

Gender & Disaster Australia

Gender and Emergency Management (GEM) Guidelines

A literature review

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Contemporary emergency management approaches

The emergency management sector is response-orientated, leading to a sense of urgency driving action (Enarson, 2012). Consequently, the issues surrounding gender and sex are seen as secondary issues or distractions. The sector originates from military practice, including strict adherence to hierarchy and a 'command and control' model (Krolik, 2013). This model places control of an emergency situation in a few trained, expert hands to direct care and protection of the community. Contemporary and emerging models of emergency management instead focus on the human rights of the members of a community as key to the recovery of that community. Simultaneously, it encourages individuals, families, and neighbours to empower themselves and take an active role in disaster preparation, survival and recovery.

Equal rights for women is a global concern, and Australia ranks only 36th in the world for gender equality (World Economic Forum, 2015). The Sendai Framework for Disaster Risk Reduction (UNISDR, 2015) states that a gender perspective should be integrated into all disaster policies and practices, and women's leadership should be promoted throughout. Yet, in Australia, few emergency management guidelines mention gender beyond a token reference. In addition, the senior leadership of emergency service organisations (ESOs) and community recovery committees is dominated by men, and keynote speakers at emergency management conferences are mostly men. In Victoria, 72% in fire and emergency roles are men. Eighty per cent in leadership roles are men (Parkinson, Duncan & Hedger, 2015).

This is an issue traversing the areas of planning, response, recovery and reconstruction across all states and territories, communities, community organisations, and government and non-government institutions. There is currently a plethora of guiding documents for emergency management personnel (e.g. as summarised in the Victorian consultations - see Appendix 2), a simple set of guidelines must be accessible from one central location and linked to other key documents, such as the guidelines for children (Department of Human Services, 2013) and the CALD tool kit (Hanson-Easey et al., 2015).

The term 'gender' "refers to the socially constructed roles, behaviours, and attributes that a given society considers appropriate for women, men, boys, and girls" (WHIN 2016, p.4). We recognise that the male/female gender binary does not encompass the gender and sexual identity of all in our society. We use 'gender' as a term that includes a diversity of gender and sexual identities, not only men and women, but



also lesbian, gay, bisexual, trans, intersex, queer and non-binary (LGBTIQA+) people.¹ In this project, in accordance with the Geneva Declaration, a broad definition of ‘gender’ is used in our approach to developing gender and EM (Emergency Management) guidelines: “Focusing on gender allows one to include gender-based violence against men and boys as well as gay, lesbian, transgender, and transsexual people” (Geneva Declaration Secretariat, 2008, p. 110). A focus on gender as a means of addressing structural inequalities is also important in recognising that women’s needs are not women’s responsibilities; placing responsibility for a particular problem onto one sex can lead to failed assumptions about inclusion equating to fair representation, and potentially reinforce instead of challenge gendered inequalities (Bradshaw, 2015).

Literature review methodology

The literature review aims to focus primarily on Australia and secondly on relevant parts of the international literature. Existing guidelines on gender and disaster were sought through Google using a combination of keywords such as “gender”, “disaster”, “women”, “emergency management”, “Australia”, “Victoria”, and so on, as well as by following suggestions made by the survey respondents. Relevant research concerning the making of emergency management/disaster guidelines and gender was sought by searching social science databases (including EBSCO, JSTOR, Scopus, Risk Abstract) for secondary research material. The criteria of the publications sought were large, ranging from 1970 to the present and covering all English-speaking developed countries. The types of references used included sources from government agencies, community groups, academic publications and non-governmental organisations.


Why GEM guidelines are needed: Gendered vulnerability in disasters

Gender plays a large part in the roles people have in disaster preparation, response, recovery and reconstruction. Gender roles that existed before a disaster become accentuated with stronger expectations that people meet stereotypical gendered roles (Enarson, 2012) even reverting to traditional roles of decades earlier (Hoffman, 1998). In essence, men are expected to protect and provide, and women are expected to put their own needs last, sometimes to the extent of sacrificing their right to employment or their right to live free from violence (Parkinson & Zara, 2013; Parkinson, 2015; Zara, Weiss, & Parkinson, 2013).

Women in disaster

The majority of elderly people, children, and disabled people are cared for by women (Dominelli, 2013; Adams, 2010). Time-use surveys by the Australian Bureau of Statistics reinforce this, as women in couples still complete most unpaid care and domestic work (AHRC, 2013). This increases women’s financial vulnerability as careers are interrupted or otherwise limited by this additional role. This extra responsibility for others also inhibits women’s ability to escape and/or prevent harm to themselves in an emergency (Parkinson 2015).

¹ Definitions are provided in the GEM Guidelines document. Sincere appreciation for insight and guidance provided from Assoc. Prof. Dale Dominey-Howes, Dr Andrew Gorman-Murray, Dr Scott McKinnon and Monique Bouma.



Women who live with a violent partner before a disaster have additional vulnerabilities such as social or geographic isolation, restricted access to a car or money, and inability to evacuate due to their partner's refusal. For women with violent ex-partners, their evacuation could expose them to renewed violence as intervention orders are difficult to enforce in evacuation centres and relief centres.

In the aftermath, incidences of domestic violence have been shown to increase, including in relationships where men had not previously been violent (Parkinson, 2015). Interviews with 30 women in Victoria indicated that domestic violence increased following the bushfires, but that women's voices about this violence were silenced. This was evidenced by the lack of statistics about violent incidents; the neglect of this issue in recovery and reconstruction operations; and inadequate responses to women by legal, community and health professionals. This research found that women's right to live free from violence was conditional upon the level of suffering men faced post-disaster (Parkinson, 2015).

Gendered decision-making

A common view of gendered responses to crises, reinforced by the media, is that men typically defend their property and family while women either hide or flee (Enarson, 2006; Eriksen, 2013; Tyler & Fairbrother, 2013a; Tyler & Fairbrother, 2013b). Terminology used by the media reinforces gender stereotyping, with women understood to be 'passively sheltering' and men 'defending' in disaster situations (Tyler & Fairbrother, 2013a; Tyler, 2013). These socially constructed roles lead to a difference in risk perceptions between men and women, resulting in different reactions and decisions about whether to stay and defend, or to evacuate (Parkinson & Zara, 2013). Perception of risk has been linked to care responsibilities, rather than gender (Bateman & Edwards, 2002).

Research has found that the percentage of women and men who stay to defend their properties during a fire are not as different as commonly perceived. In 2009, 62% of men and 42% of women defended their property (Whittaker, Haynes, Handmer & McLennan, 2013). Similarly, a sample of 2014 responses from bushfires in New South Wales and California indicated that 18% of women and 26% of men fought the fires from their properties (Eriksen, 2014). In the aftermath of Victorian bushfires in 2014, Fire Services Commissioner Craig Lapsley criticised the tendency of men towards a "macho protector" mindset, citing that a "TAC-style campaign" was needed to challenge this, to protect men and boys from harm (Dow, 2014).

Unhelpfully, bushfire training is targeted at men and does not provide the necessary arrangements to allow women with children to attend (Eriksen, 2014). This results in women either being left alone to find help or fighting fires without training. In this case, women are necessarily reliant on men and their assessment of the risks during the crisis, regardless of whether men have the necessary knowledge or capacity (Eriksen, 2014). Incorrect assessments of risk have left women to evacuate with dependent children in situations of high risk. Tellingly, a woman who survived Black Saturday said that her partner was "my fire plan", and that she increased the risk to herself by refusing the help of others while waiting for him (Parkinson & Zara, 2013). As a consequence, the majority of male deaths in Australian bushfires were due to their defending of property, whereas the majority of female deaths were due to late evacuation (Haynes et al., 2008). There were 173 deaths in Black Saturday, 73 women (42%) and 100 men (58%).



Men in disaster

The pressures associated with hegemonic and toxic masculinity are as socially and psychologically damaging for men as for women (Zara, Weiss & Parkinson, 2013). Men are often either unaware of disaster recovery services, reluctant to use them, or assume that these services are only available for women (Department of Health, 2010, cited in Zara, Weiss & Parkinson, 2013). This is especially problematic in accounting for the mental and physical health of men post-disaster, particularly men living in rural and remote areas, as men's health is generally poorer in these areas than in major cities (Department of Health, 2010, cited in Zara, Weiss & Parkinson, 2013).

LGBTIQA+ and EM

There is limited research on sexual and gender minorities (lesbian, gay, bisexual, trans, intersex, queer and non-binary - LGBTIQA+ - people) in the context of disaster and emergency management. What exists illustrates the vulnerabilities and needs, as well as the resilience, of LGBTIQA+ people. Although reflective of different 'laws, politics and social mores' in different contexts, LGBTIQA+ people nevertheless often face marginalisation and discrimination in current-day Australia (Flood & Hamilton, 2007, cited in Gorman-Murray, et al., 2016a, p.2). Emergency management policy neglect of LGBTIQA+ people (Dominey-Howes et al., 2016), along with the omission of LGBTIQA+ experiences and needs from mainstream media reporting on disaster impacts (McKinnon, 2016; McKinnon et al., 2016a) exacerbates this.

A study of disasters in various settings indicates that the impact of disaster "unmakes" LGBTIQA+ home and belonging leading to 'queer domicide' (Gorman-Murray et al., 2014a, p. 238). Disaster impacts are heightened for LGBTIQA+ people, as the destruction of home is the destruction of the safe place away from judgement (McKinnon et al., 2016b). The usual procedures to secure residences and rehouse those affected by disaster are accompanied by additional privacy concerns and risk or experience of discrimination. The loss of community and infrastructure places a much heavier burden on people who may be marginalised and excluded in the everyday. The space of evacuation centres, for example, may be experienced as a space of risk by same-sex couples who fear homophobic responses from personnel or other evacuees (Gorman-Murray et al., 2014a, 2016a). The lack of privacy in these centres, particularly in bathroom facilities divided only into a male/female binary, is often highly problematic for transgender individuals (Gorman-Murray et al., 2014b). Research participants reported exacerbated anxiety after the 2011 Queensland floods resulting from having to hide their sexual or gender identity from emergency management workers and volunteers, or stay with people who were not accepting of them (Gorman-Murray et al., 2016a, 2016b).

In New Orleans, after Hurricane Katrina in 2005, the official definition of 'family' precluded same-sex couples, leading to lower levels of access to support and to some couples being separated and settled in different cities (Caldwell, 2006; Leap et al., 2007 cited in Dominey-Howes et al., 2014). Priority to 'families' defined as heterosexual couples with children resulted in a concentration of recovery resources towards middle-class suburbs, and a diminished focus on neighbourhoods more likely to house marginal groups, LGBTIQA+ people, and especially areas with congregations of lesbians, queer women and LGBTIQA+ people of colour, who lacked middle-class cultural capital and financial resources (Richards, 2010; D'Ooge, 2008 cited in Dominey-Howes, et al. 2014).





Disasters are asserted by some in extreme religious groups to be caused by “sinners”. These groups define homosexuality and non-normative gender identity as sinful, and place blame for the disaster on LGBTIQ+ people, particularly gay men: in this view it is punishment from God (Richards, 2010; Dominey-Howes et al., 2014; Gorman-Murray et al., 2016a). Abuse and intimidation can accompany such absurd allegations as noted by a research participant after the 2011 Queensland floods who remembered being told often that the behaviour of gay people had brought this disaster upon the town (Gorman-Murray et al., 2016a). Such religious-based perspectives undermine the rights of LGBTIQ+ people to equitable access to disaster, recovery and reconstruction assistance, particularly as state governments may – and have – outsourced these services to faith-based Christian organisations that have some exemptions from anti-discrimination protections under Commonwealth and State laws (Dominey-Howes et al., 2016).

The research that does exist on LGBTIQ+ communities and disaster confirms that resilience developed over a lifetime of discrimination and marginalisation offers a model for the broader community in networking and support (Gorman-Murray et al., 2016a, 2016b; McKinnon et al., 2016b). Dominey-Howes et al. (2016) recommend that representatives of LGBTIQ+ organisations be included in emergency management consultations, noting that this fits with the ethos of the National Strategy for Disaster Resilience. It is important to acknowledge the diversity within LGBTIQ+ populations and the way differences in class, race, ethnicity, etc. (or intersectionality) affect experiences and consequences of disaster (Dominey-Howes et al., 2014; Gorman-Murray et al., 2014b, 2016b; McKinnon et al., 2016b). As stated in the recently developed National Principles for Disaster Recovery, understanding the context of specific communities and the associated risks is important in acknowledging existing capacity and providing support those who are vulnerable (CDSMAC, 2016). It is clear that more research is needed to fill the gap in knowledge, policy and practice on sexual and gender minorities in the context of emergency management (Dominey-Howes et al., 2014). Equally, it is important that the GEM guidelines are inclusive of LGBTIQ+ people (cf. Gaillard et al., forthcoming).

Post- Disaster Vulnerability

The psychological trauma of a crisis can continue after the immediate danger has passed. The grief of the community for the widespread loss is compounded with the stresses of trying to return to stability. This includes the effects of physical injuries, lack of employment or lack of understanding by employers, financial difficulty, difficulty to access benefits and fighting insurance claims. Men’s and women’s reactions to these circumstances differed. Men’s coping mechanisms were to complete physical tasks reinforcing the ‘protector and provider’ stereotype. Men focused on retrieving bodies, rebuilding fences and walls, and enclosing and feeding livestock. Men spoke of the pressure for men to recover quickly, and keep working without speaking of their trauma. The image of not coping was censured with the media’s focus on ‘heroes’ and communities that supported each other ‘in the true Australian spirit’. This led to men being reluctant to seek help. It was also common for men to self-medicate in ways that were harmful to themselves and others, including the use of drugs or alcohol (Zara, Weiss & Parkinson, 2013). Such coping mechanism isolated them from support services and social networks.

Women were expected to take responsibility of caring for and supporting their partners and families. This included emotionally supporting their partners who weren’t coping, returning the kids to a normal routine despite closures to services like child care, working to help the family survive financially, and rebuilding the community while also supporting traumatised men. This occurs alongside interruptions to services such as schools, retail centres, childcare, roads and transport (Anderson, 2009; Peek & Fothergill, 2009; Lovekamp,





2008). As a consequence, the informal social networks that women rely upon are disturbed/interrupted when they are also surviving trauma. These lasting effects can leave long-term legacies in affected communities (CDSMAC, 2016).

If men or women feel that they cannot keep up with the expectations upon them, communities experience greater substance abuse, mental health problems and suicides, relationship breakdown, and violence.

Violence

Australian research has indicated that domestic violence increased following the 2009 bushfires, and further, that women's voices were effectively silenced (Parkinson, in press; Parkinson & Zara, 2013). This was evidenced by the failure to collect statistics about violent incidents, or to properly characterise incidents as domestic violence, the tendency to neglect the issue in recovery and reconstruction operations, and inadequate responses to women seeking help by legal, community and health professionals. After a disaster, women's right to live free from violence is compromised. Research both domestically and internationally has found strong correlations between disaster aftermath and increases in domestic violence against women, and also with increased alcohol and substance abuse (Braaf, 2012). After disasters, sympathies tend to lie with the 'heroic' men who fought in the fire, leading to an expectation that women will sacrifice their health for their partners and the community.

This expectation meant that response and support professionals, when stretched thinly, tended to overlook indicators of domestic violence, or were reluctant to classify the community heroes as perpetrators (Parkinson, in press; Parkinson, 2015). Women gave accounts of being told to 'give it some time', that 'he's not himself', and that 'things will settle down' by those meant to be supporting them in the emergency services, including trauma counsellors (Parkinson, in press; Parkinson, 2015). This research found that domestic violence workers are not included in recovery, yet case workers are rarely trained in identifying domestic violence or, historically, not reported this as a need of survivors. As a result, women and children do not have or know of the support services available to them. (See also, Our Watch ANROWS & VicHealth, 2015)

Gender mainstreaming

The aim of gender mainstreaming is to assess the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels (UN 1997 cited in Alston, 2006, p. 124). It helps to prioritise policies relating to gender amongst competing objective. It emphasises the inclusion of women in the design and development policies and programs for disaster mitigation, management, and post-disaster response. Part of this process is the inclusion of gender in policy reforms, including creating gendered guidelines.





Elaine Enarson suggests key steps to ensure gender considerations are taken into account in emergency management practice (Enarson 2012; Enarson, Fothergill & Peek, 2007; Enarson & Haworth-Brockman, 2008). These steps include the standard and important practice of collecting sex disaggregated data, including mapping vulnerability and existing capacities of communities. Currently, where disaggregated data is available, it points to the importance of context in understanding impacts. While one group of people may be more vulnerable and severely impacted by a disaster in one country, the same may not be true for another, even for the same type of disaster. For example, in the 1995 Chicago heat waves, poor, elderly men died in disproportionately higher numbers than other groups (Browning et al., 2006). In contrast, in the 2003 heat waves in France, elderly, disabled, and typically lower social class females were most severely impacted (Canoui-Poitaine et al., 2006). Enarson recommended accounting for the social, cultural and economic restrictions on women, which prevent women from engaging fully in disaster decision-making. For example, to allow the full public participation of women, affordable and timely child care must be accessible, transport available and suitable venues. A higher level of attention to inclusivity would mean adopting strategies whereby women's voices can be equally heard. In addition to the increased inclusion of women, the encouragement of active participation by women in decision-making, and giving women the agency to make change is important in realising outcomes (Drolet et al., 2015). Such steps allow for gendered preparedness and risk messaging to be targeted to those most in need.

Sex disaggregated data should include incidence of family violence after disasters and monitor that monetary grants and aid are divided on an equitable basis for men and women. After a disaster, it is important that recovery guidelines and plans recognise the different loss and coping capacities experienced by women and men, and the different strategies they may employ (Enarson, 2012). This includes providing equal focus on gender-appropriate psycho-social support as well as a health and material focus (Kottegoda, 2011). Gender specific support for women and men should be provided and targeted towards reducing post-disaster stress and violence. Shelters and temporary accommodation after disasters must be accessible and designed to meet all needs, including sex specific needs (Enarson, 2012). They should promote an environment for recovery, such as including women's groups or support groups for caregivers, or an increased presence of Family/Domestic Violence Liaison Officers or female police officers.² Organisations should anticipate that there will be staff shortages during disasters. Research has found that, commonly, women were left with all the obligations of caring for their children and partners after disasters (Parkinson & Zara, 2012; Parkinson, in press; Parkinson, 2015). Advanced planning to provide child care, aged care respite and other family support could minimise staff shortages to ensure service continuity. (See also Gender and Disaster Network, 2005; Women's Refugee Commission, 2015; and UNISDR, UNDP & IUCN, 2009.)

² There is mixed evidence for the idea that female police officers respond differently or more empathetically to domestic violence victims (Gover, et al 2011). We would encourage further consideration and research into whether a greater female police presence might make domestic violence victims feels safer, or seem more approachable to women in evacuation shelters who are experiencing domestic violence.





The risk with mainstreaming is that gender considerations and positive action on gender can be diluted amongst other policy considerations (Stratigaki, 2005). The ‘tyranny of the urgent’ in the post-disaster context means gender is likely to be reduced to a lesser priority, resulting in gender being overlooked in emergency response (Kottegoda, 2011). Sometimes mainstreaming can involve significant compromise on policy actions with little gain unless accompanied by specific separate actions (True, 2010). If integrated into existing policy, the risk is that it becomes everyone’s responsibility with no one in charge of implementing and monitoring it. Another observed failure of previous gender mainstreaming attempts has been a lack of monitoring or follow-up (Charlesworth 2005). There have been consistent barriers from commitment to action; the Achilles’ heel of mainstreaming is funding and resources. Primarily, when funds are short – as they usually are – financial allocations considered non-urgent are the first to be discarded. Research by Margaret Alston (2006) has shown that gender mainstreaming on a national and state level in Australia has been used by rural government departments to justify downsizing or defunding women’s policy units. Furthermore, Alston writes that people without any formal gender expertise were put in charge of implementing the gender mainstreaming policy and the gender lens was reduced to merely bullet points to tick off. A lack of political will made gender mainstreaming ineffective (Alston, 2006). It created a policy vacuum where no action was taken or any resources allocated to it (Alston, 2006). Guidelines must be able to identify, engage and deconstruct sexist and discriminatory behaviour.

For this reason, it is important that the gender guidelines remain a stand-alone document to other general guidelines. For true action on gender in disasters, it requires externally mandated steps that are audited by an independent gender expert. Currently, the emergency management guidelines produced by each state either do not mention gender, or it is mentioned in passing.

International context

There is a rich, prolific and evolving literature on gender and disaster internationally. The International Federation of Red Cross (IFRC),³ International Red Cross (IRC), Department for International Development (DFID) and others have produced a wealth of materials relating to gender and disaster and emergency management, for example, see the *Minimum standard commitments to gender and diversity in emergency programming* document (IFRC 2015). These resources predominantly cover gender issues as they are experienced in developing countries (known more recently – and problematically – as the Global South⁴). Consequently, many of the topics covered in the international literature have limited relevance in the Australian disaster context.

³ The IFRC is a network of 190 National Red Cross Red Crescent Societies. It coordinates 17 million volunteers to support disaster prevention, risk reduction and response across the globe.

⁴ For discussions, see <https://thomashyllanderiksen.net/2015/05/04/whats-wrong-with-the-global-north-and-the-global-south/> and https://en.wikipedia.org/wiki/North%E2%80%93South_divide.





An immediate difference is that the mortality outcomes of disasters are different for men and women in Australia than globally. One statistic suggests that women are 14 times more likely to die in disasters than men worldwide (UN Women, 2014) yet in Australia, it appears that men are more likely to die. For example, in bushfires, three times as many men than women died in the 100 years to 2008 (Haynes et al., 2008; Tyler, 2013). In the 50 years leading up to Black Saturday, 40% of deaths from bushfire were female, and the death toll on Black Saturday in 2009 included 42% female deaths (Parkinson, 2015).

In any given place throughout the world, the cultural context and the level of gender equality that exists pre-disaster is a strong predictor of disaster mortality and morbidity rates for women, and how women fare in the aftermath, during recovery and reconstruction. For example, during a famine in Bangladesh, Rivers (1982) cited a father saying, ‘Stop all this rubbish, it is we men who shall have the food, let the children die, we will make new children after the war’ (cited in Phillips & Morrow, 2008, p. 28). Other international examples include female infanticide, ‘honour killings’, forced marriage and child brides. Clearly, this level of gender discrimination is not applicable to the Australian context, nor to the development of national gender and emergency management guidelines.

Equally, much of the international disaster literature includes attention to the gendered implications of issues such as HIV/AIDS, cholera, malaria, sex trafficking, transactional sex, (non-intimate partner) violence in camps and rape-related pregnancies – issues rarely relevant in the Australian disaster context. Practical guidelines on clinical response and psychosocial response frequently address issues of providing services in conditions where language and customs are barriers to effective communication (CDSMAC, 2016), or where food and medical supplies are chronically depleted. In Australia, these problems, and the lack of people to help, are rarely experienced beyond the first hours of a disaster.

Critical themes internationally also focus on determinants of gender-based discrimination, often with easily identifiable and direct links to women’s experiences of disaster. Examples include lack of education for women and girls, their exposure to direct disaster risk, and death through traditional roles, such as collecting food or water in disaster-prone areas), traditional clothing (modesty), and limited mobility (e.g. lack of transport or not allowed to leave home without a man) (CDMP II, 2014; Ajibade et al., 2013; Bolin et al., 1998; Enarson & Dhar Chakrabati, 2009).

Whilst many themes of women’s oppression and disadvantage – such as a lower status than men, stigma and shame in victimisation, traditional responsibility in caring roles, doing ‘double shifts’ (in reference to the unpaid work women commonly undertake domestically, in addition to their usual paid work) and increased workloads post-disaster – are all observable in Australia, they are not experienced to the debilitating degree faced by women in countries with greater disparities in gender equality. Where the literature considers issues such as engaging men, reducing PTSD and gender based violence – all key issues for Australia post-disaster – the context is often not readily transferrable to our society. The strategies and recommendations to be found in the international literature are therefore rarely relevant to this country.





International literature on gender and disaster most commonly refers to war and conflict scenarios (Devries et al., 2013). These tragic situations complicate humanitarian responses, and demand much attention (Ferris, 2015). Similarly, organisations such as the Inter-Agency Standing Committee (IASC), UN Population Fund (UNFPA), UN High Commissioner for Refugees (UNHCR) and the World Health Organisation (WHO) have resources on gender and gender-based violence. However, their value for disaster management in Australia is limited. Exceptions are the more pertinent guidelines provided by the UN in the *2015 Sendai Framework for Disaster Risk Reduction*; the IFRC's *2011 Characteristics of a Safe and Resilient Community*, and particularly the '*Protection from Gender-based Violence in Emergencies: Road Map 2016-2020*', launched originally by the Department for International Development (DFID). Although this document is ostensibly on gender-based violence, it prudently focuses on determinants, which include gender equity measures in disaster situations. It stresses engaging key actors in emergency management and details a Monitoring Framework, complete with key performance indicators (KPI) which could be adapted for the GEM guidelines. One benefit is that, "All levels within the humanitarian architecture promote effective and accountable inter-agency/inter-sectoral GBV leadership and coordination" (Women's Refugee Commission, 2015, p. 36). This approach could effectively extend the initiative of the Gender and Disaster Taskforce in Victoria (Parkinson, Zara & Davies, 2015).

Existing literature on gender and emergency guidelines

There is very little existing literature on gender and emergency guidelines in the Australian context. This topic is at the intersection of several other topics that are poorly researched; the making of emergency guidelines generally (while there is some international research on this topic, an extensive literature search did not reveal any Australian research), and that of gender and emergency management – a field which is gradually growing in scope both internationally and within Australia, but which has not yet produced any literature on the making of guidelines. Few sets of emergency management guidelines in Australia make any mention of gender, and those that provide an in-depth discussion about it are rarer still.






The table below summarises the existence of gender within mainstream emergency management guidelines. It is not intended to be exhaustive, but includes most of the sets of guidelines that respondents to the *All on Board* NEMP Project Survey Monkey survey included as being ones that they used regularly. Guidelines that contain one or more brief or cursory mention of gender are those that do not include enough information for a non-expert reader to act upon the recommendations without further research.

| Gender present? | Author | Title | Year |
|----------------------|---|---|------|
| No mention of gender | Australasian Fire Authority Council | Australasian Inter-service Incident Management System guidelines | 2004 |
| | National Counter-Terrorism Committee | National Counter-Terrorism Plan | 2012 |
| | Council of Australian Governments | National Strategy for Disaster Resilience | 2011 |
| | Department of Health (Victoria) | State Health Emergency Response Plan | 2013 |
| | Emergency Management Victoria | Joint Standard Operating Procedures (JSOPs) | 2014 |
| | Emergency Management Victoria | Emergency Management Manual Victoria | 2015 |
| | Department of Health (Victoria) | Relocation, shelter in place and evacuation | 2013 |
| | Victoria State Emergency Service | Community Emergency Risk Assessment framework | 2014 |
| | Emergency Management Victoria | Emergency Management Act 2013 | 2013 |
| | Emergency Management Victoria | Victorian Action Plan Influenza Pandemic | 2015 |
| | | The PPRR approach | |
| | Victorian Government | Victorian Emergency Management Reform White Paper | 2012 |
| | ACT Department of Disability, Housing and Community Services | ACT Community Recovery Plan | 2007 |
| | NSW Government | NSW Recovery Plan | 2014 |
| | Northern Territory Government | Northern Territory Emergency Management Recovery Plan | 2014 |
| | Queensland Government | Queensland Recovery Guidelines | 2011 |
| | Western Australia | Interim State Emergency Management Plan | 2014 |
| | Community and Disability Services Ministers' Advisory Council | National Principles for Disaster Recovery | 2009 |
| | Emergency Management Australia | National Emergency Risk Assessment Guidelines | 2010 |
| | Emergency Management Victoria | State Emergency Relief and Recovery Plan | 2015 |
| | Attorney-General's Department | Australian Emergency Management Handbook Series – Handbooks 4, 5, 7-9 | 2014 |
| | Department of Health and Ageing (national) | National Health Emergency Response Arrangements | 2011 |





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|--------------------------------------|---|---|------|
| | Australian Health Protection Principal Committee | AUSTRAMPLAN: Domestic Response Plan for Mass Casualty Incidents of National Consequence | 2011 |
| | Department of Families, Housing, Community Services and Indigenous Affairs (national) | Spontaneous Volunteer Management Resource Kit | 2010 |
| Brief/cursory mention(s) of gender | Council of Australian Governments | National Strategy for Disaster Resilience: A Companion Booklet | 2011 |
| | Department of Health and Human Services (Victoria) | Emergency Preparedness Clients and Services Policy – Health and Aged Care Sector | 2015 |
| | Department of Human Services (Victoria) | Emergency Relief Handbook: A planning guide | 2013 |
| | Emergency Management Victoria | Victorian Emergency Management Strategic Action Plan 2015-18 | 2015 |
| | City of Whitehorse | Municipal Emergency Management Plan | 2014 |
| | Government of South Australia | State Emergency Management Plan | 2015 |
| | Tasmania State Emergency Service | Tasmanian Emergency Management Plan | 2013 |
| | Attorney-General's Department | Australian Emergency Management Handbook Series – Handbooks 1, 6 | 2011 |
| | State of Victoria | Psychosocial support: A framework for emergencies | 2014 |
| In-depth/useful discussion of gender | Red Cross | Characteristics of a Safe and Resilient Community | 2011 |
| | United Nations | Sendai Framework for Disaster Risk Reduction 2015-2030 | 2015 |
| | DFID | Gender-based Violence in Emergencies: Road Map 2016-2020 | 2015 |
| | Municipal Association of Victoria | Gender and Emergency Management Strategy | |
| | Attorney-General's Department | Australian Emergency Management Handbook Series – Handbook 2 | |
| | Macedon Ranges Shire Council | Prevention of Violence Against Women in Emergencies Action Plan | 2015 |




The table above demonstrates that the significant majority (24) of guidelines mentioned by the survey respondents did not include any mention of gender whatsoever, and a minority (9) mentioned gender without including enough detail to be useful. A smaller minority (5) included a helpful amount of information. It should be noted that of this last group, two were international.

The first of the five documents containing useful information about gender and disaster is the Red Cross' *Characteristics of a Safe and Resilient Community* (Red Cross, 2012). As this is an international document, much of the content is aimed towards developing countries and is therefore not very applicable to the Australian context. However, it does offer some useful tips – most notably, to always collect gender disaggregated data, particularly in the context of observing who turns up to public meetings and/or workshops about community resilience. It subsequently proposes an exercise in which attendees to such meetings are divided into separate groups for women and men,⁵ and asked to answer a series of questions about what constitutes a community and what the impacts of disaster-related stresses are on their community. The next step is to ask the groups to identify the three most important shock or stress factors, and then to compare whether the top priorities are different for women and men. This exercise could easily be repeated in the Australian context to identify and draw attention to the different relationships of women and men to disaster within communities.

The second document, the *Sendai Framework for Disaster Risk Reduction* (UNISDR, 2015), is also international, and being a UN agreement, is very broad. Nonetheless, it includes some helpful reminders about the importance of including gender in emergency management and could usefully be used as an overarching set of guidelines. It points out that women, children, and other vulnerable people are disproportionately affected by disasters. In its guiding principles, it states that “a gender, age, disability and cultural perspective should be integrated in all policies and practices, and women and youth leadership should be promoted” (p.13). As part of its *Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction*, it states that: “empowering women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches is key” (p.21), and points out that early warning systems and disaster communications systems must be developed with consideration for gender differences. In *Priority 4, part V: Role of stakeholders*, it states: “women and their participation are critical to effectively managing disaster risk and designing, resourcing and implementing gender-sensitive disaster risk reduction policies, plans and programmes; and adequate capacity building measures need to be taken to empower women for preparedness as well as to build their capacity to secure alternate means of livelihood in post-disaster situations” (p.23). This need for capacity building is also recognised in the *National Principles for Disaster Management* (CDSMAC, 2016).

The third document, the *MAV Gender and Emergency Management Strategy*, is an exemplary piece. It includes a great deal of relevant information, usefully presented, which organisations can use to incorporate gender considerations into their emergency management policy, planning, decision-making, and service delivery. Although the document is aimed at local government, organisations of all kinds will find it useful.

⁵ Whilst this exercise is a useful way to decipher the differences between the experiences of women and men, further attention to, and acknowledgement of, the experiences of those with non-binary (LGBTIQ+) gender identities is required.




Because of the relatively small amount of research that has been conducted on gender and disaster, there is a large amount of crossover between the information presented here and in other sources, such as this literature review. What the MAV Strategy adds to this information is a concrete set of activities/steps to implementing a gender and EM strategy. These activities are as follows: engaging with council representatives, analysing current inclusion of gender in EM, analysing available data on gender differences that might affect EM, identifying target areas of council business, developing approaches to assure gender strategies are sustained, and conducting periodic evaluation (greater detail is provided in the document itself, accessible at <http://www.mav.asn.au/policy-services/emergency-management/Pages/gender-emergency-management.aspx>).

The fourth document, the Attorney-General's Department and Australian Institute for Disaster Resilience's *Community Recovery Handbook*, has only a very small amount of information about gender differences, but was included in this category because there is still enough of it to be useful. It suggests the need to create specific types of social recovery activities for women and men, for example, 'men's sheds' to encourage talking about issues and seeking help, and support/sharing groups and networks for women.

The final document, Macedon Ranges Shire Council's *Prevention of Violence Against Women in Emergencies Action Plan 2016-17*, is also a commendable work. Like the MAV Strategy, it contains much useful information about gender and disasters which shows considerable overlap with other work on this topic. Also like the MAV Strategy, it additionally offers a detailed, step-by-step breakdown of activities that can be used to consider gender in EM before, during, and after an emergency.

Guidelines evaluations

Given that not many sets of guidelines exist that take into account gender and emergency management, useful evaluations of them also do not exist. Of all of the five documents summarised above, evaluations do not appear to have been carried out (although the MAV Strategy and the Macedon Ranges Shire Council's Action Plan recommend evaluation as part of the activities they describe, and the Sendai Framework, instead of being evaluated itself, is designed to be a set of standards against which evaluation can take place). Although the Australian government does evaluate emergency management, as stated in the *Report on Government Services 2016, Volume D: Emergency Management* (Productivity Commission, 2016), this evaluation does not include any information about the inclusion of gender in emergency management. However, the method used can be drawn upon as a pattern for how evaluation of gender and emergency guidelines could be undertaken. This evaluation uses a framework of performance indicators applied consistently across the sector: five key objectives of emergency management (prevention/mitigation, preparedness, response, recovery and resilience); three sector-wide indicators (community preparedness for emergency events, total asset loss from emergency events, and deaths from emergency events); and information from the service-specific performance indicator frameworks that relate to emergency services, which provide comprehensive information on the equity, effectiveness and efficiency of these services.



The UNHCR evaluation of its implementation of three of its protection strategies can also be used as a guide to how to evaluate guidelines. They asked three overarching questions about quality: “In their current form, are the three strategies effective, relevant, and coherent, and do they enhance efficiency, consistency and coordination, in UNHCR operations?”, implementation: “Have the strategies been appropriately chosen and sufficiently supported to enable their absorption in the countries that were chosen as priority countries?”, and results: “What have been the impacts of strategies on the lives of refugees and displaced persons in the priority countries and on the 31 country operations and on UNHCR at a corporate level?” (UNHCR, 2015, p.9). Each overarching question is followed by a series of sub-questions. The evaluation itself used a mixed methods approach to answer the questions and ensure that diverse groups were consulted.


How to effectively implement GEM guidelines

There is currently a lack of peer reviewed literature regarding the effective implementation of guidelines or their evaluation. Unless there is a way to ensure that guidelines are followed, they cannot be effective. There are two principal ways to ensure that guidelines are followed: firstly, to mandate them, for example by making adherence to them a prerequisite for funding. This mirrors, for example, mandated reporting of child sexual abuse, and mandated quotas for employing women, as have been recently introduced in the SA and NT police forces, which are now recruiting equal numbers of women and men. The guidelines could be fully mandated or only in part. Secondly, guidelines may be effectively implemented by mandating a quality assurance process, as is the case for product and food safety standards. This would mean that organisations would be required to follow an internal quality assurance process, which would then need to be externally audited by a gender specialist. See Appendix 2 for examples of gender specialists.

Compliance with procedural guidelines by chief officers in fire and emergency services is critical (Eburn & Dovers, 2014). Eburn and Dovers’ research also finds that specificity is more effective than broad overarching guidelines that rely on the initiatives of the others. The likelihood of consideration of gender is therefore greatly enhanced by the inclusion of gender in specific guidelines.

Conclusion

Gender is a significant factor in considering people’s behaviour in disaster preparation, response, recovery and reconstruction. Currently, the emergency management guidelines produced by each state either do not mention gender, or it is mentioned only in passing. Understanding pre-existing gender roles in specific social and cultural contexts is important to ascertaining the determinants of risk and mortality in the event of disaster. In order to adequately address issues of gender in EM – specifically the unique disadvantages faced by women – the inclusion of gender-specific guidelines is crucial. Social, cultural and economic restrictions on women that prevent them from effectively engaging with disaster decision-making (Enarson, 2012) must also be established. Historically, this has rarely been acknowledged by the male-dominated leadership within emergency service organisations. This must be challenged in order to address and improve the disproportionate impacts of disaster on women.



In Australia, there is very little existing literature on gender and emergency guidelines in the Australian context, and limited research on the making of emergency guidelines generally. Most existing emergency management guidelines in Australia make either no mention, or brief or cursory mentions of gender, and in-depth discussions are rare. In this literature review, it is determined that of the existing literature and international guidelines, the most useful information and models are to be found in the following documents:


- Macedon Ranges Shire Council’s Prevention of Violence Against Women in Emergencies Action Plan (2015)
- ‘Protection from Gender-based Violence in Emergencies: Road Map 2016-2020’ by DFID, specifically for its focus on determinants including gender equity measures in disaster situations, emphasis on engaging key actors in emergency management, and its Monitoring Framework;
- The 2015 Sendai Framework for Disaster Risk Reduction;
- The MAV Gender and Emergency Management Strategy;
- IFRC’s 2011 Characteristics of a Safe and Resilient Community;
- The Attorney-General’s Department’s Community Recovery Handbook.


Although these documents do offer useful insights, the majority of existing international research, and resulting strategies and recommendations regarding gender and EM are often not, or only marginally, applicable to Australia’s unique environmental and cultural conditions. Themes of gendered oppression and disadvantage such as women’s increased workloads and heightened responsibility for caring; behavioural pressures on men and women from gendered social expectations; and lack of awareness of, and accommodation for, the needs of LGBTIQ+ people in EM are present in Australia as in other regions of the world. However, the effects and consequences often play out differently, and therefore Australia requires specific gender and emergency management guidelines. In addition, more and better evaluation of existing guidelines is required in order to ensure that they are properly implemented, adhered to, and effective.




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Appendices

Appendix 1

Municipal EM Plans/ Local Government Emergency Management Handbook

IFRC

Vic EM Reform White Paper

National Strategy for Disaster Resilience

Sendai Framework 2015-2030

Guidance from DRR and CCA technical experts

NWMMR Emergency Relief Centre Guidelines

Business recovery plans

Emergency Management Act Health & Human Services Regional Operation Manual

AIIMS (Australasian Inter-agency Incident Management System)

Health & Human Services Critical Incident Support Clinician

National Counter-Terrorism Plan and supporting FOUO guidelines and materials

Victoria Police use the Emergency Management Manual VIC; Victoria Police Manual on Emergency Management (multiple volumes); and Victoria Police Emergencies Handbook.

Evacuation guidelines Victorian action plan for pandemic influenza

State emergency response plan

Emergency relief handbook 2013

State health emergency response plan (SHERP)

Relocation, shelter in place and evacuation

State relief and recovery arrangements

Emergency preparedness clients and services policy

SES CERA Process

PPRR model

CFA also has a 5 year strategy of working towards resilience. EMV also have a number of plans that also can be used. This includes the bushfire plan.



Appendix 2 – Gender specialists

1. Gender and Disaster Australia (*Formerly the Gender and Disaster Pod - WHIN and WHGNE*)
2. Centre for Ethical Leadership
3. Our Watch- PVAW intersection
4. Women’s Health Victoria- gender analysis
5. Workplace Gender Equality Agency- equality of women within workplaces
6. The GLASS Research Unit- Monash University <http://www.med.monash.edu.au/glass/glass-researchers.pdf> and <http://www.med.monash.edu.au/glass/people.html>
7. Check annually for compliance with gender equity policies / initiatives from government jurisdictions at various levels, e.g. State Government gender equality strategy (in development in Victoria) and Local Government gender equity strategies such as the Municipal Association of Victoria (<http://www.mav.asn.au/policy-services/emergency-management/Pages/gender-emergency-management.aspx>).
8. International reviews, e.g. Gender and Disaster Network- expert comment- eg: Elaine Enarson, Maureen Fordham.
9. Equal opportunity commission and HREOC.

Acknowledgment of the original project partners.



Gender & Disaster Pod
An initiative of WHGNE, WHIN & MUDRI



MONASH University
Injury Research Institute



**WOMEN'S HEALTH
IN THE NORTH**
voice • choice • power



**WOMEN'S HEALTH
GOULBURN NORTH EAST**
Challenging inequity, embracing diversity.



An Australian Government Initiative



Two (2) Addenda are included on the following pages.

These were developed following acceptance of the national GEM Guidelines at the conclusion of the 'All on Board' program (funded by the Commonwealth Government), and are provided for your additional information.

The GEM Guidelines will undergo a comprehensive update in 2024.



Infant and young child feeding in emergencies

Literature review by Assoc. Professor Karleen Gribble

Infant and young child feeding encompasses the breastfeeding, infant formula feeding, and complementary feeding of children from six months to two years of age. The recommended feeding practices in Australia are that infants be fed only breastmilk from within one hour of birth until around six months of age, after which they continue to be breastfed with the addition of complementary foods into their second year. Where infants are not breastfed, it is recommended that they be fed a commercial infant formula that has been properly and hygienically prepared until a year of age (NHMRC 2013). More than 90% of women initiate breastfeeding in Australia, however, only 15% exclusively breastfed to five months, and while 60% of infants are receiving some breastmilk at six months of age, 80% of infants are fed infant formula at some time in their first year (Australian Institute for Health and Welfare 2011). It is recognised that mothers require skilled support and supportive environments to enable them to breastfeed (Smith, Cattaneo et al. 2018). It is also recognised that formula feeding with an acceptable level of safety requires require substantial resources.

Women's rights in relation to infant feeding

In relation to breastfeeding, women's rights have been codified in the UN Convention on the Elimination of All Forms of Discrimination against Women (UN 1981), the World Health Assembly International Code of Marketing of Breast-milk Substitutes (World Health Organization 1981), the UN Convention on the Right of the Child (United Nations Office of the High Commissioner 1990), and the International Labour Organization Maternity Protection Convention (Organization 2000).

Women's rights in relation to breastfeeding have been summarised as:

- the right to appropriate prenatal and postnatal care from health professionals who are knowledgeable about and supportive of breastfeeding;
- the right to education on the importance of breastfeeding, the risks of not breastfeeding and the practice of breastfeeding;
- the right to family and community support in breastfeeding; and
- the right to protection from misinformation on infant feeding and from other factors that can hinder or constrain breastfeeding (Latham 1997, Unicef 1998, WABA 1998, Labbok 2006)

These rights apply to all women in all situations and locations, however they have particular pertinence in emergencies. This is because mothers and infants are vulnerable groups that are disproportionately adversely affected by emergencies and the negative ramifications of breaching these rights are enhanced in emergency conditions (Al Gasseer et al., 2004).



Although formula feeding and complementary feeding can be carried out by individuals other than mothers, infant care remains largely a female occupation in Australia (Hosking, Whitehouse et al. 2010). Therefore challenges associated with these practices in emergencies predominantly fall on women and support for formula feeding and complementary feeding is a gendered issue.

Why women require infant feeding support

Large-scale emergencies in developed and developing countries have seen infants and young children experience increased morbidity, and mortality (Yip and Sharp 1993, Murray, Kilborn et al. 2009, Creek, Kim et al. 2010, Hipgrave, Assefa et al. 2012). As was quantified during the 2011 Brisbane flooding and Cyclone Yasi emergencies, Australia is not immune to these risks. Increased rates of illness, including gastrointestinal infections, as well as hospitalisations connected to infant feeding problems, were recorded in these emergencies (Newby 2012). The hot weather commonly associated with Australian emergencies, in particular bushfire and cyclone, increases the risks posed to the very young.

In emergencies, breastfeeding women are in a position of relative strength as they are able to provide their infants with a safe supply of food and water as well as the anti-infective factors in human milk (Gribble 2011). Yet they still require support in order to enable them to continue breastfeeding (Gribble, McGrath et al. 2011, Gribble 2014). Mothers and caregivers who are dependent on infant formula are in a more vulnerable position. Resources necessary for formula feeding such as infant formula, clean water, electricity or gas for heating water, hygienic food preparation environments and health care may be difficult or impossible to access in an emergency (Gribble and Berry 2011). Furthermore, formula fed infants lack the external immune support provided by breastmilk, while aspects of the immune system of young infants can be compromised by the feeding of infant formula (Gribble 2011). That the most disadvantaged women are those most likely to formula feed and the least likely to be able to access to resources in emergencies, enhances this risk (Australian Institute for Health and Welfare 2011). Outcomes of this lack of resourcing were evident in Christchurch, New Zealand after the 2011 earthquake when some caregivers used unboiled, sewage contaminated, mains water to reconstitute infant formula likely because they did not have a stove (Dell and Williams 2011). Similar widespread lack of access to clean mains water, power and gas was seen in the 2019-2020 Back Summer bushfires. Supporting formula feeding in emergencies can be very challenging (Gribble 2014, DeYoung, Chase et al. 2018, Gribble and Fernandes 2018).

Planning and guidance on infant and young child feeding in emergencies

World Health Assembly resolutions and the Australian National Breastfeeding Strategy state that infants and young children in emergencies planning should be implemented by Australian governments (Sixty-Third World Health Assembly 2010, Seventy-First World Health Assembly 2018, COAG Health Council 2019). However, an audit of Australian emergency plans and guidance revealed a dearth of planning at all levels of government for the needs of infants and young children (Gribble, Peterson et al. 2019). Where plans contained content related to infant feeding, they were found to lack detail, lack important elements or evidence were shown not to be followed. No government or emergency services agency had designated responsibility for infant and young child feeding or children in general. Information on emergency kits for babies was also lacking meaning that parents are not being supported to be prepared themselves (Gribble, Peterson et al. 2019).





Guidance exists to enable governments, aid organisations and individuals to support mothers and caregivers in the feeding of their babies in the form of the Operational Guidance on Infant and Young Child Feeding in Emergencies (OG- IFE) (IFE Core Group 2017). The OG-IFE is endorsed by the World Health Assembly and requires that policies on infant and young child feeding be developed, that emergency relief and management staff be trained on these policies, and that interventions be planned and implemented to support breastfed, formula fed and complementary fed children (IFE Core Group 2017). Action is urgently needed to adapt and implement the OG-IFE in the Australian context in order to protect the rights and wellbeing of women and children.





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A gendered approach to Evacuation and Relief Centres

Introduction

There is a lack of existing literature on gender and Emergency Relief Centres (ERCs) in the Australian context, which reflects the broader lack of research on the relevance of gender for the emergency management sector. Chapter 12 of the Royal Commission into National Natural Disaster Arrangements (2021) provides information on ‘sheltering facilities’, noting at 12.50 that:

‘... These centres are intended to house people who are unable to seek accommodation elsewhere and provide basic amenities ... They are intended as places of last resort when a person’s bushfire plan is no longer viable. [1289] Locations used as safer places are often open-air spaces, such as parks or sports fields, but may also include community buildings such as halls.’


Prior to this, one resource available was the Australian Institute of Disaster Resilience’s ‘Evacuation Planning Handbook’ (AIDR, 2017). However, this was broader than consideration of ERCs and makes only a brief mention of gender (citing the Gender and Emergency Management (GEM) Guidelines).

The development of the National GEM Guidelines (Parkinson, et al, 2015) was led by the Gender and Disaster (GAD) Pod and funded by National Emergency Management Projects through the Federal Government. This initiative sought to address the growing interest in the impact of gender on emergency management and the recognised need for gender to be incorporated into national guidelines. A first draft was collaboratively written in 2015 with 150 Victorian emergency management personnel. This was followed in 2016 with input from over 350 emergency management personnel covering every state and territory in Australia. In addition to the GEM Guidelines, the project produced a companion checklist and a literature review. These original and still highly relevant documents are available on the [Australian Institute for Disaster Resilience’s Knowledge Hub](#). This literature review underpins the new section on ERCs which is now appended to the national GEM Guidelines.

The context of ERCs in Australia in 2022

This literature review is premised on an understanding that work is underway, led by the Australian Institute for Disaster Resilience (AIDR), for nationally consistent terminology and definitions relating to ERCs. Currently, the nomenclature is contested, with different understandings in different states and territories.

Consistency is required in communication both within the emergency sectors across Australia as well as outwards to the public and affected communities. For the purposes of simplicity, we will refer to Emergency Relief Centres (ERCs) throughout this paper, recognising such centres may provide ‘immediate shelter’ for up to 18 hours where only basic human needs should be met; or ‘temporary shelter’ from 18 hours to 3 weeks, where both basic and secondary human needs are to be met, such as bedding, psychosocial support, child-friendly spaces and transport.



The Royal Commission into National Natural Disaster Arrangement (2021) and other recent documents note the difficulties in establishing ERCs where demand for shelter may be high, venues may not have adequate functionality, staff may be untrained, power may be unreliable, and communications may be interrupted or unavailable. COVID-19 presents further challenges. AIDR notes these complexities and the compounding nature of evacuation whilst managing COVID-19. This will be a key consideration in the updated (forthcoming) Evacuation Planning Handbook. The Australian Red Cross has also developed useful, adaptable, and timely material for adoption.

Despite the multiple complexities and pressures inherent in ERCs, the need for such centers to offer support for ‘vulnerable’ groups of people has been identified, and this includes guidance and training for staff. Examples include improving intake procedures to avoid pressure on people to provide details more than once; recognising gay families equally; and respecting other cultures. Further considerations are outlined in this document.

The Gender and Disaster Australia Guidelines and Checklist offers a valuable resource to organisations tasked to establish and run ERCs. They should be read in conjunction with the broader GEM Guidelines (Parkinson, et al, 2015).

International literature


A wealth of information and resources exist internationally. However, these are focused on disaster management in developing countries where the risks and vulnerabilities are often vastly different from those experienced by evacuees accessing emergency shelter in Australia.

In countries like Australia, serious abuse including sexual assault occurred at evacuation centres (Aryanti & Muhlis, 2020; National Sexual Violence Resource Centre, 2021). In a report by the National Sexual Violence Resource Centre (2021) an online survey reported that almost a third of reported sexual assault during Hurricane Katrina occurred within the Superdome shelter and other evacuation locations. This was similar to experiences in Indonesia, Haiti and various other countries, where undivided spaces, overcrowded, and unsafe conditions in evacuation centres increased the risk of gender-based violence after disasters (Aryanti & Muhlis, 2020).

It appears that only one article from the United States following Hurricane Katrina provides guidelines and recommendations on how to reduce the risk of sexual harm in evacuation and relief centres (National Sexual Violence Resource Centre and Louisiana Foundation Against Sexual Assault, 2012). This resource, however, cannot readily be applied to the Australian context as it is more targeted to an urban context and does not explicitly have a gender lens. The format does not allow for ease of use in practical ways, and it does not consider the needs of people of diverse gender and sexual identities.

Australian literature

Relevant resources from the Australian Red Cross include ‘Preferred Sheltering Practices for Emergency Sheltering in Australia’ and ‘Queensland Evacuation Centre Planning Toolkit’. Both outline general steps toward establishing evacuation and relief centres in the Australian context, but do not consider the varying risks, needs and strengths for women, men and people of diverse sexual and gender identities (Australian Red Cross, 2015; 2017).



Public evacuation centres are often selected and fitted out for a ‘generic user’. But generic stands for an ungendered user who is by default male. This necessarily marginalizes if not ignores women and gender diverse people’s particular and complex experiences of lack of safety in public spaces and the high prevalence of gender-based violence and harassment (XYX Lab, 2020 & Women’s Health East, 2020; Metropolis, 2018). There is an urgent need to ensure that the rights, safety, and dignity of all evacuees is maintained (Braaf, 2012). Knowing that rates of family violence increase after a disaster (Parkinson & Zara, 2013; Parkinson, 2019), attention must be paid to women who have Intervention Orders for themselves or their children (Parkinson, et al, 2015).

Deeply ingrained norms and values about the role of women in society, and persistent gender biases in the distribution of power and resources, mean that public spaces have historically not been designed to accommodate women and gender-diverse people (Parkinson & Zara, 2013; Women's Health East, 2020). These biases and structural inequalities continue to influence the way public spaces are designed and accessed. However, ‘Change the Story’, the national framework for the prevention of violence against women and their children, identifies public spaces as a critical setting for the prevention of gender-based violence (Our Watch, 2015).

In the Gender and Disaster *Pod’s Identifying the experiences and needs of LGBTIQ+ communities before, during and after emergencies* (Parkinson, et al, 2018), 1 in 4 emergency management respondents agreed with the statement that LGBTIQ+ people are at a higher risk of violence in evacuation and relief centres during a disaster. Despite the sense of urgency created by impending disaster, it is vital that ERCs be safe for those taking refuge there. The GEM Guidelines (Parkinson, et al, 2015) include a specific checkbox on facility design under the heading, ‘Public evacuation /relief venues’ asking:


Have the particular needs of women, men, and everyone of diverse gender and sexual identities, including LGBTIQ+ people been considered? (Consider facilities such as bathrooms, toilets and showers marked M, F, and X to reduce fears and vulnerabilities).

[PLEASE NOTE that terminology has changed since this 2015 document. Refer to checklist for recommended terms in 2023.]

Perhaps more importantly, the GEM Guidelines (2015) ask emergency planners and managers to include women and people of diverse gender and sexual identities at each stage of emergency management, and to include representatives from specialist services along with written materials for marginalized or at-risk groups.

The City of Whittlesea developed useful ‘Gender in Design Guidelines’ (2017) that are applicable in a range of settings. Although they do not explicitly name public spaces for evacuation and relief centres, the inclusive design principles can be applied to both these settings. These include adequate lighting and clear signage, ensuring free movement for a range of transport modes, and making baby change facilities accessible by people of all genders by locating them in unisex toilets (Parkinson, et al, 2015; City of Whittlesea, 2017, Women’s Health East, 2020).

Somewhat problematically, the ‘Gender in Design Guidelines’ (City of Whittlesea, 2017) also recommend ensuring **all** stand-alone toilet facilities are unisex to facilitate safe use by all users. Stand-alone toilets may be rare in the kinds of community centres used as ERCs, such as sporting arenas, community halls, etc. Where



toilets are in groups, having them all unisex is not a safe option for women who have violent ex-partners who may be at the same ERC, or for women with previous experience of violent partners or strangers. It is vital that some toilets be designated for women, some for men, some for all genders – M, F and X as in the GEM Guidelines (Parkinson, et al, 2015). This will promote safety for women, men and people of diverse gender and sexual identity. It also complies with legislation under the Sex Discrimination Act (Parliament of Australia, 2013) that makes it unlawful to discriminate against someone because of their gender identity, including when accessing bathrooms (Australian Human Rights Commission, 2019). Trans Hub recommends including sanitary bins in all toilets and using signage to label the facilities available in front of the bathroom door, including the presence of toilets, urinals, or change tables (Trans Hub, 2020).

Ideally, evacuation and relief centres could include LGBTIQ+ protocols simply by displaying signs such as the Rainbow Flag or asking staff to wear rainbow lanyards (Rainbow Health Victoria, 2020). Other considerations that can be made are recognition of LGBTIQ+ families, options on intake form to self-identify their gender, imagery of same-sex couples on brochures and pamphlets around the centre, etc. This is all part of the development of inclusive practice more broadly and demonstrates commitment to diversity and safety.


Where possible, a safe space would be provided for evacuees to make phone calls to services that may not be available on-site (Australian Red Cross, 2017). Access to family violence information – 1800 Respect, telehealth options for support e.g., Men’s Helpline, Kids Helpline, Qlife, to processes for intervention orders and family violence response can help.

Meeting menstrual health needs during an emergency is central to an inclusive and equitable disaster response that upholds the rights, safety and dignity of all (Sullivan and Nagel, 2020). On any given day, more than 800 million women are menstruating worldwide (Goldberg, 2018). Global best practice highlights the importance of ensuring sanitary products are available (UNICEF, 2019 & Human Rights Watch, 2017). Pre-planning for this is important, even in an Australian context where supply is usually assured. A recent report from Plan International highlighted that panic buying during the COVID-19 pandemic made it difficult to access essential menstrual products. (Plan International, 2020).

The provision of family planning and other sexual or reproductive health care are central to the health and dignity of women and gender diverse people (UNFPA, 2020 & Onyango, M & Heidari, S, 2017). To address this, evacuation and relief centres operating beyond 18 hours would ideally aim to provide on-site telehealth and emergency birthing facilities, as well as secure cabinets and cold storage options for medication (Hawkins, Gullam, & Bellusci, 2018; Australia Red Cross 2015; 2017).

Violence against women

Emergencies compound existing gender inequalities and vulnerabilities, and this increases the risk of abuse for many people. Australian evacuation and relief centre planning literature generally lacks consideration of women's experience of domestic violence (Australian Red Cross, 2015; 2017), despite research showing that violence against women and children increases in disaster (Parkinson & Zara, 2013; Parkinson, 2019). Australian research following the 2009 Black Saturday fires provides evidence of a failure to collect statistics about family violence incidents or to correctly identify family violence incidents (Parkinson, Lancaster & Stewart, 2011). The research also highlights the need to ensure a coordinated and universal approach to data collection and appropriate service provision (Parkinson & Zara, 2013). Given high rates of family violence in most communities (Australian Institute of Health and Welfare, 2019), evacuation and relief centres should



establish a coordinated intake process for identifying evacuees who may have an intervention order in place (Parkinson, et al, 2015). Intervention orders can be challenging to enforce in evacuation and relief centres, particularly those in rural and regional areas, where perpetrators and victim-survivors may attend the same evacuation site.

Sex-disaggregated data collection

The evacuation centre intake process provides an opportunity to capture comprehensive sex, disability, age and Aboriginality-disaggregated data. When compared to a region's demographic data, this intake data can help to identify any gaps, e.g., who is NOT attending the evacuation site. It can also inform all stages of future disaster management efforts (City of Casey, 2020), including the provision of information and services most appropriate to evacuees.

Registration and intake forms from the nationally agreed registration system - Register.Find.Reunite (AIDR, 2017; Australian Red Cross, 2017) capture some of this data. However, given that between July 2018 and June 2019, there were over 40,000 applications for family violence intervention orders in Victoria (Crime Statistics Agency, 2020), it is imperative to collect data on intervention orders. This point is included in the existing GEM Guidelines checklist (Parkinson, et al, 2015).

Conclusion

Gender-based discrimination occurs in ERCs. Violence against women and LGBTIQ+ people is also known to occur in ERCs. It is vital that emergency management planners develop policies and processes to ensure that everyone is safe while sheltering there. Such efforts do not have to detract from the emergency response. We welcome AIDR's current work to improve ERCs, and urge that those responsible for emergency management consider gender centrally in their planning. The measures are simple and involve very little cost, yet have the potential to improve the experience of everyone forced to seek emergency shelter in a disaster. Attention to this well before a disaster strikes can ensure safety and preserve dignity for people.



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