to have them distribute the material to all their first responder staff and volunteers. Use this guide in developing these sheets by selecting methods and response that make sense for your community

- Develop protocols with law enforcement in neighboring districts and states to receive “courtesy reports” on sexual assaults perpetrated in other districts; ensure that personnel receive training to do this in the event of a disaster
- Develop a protocol for managing registered sex offenders who are evacuated to public shelters; consider having your local and state law enforcement and corrections officials develop individualized disaster plans for registered sex offenders that include a location to which the sex offender will report in the case of a disaster; train emergency personnel and first responders in how to manage this population in the event of a disaster
- Develop and implement universal education and prevention messages and programming about sexual violence in disasters



FEMA/George Armstrong

## DURING AND IMMEDIATELY

## AFTER THE DISASTER

Just a few days into the Hurricane Katrina disaster, Luci Hadi, an emergency response coordinator for the Department for Children and Families in Florida offered this critique of the Katrina shelter system:

*“The difficulty that you have with these huge shelters is that they were never, never designed for this kind of work. There’s no infrastructure provided, there’s no stockpiling of food and water, there’s no infrastructure of crisis counselors... [Katrina evacuees] are essentially a big group of people unrelated to each other who have been crammed together now for days without adequate support and infrastructure.”<sup>29</sup>*

This kind of disaster-related chaos necessarily raises the risk for the perpetration of sexual violence within shelters. Judy Benitez, Executive Director of the Louisiana Foundation Against Sexual Assault, explains the situation at the Hurricane Katrina evacuation sites:

*“What you had was a situation where you’ve got a tremendous amount of vulnerable people, and then some predatory people who had all of the reasons to take their anger out on someone else. Drug and alcohol use is another contributing factor, and no police presence to prevent them from doing whatever they wanted to, to whomever they wanted to.”<sup>30</sup>*

Sheila Dauer, Director of Women's Human Rights for Amnesty International USA confirmed this concern and called for accountability for those responsible for keeping evacuees safe: "With thousands of people thrown in [shelters] together, there are people extremely vulnerable to violence and abuse... [Relief groups and] the authorities are responsible for making sure...vulnerable populations are protected."<sup>31</sup>

Firsthand accounts of the crowded situation in the makeshift shelters in New Orleans tell of the chaos and terror that prevailed there. Many months after Hurricane Katrina, a Texas-based law enforcement official reported that, "Many of my investigators and supervisors worked security [in the Superdome and the Convention Center] and were told horror stories by evacuees about what occurred after dark...when the people were left without any form of security and roving bands of individuals sexually assaulted victims at will."<sup>32</sup>

The May 2006 public meetings conducted by the Louisiana Foundation Against Sexual Assault in cities throughout Louisiana after Hurricane Katrina further confirmed such incidents; participants expressed concerns about what they saw in the makeshift shelters. They suggested that a number of basic and practical actions could have been taken to improve the potential for sexual safety. Law enforcement personnel, sexual assault victim advocates, Sexual Assault Forensic Nurses (SANEs), child advocates, and evacuees themselves all testified that with forethought and proper planning, the following suggested approaches for setting up emergency shelters and maintaining them would greatly reduce the risk for the perpetration of sexual violence against evacuees.

## **Prevention recommendations for shelters and other evacuation sites – to lessen the potential for sexual harm**

- Limit the number of evacuees in each shelter so the population is manageable and can be kept safe; do not allow any one shelter to exceed a population of more than 2,000 people
- Ensure that evacuation sites have sufficient electrical and/or generator capacity to provide adequate lighting in all public areas
- Ensure that evacuation sites have comprehensive internal and external communication systems including back-up systems in case of failure of the primary system; make sure that the site has a working public announcement (PA) system
- Provide private spaces for clothing changes and personal hygiene practices
- Close off any areas of the shelter space that cannot be made safe and that might be conducive to the perpetration of a sexual assault
- Ensure the presence of adequate, trained law enforcement and other security personnel. Develop a system for involving and screening law enforcement volunteers from other areas
- Consider the use of closed circuit television cameras or other surveillance equipment to monitor some areas of the shelter
- Consider the implementation of “community policing,” practices or “floor marshals” – have evacuees looking out for each other
- Consider creating separate sleep and habitation areas for females and males to be used by those who choose to do so. Be especially careful that those with special needs/vulnerable populations are not segregated, or that posted information does not increase their vulnerability.
- Consider enforcing a curfew for shelter residents and a “lights out” period during which increased security is available

- Keep and constantly update comprehensive lists of evacuees, workers, and volunteers in all shelters, including churches, hotels, arenas, etc.
  - Have all evacuees and workers register as they enter the shelter
  - Consider issuing picture i.d.'s that must be turned in when evacuees exit the shelter
  - Issue wristbands to registered shelter residents and staff and allow only individuals with wristbands entrance and exit
  - Have shelter residents turn in all weapons, e.g. knives, guns, upon registration at the shelter
  - Consider instituting periodic head counts of resident evacuees and shelter staff
- Implement protocols for how to handle evacuees who are registered sex offenders
  - Have registered sex offenders report their status as such and consider having them check in with security staff at regular intervals throughout their stay
  - Have a list of registered sex offenders available for cross-checking evacuees when they register at the shelter
  - Consider establishing separate emergency shelter sites for registered sex offenders
- Provide adequate means of identification for security, law enforcement, and other shelter staff so they can be easily identified by evacuees
- Ensure that orientations, trainings, and written materials are translated into the appropriate languages
- In order to ensure that individuals with low literacy skills have access to the sexual violence prevention and response information that can keep them safe, do not rely only on written materials
- Whenever possible, ensure the availability of hotel suites as emergency shelter for families; this can ease the anxiety of children and allow for greater supervision by parents

- Ensure the provision of basic human needs, e.g. adequate food and water, periods of quiet, adequate sleeping arrangements, adequate supplies and spaces for hygiene and toileting, etc.
- Parents should receive support and instructions concerning their role in the care of and responsibility for their children while in the shelter
- Create co-operative arrangements for parents to share caretaking responsibilities so they can meet their own needs too (smoking, privacy/ quiet time, etc.)
- Create designated areas for children to play that provide safe activities; increase the area's supervision and security; have trained sexual violence prevention staff screen the individuals who will supervise these areas. Ensure that the physical location does not provide outside access
- Create designated areas in shelters as safe zones, drug free zones, play areas, prayer areas, etc.
- Create designated areas for people in need of mental health services, emergency assistance, and counseling; ensure that they are staffed around the clock by trained mental health professionals



- Provide an initial, mandatory orientation session and regular updates to educate shelter populations – both adults and children:
  - About sexual assault and the safety measures they can take to keep themselves and others safe
  - About awareness of one’s surroundings, especially the other people in one’s immediate vicinity
  - About creating a family safety plan and security for loved ones, especially children and people with disabilities or mental health issues
  - About the warning signs or threat of possible perpetration of sexually assaultive or abusive behaviors and how to intervene if necessary
  - About some basic self defense responses and tactics
  - About how to identify shelter security officials and locations, as well as safe places that have a constant security presence in place
- Create regular check-ins and meetings for representatives from the various agencies and organizations working within the shelters; keep lines of communication open between them through the use of walkie-talkies and other devices.
- Ensure regular breaks for shelter staff and volunteers; create opportunities for them to “de-stress”
- Keep evacuees — both adults and children — busy whenever possible with volunteer tasks, entertainment, and other things to occupy their time
- Develop and distribute throughout shelters a one-page flier and a poster with information about sexual assault, how to prevent it, what to do in the case of an incident. Try to be location-specific about procedures for reporting and/or seeking assistance

## **Addressing and responding to sexual violence in shelters and emergency settings**

Cassandra Thomas of the Houston Area Women's Center (HAWC), explains that prior to HAWC's involvement in managing Hurricane Katrina evacuees to the Houston Astrodome, medical triage was being done for all incoming evacuees, but that the process never entailed even a single question about sexual assault. Ultimately, Thomas was able to have a question about sexual assault added to the triage process, but only after tens of thousands of evacuees had already entered the Astrodome. The triage staff seemed unaware that perpetrators of sexual assault were among the evacuees, yet this was certainly the case because HAWC had received word from the Superdome in New Orleans that sexual assaults had been perpetrated among the evacuees there before they had been relocated to Houston.

The ultimate frustration was that before HAWC had the opportunity to put into place comprehensive procedures to increase sexual safety in the Astrodome, the U.S. Department of Homeland Security took over its management and discontinued all inquiry into sexual victimizations or the perpetration of sexual assaults. Nonetheless, HAWC developed a document about sexual assault and local resources that was distributed widely among evacuees in the Astrodome as well as to more than 100 other locations throughout Houston that had accepted evacuees.<sup>33</sup>

## **Barriers to reporting a sexual assault in a disaster situation**

Victims and their family members or companions may not report a sexual assault or seek services for a variety of reasons. They may feel that sexual assault is not a “life or death issue,” or even very important at the time of the assault. Because of the chaos associated with the disaster, victims may not know how to seek services, where to go, or who to talk to. They may feel shame or self-blame, and think that they will not be believed, particularly since other emergencies are going on. In cases of child sexual abuse or intimate partner sexual assault, victims or their family members may be pressured by the abuser to stay together as a family in the wake of the disaster; the victim may also have mixed feelings toward the perpetrator and may depend upon him. And attempts to manage so many other survival issues may take precedence. Additional barriers may include availability of services, confusion of roles and processes, and privacy needs.

The recommendations below, identified by Cassandra Thomas (HAWC), evacuees from Hurricane Katrina, and other professionals concerned with sexual violence who have worked in disaster settings, were designed to encourage victims to report sexual assault, as well as assist those who are responding to sexual violence in emergency settings.

**THEY MAY FEEL SHAME OR SELF-BLAME AND THINK THAT THEY WILL NOT BE BELIEVED**

## Recommendations

- Ensure that evacuees are supplied with information about how to report a situation of sexual abuse or a sexual assault; offer this information in mandatory orientation sessions, updates, and through posters and fliers that are distributed liberally throughout the shelter; make sure that materials are available in all languages and formats necessary; encourage evacuees to understand the benefits that seeking services can provide to victims and their loved ones; assure evacuees that the utmost attention will be given to privacy and confidentiality
- Ensure that all security, first response staff, volunteers, and other officials in the shelter are briefed on sexual assault response procedures including who to contact, where to bring the victim and his/her chosen support people, how to achieve privacy and confidentiality, etc.
- Train shelter staff and first responders about the possibility that disasters may cause re-traumatization of sexual assault survivors and that they may need counseling from rape crisis or other specially trained professionals or volunteers
- Ensure that private spaces are created for individuals who wish to report sexual assault and seek assistance; have confidential interview rooms available for use by law enforcement and counseling personnel
- Ensure that each shelter is staffed with a trained sexual assault forensic examiner, that the necessary medical equipment is available for any forensic procedures that may need to be conducted; and that a safe, private space for medical examinations is available at all times
- Work with the Federal Emergency Management Agency (FEMA) to establish Disaster Medical Assistance Teams (DMATs) that specialize in sexual violence-related response; e.g. that are able to carry out specialized forensic sexual assault examinations, or at very least to ensure that every team has at least one member who is certified to conduct forensic exams on a victim of sexual assault

- Ensure that each shelter is staffed with a trained sexual assault crisis staff person at all times; ensure that this person is contacted immediately if a report of sexual assault is made to anyone working at the emergency site
- Train law enforcement personnel in how to take reports of sexual violence during disasters, including how to take a “courtesy report” on a sexual assault perpetrated in another district
- Maintain documentation, including actions taken on behalf of clients; ensure that the documentation is kept in a secure location
- Create sexual assault support groups for people who may have been victimized or who need help to feel safe; create safe spaces and counseling sessions for previous victims of sexual assault who may feel traumatized by a sense of increased vulnerability because of shelter conditions



It is important to remember that disaster evacuees do not always find their way, or have access, to public shelters. Although some 30,000 residents of New Orleans were housed during the first days of Hurricane Katrina in the Superdome or the Morial Convention Center, mostly as a last resort, many others took refuge in other public or private buildings and makeshift shelters. In these locations, as well, chaos and lawlessness often reigned.

One victim of sexual assault, a 46-year old woman identified only as Ms. Lewis from New Orleans East, told of being raped on the first day of the storm as she sought refuge in a block of apartments for the elderly. As she was sleeping in a hallway – the only place that offered some relief from the oppressive heat – a man with a gun sexually assaulted her; this was the case for several other women at this same location. Ms. Lewis attempted to report the rape to National Guardsmen, but no one would listen: *“The police were stressed out themselves. They didn’t have no food. They didn’t have water. They didn’t have communication... The National Guard didn’t want to hear it.”* Later when she was evacuated to Baton Rouge, Ms. Lewis sought medical care there. Another victim of sexual assault was raped and beaten with a bat in broad daylight on a street corner a week after the hurricane hit. Although she reported the assault to the police, her assailant was never caught.<sup>34</sup> These kinds of situations illustrate the need for widespread prevention and safety measures in a disaster environment, not just at designated shelters or only in places where a large number of people have congregated.

## RESPONDING TO SEXUAL VIOLENCE

### POST-DISASTER ENVIRONMENTS

*“Some men will cope through drugs, alcohol, physical aggression or all three, hurting themselves and putting the women and girls around them at risk.”*

*- Elaine Enarson<sup>35</sup>*

#### Long-term impact

Pam Albers, Program Director of Community Outreach and Education at the Crescent House Healing Center in New Orleans, asserts that the time for concerted concern about sexual violence after a disaster is six to eight months after the initial event, and then two to three years down the line after that. She explains that in the first weeks and months post-disaster, individuals and families are trying to pick up the pieces of their lives in the most basic of ways. Once some of the fundamental survival aspects of life don't feel as tenuous, that is when the sexual and physical abuse becomes more prevalent, and the disclosures of assaults from the beginning of the disaster make their way to the surface. Families in which children may have been sexually abused since the disaster struck are just now able to see it and perhaps seek help to make it stop. Although some level of normalcy is returning slowly, feelings of anger, helplessness, loss, and frustration are still factors in disaster survivors' lives that increase their risk for perpetration and victimization.<sup>36</sup>

## Long-term emotional impacts as triggers for perpetration of sexual abuse

An August 2007 study confirms the levels of depression and ongoing stress for survivors of Hurricane Katrina. Upon the approach of the two-year anniversary of Hurricane Katrina, the National Council for Community Behavioral Healthcare conducted a survey of mental health and addiction providers in New Orleans and Baton Rouge about the needs of their patients as they related to the hurricane. Four fifths of the providers surveyed noted a marked increase in major depression, anxiety disorders, post-traumatic stress disorder, and addiction disorders in their caseloads – powerful testament to the enduring, detrimental effects of a disaster to its victims. What's more, approximately half of the providers surveyed reported that they themselves were experiencing 'burnout' as they struggle[d] to deal with the increased workload and their own challenges living and working in the [post-disaster] area.<sup>37</sup>

In a study prepared by the Harvard University Hurricane Katrina Advisory Group, Hurricane Katrina survivors were asked to state their four most troubling practical hurricane-related problems. The answers were not surprising; respondents spoke of financial problems (61.3%); housing problems (49.5%); attaining services (40.9%); and employment problems (37.3%) as their top four areas of day-to-day concern.<sup>38</sup> Multiple studies in the fields of criminology, sociology, psychology, and public health tell us that it is just these issues that are leading factors in the perpetration and re-offense of harmful and criminal behaviors. Research also tells us that personal stressors such as these serve as definitive risk factors in the re-offense of sexual violence. Common sense would dictate that these stressors increase risk for the first-time perpetration of sexually abusive behaviors as well.<sup>39</sup> Further, we know that an additional variety of stressors such as a sense of disempowerment, depression, anxiety, and a lack of social supports – all short- and long-term feelings associated with post-disaster life – often serve as triggers for sexual offenders to relapse.<sup>40</sup> We can view these same kinds of stressors as triggers for first time sexual offenses as well.

## Finding housing after a disaster

Another issue of grave concern that contributes to increased risk for sexual violence is an ongoing lack of safe and adequate housing for evacuees after a disaster. Individuals and families whose homes have been destroyed may be compelled immediately after the disaster, and in the long-term, to resort to living situations that are not ideal or possibly unsafe. After initial evacuation to shelters throughout the Gulf Coast states, Hurricane Katrina survivors made permanently homeless were offered few, if any, viable options for housing. Many families were forced to double and triple up with extended family or other families. In some cases, this has meant that families and individuals must share a home with living companions who pose a risk for the perpetration of sexual violence.

There were also risks posed by evacuees who stayed in other people's homes— the homes of family or charitable citizens. Levette Kelly, Executive Director of the Mississippi Coalition Against Sexual Assault in Jackson, MS, another city heavily affected by Hurricanes Katrina and Rita in 2005, tells that her organization saw an increase in situations of child sexual abuse for many months following the hurricane. Many of these child sexual assaults were perpetrated by single evacuees who were invited to live with a family when he or she had no where else to go. Kelly also reported that despite the fact that all forms of adult sexual assault – marital, acquaintance and stranger rape – appeared to be on the rise after the hurricane, law enforcement displayed a “decreased interest in sexual assaults reported after the hurricane...There appeared to be a preoccupation with storm-related crimes and tasks, but not situations of interpersonal violence.”<sup>41</sup>

**HURRICANE KATRINA SURVIVORS MADE PERMANENTLY HOMELESS  
WERE OFFERED FEW, IF ANY, VIABLE OPTIONS FOR HOUSING.**

## Reconstruction and risk

Another aspect of increased risk for sexual violence is illustrated in an April 21st 2006 article in the New Orleans' *Times-Picayune* newspaper. It reports the rape of a 16 year old girl (from Slidell, LA )<sup>42</sup> by a 51 year old out-of-state male contractor temporarily located in New Orleans for a rebuilding project. After offering her a job working for his construction company, three days later the contractor apparently drugged and raped the girl.<sup>43</sup> Other similar stories continue to circulate throughout New Orleans and other cities affected by Hurricanes Katrina and Rita; women and girls are victimized by temporary workers who have come to "make a buck" in the post-disaster recovery period. Local rape crisis and law enforcement personnel report that stranger and acquaintance rape continues to be reported at heightened levels. Men with no ties to these cities, no family, and no social constraints, appear more willing to cause sexual harm as they move semi-anonymously through locales where they have no connections. The increased use of alcohol and drugs by transient workers and others in a city without adequate law enforcement oversight contributes to the increased risk for sexual violence as well.



Tracey Rubenstein, rape crisis program coordinator at New Orleans' Metropolitan Center for Women and Children, tells of the sense of "lawlessness" that took over the city after the hurricane: "Currently, rapes are being perpetrated with the attitude, 'I can't get caught' – almost like the Wild West."<sup>44</sup> When interviewed in May 2006, eight months after Hurricane Katrina, Rubenstein explained the magnitude of the devastation; the city's infrastructure and systems, including that of sexual violence prevention and victim advocacy services, remains fragmented, and in some cases, in complete shambles. Almost a year after the hurricane, Rubenstein's rape crisis center continues to receive numerous reports of sexual assault, both from the first days of the disaster, and from the "Wild West" environment that developed in the aftermath of the hurricane in parts of New Orleans.

One incident particularly shocking in its brazenness and cruelty was that of a car jacking and rape perpetrated by a small group of men. A woman stopped at a light was pulled out of her car and gang-raped; no one was around and law enforcement was not to be found. "An attitude of 'I am just gonna do what I wanna do' prevails right now in New Orleans," said Rubenstein.<sup>45</sup>

Although statistics are not available for the number of sexual assault cases handled by the municipal court in New Orleans, Rubenstein reports that in one month after the hurricane, the court handled over 300 cases of domestic violence – and this despite the sharply decreased population in the city post-hurricane. "This is certainly an indication of the rates at which sexual assaults are being perpetrated as well,"<sup>46</sup> said Rubenstein.

## **Recommendations for prevention in the long-term post-disaster recovery period:**

- Increase long-term resources to better serve the needs of mental health patients in the area of the disaster and in locations with large numbers of evacuees
- Obtain state and federal funds for the restoration of critical mental health infrastructure, e.g. outpatient clinics; in-patient facilities, as well as competitive salaries to attract and retain more mental health and addiction professionals
- Create options for individuals with mental health issues and those suffering from depression, post-traumatic stress disorder and other post-disaster consequences. For example, peer model programming (group meetings with others that have the same or similar problems) has proven effective
- Increase attention to job recovery
- Provide specialized training for mental health and medical professionals about the risk factors and warning signs connected to the perpetration of all forms of sexual violence
- Increase availability of low-cost or free long-term counseling for victims of the disaster
- Increase availability of single-family housing for victims displaced by the disaster, with preference to be given to families in which there is a concern for the safety of the children
- Mental health practitioners and others in helping fields should access supervisory counselors, peer support groups, or other mechanisms to deal with their own burnout, vicarious trauma, and personal stress related to rebuilding their lives
- Obtain state and federal funding to increase law enforcement presence throughout the disaster-affected area in order to decrease the sense of “lawlessness” that may follow a disaster
- Work with local and/or regional commissions tasked with the oversight of rebuilding to educate and monitor temporary workers and contractors in order to reduce the sexual violence potentially perpetrated by them

## SUMMARY

This guide offers a foundation to begin to think about, and prepare for, preventing and responding to sexual violence in disasters. It underscores the importance of making advance preparations for situations of disaster, when anti-sexual violence work becomes more difficult and complex. It also highlights the painful price that disasters can exact, especially when society is ill-equipped or unwilling to respond effectively. The guide suggests that organizations work cooperatively to design responses and systems that quickly, effectively and compassionately address needs during disasters, and that they involve rape crisis centers and coalitions in the planning. Finally it offers recommendations to consider and implement for each stage of a disaster. It is important that groups select and adapt those recommendations that help build a comprehensive response that makes sense for their specific community.

**For additional resources and readings on the subject, visit [www.nsvrc.org](http://www.nsvrc.org).**

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## Notes

- <sup>1</sup> Enarson, Elaine. Women and Girls Last? Averting the Second Post Katrina Disaster. Social Science Research Council, June 11, 2006. [http://www.understandingkatrina.ssrc.org/Enarson/#E\\*](http://www.understandingkatrina.ssrc.org/Enarson/#E*), downloaded 5/3/06.
- <sup>2</sup> From an interview with Elaine Enarson, Assistant Professor, Applied Disaster and Emergency Studies Department, Brandon University, Brandon, Manitoba, Canada, June 6, 2006.
- <sup>3</sup> From an interview with Lieutenant Dave Benelli, former Commander of the Sex Crimes Unit, New Orleans Police Department, May 6, 2007.
- <sup>4</sup> The author thanks Lieutenant Dave Benelli, former Commander of the Sex Crimes Unit of the New Orleans Police Department, and others who were present in the Superdome in the first days of Hurricane Katrina for their vivid and evocative first-hand accounts of conditions within the arena.
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## **LOUISIANA FOUNDATION AGAINST SEXUAL ASSAULT**

The Louisiana Foundation Against Sexual Assault (LAFASA) is a membership organization of sexual assault crisis centers across the state of Louisiana, and additionally includes individual, associate and corporate members from Louisiana communities. First and foremost, the coalition provides a collective voice to the state of Louisiana of survivor concerns and needs. We advocate for the rights of survivors of sexual violence through social change and education efforts.

LaFASA works to end sexual violence. This violence affects women, children and men, of all ages, races, income levels, lifestyles and geographic areas. We define sexual assault as any sexual contact, physical or verbal, that takes place without the victim's lawful consent.

Sexual assault is not an act of sex. It is an act of violence and aggression in which sex is used as a weapon. The object is always to control and humiliate the victim. Regardless of the degree to which a victim is physically injured, sexual assault is always a crime of violence of the most personal nature and is designed to hurt the victim's body, mind and spirit.

LaFASA's position is that sexual assault is a societal issue and not a concern only of individual survivors and their families. We support the ideal of equality among all people and appreciate that social change toward ending discrimination is necessary to stop sexual violence

**[www.lafasa.org](http://www.lafasa.org)**

**1250 SW Railroad Ave., Ste.170, Hammond, LA 70403**

**Phone: 985.345.5995, Fax: 985.345.5592, Toll Free: 888.995.7273**

## **NATIONAL SEXUAL VIOLENCE RESOURCE CENTER**

The National Sexual Violence Resource Center (NSVRC), founded by the Pennsylvania Coalition Against Rape, opened in July 2000 as the nation's principle information and resource center regarding all aspects of sexual violence. The NSVRC provides national leadership in the anti-sexual violence movement by generating and facilitating the development and flow of information on sexual violence intervention and prevention strategies. The NSVRC's work is supported in large part with funds from the Centers for Disease Control and Prevention (CDC).

**[www.nsvrc.org](http://www.nsvrc.org)**

**123 North Enola Drive, Enola, PA 17025**

**Phone: 717.909.0710 Fax: 717.909.0714 Toll Free: 877.739.3895**

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# PREVENTING AND RESPONDING TO SEXUAL VIOLENCE IN DISASTERS

A Planning Guide for Prevention and Response

## Getting Started

### PRE-DISASTER PLANNING

Consider the range of disaster situations that your region may encounter.  
Begin by listing the three most likely type of disasters.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Others: \_\_\_\_\_

#### Organizational preparedness, a first step

Select at least five steps in the internal section of the teal part of the guide.  
Develop a plan for each.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Remember to continually review and reassess the progress on each step, incorporating other ideas from the guide, and other resources when it makes sense.

Identify organizations, groups and individuals that could be strong partners in developing disaster response plans. Initiate contact with them about collaborating on such plans.

Begin by selecting at least five steps from the Across organizations and disciplines section in the teal part of the guide. Consider working with other organizations to prioritize action steps.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Write up and share agreed upon procedures and policies,

Meet regularly with organizational partners to review, expand and update the pre-disaster planning.







Louisiana Foundation  
Against Sexual Assault

