

GENDER MAINSTREAMING IN EMERGENCY MANAGEMENT: A TRAINING MODULE FOR EMERGENCY PLANNERS

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RESEARCH ■ POLICY ■ COMMUNITY

Gender Mainstreaming In Emergency Management

Elaine Enarson

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Acknowledgements

Why gender? Why women? Aren't emergencies and disasters all about what unites us as people, not what divides us?

Grim evidence from around the world—the 2004 Indian Ocean tsunami, the 2003 extreme heat wave in Europe, the lingering toxic effects of the Bhopal gas explosion—graphically illustrates the toll disasters take on women and girls. Less evident but no less significant is the toll disasters take on men, often expressed through post-disaster stress symptoms or even suicide, but also in fatalities and injuries. The great majority of the unclaimed bodies in Chicago's 1995 heat wave were men—old, poor, African American men who were alienated from their families, neighbors and community. If more evidence were needed of how differently women and men are affected by disasters, consider the graphic images from Hurricane Katrina and the post-disaster diaspora which continues to this day.

Canada has a lead role in development assistance and international humanitarian relief, both informed by gender analysis and a strong commitment to gender equality. But a glaring gap is evident between this work abroad and the marginalization of gender issues in most aspects of contemporary emergency management.

Enormous challenges face emergency management professionals in the light of new hazards, increasing vulnerabilities in the built environment and the social worlds around us, and an era of declining public support for the collective good.

With the health, safety and well-being of Canadian women and their families in mind, the women's health movement has stepped strongly into the breach. We are very pleased to acknowledge their leadership, knowledge, networks, passion and commitment to increased security and justice for women, men and families across the nation.

This guide is one example, supported through the Women's Health Reform Committee with the leadership of Dr. Pat Armstrong, Professor of Sociology and Women's Studies, and CHSRF/CIHR Chair in Health Services Research at York University.



In preparing the manual and the workshop in which it was tested, we have benefitted enormously from the guidance and practical support of Dr. Susan Braedley, Giovanna Costa and the hospitality of York University. Sincere thanks to workshop participants for their excellent suggestions.

Finally, we are pleased to recognize the momentum for gender mainstreaming in the Public Health Agency of Canada, and specifically thank Larry Bredesen and Ann Soroka in the Manitoba and

Saskatchewan Region. With their support, a parallel project is underway in Manitoba focusing on emergency preparedness in women's grassroots organizations.

No single workshop or single gender lens suffices—it takes all of us. We thank you for your participation and welcome your ideas.

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SECTION 1

INTRODUCTION



Introduction

As emergency managers, you know how large the challenges are to building disaster resilient places, people, livelihoods, buildings and communities. Current approaches put community members in the spotlight and ask emergency managers, above all, to “know your community” for its capacities as much as its vulnerabilities. Participatory and community-based planning is at the heart of this new paradigm.

But whose community? Even the smallest community is complex, criss-crossed with intertwining, and sometimes competing, bonds built on age, gender, language, faith, neighbourhood, ability and everything else that makes us unique.

Increasingly, emergency managers seek to untangle our neighbourhoods and families, looking for difference as well as similarity. Will the latest immigrant family on the block know what to do when the siren sounds? How about the deaf parents down the road? How well will seniors at home alone cope with the next ice storm—especially those who live alone and in poverty—and are the nursing homes prepared for extreme heat? Will reception centre have food acceptable to people of different faiths and cultures, and counseling in own language? A host of other questions along these lines now keep emergency managers awake at night.

But what about women and men, boys and girls? Sex and gender are central organizing principles in every Canadian community and in every one of our families, no matter how we define these. Sex and sexuality are the biological foundation on which the cultural construct of gender is built. Together, sex and gender shape our everyday lives just as decisively as age or social class, faith or culture, ability and disability.

For emergency managers, sex and gender are important because they help you predict who will

be where at any given moment, how aware different groups are of hazards and how much risk they accept, and the coping resources and specific needs of different groups.

Because our everyday lives differ in normal or “pre-disaster” times, they differ, too when disasters unfold. Women and men are rarely affected identically, whether by sudden-onset disastrous ice storms or “creeping” disasters like BSE in farming communities. Our family, work and community roles differ. Our bodies differ, often resulting in increased risk for young and old women. Women’s extensive family responsibilities increase in the wake of disasters and clearly take a toll on women’s health and well-being. So, too, do gender-based inequalities that disadvantage women in low-income or socially marginalized groups.

Though every disaster is unique, rarely are more men than women killed or injured. In fact, women died at two and three times the rate of men in the enormous Indian Ocean tsunami, as they have in earlier catastrophes. Yet there is no single “gender lens” in play. Men in the US die more often in extreme heat events than women—but women died in very large numbers, far more than men in their same age groups, in Europe’s 2003 heat waves.

These are real vulnerabilities and properly the focus of emergency managers. But, too often, “gender” is short-hand for “women” and then for “vulnerability.” The capabilities of women across social groups and through the life course are also on display before, during and after disasters. “Good practice” tools on gender reflect the complexity of sex, gender and disaster risk reduction while emphasizing the relevance of gender inequality, especially in developing countries where disasters hit so hard.

Case studies rarely find emergencies or disasters to be “gender neutral” in their effects, or women and men equally prepared or able to recover readily. Field observations from relief workers as well as a host of academic studies over the past two decades clearly demonstrate that both sex and gender matter in disasters. In fact, the UN International Strategy for Disaster Reduction now identifies gender as a cross-cutting principle in disaster risk reduction. Gender is also highlighted in Canada’s approach to humanitarian work abroad.

Why the disconnect?

Yet, the gender differences and gender inequalities that are evident at work, on the sports field, in politics and in popular culture are not yet reflected in emergency management at home. A recent Canadian Red Cross survey of interaction between emergency management organizations and high-risk populations found less attention to women than to any other group.

Gender blindness is the norm even in outreach to the family, where disaster resilience must begin. Some emergency preparedness guides do offer obvious advice about sex-specific personal hygiene kits or identify pregnant or nursing women as “special populations.” A smaller number generalize about women as a “vulnerable group” as a whole. Women’s extensive voluntary work at home, in the community and in emergency social services is rarely highlighted. These are significant gaps and inspire this manual and workshop.

Why highlight women?

Much more can and should be learned about how gender and sex affect men and boys before, during and after disasters. However, on balance, researchers have found women to be more significantly affected by sex and gender considerations, including higher fatality rates, greatly increased domestic labor, slower recovery, higher reported post-disaster stress rates, and increased exposure to gender violence. When gender issues are addressed in crisis contexts, all people benefit.

Why make this investment?

Gender-responsive programming is an investment in the disaster resilience of the nation. Canada’s urgent humanitarian relief protocol highlights the role of gender, which should logically apply to “home grown” crises as well. More important are the egalitarian values embedded in civic culture, and the clear need to respect and promote the fundamental human rights of all persons in disasters.

As the box below suggests, there are very practical reasons as well. The hard work of reducing hazards and planning for effective response and recovery is only enhanced when the capacities of all people are utilized and all needs are addressed.

We hope these materials are useful guides that will raise awareness about the gender dimensions of disasters and hence of good emergency planning. We offer it in support of the common goal of safer, more sustainable and more disaster resilient communities. It will take all of us to get there.

Why Support Gender-Sensitive Emergency Planning?

Budgetary constraints are real--can we afford to focus on gender? It's a question often asked. Gender responsive planning, in fact, adds value to the core functions of emergency planning and disaster management, maximizing effectiveness and community engagement. For example:

- *Risk mapping should identify all subpopulations at risk:* Sex-specific data and community mapping that is participatory and based on community knowledge of culture and gender more accurately reflects vulnerabilities and capacities at the local level.
- *Public participation in emergency planning must be as inclusive and meaningful as possible:* Community meetings planned for times and places that are realistic for women, and include child care, increase participation. Networking with women's and men's groups for information reaches additional subpopulations.
- *Stakeholder groups should be diverse in order to fully engage all sectors of the community :* Women's groups are potential new community partners for local emergency managers, as are men's professional, sporting, and faith-based networks. These networks have resources and energy.
- *Risk communication must reach those most in need of information and awareness:* Gendered messaging, images, language and distribution networks will reach more people more effectively and address gender norms that inform human decisions and actions.
- *Preparedness information should be relevant to all social groups:* Identifying everyone's needs is important, e.g. health information for pregnant women or women of child-bearing age who may have concerns about heat hazards or possible exposure to hazardous materials.
- *Hazard mitigation information is needed by some more than others:* Assisting women's businesses, women in construction, women renters and women-operated social service agencies in nonstructural mitigation campaigns makes communities more disaster resilient.
- *Stockpiling of critical supplies is needed to meet all needs:* Recognizing women's and men's different needs is essential, e.g. protective masks suited to both female and male health providers in the event of pandemic flu, or vitamin supplements for pregnant women.
- *Service continuity plans should anticipate staff shortages:* Gender-based work and family obligations will create conflicts and strains for both women and men, but advance planning can minimize disruptions.
- *Evacuation sites must be safe for all:* Gender-sensitive planning can ensure women and children at risk of assault or abuse are not unnecessarily exposed during the period of evacuation, and that young boys and girls are protected from possible abuse.
- *Emergency assistance must reach those who are most vulnerable:* Sex and gender expose women and men differently in different hazard contexts, so gender analysis helps identify those most at risk.
- *Reception centres must be equally accessible and designed to meet the needs of residents:* Functioning is improved by meeting sex-specific needs, e.g. for personal hygiene items, quiet space for breast-feeding mothers. Child care is needed for children and respite care for their caregivers.
- *Temporary accommodation sites must provide an enabling environment for recovery:* Working with women's groups in their design, siting and operation can help avoid post-disaster conflict, e.g. due to insensitivity to children's needs, perceived lack of safety, distance from public transport or child care etc. Outreach to women also helps support caregivers in their critical roles at this time.
- *Post-disaster recovery plans must recognize different losses and coping capacities:* Psychosocial programmes with gender-aware training for women and men will reflect gender norms and reach everyone in the family, potentially reducing post-disaster stress and the potential for violence.

Integrating a gender perspective into your work with people of different cultures or language groups, the poor, persons with disabilities, seniors and other high-risk groups just means remembering that sex and gender are part of everyone's life. Addressing gender with sensitivity to age-based norms and to cultural values is a positive step toward inclusive emergency planning.

Note to Users

This manual draws together a very wide range of materials, from checklists and discussion questions to contact sheets and first-person stories. You will find some of these appended and some in the body of the manual.

This is a tool for all those with emergency management roles and responsibilities, not for specific professions or organizations, or for specialists in one hazard or one population group. It offers general guidance and invites your ideas for revision.

Who are you? Emergency management in transition

Who does emergency management? There is no simple answer—but you are certainly a part of it.

At all levels, appointed and elected government officials are increasingly attuned to new standards and responsibilities for public safety. Disasters loom higher in the public imagination, too, especially in the wake of each new disaster—and disaster movie.

Nurses are sharing lessons learned through SARS about future pandemics, and epidemiologists strive to assess the human health impacts of climate change. Insurance analysts, economists and earth scientists can be found working with communication specialists to promote preparedness. While school teachers strive to prepare their students, and artists to make disasters “sensible” to us, small businesses and nonprofits working with high-risk groups are increasingly engaged. Regional health authorities are lead emergency planners and the expertise of residents of Northern communities now sought out on climate change and extreme events.

Yet, “emergency manager” is a hat loosely worn and frequently tossed or even lost in transition. One of the challenges is that this is an emerging community of practice grounded in a great many

disciplines, from land use planning, architecture and climatology to the health sciences, business management, psychology and traditional “first responder” occupations. There is no one centre to “Canadian emergency management” but many.

Local emergency planning is now required across the land, but professional training or credentials for this role are scarce. Canada is developing undergraduate programmes in the field as well as graduate degrees, with a host of universities now offering related courses. But most learning still takes place on-the-job or through occupation-based certification and short-courses offered by the Canadian College for Emergency Preparedness.

Public Safety Canada, regional health authorities and ministries, provincial emergency management offices, professional associations and local emergency specialists are there to help, but most of you work alone with a little support.

Gender equality and disaster resilience

The “daily disasters” that undermine the health and future of so many Canadians are there for the looking, unlike the remotely possible emergencies, disasters and catastrophes at the heart of emergency planning.

As a result, emergency management is often “the file that falls off the desk.”

Some worry that focusing on gender is an “add on” for already over-burdened emergency authorities. In fact, this approach just helps get the job done. Gender-responsive planning is one way to ensure that scarce resources are used well—that they are useful in the ways intended, and that they find their way quickly into the right hands.

Striving for gender-responsive planning in any field is also a moral stance. Gender-responsive programming makes it more likely that fundamental human rights are respected in crises.

Human security and crisis management are not contradictory, and gender equality is at the heart of both.

But without sustained and resourced strategies of inclusion, the “tyranny of the urgent” in disaster relief can undermine our best intentions or stated policies of “nondiscrimination.”

Organization

For these reasons, the guide is general, practical and multifaceted, designed for use by a wide range of users in diverse contexts. You will pick and choose what works best.

The guide was developed to support a half-day workshop focusing on the health sector but is also relevant to the larger community of practice. It can be used as the basis of a training workshop (see Facilitator Notes) or a self-study guide.

In each of the three major sections, users will find introductory comments and talking points on the relevant resources.

A number of additional materials are also appended, and a User’s Evaluation Form.

Taken as a whole, the guide can be used to:

- highlight the need for increased awareness about sex and gender in Canada, and for men as well as women;
- undertake more inclusive programme and project planning for emergency preparedness at all levels; and
- promote organizational change toward gender mainstreaming, thereby creating the institutional framework necessary for sustained gender analysis and planning.

Feedback, please

Which of the learning activities or resources are most useful? Which are off track and how could they be improved? How could the guide be made more user-friendly?

Forwarding your thoughts via the Evaluation Form provides much needed feedback for further development of this tool.

SECTION 2

AWARENESS



Frequently asked questions
Gender stereotypes and realities
Identifying women at increased risk
Men and gender in disasters
Practical issues for women in disasters
Ten take-away messages for emergency planners

Awareness

In the immediate aftermath of the Indian Ocean tsunami, early reports flew back and forth on the listserv of the Gender and Disaster Network, an international community of over 600 individuals and organizations from around the globe. Where were the sanitary supplies women needed—and underwear? Culturally appropriate clothing, so women could seek out water, food and other desperately needed supplies? What about vitamins for those who were breastfeeding? The surprise was not that these very basic needs of women were once again neglected, but that major humanitarian relief agencies and UN organizations seemed unaware, unprepared or both. This, despite years of advocacy by women’s groups and hard-won lessons from hurricane Mitch, the Gujarat earthquake and many, many earlier disasters. Sensitivity to men who were suddenly widowed by the tsunami, or adolescent boys who found themselves heading households of younger orphaned siblings was also disappointingly low.

Throughout the emergency period and well into recovery and reconstruction, the “women of Katrina,” like others around the world, speak out about gender needs and interests, the violation of women’s fundamental human rights, and lack of meaningful and sustained consultation with women as well as men.

Is it lack of awareness? Lack of preparedness? Lack of capacity? Lack of political will? If the “lessons” from past disasters about gender are, in fact, not learned, why not?

This was the discussion that inspired the Gender and Disaster Network’s broadsheet entitled “Six Principles for Gender-Sensitive Relief and Reconstruction.” Would this same dialogue occur in Canada in the aftermath of a major earthquake, firestorm, or tornado if large population areas were affected?

Two workshops have been conducted in Canada on gender issues in emergency planning, one in Vancouver in 1998 and the other in Cape Breton, NB in 2005. Yet a cursory examination of current emergency plans, policy documents, and public awareness materials still reveals surprisingly little gender awareness.



This first section of this manual therefore focuses on heightening awareness about the fundamentals of sex and gender factors in all people’s experience of disasters.

We begin by considering some of the Frequently Asked Questions, and those that may be in your mind, too. This leads naturally to more dialogue about Gender Stereotypes and Realities. But if “gender” is, indeed, important—which gender, which women, and which men? The resources in this section help answer these kinds of questions.

Worksheets and templates are offered to help identify the specific gender dimensions of disaster risk (capacities as well as vulnerabilities), and practical issues arising in the field as a result.

Finally, “ten take-away messages” for emergency planning in Canada are offered through photos and personal statements.

Appended materials relevant to Section Two:

Glossary

On-line resources on women and disaster

Voices of Women and Men in Canadian Disasters

Risk factors for Canadian women

In a Red Cross survey, 50% of local emergency management organizations consider women as a high-risk group and just 11% of federal-level emergency management organizations. They engage with other populations more frequently as a result. Sixty-one percent report activities with persons with disability and 61% with Aboriginal residents, 54% with medically dependent people and low-income residents (51%), for example. Only the group "Other" (including students) ranks lower than women. One in four responding emergency management organizations engage women in any activities (26%).

Source: Integrating Emergency Management And High-Risk Populations: Survey Report And Action Recommendations, Public Safety Canada and Canadian Red Cross, 20008

Resources & Talking Points for Section Two

What, why, and how?

These resources are offered to help raise awareness about the part played by sex and by gender in disaster contexts.

You may want to begin by reading over some of the first-person quotations from *Voices of Women and Men in Canadian Disasters* (Additional Resources 5.3). There have been few major disasters in Canada's recent history, so few case studies have been conducted (this is a good thing!) and gender-focused accounts are rare. The studies that are available do shed light on sex and gender expectations and realities during and after disasters.

Several work sheets are offered to assist you in applying this knowledge in your own organization and jurisdiction. You'll also find a handout on a slide show the workshop facilitator may deliver as an overview to the subject.

Use these materials to begin the conversation and build your knowledge base about sex, gender and society and how these relate to the practice of emergency management and to disaster risk.

2.1 Frequently Asked Questions

- In your view, what has most limited the discussion of gender and disaster ?
- How far have we come in Canada? What is the evidence for this?
- How do you hope to use these materials in future?
- "Something I've been wanting to say...." What would you like to ask and answer?

2.2 Gender Stereotypes and Realities

- Do disasters challenge people's basic sense of *being* feminine or masculine? How and why?
- How important are "the facts" relative to the social weight of expectation?
- What can emergency managers do to minimize misinformation about gender?
- Why might findings based on US disasters differ from Canadian case studies?

2.3 Identifying Women at Increased Risk

- Which groups should take priority in your community? Who knows them best?
- What other issues do these groups of women face on a daily basis?
- What have their life experiences taught them?
- How would you reach these groups of women?
- What resources do you think are most needed by women for anticipating, preparing for, surviving, coping with and recovering from a disaster?

2.4 Men and Gender In Disasters

- Which issues posed the greatest challenge for these boys or men?
- How do these compare with those faced by women in similar contexts?
- Which groups of men should take priority in your community? How would you reach them?
- What factors would facilitate or hinder outreach to men based on gender?

2.5 Issues Facing Women After Disasters

- These concerns are based on case studies of disasters, mostly non-Canadian. In your view, would they be relevant in Canada, too?
- Why do these issues arise for girls and women especially?
- How different would this list be if directed at men? Why?
- What conditions prevail in different parts of Canada with different risk profiles?
- Do sex and gender always magnify existing inequalities in disasters?

2.6 Ten take-away messages on gender for emergency planners

- How do these compare with your own observations?
- Which recommendations are least/most challenging to traditional approaches—why?

Observations From Women's Services In Victoria

What plans were in place with the mainstream services? What about our services, the need for preparing for increased need while things would be in a state of disarray? Our building was located in a brick building, built in 1910, not seismically sound I doubted.

What about funding? At that time we had an approximately \$600,000 budget, 30% of which came from charitable dollars—and in the event of a major disaster, all those donation would probably go to disaster relief funds. So we needed to set up some advance agreement, I thought, with Government for increased funding in the event...and also with other women's services in Victoria and up island for possible help with staffing. What about the staff? It would be likely that our building would be demolished--where would we work from? What about their safety? How would we be able to continue to pay salaries if our bookkeeper was injured or unable to get to our computers?

What about evacuation of clients and staff if it happened during office hours? What about women whose first language is not English--are the planners doing anything about reaching out to all communities? What about insurance and any preventive measures we could take, and education of the staff and readiness training? What about outreach education and what is our role on city committees dealing with these issues? Do the Police and Crown know that this is something we all need to be ready for?

What about women's transition houses? Would they still be standing, or would those women be expected to be housed at the same relief centres that their abusive husbands went to? For that matter, what about all women in general, and considering the high percentage that have experienced violence, would they feel safe being housed at mainstream relief centres? What about our crisis line, a critical link between women and services. What can be done if anything to get that link up and running as soon as possible?

Source: Presentation by Tracy Porteous, Director, BC Association of Specialized Victim Assistance and Counseling Programmes, Women and Disaster: Exploring the Issues conference, Vancouver BC, 1998

2.1 Frequently Asked Questions

Don't people's urgent survival needs come first?

Of course. But women and men may not have identical needs. Gender-fair planning anticipates differing needs and capacities, and also the barriers or constraints often faced by women and girls in accessing resources.

Don't assume that gender doesn't matter. Ask the experts—local women and men themselves.

Too often, uncertainty or confusion about the relevance of sex and gender is "hidden in plain view"—clearly there but not addressed. Which of these ring true for you? What other questions should be asked and answered? You may want to work through these in a small group or alone.

I'm not the gender expert on the team. Is this really my job?

True, everyone is trained to use specific skills to help the team do its job. But everyone also represents your agency in the community and to stakeholders. To do your job effectively, you must know who is most hard-hit and what will—and will not—help them put their lives back together. Who is most prepared to help themselves and others, and how can they be supported?

Not everyone agrees that gender matters in our work, even on our team—and what about our partners and volunteers? What can I do?

It is good practice and agency policy to deliver services equitably, not a question of individual discretion. Having a clear gender policy in your organization helps. Your organization can model gender-responsive planning in the way you work with partner agencies and help increase awareness by including gender perspectives in volunteer trainings and community outreach.

Disasters don't single out women. Isn't this really all about one group's political agenda?

Too often, measures targeting women are seen as "political" or "gendered" while other relief projects reaching only men are seen as serving "people" or "the community." Effective emergency planning that leaves women and men alike more prepared is really our goal.

When it comes to gender, aren't we imposing our own values?

Respecting people's dignity and fundamental human rights in disasters is essential—and women's rights are human rights, too. Disasters can sometimes open up new opportunities for advancement or challenge old stereotypes and inequalities. Taking advantage of this potential to increase social justice is not cultural bias but good practice.

At a time like this, don't we need everyone pulling together? Why divide the community?

Gender sensitivity means being inclusive, not divisive. Too often, the particular needs and capacities of girls and women are overlooked and only men speak for the family or community. Not talking about this is what really hurts in the long run.

I haven't noticed much difference—pretty much everyone needs the same things. Why look so hard for differences?

Women and men, adults and children, generally do different things throughout the day and these differences can be life-saving or life-threatening. As outsiders these patterns may not be evident to us without talking with different groups of women and men. Ignoring gender differences in everyday life, and in periods of social crisis, doesn't make these patterns any less real or significant.

Do we even agree on what “gender” is? How about gender equality?

You're right, these terms often mean different things to different people. Here are some generally accepted working definitions:

Gender is not the same as “women” but refers to socially differences between women and men that are taught and learned in different places and times. *Gender identities* are deeply held feelings about being masculine or feminine, and carry specific expectations about roles and behavior. Sexuality is one expression of gender.

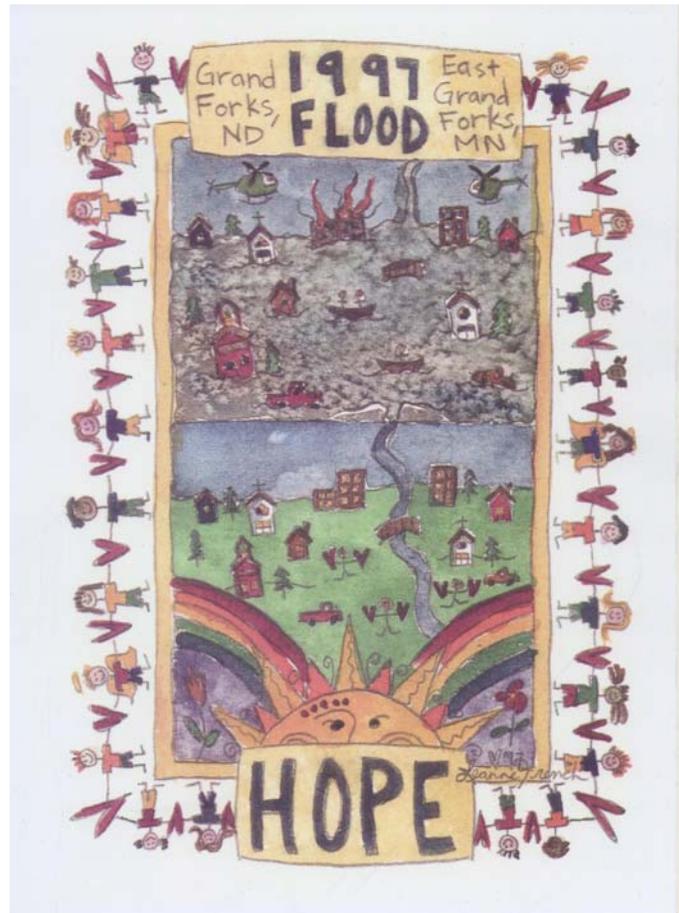
Gender relations are society-wide connections and divisions between women and men prevalent at a particular historical moment in particular contexts. These social relationships between gender groups are maintained by power structures and manifest in the division of labor and other forms of interaction.

Gender analysis is a tool for reducing the social invisibility of girls and women. Key questions are asked and answered about the gender relations and the gendered division of labor. This approach also asks what constraints or barriers affect women's social status, physical integrity, and self determination.

Practical and strategic gender needs are related but distinct ways of thinking about gender in crisis. *Practical needs* refer to the need to restore the ability of girls and women to meet everyday gender roles and responsibilities, for example safe access to adequate food, clean water, fuel and fuel woods, reliable energy sources, health care for children, transportation and so forth. Longer-term *strategic gender interests* can be undermined while meeting urgent post-disaster needs, for example through gender-blind projects controlled by men. Conversely, disaster recovery can meet the strategic interests of girls and women, for example by promoting equal wages and nontraditional skills training, protection of sustainable environmental livelihoods, freedom from gender-based violence, ensuring education and voluntary marriage and pregnancy for girls, participation in decision-making at all levels and so forth. How we plan now for recovery makes a difference in the kinds of opportunities open for women and for men during and after reconstruction.

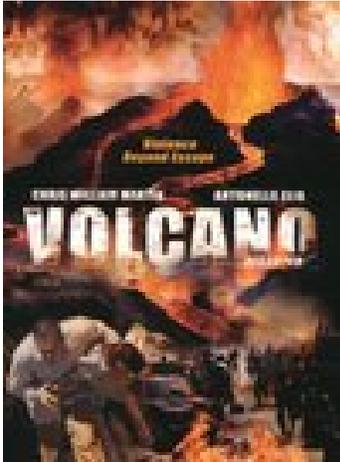
Gender equity refers to practices that promote fair treatment of women and men in the long run. This can be achieved without adopting identical approaches or distributing identical resources, recognizing that there are sex and gender-based differences between people, most evidently with respect to physical and reproductive difference.

Gender equality is the condition of social justice between women and men. Institutional structures and monitoring and accountability systems are in place to ensure that the conditions of everyday life promote the capacity of girls and women, equally with boys and men, to realize their fundamental human rights in safe and secure environments.



2.2 Women And Men In Disasters: Stereotypes & Realities

Volcano! What's your favorite disaster film?!



People learn more about hazard and disasters from popular culture than from educators. Think about the messages they send about women and men in disasters as you develop a list of gender stereotypes.

How do “real women” and “real men” act in real disasters, in your experience? How are women and men in different ethnic or income groups depicted? How about sexual minorities?

Compare the images in disaster movies with the following summary of research findings from case studies of actual disasters.

Jot down some of the stereotypes we love to hate, and then read the following literature review from disaster sociology. Would Canadian experience be different?

You might want to rent a video and organize a workplace discussion of myths and realities about women and men in disasters!

What we're up against: Gender stereotypes about men in crisis

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

What we're up against: Gender stereotypes about women in crisis

- 3. _____
- 4. _____
- 3. _____
- 6. _____
- 7. _____
- 5. _____
- 6. _____
- 7. _____



Gender And Disaster Patterns In The U.S.

Adapted from the literature review conducted by Alice Fothergill, "Gender, Risk, and Disaster." *International Journal of Mass Emergencies and Disasters* 14 (1): 33-56. Implications contributed by E. Enarson.

Exposure to risk

- Women are disproportionately exposed to poverty with the attendant risks of dangerous shelter (e.g., trailer homes), neighbourhood contaminants (e.g., hazardous facilities on reservations and in other low-income communities), inadequate access to proper nutrition and health care, and other everyday realities which increase the vulnerability of low-income Americans;

- Women’s roles as primary family caregivers may expose them to harm as they strive to protect others.

As you review the findings, consider how you could use this knowledge about human behaviour in your planning.

How could this affect “business as usual” in your agency & jurisdiction?

Some planning implications: Target women in outreach to poor populations; know how many poor women with sole responsibility for children live in your jurisdiction and make them a priority; ensure gender-specific health and nutrition

needs are reflected in emergency response and recovery plans; if the majority of those living in close proximity to industrial or environmental hazards are low-income and renters, the majority may be women of color. Plan ahead to reach them with assistance mitigation harmful household exposures before and after disasters. Additional assistance accessing recovery resources may be required for low-income women, so plan ahead for how your outreach will accommodate their family and work lives.

Risk perception

- Gender norms foster more “risk taking” among men and “risk avoidance” among women, with implications for preparedness and safety in disasters;
- Women express higher levels of concern than men, on balance, about environmental hazards likely to affect their families.

Some planning implications: Men’s higher tolerance for risk may expose them to harm so utilize gender-targeted images, words and themes to reach male youth and men when developing hazard warnings, and distribute these through men’s networks, e.g. workplace, faith or sport based. Target women in preparedness campaigns similarly, to tap into their greater willingness to take precautionary action. Plan ahead to reach men who may find it difficult (unmanly) to ask for help, e.g. financial assistance, or counseling.

Preparedness Behavior

- Women seek out information about hazards;
- Men prepare the external household areas while women prepare family members;
- Women volunteer more for local preparedness programmes, e.g. in schools;
- Women are more likely than men to take part in community organizations addressing local environmental or technological hazards.

Some practical implications: Recruit men for neighborhood or school based preparedness campaigns as women are more likely to make themselves available; place information about hazards in male-dominated workplaces especially; partner with women’s organizations to increase community interest and participation in risk reduction initiatives; target men as fathers in preparedness guides; offer training on household mitigation and publicize them heavily through women’s organizations.

Warning Communication and Response

- Women’s networks provide them with more information and warnings;
- Emergency warnings from local disaster managers are more likely to be found credible by women than by men, and women are more likely to act upon them;
- More men than women are found to disregard evacuation orders; women with children evacuate earlier than men.

Some practical implications: Review evacuation policies to eliminate unintentional gender bias, e.g. mandatory evacuation of “children” as children most frequently evacuate with mothers; work with community groups or agencies in touch with marginalized or isolated men least likely to be reached through conventional risk messaging; consult with men’s groups when revising outreach materials and preparedness guides to increase effective outreach to men likely to disregard official warnings; publicize testimonials from men about the effects on families of disregarding warnings; publicize testimonials from women about the psychosocial effects on men of disregarding warnings.

Physical Impacts

- Unlike developing countries, in the US more men than women die in weather-related incidents, including lightning;
- Physical impacts include damage to shelters and law enforcement systems providing reduced service to abused women though increased calls for assistance are often reported after disasters.

Some practical implications: Use gendered (male) language and images to reach men with extreme weather warnings (heat and cold, lightning) and work with male youth and male-dominated unions and workplace groups to publicize the health risks of extreme heat and cold; plan ahead to provide space for abused women who must be evacuated and include referrals to antiviolence groups in recovery resource lists; promote preparedness in battered women’s shelters and assist as feasible in hazard mitigation in these facilities.

Psychological Impacts

- Some studies indicate that women and girls express more mental health problems while men are more likely to suffer the effects of substance abuse;
- Caregiver responsibilities expand and may magnify women’s psychological distress;
- Men more than women tend to express anxiety at the perceived loss of the economic provider role.

Some practical implications: Plan ahead for increased outreach through women’s groups to reach isolated women (e.g. rural women, new immigrant women) who are likely to experience high levels of post-disaster stress; consider family respite care in recovery planning to support those with extensive family responsibilities; ensure that both women and men are trained in psychosocial services provided and that training materials explicitly address the feelings women and men are likely to experience due to their gender socialization and the economic conditions they are likely to be experiencing due to gender inequalities.

Emergency Response

- Women with children are the least likely to help others outside the family; men are more likely to assist strangers, e.g. through search and rescue efforts;
- Women offer more sustained emotional support to disaster victims, e.g. as volunteers and within the family;
- Women are more likely to warn others and to assist in long-term recovery, e.g. as crisis workers and human service professionals;
- Men more often than women hold leadership roles in established economic and political organizations responding to disaster and are highly visible in male-dominated “first responder” occupations.

Some practical implications: Ensure that child care is available as feasible in reception centres and at community meetings about pre- and post-disaster activities and resources; work through women’s groups to increase women’s participation in search and rescue and emergency first aid training at the neighborhood level; consider respite care for women/men heavily engaged in emotional support for disaster affected people (voluntary or paid positions); distribute guides on self-care for caregivers through women’s groups or highlight their availability; develop brief fact sheets on gender as a factor in social vulnerability in your jurisdiction and distribute these through male-headed emergency response agencies and professional associations of first-responder occupations, and through women’s organizations; partner with female-dominated agencies and associations providing health and human services in community events, trainings, evaluation of risk warnings, etc.

Recovery

- Women more often than men tend to receive assistance from family members;
- Women are more likely than men to seek help over the long-term from outside agencies.

Some practical implications: Place gender-focused public announcements of available resources in media popular with men in our community, and distribute this information through men’s workplace, faith and sports organizations; highlight the normality of post-disaster stress in risk communication geared to men, e.g. in partnership with antiviolence groups; review gender patterns in applications for financial recovery assistance and assess the possibility of gender bias due to women’s and men’s different occupations and work roles.

Reconstruction

- Men have more access than women to paid reconstruction jobs;
- Women are likely to remain in temporary accommodations longer than men;
- More male- than female-headed businesses receive SBA disaster recovery loans.

Some practical implications: Review employment policies for post-disaster construction contracts to ensure gender equality; target women’s business associations in outreach to small business and nonprofits to help

promote preparedness and post-disaster recovery; include women's grassroots organizations in economic recovery plans; through outreach in reception centres and targeted media, encourage women to apply for post-disaster recovery positions of all kinds; plan ahead for dependent care in temporary accommodation sites and in emergency shelters, including elder care, personal assistance for persons with disabilities, and infant and child care; plan ahead to locate temporary accommodations in "women friendly" locations with access to public transportation (more heavily used by women), child care (more heavily used by women) and employers in the service industry (more heavily used by women) as these will assist women in transitioning out.

2.3 Identifying Women At Increased Risk

A. Key Survival and Recovery Resources in Disasters

- income, savings, credit, insurance
- land, tools, livestock
- secure employment
- transferable job skills
- diverse income sources
- health and nutrition
- food security
- appropriate and secure housing
- information
- functional literacy
- bureaucratic skills
- extended households
- strong kin networks
- low ratio of adult dependency in household
- access to public and/or private transportation
- time and control over own time
- leisure, self-renewal
- social networks
- community integration

Risk management depends on sound risk assessment, so identifying high-risk social groups is essential. Review these materials and then try to apply them to your own neighborhood or community.

Consider resources--Women & men do not generally have the same access to, or control over, the resources found to be critical for anticipating, preparing for, coping with and recovering from a disaster.

Consider risk factors in everyday life--from pregnancy to reliance on public transit to home-based occupations. Women are half the population--which women are at increased risk here, and why?

Consult the appended Risk Factors for Canadian Women (statistical profile) as you work through this. Read on for more about sex and gender as risk factors for men and boys.

- sense of efficacy
- political power and influence
- power in the household
- access to knowledge, skills, money for home preparation
- access to emergency shelter
- emergency communication networks

B. How Gender Factors Put Women at Increased Risk

These are internationally recognized risk factors for women, highly related to their ability to anticipate, cope with, survive, respond to and recover from natural disasters.

Health factors

- Childbirth- and pregnancy-related health constraints
- Generally longer life span with associated health and mobility constraints
- Exposure to sexually-transmitted diseases
- Greater risk of domestic and sexual violence
- Higher rates of disability
- Rising rates of exposure to HIV/AIDS

Economic factors

- High poverty rates
- High rates of self-employment, unemployment and part-time employment
- High rates of home-based work
- Risky forms of employment, e.g. sex work
- Livelihoods often dependent on natural resources
- More likely to be sole economic providers
- Lower economic security based on income, savings, access to credit
- Reduced access to technical training, tools, equipment
- Fewer land rights; less control over labor

Household and family factors

- More direct responsibility for dependents such as infants, the frail elderly
- More dependent on public services such as child care, schools, clinics
- Less access to transportation
- More likely to be socially isolated, e.g. by HIV/AIDS
- Marginalization, e.g. as widows, single heads of households
- Less free time for attending to hazard mitigation, preparedness, etc.
- Reduced decision-making power in the home, e.g. about evacuation

Education

- Illiteracy rates often higher
- Generally lower levels of schooling and training
- Low representation in scientific and technical professions

Community/Political

- Constraints on mobility, interactions outside the household
- Community obligations high
- Under-represented in disaster management committees/organizations
- Reduced access to some forms of early warning
- Reduced access to preparedness information
- Cultural constraints on accessing public relief services

C. But Which Women & Girls Are Especially At Risk?

- poor or low-income women
- senior women/frail elders
- women living with chronic health conditions
- women living with disabilities
- women heading households
- single mothers
- widows
- refugee women
- homeless women
- Aboriginal women
- minority women
- immigrant women
- women with language barriers
- isolated women
- rural women
- women with large families
- battered women/women at risk of violence
- orphaned girls
- girls with heavy caregiving responsibilities

According to the *Women and Community Safety Guide* of the Women Against Violence Society of Cowichan Valley, B.C., 60 percent of Canadian women are worried about walking alone in their neighbourhoods after dark; 76 percent are worried about waiting for or using public transit after dark; 83 percent are worried about walking alone to their car in a parking garage; and, 39 percent are worried about being home alone at night (Drusine,2002).

Source: Prabha Khosla, *Gendered Cities—Built and Physical Environments. Women and Urban Environments*. <http://www.nnewh.org/images/upload/attach/5759Built%20Environment%20EN.pdf>

Talking Points

Which resources do you think are most significant?
How would these factors come into play in different kinds of disasters?
Based on this assessment, which groups should take priority in your community?
What other issues do they face in their lives? What have their life experiences taught them?
How would you reach these groups of women and men?
Who knows them best?

2.4 Men and Gender In Disasters

A. What Gender Factors Increase Risk For Boys And Men?

- Biological sex
- Sexualities
- Gender identities
- Cultural gender norms (expectations)
- Gendered division of labour
 - In the family
 - In the paid labour force
 - In the community
- Gender authority/social power
 - In the household
 - In electoral politics/decision-making bodies
 - In community life

Gender norms vary culturally. Identify as many ethnic groups as possible in your area and then ask "What is expected of men in a crisis? What do they expect of themselves?"

How can men who resist asking for help best be helped?

What gender-focused resources are in place in your organization that would reach men?

B. Which Men Are At Increased Risk In Your Community Based On Gender?

- widowers
- single fathers, men with major family care
- orphaned boys
- boys put to work/trafficked
- male 'first responders'
- men in hazardous response and recovery occupations
- homeless men
- migrant workers
- men in agricultural communities under stress
- un- and under-employed men
- socially isolated or marginalized men
- men living with disabilities
- men exposed to health hazards, e.g. HIV/AIDS

C. What Can be Done? Consider the need for

- Targeted emergency communications recognizing gender norms in male hazard awareness, household preparedness, emotional recovery, etc.
- Access to nontraditional occupations and roles in emergency management
- Community-based strategies for educating boys, teens and adult men about the human impacts of disaster
- Support services for men in caregiving roles, e.g. single fathers, disabled spouses
- Organizational practices sensitive to men's family responsibilities, e.g. In dual-career responder couples, dependent caregivers
- Pre-disaster mental health initiatives targeting at-risk first-responders
- Post-disaster mental health initiatives targeting impacted boys and men
- Workplace-based programmes identifying at-risk men severely impacted by disaster
- Gender-sensitive disaster outreach to especially vulnerable boys and men including:

Talking Points

What other boys or men would you add to this list, and why?

What factors would facilitate or hinder outreach to men based on gender?

How would this list change depending upon the specific hazard context or disaster?

"He lost weight, he wasn't shaving. I at least could take some down time and take the kids out in the wagon. He would gobble down some food at noon and then go back to [flood] work. . . .

He started crying [when he saw the flooded house]. You wouldn't know unless you're from a small town."

Flood-affected woman, Southern Manitoba, Enarson and Scanlon 1999

2.5 Issues Facing Women After Disasters

Housing

- Evacuation voluntary?
- Affordable housing for low-income women?
- Clean-up, repair, and rebuilding help targeting women heading households?
- Access to housing loans?
- Input into reconstruction policies?

Transportation

- Access to public transportation in temporary accommodations?
- Access to family transportation?
- Key services on public transportation routes?

Income and employment

- Accessible child care available for employed mothers? Family child care providers supported?
- Child care for women workers in response roles? Family/work concerns of volunteers addressed?
- Family-friendly work policies allowing leave and support during clean-up and rebuilding?
- Home-based jobs disrupted or destroyed? Women-owned businesses at risk?
- Access to nontraditional work and training during reconstruction?
- Equity in credit and loans during rebuilding, relocation, and recovery?
- Continuity of income support through nonprofits, crisis agencies, government programmes?
- Long-term economic impacts monitored by gender?
- Legal services available in disputes over relief money?

Dependent care

- Child care available to help women prepare, access relief resources, relocate, and rebuild?
- Respite care for long-term caregivers during recovery?
- Continuity of health care services to women caring for ill or disabled dependents?

Physical and mental health

- Appropriate health care services in temporary accommodation?
- Mental health workers trained in gender violence issues?
- Reproductive health services available in temporary accommodation?
- Counseling, support groups, and respite care for women victim/survivors and women responders?
- Long-term recovery assistance anticipated?

Violence

- Increased physical, emotional, or sexual violence?
- Access to safe evacuation space? Priority attention to women and children in shelters?
- Continuity of services to women at risk? Increased services loads anticipated?

Access to relief resources

- Provision for women with children coming to relief and recovery sites?
- Assistance to complex households with multiple household heads?

Case studies of women's international experiences in disasters reveal these issues. How different would they be in Canada?

Try generating a similar list for boys and men based on your local knowledge. What issues would arise for them that relate to their status in society as men?

Which of these issues suggest action steps to you?

- Transportation, work release, and child care available?
- Physically accessible sites with culturally diverse materials?
- Long-term recovery services to caregivers available?

Full participation in disaster decision-making

- Women’s specific needs identified? Relief monies monitored for gender impacts?
- Community meetings scheduled to facilitate women’s participation? Child care provided?
- Most vulnerable women sought out and included on recovery projects?
- Women’s voices heard in all aspects of disaster recovery and mitigation initiatives?

In the first half year following Katrina, 17% of 55 young women (16-24) in New Orleans told researchers they needed but were not able to obtain health care a third found it difficult to practice their usual birth control method, and four in five had not used birth control.

Source: Kissinger et al., 2007, The effect of the hurricane Katrina disaster on sexual behavior and access to reproductive care for young women in New Orleans. *Sexually Transmitted Diseases* 34, 11: 883-886.

The demolition of thousands of public housing units helps explain why 83% of single mothers were still unable to return to their own communities two years after the storms : "The same people who were left behind during the storm have been left behind in rebuilding it. The elderly, the young, single mothers."

Source: Cited in Jones-DeWeever, *Women in the Wake of the Storm: Examining the Post-Katrina Realities of the Women of New Orleans and the Gulf Coast*. Institute for Women's Policy Research: www.iwpr.org/pdf/D481.pdf

2.6 Women, Men & Disaster: Ten Take Away Messages For Planners

As you read through these points, imagine where you would go in your community to test these ideas--where would you go to learn more about gender differences and inequalities in different subpopulations, for example? Make some notes as you go--for example, if you were illustrating these slides, whose faces come to mind? This "map" is a guide for you as a planner.

Slide 1

Women, Men & Disaster:
Ten Take-Away Messages for
Emergency Planners

Dr. Elaine Enarson
Gender & Emergency Management Workshop
York University
February 24, 2009

Slide 2

Gender and disaster realities

- Disasters happen to women and men
- They unfold in highly gendered conditions
- Yes, women are often at increased risk
- But both women and men have critical strengths and resources in disasters
- Disaster management, too, is gendered

Slide 3

First, a photo essay

- With thanks to those whose images are captured here
- With thanks to FEMA photographers

NOTE: Photos and quotations deleted from handouts.

Slide 4

Ten observations based on research

1. Sex & gender matter in disasters
2. Sex & gender matter in Canada, too
3. Sex & gender matter in men's lives, too
4. Both differences & inequalities matter
5. Capacities & vulnerabilities are created
6. Sex & gender are cross-cutting risk factors
7. Sex & gender have direct effects, too
8. Women are most affected
9. Women are organizing internationally
10. Tools and resources are available

Slide 5

1. Sex & gender matter in disasters

- Stereotypes & myths
- Everyday routines and relationships
- Gendered social institutions
- Awareness and communication
- Exposure and susceptibility to risk factors
- Control over key survival resources
- Capacity for self-protection
- Values & practices of emergency management

Slide 6

2. Sex & gender matter in Canada, too

- Structural inequalities exist everywhere
- Every nation is a “developing” nation
- Global trends and patterns affect Canada
- These global trends and patterns are gendered

Slide 7

3. Sex & gender matter in men’s lives, too

- Gender is relational—him and her
- All bodies are sexed
- Gender is part of everyone’s identity
- Men accrue gender power
- Men interact with men and women in gendered ways
- Social institutions reinforce “masculinities”

Slide 8

4. Both differences & inequalities matter

- Differences
 - Reproductive
 - Gendered personalities
 - Sexualities
 - Division of labour
- Inequalities
 - Interpersonal/structural
 - Transient/stable
 - Sex/sexuality/gender

Slide 9

5. Capacities & vulnerabilities are created

- Capacities (hers and his)
 - Gendered identity and gender norms
 - Life experience
 - Social networks
 - Practical knowledge through work and play
- Vulnerabilities (hers and his)
 - Functional limitations
 - Risk perception
 - Responsibilities and roles
 - Access to and control over resources

Slide 10

6. Sex & gender cross-cut all risk factors

- Through the life course
- In different income groups
- Across cultures and subcultures
- In all ethnic and language groups
- In particular groups, e.g. frail elderly, homeless persons, new immigrants, single parents
 - Representation in the group varies by sex
 - Experienced differently by women and men
 - Gender status compounds/reduces vulnerability

Slide 11

7. Sex & gender have direct effects, too

- Physical and mental health conditions
- Reproductive status and health
- Exposure to interpersonal violence
- Efficacy, self-confidence, control, self-determination
- Political power

Slide 12

8. Women are most affected

- Pregnancy, birth, lactation
- Mental and physical health conditions
- Expanded family responsibilities
- Heading households alone
- Help-seeking --finding & using resources
- Home = workplace
- Exposure to violence, abuse
- Greater psychosocial effects/postdisaster stress
- Fewer resources for protective action/recovery

But which women? Under what conditions?

Slide 13

9. Women are organizing internationally to reduce the risk of disasters

- Conferences and workshops
- At the grassroots
- In the workplace
- Through UN agencies
- As emergency managers

Slide 14

10. Tools and resources are available

- Gender and Disaster Network
- Gender and Disaster Network of Canada
- Gender and humanitarian relief guides
- International Strategy for Disaster Reduction
 - Good Practice—Gender and Disaster Risk Reduction
 - Good Practice—Gender and Climate Change Adaptation

What is available in your workplace? What is used?

Slide 15

Five practical implications

- Investigate sex & gender—don't assume
- Collect & use sex- and age-specific data
- Make women's needs a priority through the disaster cycle
- Engage women & men in the community
- Integrate gender holistically
- Build on the "window of opportunity" to reduce inequalities and build resilience

Slide 16

With thanks for your attention and ideas

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SECTION 3

PLANNING



Gender issues through the disaster cycle
Gendered vulnerability and capacity assessment
Indicators for gender-sensitive risk mapping
Supporting mothers in disasters
Addressing violence in disaster contexts
Women's health concerns in emergency planning
Gender considerations in hazard-specific scenarios

Planning

Mirroring the shifts in planning professions generally, emergency management planning is moving from a top-down expert-driven process to a more participatory and inclusive approach. This is a window of opportunity for gender mainstreaming.

Planning is at the core of emergency management as a practice and profession. It is the linchpin of disaster readiness for multinational companies and small nonprofits alike, for utilities managers and the first-response work force, at all levels of government and across the broad spectrum of health management and service organizations. It is, of course, the bottom line issue in social institutions with collective responsibilities, such as schools and hospitals, and for all members of our extended and immediate families, however we may define these.

Empirical knowledge about the world around us is an essential ingredient of planning—without “the facts,” emergency managers can only guess at the capacities and needs of individuals and institutions in their jurisdiction. But vision is just as important. Where do you want to go and why? What vision do you hold of your future in this particular place? What will make it a safer and more sustainable place to live?

Women’s movements in Canada and around the world have identified and challenged law and public policy that negatively affect the life chances, autonomy, safety and well-being of girls and women, especially where their lives are also constrained by poverty, racism, ill health and social isolation.

Increasingly, gender is raised as a neglected dimension of climate change, too. Aboriginal women in Northern communities already experience the changes wrought by our warming climate and strive to heighten awareness about

what this means for cultural, spiritual and economic survival. All the more important, then, that women’s voices be heard in policy debates about disaster risk management—and now.

The proverbial “tool kit” of emergency planning has expanded greatly over the past decade as planning gained ground as a core activity of the new profession. Gender-sensitive planning, too, has been developed over the past three decades by gender specialists working in such areas as urban planning, natural resource management, housing, transportation and health services. Considerable overlap is evident in spirit, if not yet in practice, between these communities of practice.

With this in mind, the guide offers a number of practical tools that can jump start a more inclusive planning process across sectors and through the disaster cycle. Internationally, numerous checklists and policy guides are also available (see On-Line Resources).

Gender was the best predictor of decline in “activities of daily living” among seniors affected by the 1997 Manitoba flood. Women were three times more likely than men to experience declines in daily functionality.

Source: John Lindsay and Madelyn Hall, Older persons in Emergency and Disaster: A Case Study of the 1997 Manitoba Flood (WHO conference report)

Users will find information about specific issues, such as women’s health and violence as a factor in the disaster experience of women and men. You will also find discussion of data sources that are not always tapped but much needed to collect and analyze information about gender patterns and trends.

The section also invites you to consider the various kinds of vulnerabilities that women and men in different living conditions bring with them into hazardous situations.

The question, as always, is implementation. In the following section, we consider how changing

workplace culture and practice in emergency management organizations can help sustain these practical steps toward gender-sensitive programme development, and implementation, monitoring and evaluation.



Appended materials relevant to this section:

Sectoral checklist for gender mainstreaming
Six principles for gender-sensitive relief and recovery
Violence against women in disasters fact sheet

Resources & Talking Points for Section Three

With a gender framework in hand, the resources in Section 3 can be a catalyst for action. In the final section we turn to organizational capacity and culture which are the critical context for planning and implementation.

You may want to begin by reviewing the appended *Sectoral Checklist for Gender Mainstreaming* as it is a comprehensive tool based on international relief work. The exercises provided here address general concerns

and most specific ones, for example support for mothers and interventions to minimize post-disaster violence. Canada's health-based approach to disaster risk reduction makes health emergency planning an especially important activity so it is highlighted here, along with hazard-specific scenarios such as pandemic flu.

Use these materials to help you apply the general ideas of the last section to functional planning areas in your jurisdiction. What is the practical utility of this information? Who will benefit?

3.1 Gender Issues Throughout The Disaster Cycle

- Which phases are most critical for gender response planning—and why?
- How does gender mainstreaming in one phase, or in one set of activities, relate to others? Are there critical gaps that must be addressed and other that are optional?
- What resources are needed to implement these planning goals? Which are most important? Which are most/least difficult to organize?

3.2 Gendered Vulnerability And Capacity Assessment

- Is it more difficult to find data on women or men? If so, why?
- Is one section more difficult than others? If so, why?
- Imagine completing this form in an entirely different hazard context—what would change?
- Imagine completing this form in an entirely different cultural context—what would change?

3.3 Indicators For Gender-Sensitive Risk Mapping: Focus on Women

- Where would you find these data in your home town or planning area?
- What data collection strategies would work best for you?
- Which data sets are available over time for long-range planning and tracking social trends?
- How accessible are data integrating gender, age, culture, income and other factors?
- What are examples of indicators relating specifically to risk factors for men?
- Who should be involved in community based risk mapping?
- What has traditionally limited consideration of sex and gender—is it lack of data?
- How can women's and men's organizations be engaged?
- To what extent are indicators and risk factors hazard-specific?

3.4 Supporting Mothers in Disasters

- How sex-specific should support to parents be in disaster plans?
- How culturally specific?
- What issues might arise for lesbian mothers~or gay fathers?
- How could “other mothers” such as extended kin or friends be supported?

3.5 Addressing Violence in Disaster Contexts

- Is gender violence a life & safety issue in disasters? If so, what can be done to reduce it?
- How does fear of partner violence and/or sexual assault constrain women/men needing assistance?

- What conditions in the community make these forms of violence more/less likely?
- Who in your community is most affected by community violence? By violence at the hands of law enforcement or other authorities? By interpersonal or partner violence?

3.6 Women's Health and Emergency Planning

- What other sex-specific health promotion measures could be implemented to protect the health and well-being of men in disaster contexts?
- Which areas are more/less likely to be considered now? Why do you think this is?
- In which areas is positive action most/least likely? Why?
- How do gender-based health concerns for boys/men compare?

3.7 Hazard-specific Scenarios

- Why was this difficult?
- How do gender differences and inequalities interact with other factors?
- Are the same groups of women/men always at increased risk?
- How can women and men be engaged in these issues long before these scenarios unfold?



3.1 Gender Issues Through The Disaster Cycle

To better incorporate gender analysis into disaster work, planning and response agencies in the private and public sector should:

- Conduct *self-assessments* for strengths and weaknesses in gender equity
- Provide *staff training* in cultural diversity, gender relations and economic issues through the disaster cycle
- Ensure *gender-fair work practices* and policies
- Strive for *diversity and gender balance in employment* across organizational departments and hierarchies
- Provide *nontraditional opportunities for women and men* in planning and response roles
- *Identify and meet the needs of women as responders and victims*

Review each phase of the cycle and mark for special attention those you think your agency could address.

Gender responsive planning does not begin with emergency relief nor does it end with short-term recovery. What are the priority areas for action, in your view?

Do you agree that sex/gender impact women more than men in disasters so warrant more attention?

To better address sex and gender in emergency planning, knowledge and resources are needed to develop, revise or strengthen existing core planning activities. The specific needs of women are highlighted here based on previous research on case studies. Action areas may include:

Communications and Preparedness

- Developing emergency warnings specifically targeting women, using community languages, women's networks, and innovative communication (e.g. printed shopping bags, school publications)
- communicating through women's organizations to reach non-majority language speakers, isolated women, low-income women
- expanding outreach to relevant women's groups, agencies, and coalitions
- adding crisis line numbers and women's services contact information to relief referrals
- consulting with women community leaders on language or cultural needs, life cycle issues, service or information gaps

Emergency Relief

- eliminating mandatory evacuation based only on gender
- identifying alternate evacuation space for women at risk or needing privacy
- supporting women in caregiving roles in relief centres
- providing on-site, culturally-appropriate, and gender-sensitive crisis counseling
- offering on-site respite care for dependent caregivers
- providing on-site child care at relief distribution points
- administering benefits appropriate to multiple family forms
- including trained women and men in disaster outreach

Temporary Housing

- identifying alternative safe space for abused women
- identifying and eliminating risks to women's security, e.g. poor lighting
- providing gender-sensitive mental, physical, and reproductive health services
- providing on-site support for caregivers, e.g. community centre, child care centre
- arranging public transportation (bus, jitney) to job sites, child care, relief agencies
- providing on-site access to needed employment, legal, and social services
- identifying women and children at risk of violence in temporary housing

Long-term Recovery

- representing women on community decision-making bodies, e.g. home-based businesswomen on business recovery task force, low-income women on housing committee
- recognizing gender-specific social impacts and recovery need , e.g. of family day care providers, abused women, home-based businesses, home health caregivers
- providing gender-sensitive mental health services
- ensuring access to women disaster counselors and female outreach workers
- recognizing caregivers to evacuated families as disaster-impacted

- prioritizing recovery assistance to highly vulnerable women, e.g. widows, single mothers, isolated women

Community-based Mitigation

- identifying local women’s groups, organizations, and agencies as community partners in disaster readiness
- recruiting and retaining women to professional and technical positions in emergency management agencies
- expanding recruitment of emergency volunteers from under-represented household types, age groups, social classes, and ethnic groups

Talking points

Which phases are most critical for gender response planning—and why?

How does gender mainstreaming in one phase, or in one set of activities, relate to others?

Are there critical gaps that must be addressed and other that are optional?

What resources are needed to implement these planning goals?

Which are most important? Which are most/least difficult to organize?



3.2 Gendered Vulnerability And Capacity Assessment

Identify gender patterns in your area that may contribute to increased social vulnerability--and gender patterns that can help reduce it. Vulnerability and capacity are not two ends of a single continuum as even groups living at high risk are often supported in crises by their life experiences, coping skills, and interpersonal networks.

The community groups knowledgeable about their everyday lives are excellent sources of information about the specific needs and the possible contributions of these groups to disaster resilience in your community.

Consult statistical fact sheets, local agencies and community groups working closely with women and men likely to be especially affected and least able to prepare or protect themselves.

Review one dimension of social vulnerability at a time-- for both women and men, and reflecting on both needs and capacities.

As you complete the work sheets, remember that sex and gender cut across all other high risk groups such as seniors or new immigrants. But also consider women and men as discrete social groups with distinct experiences due to sex as well as gender.

Disaster risk changes over time. Ask: "How are these patterns changing?"

Identify and rank order the action steps you think follow from identifying social vulnerabilities and capacities. Ask: "How would this affect my work? How should it? What is the best use of my resources?"

A. PHYSICAL RESOURCES

(e.g. hazardous location, residences, working sites)

Ex: Are more men in your area working in heat-exposed workplaces? Use this information to frame your risk messages and public outreach materials accordingly, working through women's/men's groups to increase awareness.

Ex: Are more women in your area working at home? Use this information to tap into networks of home-based workers to promote household preparedness. National associations such as child-care workers would be effective partners and may help provide resources.

Key facts and social trends:

- 1.
- 2.
- 3.
- 4.
- 5.

Practical implications:

Mitigation:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Preparedness:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Response:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Recovery:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown

Possible action steps (ex: risk communications, sheltering, evacuation, community outreach, networking, exercises, training materials, public education):

- 1.
- 2.
- 3.
- 4.
- 5.

MATERIAL RESOURCES

(e.g. livelihood, health and ability, kin work, mobility, time, language, communication)

Ex: Are more women in your area living with language barriers? Use this information to design accessible and culturally sensitive risk messages. Reach out to new immigrant women's associations and other cultural groups, and through them. Invite immigrant women's groups to participate in your community events.

Ex: Are more men in your area living alone? Is this trend increasing? Use this information to target men in risk communication and work through senior organizations to develop effective ways to reach isolated men with emergency assistance and preparedness resources.

Key facts and social trends:

- 1.
- 2.
- 3.
- 4.
- 5.

Practical implications:

Mitigation:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Preparedness:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Response:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Recovery:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown

Possible action steps (ex: risk communications, sheltering, evacuation, community outreach, networking, exercises, training materials, public education):

- 1.
- 2.
- 3.
- 4.
- 5.

PSYCHOSOCIAL RESOURCES

(e.g., self-confidence, autonomy, mental health, sense of safety)

Ex: Who is well-represented in current informational workshops or volunteer preparedness networks? Are women/men less likely to participate or to speak publicly? Why? Use this information when you plan community workshops and solicit volunteers.

Ex: Are more women in your area living with mental illness? If so, can they be reached through women's health networks in your city or province? Tapping into women's networks can help you reach high-risk groups and encourage preparedness among grassroots organizations serving these groups.

Key facts and social trends:

- 1.
- 2.
- 3.
- 4.
- 5.

Practical implications:

Mitigation:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Preparedness:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Response:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Recovery:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown

Possible action steps (ex: risk communications, sheltering, evacuation, community outreach, networking, exercises, training materials, public education):

- 1.
- 2.
- 3.
- 4.
- 5.

CULTURAL RESOURCES

(e.g., access to public space, political expression, faith, human rights protections)

Ex: Are more women at risk of domestic violence in your area? How will this affect their ability to protect themselves, prepare their households, or evacuate? Consult with antiviolence groups to reach these women and plan for safe evacuation space and post-disaster psychosocial help reflecting the risk of violence.

Ex: What women's and men's faith-based organizations or auxiliary organizations work in your area? You may be able to work through these to reach different populations with information about workplace or household mitigation and other issues.

Key facts and social trends:

- 1.
- 2.
- 3.
- 4.
- 5.

Practical implications:

Mitigation:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Preparedness:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Response:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown
Recovery:	<input type="checkbox"/> Very relevant	<input type="checkbox"/> Not highly relevant	<input type="checkbox"/> Little difference	<input type="checkbox"/> Unknown

Possible action steps (ex: risk communications, sheltering, evacuation, community outreach, networking, exercises, training materials, public education):

- 1.
- 2.
- 3.
- 4.
- 5.

Source: Adapted from Mary Anderson & Peter Woodrow, *Rising from the Ashes: Development Strategies in Times of Disaster*, 1989

Talking points

Is it more difficult to find data on women or men? If so, why?

Is one section more difficult than others?
If so, why?

Imagine completing this form in an entirely different *hazard* context—
what would change?

Imagine completing this form in an entirely different *cultural* context—
what would change?



3.3 Indicators For Gender-Sensitive Risk Mapping

Because effective disaster response and mitigation depend on accurate knowledge of vulnerabilities and capacities, community assessment and mapping should include social as well as environmental factors. Sex-disaggregated data on the points below are a vital planning tool for practitioners.

HOUSING, HOUSEHOLD AND FAMILY STATUS:

- How many senior women live alone here, and how many women reside in social housing projects?
- What proportion of local households are headed by women? What is their economic status and family size?
- What is the average family size in this community? How many are very young or very old?
- How many single women reside here, in what age groups? How many women are widowed? How many local women are primarily homemakers, married, with children under the age of 18?
- What child care and elder care resources are there, and how are they accessed by various households? How many households typically include foster children?
- How many women reside in nonfamilial institutions on average throughout the year, including battered women's shelters and transition homes?
- What proportion of homeowners and renters are women?
- How many predisaster homeless are there here and what proportion are women? How many of these are women with children, and what resources do they access?

This exercise promotes comprehensive and inclusive risk mapping. Data on many of these points are available through Statistics Canada though rarely incorporated into risk assessments. But a welcome side-effect of completing the worksheet is the connections you will make with local community groups as you seek out more information.

Why is it insufficient to rely on census data distinguishing only "female" and "male" in a residential unit?

You'll want to search for similar information about men (see below).

ECONOMIC STATUS AND EMPLOYMENT:

- How is women's and men's work different locally in the household, in voluntary community work, in agriculture, and in work organizations?
- What percent of local women and children live beneath the poverty level? Where do most reside?
- How many local women are in the paid labor force? What is women's seasonal unemployment rate? What are the average annual earnings of employed women?

- How many women work full-time in dual-earner households? How many work part-time, in family-owned businesses, or as self-employed homeworkers? How many own small businesses and are employed in executive or managerial positions?
- How many women are employed in disaster-responding professions such as counseling, primary school teaching, and nursing? Do disaster agencies employ many dual-career couples in response roles?
- Do migrant worker families reside in this community seasonally? How many are headed solely by women?
- Are women land-owners in this community? Do they access credit through banks and other lending agencies?

EDUCATION, LITERACY, AND COMMUNICATION:

- What proportion of local women did not complete secondary school? What proportion of post-secondary diplomas or degrees are awarded to women locally?
- How many women here lack formal education and literacy in any language? How many are multi-lingual?
- What training institutes or post-secondary institutions do women here access?
- What community papers, radio stations, and other media are most popular among area women?
- Which radio programmes, newsletters, or community papers serve primarily female audiences, if any?

ETHNIC AND CULTURAL PATTERNS:

- What are the primary ethnic and cultural communities represented here? What is the overall economic status of these groups and where do the majority reside?
- How integrated or segregated is the community by national origin, citizenship status, race, or ethnicity?
- How many languages are spoken by women in this community? How many women do not speak the dominant community language?
- What formal or informal leadership roles are available to women in different communities at the local level?
- What is the economic, social, and political status of First Nations women in this region? What are their primary health and housing needs?

HEALTH AND WELL-BEING:

- How many residents on average reside in extended health care facilities here? How many are women?
- How many local residents are physically and/or intellectually disabled? How many are women?

- What resources exist for women experiencing sexual or domestic violence and for women living with AIDS or substance abuse problems?
- Are reproductive health care services affordable and accessible? What resources exist for maternal and infant care?
- What mental health services exist here? How many specialized programmes target women?
- How many ill, disabled, or other residents are cared for at home by informal caregivers? What alternatives to in-home care are available locally?

POPULATION PATTERNS AND TRENDS:

- What is the age distribution among the total population, and among the female population?
- What is the citizenship status of the women in this community? Are many recent immigrants to this country?
- How transient is the local population? Do women migrate here for work or other reasons?
- What proportion of women here live outside municipal boundaries? How many reside in isolated rural areas?

SOCIAL AND POLITICAL STRUCTURE:

- What forms of political leadership do women exercise here by appointment or election? How active are different groups of women in local electoral politics?
- Who exercises informal leadership or is visible locally on women's issues? Who here speaks for which women?
- What formal and informal groups or organizations serve women locally? Which take leadership roles on gender equity issues?
- How integrated are women's services with other community-based organizations or networks? How visible are women's issues in this community?
- How have local women been involved traditionally in disaster mitigation or response, for example as agency volunteers or staff, in school or neighbourhood-based activities, or in environmental groups?

BUT WHERE ARE THE DATA?

Statistical data on some of these indicators are readily available for your community or province through Statistics Canada. Because social relationships rather than numbers are most important, alternate indicators for gender relations must be used cautiously. For example, "the percent of single-headed households" in a

census district is used to indicate “gender” though household income when headed by women is typically lower.

Disaster planners can work with local researchers, women’s groups, and community leaders to create this knowledge base, ensuring more inclusive and comprehensive planning and engaging women as partners in disaster preparedness and mitigation.

Among other strategies:

- Request sex-specific data from provincial, regional or national planning authorities and extrapolate to your jurisdiction
- Collaborate with local college and university researchers, including gender studies students
- Network with local women’s groups to learn what sex-specific data they collect or can access
- Consult foundation reports and case studies conducted with women or on gender relations in your area
- Estimate local conditions by examining higher-order Statistics Canada data, e.g. on the proportion of women who rent or grandfathers who are primary caregivers for young children
- Partner with women’s groups active on such areas as sustainable development, environmental, safe cities, immigrant rights, or disability to fund local research and background reports
- Ask municipal authorities, health operations, or housing specialists to track relevant trends by sex for use by emergency planners
- Post queries on specific topics to the Gender and Disaster Network of Canada
- Form a community advisory committee that includes organizations working with high-risk women and their families, and help them conduct participatory action research strategies to meet your knowledge needs as local planners for community safety

WHAT ABOUT MEN?

These indicators focus on girls and women to highlight their increased risk and the need to incorporate this into vulnerability assessments. Too often, generic data stand in for “people’s vulnerability” but really relate most to men. Examples are the use of overall employment rates (many women work part-time or are self-employed in work based at home) and the overall percent of home-owners (can mask significant proportions of low-income women renters).

What indicators are needed to map risk factors related to sex and gender in the lives of men throughout the life course?

- 1.
- 2.
- 3.
- 4.
- 5.

6.

7.

A good risk map reflects hazard exposure and susceptibility as well as social vulnerability and capacity.

Gender analysis adds value. For example, knowing that a low-income neighborhood has a high proportion of single-headed households suggests the need for outreach.

Knowing that this is an area with a high proportion of poor, senior men heading households alone suggests the need for urgent outreach. This is because they are likely to have fewer social ties than women in this position.

Might this generalization about men's networks vary culturally? All mapping exercises must be context specific so consult local sources.



3.4 Supporting Mothers in Disasters

Supporting mothers through a disaster. What can we do now? For a start, we can involve mothers in planning for mothers and children. We can ask what would be most helpful, and the answers are not likely to be services existing today in Canada:

- paid short-term leave from work to make arrangements for recovery, encouraging
- employers to provide voluntary vacation donations for vulnerable
- employees
- access to cleaning services; photography services to replace or restore family photos
- community kitchens
- free communication to access personal supports
- safe and accessible transportation services to provide children and youth with
- opportunities to get to normal activities and assist women to get to the necessary services while having children in tow
- safe, accessible day care at no or at least affordable rates for women who didn't have day-to-day child care, whose day care is no longer operating or who can't afford it due to other financial demands
- no interest/low interest loans to restart home businesses
- non-directed funding e.g., provide \$200 to send the kids to stay with Aunt Susie
- grants to assist in clean-up costs up-front
- monitored youth activities to engage youth in appropriate and supportive activities and
- to empower youth to assist in community recovery
- safety to protect from violence and provide feeling of security
- parental education regarding the need to provide children with psychosocial supports, and support for children-based services such as arranging birthday celebrations, community social activities, art, play and theatre activities, and weekend "Mom and Tots" camps.

Caring for the caregivers--what specific plans or commitments could be made now?

Consider these suggestions and draft a memo to authorities in your sector or region on the need to highlight caregiver support in recovery planning.

Should the role of mothers be minimized? If so, why?

We can empower women to become engaged in their own recovery while providing them with treats too. Given the additional stresses with which many must cope, it is not extravagant to consider providing massages, respite childcare as "time outs" for mothers, luxury treats, cleaning services; and counseling. Finally, and importantly, we must provide opportunities for women and youth to contribute to community recovery planning.

Talking points

- How sex-specific should support to parents be in disaster plans?
- How culturally specific?
- What issues might arise for lesbian mothers-- or gay fathers?
- How could "other mothers" such as extended kin or friends be supported?

"She took care of the kids. I took care of myself."
Flood-affected man, Southern Manitoba, Enarson and Scanlon 1999

Source: Adapted from Laurie Pearce, Women and children in disasters: Issues for discussion, Cape Breton gender and disaster conference: [p://www.capebretonu.ca/ICEMS/Gender%20and%20Disaster%202006.pdf](http://www.capebretonu.ca/ICEMS/Gender%20and%20Disaster%202006.pdf)

3.5 Addressing Violence in Disaster Contexts

Women living with past trauma, the threat of violence, domestic and/or sexual assault have unique needs during disasters, including:

- physical security during emergency if in shelter or on-site
- safe and secure evacuation space for women in shelter or needing privacy
- access to appropriate medical care
- affordable, safe housing in the post-disaster housing market
- continuity in counseling relationship
- assistance securing disaster relief funds and goods

Because disasters can force women back into dangerous relationships, increase financial and housing stress, and re-traumatize recovering women, disaster victims who are also subject to violence often have greater needs for:

- counseling or support groups
- children's services
- mental and/or physical health care
- transportation assistance
- legal assistance
- employment assistance
- financial assistance

Paradoxically, while the need for assistance and protection may well increase for some victim/survivors of violence after disasters, the resources of antiviolence services are likely to be reduced due to:

- direct effects on the facility, e.g. damage and closure, lack of preparedness for business/service continuity
- indirect effects, e.g. loss of power, partner agencies closed
- staffing issues (absenteeism, personal disaster recovery, post-disaster job stress)
- lack of awareness or information at the community level about existing resources
- inadequate funding resources for reconstruction/relocation
- diversion of traditional funding sources/ diminished local fund-raising capacity
- new pressures, e.g. responding to affected sister agencies, or the media

*Review the **Violence Against Women in Disasters** fact sheet in the Appendix for examples of increased domestic abuse and sexual assault in the aftermath of disasters, sometimes as long as a year later.*

By completing this action planning exercise you identify intervention points through the disaster cycle to help reduce fear of violence as a factor undermining capacity.

You will also forge vital connections with groups providing "critical social infrastructure" in your community.

A good resources is "It Can Happen to Your Agency! Tools for Change-- Emergency Management for Women" is a preparedness manual from B.C. for women's services working against violence (see On Line Readings in the Appendix).

ACTION PLANNING: Begin the process of intervening to reduce avoidable harm through the disaster cycle, and build a stronger community.

What are good sources for the kinds of information that you will need?

- Provincial networks of community organizations
- Foundations with a focus on violence prevention
- Women’s health networks
- Women’s antiviolence services and coalitions
- Women’s and men’s advocacy groups relating to HIV/AIDS, persons with disabilities, ethnic groups with high arrest rates, safe communities project

Talking points

Is gender violence a life & safety issue in disasters? If so, what can be done to reduce it?

How does fear of partner violence and/or sexual assault constrain women needing assistance?

How does fear of interpersonal violence constrain men needing assistance?

Which residents in your jurisdiction are likely to be most affected by different kinds of violence?

"So many victims of battery have been isolated from the normal networks of support—family, job, things like that . . . Now here's this person that's holding on, just barely holding on—the disaster hits. It's not just them, but everybody around them, they scatter. The little bit of sorts of support that's been helping that victim hold it together is gone, and in fact they may be forced into a situation, which we saw here, of ending up in the home of the family of the abuser and actually having more to deal with, with less support than they've ever had before. I mean, it just mushrooms, the stress level of that victim. . . . When you talk about the Red Cross shelters . . . My concern about the women who are in shelter—they're in that shelter because they're in danger. And the Red Cross shelters, those type of shelters, are not safe for them. Their other courses of action tend to be neighbors, friends, family members—who are logical places for the perpetrator of that violence upon them to look for them. . . . They're just going to put 2 and 2 together and say "OK, well where is she going to go?" Shelter crisis workers interviewed in Grand Forks, ND. [Enarson 1999]

"Eugene Richards, a seventy-year-old African-American man who has lived in North Lawndale [in Chicago] since the late 1950s, recalled that in the early days "when it got hot, the whole block would go to Garfield Park and sleep outside. We'd take out blankets and pillows, people would sleep on benches and in the grass. And we just left the dogs in the yard. And that was it." I asked Eugene whether people went to the parks during the 1995 heat wave. He looked at me incredulously and chuckled to himself. "Over here? Now? Are you kidding me? No, no, no. No one would sleep. I won't even walk at night around here. It's too dangerous." Sociologist Erik Klinenberg interview from *Heat Wave: A Social Autopsy of Disaster in Chicago*, 2002, p. 57.

Action Planning to Reduce Violence in Disaster Contexts

	What agencies or advocacy groups in my jurisdiction work on these issues? Which provide direct service or operate shelters?	How could our organization help?		
		Preparedness	Relief	Recovery
Partner violence, i.e. domestic abuse				
Sexual assault				
Interpersonal violence, i.e. stranger or street assaults				

3.6 Women's Health and Emergency Planning

Mitigation

- ___ Have you identified women among the vulnerable populations in your area? Which groups of women? Where do they reside and what languages do they speak?
- ___ Is gender-specific health information included in your assessment of community vulnerabilities?
- ___ Does your emergency planning team include direct-service agencies knowledgeable about the health needs of local women?
- ___ Are women's shelters and other antiviolenence agencies integrated into your local emergency management plans?
- ___ Are protocols and services in place to support women health care providers who may have conflicting work and family responsibilities?

How gender-aware is your health emergency planning?

This exercise highlights sex and gender health concerns for women in disasters.

Repeating it for men is Recommended.

Preparedness

- ___ Have you stockpiled medication and supplies specifically needed by pregnant or lactating women, and by other women with special needs?
- ___ Are your disaster counselors trained in violence issues? Do you include information about family stress and violence in your emergency preparedness materials?
- ___ Will emergency child care be available for women with young children needing medical assistance?
- ___ Do your plans for emergency shelter and temporary housing incorporate women's health needs, for example for reproductive health care?
- ___ Have you identified alternate safe evacuation sites for women at risk of violence?
- ___ Have you consulted with women's health organizations into your area about their disaster response resources and needs?

Emergency Relief

- ___ Are women's needs met in personal hygiene kits, emergency food aid, and stockpiled medicines and supplies?
- ___ Is gender-sensitive counseling available in reception centres, at distribution points, and in emergency housing sites?
- ___ Is reproductive health care across the life span available to all women?
- ___ Are women able to consult with female health care providers? Can the consult with women health care providers from diverse cultural groups?
- ___ Is priority restoration of utility and communication systems available to women's shelters providing critical services to women impacted by violence?
- ___ Is transportation available to ensure women's access to your medical services?
- ___ Is women's health information available in all major community languages and accessible to disabled women?

In a study from Quebec, Canada of a prolonged ice storm, prenatal maternal stress increased and the cognitive development and language development of the unborn child was negatively affected.

Source: King and Lepland, 2005, *The effects of prenatal maternal stress on children's cognitive development: Project ice storm. Stress 8,1: 35-45.*

Recovery

- ___ Do you train medical outreach workers to recognize post-disaster health issues specifically affecting women, e.g. caregiver stress, violence, reproductive care?
- ___ Have you budgeted for long-term mental-health services for women impacted by violence, isolated family caregivers, low-income single mothers, frail senior women, and others particularly vulnerable to post-traumatic stress?
- ___ Are provisions in place for respite care if needed, e.g. for at-risk single mothers, or caregivers to the disabled and seriously ill during disasters?
- ___ Have you planned to monitor and assess women's medical needs through the long-term recovery period?
- ___ Do recovery plans in your area include financial and other support for women's organizations providing disaster-related health services, for example to assaulted or abused women, women with disabilities, or undocumented women?

Talking points

Which areas are more, or less, likely to be considered in your organization? Why?
In which areas is positive action most or least likely, and why?
How would emergency health plans incorporate the gender-based health concerns of men?

3.7 Gender Considerations in Hazard-Specific Scenarios

Emergency planning “hopes for the best” but plans for the worst-case scenario. You know the hazards that endanger the local population, and also their social vulnerabilities and capabilities. Now consider whether your plans reflect the gender dimensions of the event you hope will never transpire. Consider one of these 4 scenarios, or make your own.

1. Extreme heat event

Last summer was hot but not this hot. Environment Canada has predicted that temperatures will soar and all conditions are in play for a potential heat health emergency—humidity, sustained high temperatures predicted, poor air quality, little chance of a cool down at night. Already, reports are in from area hospitals of higher-than-normal admissions for heat stress and other heat-health conditions. The heat response plan was revised following last summer’s extreme heat, but new concerns have been raised about population safety. In Europe, most of those who died in the 2003 heat wave were old, poor women—but in the US, more men tend to die from heat-related causes, and in Canada, more men than women seek out emergency help with heat symptoms.

Brainstorm these scenarios after reviewing the following “Gender sensitive questions.”

Now use this as the basis for planning a community exercise.

Who are the key stakeholders?
How can you partner with them in planning, conducting and evaluating a gender-sensitive exercise?

How have women’s and men’s groups been involved before?

What will happen here? What can be done to reduce avoidable harm? How can gender analysis help?

2. Influenza pandemic

SARS was a wake-up call so your office has spent weeks developing an emergency response plan for an outbreak of influenza. World Health has been monitoring the occurrence of bird flu in VietNam and now reports growing numbers of cases transmitted to humans. Health CA cautions that the antivirals thought to be most effective for this mutation are being manufactured but not yet available for all. Already, some schools and preschools are reporting below normal attendance. Hot lines are swamped with calls from frightened residents and journalists are camped outside the office doors. Many nurses were unable to report to work when SARS began to take the lives of health workers. Will they be available now?

What will happen here? What can be done to reduce avoidable harm? How can gender analysis help?

3. Campus explosion and evacuation

You can see the smoke billowing from your office but no official reports are in yet about the explosion. It seems to be very near to campus or on the campus itself, and there’s too much smoke to see the residence halls. Was it an accidental fire or explosion? Campus doesn’t seem to be the safe space it used to be—could this be an armed attack of some kind or a politically motivated explosion? Is so, who and why, and where are the perpetrators now? You can hear the sirens of emergency vehicles but out your window you see that the main highway across the river is already backing up. Is it time to evacuate? The “disaster resilient university” programme you implemented last year raised awareness about how to protect critical library materials and business continuity plans are in place, but you haven’t yet trained students and faculty in emergency preparedness. How safe are we?

What will happen here? What can be done to reduce avoidable harm? How can gender analysis help?

4. Power outage

Was it a malicious hacker or the ice storm that caused the outage? Two days now and your contact on the Emergency Planning Team just called to warn the Independent Living Centre not to expect power for as long as a week more in our part of the city. You heard on the radio that the Red Cross is opening reception centres and emergency social services are gearing up to assist, but you haven't been able to reach all the personal assistants on your list to see if they can manage to get to their clients? Who still doesn't have back-up power for their oxygen tanks and wheel chairs? The registry system planned for next year is still "in the works" so first responders don't know where your clients live or what they can and can't do for themselves. So far, the back-up generator is keeping your own office functional but for how long?

What will happen here? What can be done to reduce avoidable harm? How can gender analysis help?

Talking points

How do gender differences and inequalities interact with other factors that increase risk in these scenarios?

Are the same groups of women/men always at increased risk?

How can women & men be engaged long before these scenarios unfold?

"My son-in-law was angry (that I was working) but you just reassure them that you're taking a shower and you're taking all the precautions. And my boyfriend was the same way. You make sure that you wear that stuff and take all the safety precautions because he didn't want me getting sick. I think we were more at ease, but our family members were definitely upset."
Nurse responding to SARS outbreak, Amaratunga and O'Sullivan 2009

GENDER SENSITIZING QUESTIONS FOR HAZARDS AND DISASTERS

People are different exposed to various hazards and not equally susceptible once exposed. They also have differing capacities for self-protection and different levels of preparedness.

Women/men are overly broad categories for planners. In each area below, consider:

- Women and men in different cultural/ethnic groups?
- Women and men in different age groups?
- Women and men in different language groups?
- Women and men in different economic groups?
- Women and men with different cognitive abilities or limitations?
- Women and men with different physical abilities or limitations?

Different issues arise throughout the disaster cycle. In each area below, consider:

- Mitigation
- Preparedness
- Response
- Recovery

Different hazards create different kinds of risks and elicit different responses. In each area below, consider:

- What are the particular challenges of this event?
- How can people prepare for disasters or emergencies of this kind?
- How can the effects of this hazard be mitigated?
- What promotes resilience in this context?

A. Who is most at risk? Who and where?

- Which women are most at risk? Which men?
- Where are high-risk women likely to be? And high-risk men?
- Is the high-risk population a gender-balanced group?
- If not, are women or men over-represented?

B. How are people likely to act and react?

- How are men likely to act? Why? And men?
- How are women/men likely to act at home? On-scene?
- How about female/male responders?
- Female/male emergency managers?
- Female/male members of the public?

C. Who is it essential to reach with warnings and guidance?

- Which women? Which men?
- How can they best be reached—through what media, and when?

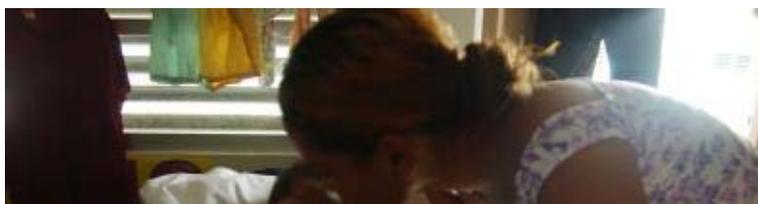
D. What supplies or equipment are needed?

- By women?
- By men?

E. What services or resources are needed, e.g. information, clothing, medical care, transportation, housing, psychosocial?

- By women?
- By men?

F. Where in the disaster cycle are gender issues most salient?



I really can't over-emphasize the need for child care workers. I worked 18 hour days seven days a week for several months on end and my children just got left to fend for themselves. My community had promised they would like after my kids while I worked by that promise soon went by the board. We had no trauma team in place. It took three and a half months from the blizzard to get a trauma team in place working in our community. They had workers in Winnipeg at reception centres, but when we moved home there was nobody there to help us re-enter into the community.

Flood volunteer Susan Goyer, Red River flood in Southern Manitoba, presentation to 1998 workshop *Women and Disasters: Exploring the Issues*.

SECTION 4

ORGANIZATIONAL CHANGE



Organizational self-assessment
Seven analytic tasks of mainstreaming
New community partnerships
Women in emergency management

Organizational change

Gender is always present in emergency management organizations—in the people who work there, how they relate, what they do and why they do it. Some workplaces are especially “gendered,” either highly masculine (think fire fighting) or highly feminine (think elementary school teaching). Indeed, work is one of the places that women and men “do” gender, meaning we demonstrate our identity and competence as “real men” and “real women.”

Historically, the statistical dominance of men in core emergency management roles and occupations developed over time into a highly masculinized workplace. Traditional gender norms reflect and reinforce those of the profession as it developed from an era of civil defense to today’s homeland security concerns. “Command and control” was sought, valued, and rewarded.

How do organizational cultures change? External pressures and the broader organizational environment are important “push” factors. The paradigm shift underway around the world in emergency management promotes a different set of values and practices—less focus on response, external assistance and control and more on more on prevention, participation and community. Repeated failures in traditional top-down approaches have inspired these new expectations and legislative mandates reflect this, for instance in the requirement that local communities and health authorities plan for emergencies and disasters.

With this shift come new opportunities for men and women whose life experience, job skills and gender identify are a better fit with this new framework. Organizations in this field may well be “pulled” by this new workforce toward a different notion of business as usual, including heightened protection of people’s human rights in disasters.

THE INVISIBILITY OF GENDER

During a heat wave, everyone is at risk, but some groups are more vulnerable than others:

- Infants (under 1 year)
- People 65 years of age or older
- People with chronic medical conditions
- People on certain types of medications
- Homeless people
- People with limited mobility
- People with mental impairment
- People who exercise vigorously outdoors (play sports, cyclists, gardeners)
- Outdoor workers (depending upon length or time and exertion levels)
- People who work in places where heat is emitted through industrial processes (e.g., foundries, bakeries, dry cleaners)

Excerpted from *Extreme Heat Fact Sheet*, Public Health Division, Ontario Ministry of Health and Long-Term Care

Men were the overwhelming majority of the unclaimed bodies among fatalities in Chicago’s 1995 heat wave, and heat-related deaths overall. Source: Erik Klinenberg, *Heat Wave: Social Autopsy of Disaster in Chicago*, 2002

Hospital data from Manitoba indicate that more men (133) than women (87) were hospitalized with hyperthermia between 1992 and 2007. Source: Manitoba Department of Health, 2008

Women and men alike are increasingly drawn to work with families, children, and neighbourhood organizations, and see prevention and sustainable recovery as the core activities of emergency management rather than emergency response. They see that differences and inequalities matter in disasters, for example between people of different ages, or those with and without economic resources or personal mobility. Many also see how sex and gender become relevant, too.

In this section, we offer some benchmarks for assessing gender sensitivity in your organization, and then invite you to identify specific areas of growth and opportunity for change.

There are many ways to engage the passions, insights and knowledge of women and men in the communities around you. We offer guidance about working with women's groups especially due to their historic roles in the family and community, knowledge of the strengths and resources of even the most disadvantaged girls

and women, and related work on environmental concerns and environmental justice.

The face of emergency management is changing. As should be expected, male emergency managers today—young and old, short-termers and lifers—are adjusting differently to the new mix. For women, as you may have experienced or observed, the challenges are intensely personal. Both women and men are agents of change in this era of transition and challenge, and our communities are safer for it.



Gender and Disaster in Canada: New Thinking, New Directions, Cape Breton University, 2006

Resources & Talking Points for Section Four

Emergency management is a dynamic profession and practiced differently in many different contexts. While women are increasingly involved, leadership in the community of practice remains strongly dominated by men. Does this matter? Is organizational leadership and change required to facilitate gender mainstreaming, or new faces?

In this final section of the manual, you are offered assessment tools for identifying gaps and opportunities and encouraged to consider the perspectives of both women and men in this time of great change.

Begin by considering the status quo—how is your own agency, department or institution doing? What are the forces of change? There are many aspects of mainstreaming but undertaking but seven steps are emphasized below for organizational development. New partnerships with women’s and men’s organization, and new roles for both women and men in our emergency planning departments, are strong steps forward.

4.1 Organizational Self-Assessment

- What would a ‘gender responsive emergency management organization’ look like? Are good models available?
- What are the “push” factors toward gender mainstreaming? What are the “pull” factors?
- What are the primary barriers limiting change—and the primary resources promoting change toward more gender responsive work in this area?

4.2 Seven Analytic Tasks of Gender Mainstreaming

- Why are these steps important to you?
- What are your priorities? What can you do first?
- What structural changes are needed? What can individuals do?
- What barriers to change do you see? What factors promoting gender mainstreaming?

4.3 New Community Partnerships

- Which of these groups are most/least active in your community?
- What has limited their involvement in emergency planning in the past?
- What can be done to develop or strengthen their capacity to participate more actively?
- What do single-sex groups or organizations bring to local emergency management?
- What resources are needed to fully integrate these groups and the gender knowledge they bring? Whose responsibility?

4.4 Women In Emergency Management

- How culture bound are these experiences? Would you hear similar stories everywhere?
- How specific are these observations to particular kinds of organizations or occupations?
- How are men likely to be affected by employment trends in the field?
- Are women the ‘face of the future’ for emergency management? Which women?
- What opportunities for non-traditional work in emergency management do you see for men?



4.1 Organizational Self-Assessment

1. Are we responsive to the experiences of women and girls as well as boys and men? How do we know?

- a. All emergency responses in the short- and long-term are based on gender-specific knowledge, observations and data gathered by mixed-sex teams during field assessments;
- b. The cultural contexts shaping gender identity and social relationships between women and men, and children and adults are known and reflected in our work;
- c. Early and regular consultation with affected women provide input and opportunities for self-determination;
- d. Gender aware monitoring and evaluation systems are in place involving women as well as men and reflecting knowledge of gender relations in disaster contexts;
- e. Efforts are made to consult with disaster-impacted women and women's groups to learn from their experiences, for example by supporting peer learning exchanges.

Gender is a cross-cutting risk factor as well as one that creates social groups at increased risk, e.g. pregnant women, men in hazardous occupations.

How gender-sensitive is your work with low-income families, seniors, immigrants, and other high-risk groups?

You might highlight the half dozen areas of strength or areas needing improvement and circulate to your colleagues for their input.

2. Can girls and women equally access our relief and reconstruction resources? What can be done to ensure this?

- a. Women are registered independently in their own names and women maintaining households are seen as a diverse group with different resources and needs;
- b. No preference accorded to male-headed households and no assumption that households are headed by men;
- c. Women's safety is paramount in the design and operation of encampments and in all projects, with reporting and monitoring systems in place;
- d. Community consultations are conducted with attention to barriers reducing women's ability to participate, such as safety, competing demands on time and energy, child care responsibilities or cultural restrictions on women's mobility and ability to speak publicly or help make community-wide decisions;
- e. Measures are in place to recognize and intervene in the event of human rights abuses and gender-based violence;

- f. Where women's public movement or contact with men outside the family is culturally constrained, alternate methods of distribution are in place such as female-only distribution teams.

3. Do our short- and long-term interventions promote gender equality and increased disaster resilience?

Are we sure?

- a. Women's groups engaged in development projects are partners in emergency response programming with special attention to environmental projects and concerns;
- b. Women's practical needs and strategic interests in crisis are recognized and incorporated into long-range recovery planning;
- c. Grassroots women are involved as key planning partners in the design, implementation, monitoring and evaluation of risk reduction projects such as hazard mitigation, vulnerability assessments and early warning systems;
- d. Resources are targeted to help local and nearby women's advocacy and self-help groups recovery from disaster impacts;
- e. Women and men equally are consulted as household and community decision-makers;
- f. Increased opportunities for girls and women are incorporated as planning goals in all long-term recovery measures, e.g. leadership development, literacy, reduction of violence, skills training projects;
- g. Nontraditional skills training, earning opportunities, public roles and other opportunities are provided equally to girls and boys, women and men;
- h. Men are recognized as caregivers and women as earners with attention to the impacts on children of changing expectations and roles.

4. Are we reaching those most in need? How do we know?

- a. Priority attention is reflected in budgets and projects for girls and boys differently at risk, for example of abandonment or abuse or increased poverty after disasters;
- b. Women are employed in ways and places and in sufficient numbers to effectively reach girls and women;
- c. Men as well as women are employed in the field as providers and evaluators to ensure that psychosocial and other services reflect the gender-specific needs of girls and women, boys and men equally;
- d. Affected women and women's groups were consulted to identify high-need individuals and family groups in camp, e.g. those also impacted by armed conflict;

- e. All relief and rehabilitation outreach projects reflect knowledge of the risk of increased vulnerability for girls and young women, e.g. involuntary pregnancy or marriage, greatly increased domestic work, reduced schooling and all forms of gender-based violence;
- f. Socially stigmatized or “invisible” groups were sought out, e.g. women migrants, women living with disabilities, HIV/AIDS and/or other chronic diseases, widows and others living alone, the frail elderly, sex workers, women not literate in the dominant community languages, and those with large numbers of dependents;
- g. Outreach is made to socially invisible men impacted by traditional or emerging gender norms, e.g. older men with child-care responsibilities, men in environmentally-dependent jobs and industries, men living with disabilities caused by the disaster.

5. Is our work grounded in specific knowledge about the girls and women, boys and men in this particular context? How do we know?

- a. Our staff receives on-going training about gender-responsive emergency response as orientation to cultural, historical and political economic conditions in the impacted area;
- b. Country profiles and briefing reports were consulted in programming, e.g. information on migration patterns affecting men and women, health trends, human rights violations, women and men in local or national armed conflicts;
- c. Sex-specific data at the most local level possible were collected and consulted throughout the project planning cycle, e.g. about women’s work in the informal sector, maternal and child health, exposure of girls and boys to gender-based violence;
- d. Staff hiring, supervision and evaluation practices and policies encourage local field staff and managers to demonstrate and use local knowledge about the intersection of gender, age, ethnicity, economic status and other social fault lines;
- e. Gender focal persons or teams are designated at the grassroots level to collaborate with affected persons about gendered impacts and responses, and enable local, regional and national specialists to act on this knowledge.

Talking points

What would a 'gender responsive emergency management organization' look like? Are good models available?
 What are the “push” and the “pull” factors in gender mainstreaming?
 What barriers most limit change? How can these be overcome?

4.2 Seven Analytic Tasks for Gender Mainstreaming

Ask questions about the responsibilities, activities, interests and priorities of women and men, and how their experience of problems may differ.

- How can women on their own in emergencies be supported? Men on their own?
- How do the health and security needs of adolescent girls and boys differ in emergency settlements? Do we consistently provide sex-appropriate food, personal hygiene items, and other personal items in relief packs?
- What challenges to women living with disabilities or HIV/AIDS in emergencies face?
- Do our first responders and emergency social service staff and volunteers have a solid knowledge base about how women's and men's lives relate in this cultural context?

Question assumptions about “families,” “households,” or “people” that may be implicit in the way a problem is posed or a policy if formulated.

- How do we reach women and men not living in households?
- How are marriages formed here, and how does this affect women's access to relief goods?
- How do we know if girls and women in disadvantaged positions within households are receiving relief supplies?

Obtain the data or information to allow the experiences and situation of both women and men to be analyzed.

- What sex-specific data are available before the crisis? Do we know the unemployment rates for women or the major health risks faced by boys and men here?
- Have we sought out advocacy groups, academic and government bureaus and international data sources for information about “disaster prone” areas we are likely to serve?
- When we respond to disasters, do we seek out elders of both sexes and women more knowledgeable than men about the vulnerability of girls and women here to sexual assault and domestic violence?
- Are we learning from village women, too, or mainly from local men?

Seek the inputs and views of women as well as men about decisions that will affect the way they live.

- Do we consult with the people depending on our services for feedback about access, quality, and specific unanticipated needs?
- How do we learn about women's networks in this emergency, or women's advocacy groups?
- How do we ensure that their views are also heard when questions or conflicts arise?
- If we are not including women as decision-makers, how would we know?

Ensure that activities where women are numerically dominant (including domestic work) receive attention.

Workplace change begins with awareness but can't be sustained without commitment and resources.

Think about working over coffee with a small group to identify opportunities and resources for change.

Or, in a larger group, post large pieces of paper with headings such as Human Resource Policies, Workplace Culture, Organizational Leadership, or others.

Take some notes on all four sheets about the resources needed for change--what is in place and what may be needed.

- What do we know about the gender-based division of labor here?
- Do we know what women's dominant areas of responsibility are, for example in food production or care of dependents?
- How are girls and boys, respectively, involved in household labor and what does that tell us about their post-disaster needs?
- Do we know in what areas of employment women and men respectively are dominant in this community and region? Do our post-disaster recovery plans reflect this?

Avoid assuming that all women or all men share the same needs and perspectives.

- When we help disaster-stricken communities relocate, how do we monitor the effects on women's and men's livelihoods, respectively? On women's personal security? On men's mental health?
- What efforts are we making to reach subgroups, for example men migrating to new areas alone, women heading households alone, or grandmothers with additional responsibilities for ill or orphaned children?
- Does our outreach to the unemployed reach women who earn income at home?
- Do we understand social differences and resources among women of varying castes or ethnic groups or language groups?
- Do we know how being female or male makes a difference in sub-groups such as the widowed or unemployed here?

Analyze the problem or issue and proposed policy options for implications from a gender perspective and seek to identify means of formulating directions that support an equitable distribution of benefits and opportunities.

- What opportunities for empowering girls and women arise in the aftermath? This can reduce risk in future disasters-how are these captured in our outreach and response?
- Are budgetary allocations to response and relief resulting in equal services to women and to men? How do we know?
- Do we employ women in decision-making positions who are knowledgeable about culturally-specific gender relations as well as other social conditions in crisis?

Source: United Nations, Office of the Special Advisor on Gender Issues and Advancement of Women, 2002. *Gender Mainstreaming: An Overview* with examples from disaster contexts provided by E. Enarson.

Talking points

Why are these steps important to you?
 What are your priorities? What can you do first?
 What structural changes are needed? What can individuals do?

Gender-Sensitive Preparedness Saved Lives: Hurricane Mitch in Honduras

The municipality of La Masica in Honduras, with a mostly rural population of 24,336 people, stands out in the aftermath of Mitch because, unlike other municipalities in the northern Atlantida Department, it reported no deaths. This outcome can be directly attributed to a process of community emergency preparedness that began about six months prior to the disaster. . . The pilot project involved the establishment of networks of local organizations in charge of risk and disaster management, coordinated through the Municipality and the Municipal Emergency Commission (CODEM). Networks were trained in the geographical mapping of hazards and an early warning system, and undertook an assessment of vulnerabilities differentiated by gender. Gender lectures were given and, consequently, the community decided that men and women should participate equally in all hazard management activities. When Mitch struck, the municipality was prepared and vacated the area promptly, thus avoiding deaths. Women participated actively in all relief operations. They went on rescue missions, rehabilitated local infrastructure (such as schools), and along with men, distributed food. They also took over from men who had abandoned the task of continuous monitoring of the early warning system. The experience shows that preparedness is an important step in saving lives. The incorporation of women from the start, on an equal footing with men, contributed to the success in saving lives. . . [C]ontrary to repeated findings in the literature on disasters, the community assessed the psychological situation and concluded that help was required for men, rather than women, to restore their capacity to contribute to the community.

Source: Mayra Buvinic, 1999, *Hurricane Mitch: Women's Needs and Contributions*. InterAmerican Development Bank: <http://www.iadb.org/sds/doc/SOC-115E.pdf>

Source: United Nations , Office of the Special Advisor on Gender Issues and Advancement of Women, 2002. *Gender Mainstreaming: An Overview* with examples from disaster contexts provided by E. Enarson.

4.3 New Community Partnerships

Action planning begins with risk assessment. When considering gender, don't overlook the positive resources that community, provincial and national associations of women and men can bring to your work.

First, assess who does what and how your agency may have partnered with them in the past.

Using this worksheet, the *Action Planning form* that follows can be readily completed for integration into your planning process.

Consult *Partnering with Women's Organizations* in the Appendix. to locate groups and networks in your area. Also consider service, educational, recreational, business, youth, faith-based, human rights, environmental, civic, political, and ethnic or cultural groups and networks where women and/or men in your jurisdiction come together as social groups.

Women's organizations	Active here?	What do they do locally?	What resources or assets, networks or data might they share?	How involved are they now in emergency planning?	Steps to increase involvement
Men's organizations	Active here?	What do they do locally?	What resources or assets, networks or data?	How involved are they now in emergency planning?	Steps to increase involvement

Talking points

- What do single-sex groups or organizations bring to local emergency management?
- Which of these groups are most/least active in your community?
- What has limited their involvement in emergency planning in the past?
- What can be done to develop or strengthen their capacity to participate more actively?

4.4 Women In Emergency Management

Especially in an era of retrenchment, when local communities must find or develop their own resources, it is important to learn how women and men, respectively, take steps toward mitigation, preparedness and recovery. Part of the answer lies in the relationship of residents to local emergency management and voluntary organizations active in disasters. These are the local people who cajole, nudge, enable, encourage or otherwise promote community resilience to disaster. It is, therefore, important to understand the gender dimensions of emergency management.

The gendered emergency management workplace

The Canadian emergency management system has historically had a strong basis in civil defense and the traditionally male-dominated jobs and occupations at its core, from law enforcement, emergency medical care, and engineering to senior management, public administration, information technology and utility managers.

This workplace culture is significant for at least three reasons. First, a military culture is response oriented and fosters a climate in which the 'tyranny of urgency' prevails and issues of gender (or culture or disability) are seen, if at all, as distractions. Secondly, this creates a work force in which gender, ethnicity and income converge, arguably undermining the capacity of emergency management to connect with those at risk who do not share their class, ethnic or gender status. Third, there is a concern that if emergency managers and responders are not confident of the safety of their families in the event of a disaster, the system as a whole may be jeopardized. Previous studies on this question of "role abandonment" were based on a workforce more likely to be married men with female support systems than is the case today.

The changing composition of the profession affects women and men alike.

Consider talking over lunch with men about the effects of these changes, asking them to "walk in the shoes" of new female emergency managers. Then do the same with women.

Now, order pizza and organize a talk on women and men in 21st century emergency management.

Career-building friendships and networks can be built in this way.

Working in a Man's World?

"I am often asked about working in a "man's world." I believe it is not a man's world but the world you make it out to be. The emergency management "world" encompasses not only the traditional first responder roles - police, fire and emergency medical services - but also the military, volunteer agencies, government departments and industry. Traditionally, female emergency managers have been represented in the health care, social service and educational agencies, while male managers have represented the police, fire and emergency medical services agencies. However, I have noticed that when municipalities move from using traditional first responder agencies such as fire and police for their municipal emergency managers to hiring a civilian emergency manager, a woman is often the successful candidate. As well, there seem to be more men in health care emergency manager positions in the last few years. The message? Emergency managers should not be defined by gender, but by the education and experience they bring to the job."

Source: Joanne Sheardown, Coordinator, Emergency Planning and Preparedness Programme, Lakeland College, Vermilion, Alberta. IAEM Bulletin, 2005

It may be that fundamental shifts in the gender structure of Canadian emergency management will follow only when women acquire formal political power, as suggested by Joe Scanlon in his discussion of gender as “the missing element in disaster response.” Noting that response agencies are typically unaware of discrimination against women, though awareness is increasing, he concludes that:

[R]eal change may come only as women acquire political power, especially at the local level. Canadian research suggests that the head of local government inevitably plays a key role in disaster response. As women assume increasing power in local government, they will also assume increasing power in disaster response. (Scanlon, 1998, p.51)

Nonetheless, Canadian women are an increasing presence in emergency management, represented symbolically by the designation of Marg Verbeek (who has held leadership positions in the Canadian Emergency Preparedness Association and the Ontario Association of Emergency Managers) to the post of President of the International Association of Emergency Management in 2006. As she notes, “Women are eager to enter the field of emergency management, recognizing that they’re going to be part of a collaborative consortium. . . Women make great team builders and are good at bringing people together” (IAEM Bulletin, 2005).

To Understand Needs, Ask Women

If you want to understand what's going on in homes and neighbourhoods, ask women. In every culture, as wives, mothers, daughters, sisters, aunts and nieces, they are the primary caregivers. Women are attuned to the needs of their families, especially those of dependent members, such as children and the elderly. Extending into the community, they are more likely to know what's going on in their neighbourhoods, including the presence of an elderly man down the street who needs extra help in an emergency. . . Women are more cautious and tend to approach danger differently. For example, it is well documented that women are more likely to heed official advice and urge their families to evacuate in an emergency. This suggests that community women's groups are effective venues for educational programmes on evacuation and other emergency policies and initiatives.

Source: Betty Hearn Morrow, *Special Focus Issue: Women in Emergency Management*, IAEM Bulletin 22, 9, 2005.

Many factors support the entry of women, including the professionalization of emergency management and with it increased demand for skill sets supporting collaborative and problem-solving approaches. Academic degrees will provide alternate paths of entry for women who will find more demand for the skills and abilities they offer. The strong health focus of Canada's emergency management system also supports the integration of women health advocates, researchers, providers, and managers in a variety of roles.

Finally, in line with the growing commitment of Public Safety Canada, Public Health, the Canadian Red Cross and other lead agencies to engaging at the local level with high-risk populations, it is likely that emergency management jobs, professions, and workplaces will prove more attractive to indigenous and new Canadians, persons living with different kinds of abilities/disabilities and other high-risk populations, women and men equally.

As of yet, no research is available on gender relations in the Canadian emergency management system. However, Canadians responded when the new advocacy group EMPOWER conducted an internet survey in 2006 geared to gender issues in emergency management. Over two hundred people responded from the US, Canada, Cayman Islands, England, Australia, and New Zealand; 71% were female and 29% male. A highly educated group (nearly three in four have either an undergraduate or graduate degree), they are relative newcomers; three-quarters have held their current emergency management job for five or fewer years.

Work and Family in Emergency Management

Who stays and who reports for duty when one parent is a police officer and the other a nurse? What happens when one is a chemist with knowledge of hazardous chemicals, the other a teacher, and an incident occurs when children are at school? . . . Access to emergency child care may need to become part of emergency plans. . . Planning involves looking ahead. It is time to examine how the changing nature of the family may affect emergency responsibilities. One way to start would be to have traditional emergency agencies survey their staff to see how many are single parents and how many have spouses with emergency responsibilities. The next step would be to examine those with problems or conflicts then work out some solutions: perhaps writing these persons out of emergency plans, perhaps working out child care arrangements, perhaps meeting with other emergency agencies to discuss priorities.

Source: Joe Scanlon, *The perspective of gender: a missing element in disaster response*. Pp. 45-52 in Elaine Enarson and Betty Hearn Morrow (eds.), *The Gendered Terrain of Disaster: Through Women's Eyes*, 1998

Interestingly the largest gender difference reported concerned “influential factors in professional advancement,” with women much more likely to cite mentoring. Women and men also reported different professional backgrounds. For men, past positions included senior management, military experience, technical expertise and political office; for women, clerical, sales and social service experience pointed them to emergency management.

Peer support and effective mentoring are likely to help emergency management organizations recruit and retain women as the profession continues to evolve. Men with different skill sets and backgrounds are also coming to the field, which will also reshape the influential culture of emergency management that dominates today.

Family support is essential for all those with family responsibilities, in all sectors of emergency management. Human resource policy and practice in emergency management need close examination to ensure that women and men with competing family demands are supported through family leave, child care, opportunities for part-time employment, and other family-friendly approaches.

How We Adapt: Listening To Women in Emergency Management

- From PR, I am able to better facilitate communications between various stakeholders.
- Sociology helps me to anticipate people's actions and reactions in group settings.
- Many of the skills I used working in the non-profit community (planning, organizing, coalition-building) are important in the role of emergency management, planning and operations.
- My policy background has made our emergency management programme more mature and focused.
- I believe that my experience in health planning and promotion assists with the education and training components of emergency management.
- My multi-disciplinary background helps me see the whole picture, where many have discipline-specific tunnel vision.
- As a banking auditing office manager, I have the ability to track and understand budgets, and grant accountability.

Source: Statements from respondents to an on-line survey, adapted from the EMPOWER presentation to the World Disaster Management Conference, Toronto, June 2006.

Recruiting and retaining women in high-risk populations poses additional challenges due to the Anglo-Saxon and male dominated workplace culture of most emergency management workplaces. When the skills, abilities, and networks of those who come from community work and/or academia are more valued, more diverse groups of women and men with important life experience and perspectives may well chose emergency management careers. Emergency managers are nothing if not pragmatic. If and when working with women as peers and partners is perceived as helping emergency managers to do their job, doors will open.

Adapted from E. Enarson with M. Haworth-Brockman, S. Walsh & A. Daniels, *Gender Mainstreaming in Canadian Emergency Management*, 2008, pp. 17-22

Talking points

How culture bound are these experiences? Would you hear similar stories everywhere?
How specific are these observations to particular kinds of organizations or occupations?

How are men likely to be affected by employment trends in the field?

Are women the 'face of the future' for emergency management? Which women?

What opportunities for non-traditional work in EM for men do you see?



"There are only 25 of us, and 7 women were housed in companies that lost a total of 48 firefighters. We came extremely close to wiping out a third of the women on this job. It's amazing that we lost no women firefighters. . . We're doing everything that every guy is doing, and sometimes we're doing more. . . Guys will come into my office and cry to me who aren't going in to the office and crying to my lieutenants. As women, I think we've got a big burden. The burden has always been on the women, because we're I a fishbowl".
Source: Mary Courba & Susan Hagen, *Women at Ground Zero: Stories of Courage and Compassion*, Storybook Press, 2008.

"When I began emergency planning, I entered into a profession historically dominated by retired military men or men from the public safety field. . . It is my observation that public service personnel progress through the ranks depending on how well they fit into the "good old boy" culture. Most of the women I know in the field of emergency management got their start as public educators and do not seem to be as motivated by whistles and red lights. Like myself, these women tend to emphasize the basics of emergency management--preparedness, mitigation, response and recovery. Perhaps when more women are employed in fire departments, law enforcement and the military, women in emergency management will be accepted more readily. In the meantime, women who work in this male-dominated profession will continue to experience gender bias and will have limited access to upper management. As one example, when emergency management is part of the fire department women who are not "sworn" fire personnel do not advance up the career ladder." Source: Carrie Barnecut, Disaster prone: reflections of a female permanent disaster volunteer. Pp. 51-159 in Elaine Enarson and Betty Hearn Morrow (eds.), *The Gendered Terrain of Disaster*. Westport, CT: Greenwood, 1998

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- For excellent materials on women in firefighting, visit the website of the International Association of Women in Fire and Emergency Services: http://www.i-women.org/about_us.php. Recommended articles include: Taking care of our families, Alicia Mathis [http://www.i-women.org/archive_articles.php?article=17] and Beyond Ground Zero, Linda Willing [http://www.i-women.org/archive_articles.php?article=4]

SECTION 5

ADDITIONAL RESOURCES



Glossary

On-line resources on women and disaster
Voices of Canadian women and men in disasters
Risk factors for women in Canada
Sectoral checklist for gender mainstreaming
Violence against women in disasters
Six principles for gender-fair relief and recovery
Partnering with women's organizations

5.1 Glossary

Coping capacity

The means by which people or organizations use available resources and abilities to face adverse consequences that could lead to a disaster. In general, this involves managing resources, both in normal times as well as during crises or adverse conditions. The strengthening of coping capacities usually builds resilience to withstand the effects of natural and human-induced hazards.

Critical infrastructure

Essential underlying systems and facilities upon which our standard of life relies.

Disaster

Essentially a social phenomenon that results when a hazard intersects with a vulnerable community in a way that exceeds or overwhelms the community's ability to cope and may cause serious harm to the safety, health, welfare, property or environment of people; may be triggered by a naturally occurring phenomenon which has its origins within the geophysical or biological environment or by human action or error, whether malicious or unintentional, including technological failures, accidents and terrorist acts. Naturally occurring or induced epidemics can also become disasters.

Disaster risk reduction

The conceptual framework of elements considered with the possibilities to minimize vulnerabilities and disaster risks throughout a society, to avoid (prevention) or to limit (mitigation and preparedness) the adverse impacts of hazards, within the broad context of sustainable development.

Early warning

The provision of timely and effective information, through identified institutions, that allows individuals exposed to a hazard to take action to avoid or reduce their risk and prepare for effective response.

Emergency

A present or imminent event that requires prompt coordination of actions concerning persons or property to protect the health, safety or welfare of people, or to limit damage to property or the environment.

Emergency management

The management of emergencies concerning all-hazards, including all activities and risk management measures related to prevention and mitigation, preparedness, response and recovery.

Empowerment

Empowerment is about people - both women and men - taking control over their lives: setting their own agenda, gaining skills, increasing self-confidence, solving problems, and developing self-reliance. It is both a process and an outcome.

Gender

Refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Gender is relational-gender roles and characteristics do not exist in isolation, but are defined in relation to one another and through the relationships between women and men, girls and boys.

Gender-based analysis

An analytical tool that uses sex and gender as an organizing principle or a way of conceptualizing information as a way of looking at the world. It helps to bring forth and clarify the differences between women and men, the nature of their social relationships, and their different social realities, life expectations and economic circumstances. It identifies how these conditions affect women's and men's health status and their access to, and interaction with, the health care system.

Gender bias

The root of gender inequalities and falls into three broad problem types³: over-generalization- adopting the perspective or experience of one sex and applying it to both sexes; gender insensitivity - ignoring sex and gender as important variables; and double standards -assessing the same or essentially the same situation, trait or behaviour differently on the basis of sex.

Gender blind

Ignores different gender roles, responsibilities and capabilities. It is based on information derived from men's activities and/or assumes those affected by the policy have the same needs and interests.

Gender equality

Women and men, girls and boys enjoy the same status in society. Gender equality means that they all equally realize their full human rights and potential to contribute to national, political, economic, social, personal and cultural development, and to benefit equally from them, regardless of their gender.

Gender equity

The process of being fair to women and men, girls and boys. To ensure fairness, measures must often be taken to compensate for historical and social disadvantages that prevent women and men, girls and boys from otherwise operating on a level playing field. Treating everyone identically can perpetuate rather than remedy inequality. The guiding principle of gender equity is to create equal outcomes for women and men, girls and boys.

Gender equality

Women and men have equal rights and should have the same entitlements and opportunities. Equality is rights-based.

Gender equity

Resources are fairly distributed, taking into account different needs.

Gender mainstreaming

The process of bringing a gender perspective into the mainstream activities of government at the policy, programme and project levels.

Gender neutral

Not specifically aimed at either men or women and is assumed to affect both sexes equally. However it may actually be gender blind.

Gender redistributive

Seeks to change the distribution of power and resources in the interest of gender equality.

Gender relations

Social relations based on gender that are embedded in societal institutions such as the family, schools, workplaces and governments. They shape social systems and organizations, including the health system, and are supported by values, rules, resource allocation and routine activities.

Gender specific

Recognizes gender difference and targets either men or women within existing roles and responsibilities

Hazard

A potentially damaging physical event, phenomenon or human activity that may cause the loss of life or injury, property damage, social and economic disruption or environmental degradation. Hazards can include latent conditions that may represent future threats and can have different origins: natural (geological, hydrometeorological and biological) or induced by human processes (environmental degradation and technological hazards). Hazards can be single, sequential or combined in their origin and effects. Each hazard is characterized by its location, intensity, frequency and probability.

High-risk populations

People whose situational and physical characteristics increase their susceptibility to harm due to disasters.

Mitigation

Structural and non-structural measures undertaken to limit the adverse impact of natural hazards, environmental degradation and technological hazards.

Partner

Any individual, group, or organization that might be affected by, or perceive itself to be affected by an emergency.

Practical gender needs

Arise from the different material conditions of women and men, due to the roles ascribed to them by society. They reflect women's position in society, but do not include challenging it.

Prevention

Activities to provide outright avoidance of the adverse impact of hazards and means to minimize related environmental, technological and biological disasters. Depending on social and technical feasibility and cost/benefit considerations, investing in preventive measures is justified in areas frequently affected by disasters. In the context of public awareness and education, related to disaster risk reduction changing attitudes and behaviour contribute to promoting a "culture of prevention".

Preparedness

Activities and measures taken in advance to ensure effective response to the impact of hazards, including the issuance of timely and effective early warnings and the temporary evacuation of people and property from threatened locations.

Risk

The probability of harmful consequences, or expected losses (deaths, injuries, property, livelihoods, economic activity disrupted or environment damaged) resulting from interactions between natural or human-induced hazards and vulnerable conditions. Conventionally risk is expressed by the notation Risk = Hazards x Vulnerability. Some disciplines also include the concept of exposure to refer particularly to the physical aspects of vulnerability.

Risk management

The use of policies, practices and resources to analyze, assess and control risks to health, safety, environment and the economy.

Sex

Refers to the biological differences between females and males. The health sector has focused largely on reproductive differences, particularly maternity, but physical distinctions between females and males shape a much broader range of health issues. The health sector is slowly recognizing the extent of anatomical and physiological differences and incorporating them into science and treatment. Reliance on male standards is being questioned, for example in recognizing and treating heart disease and in understanding the different effects of anaesthetics on women and men, girls and boys.

Sex-disaggregated data

Data that are collected and presented separately on men and women.

Strategic gender needs

Relate to women's empowerment and to what is required to challenge the gender balance of power and control to achieve gender equality.

Resilience

The capacity of a system, community or society to adapt to disturbances resulting from hazards by persevering, recuperating or changing to reach and maintain an acceptable level of functioning.

Vulnerability

The propensity to suffer some degree of loss (e.g., injury, death, and damages) from a hazardous event. Whether considering a community, an individual, an economy or a structure, vulnerability depends upon coping capacity relative to the hazard impact.

Sources: A Emergency Management Framework for Canada: www.publicsafety.gc.ca; ISDR glossary: <http://www.unisdr.org/eng/library/lib-terminology-eng.htm> ; Health Canada: http://www.hc-sc.gc.ca/hl-vs/women-femmes/gender-sexe/policy-politique_e.html#1 Commonwealth Secretariat: http://www.thecommonwealth.org/gtinformation/164311/164493/164495/gender_terms/; UNESCO: portal.unesco.org/en/files/11483/10649049699definitions.doc/definitions.doc

5.2 Selected On-Line Resources On Women, Gender And Disaster

Prepared with attention to Canadian resources

Start here!

Gender and Disaster Sourcebook, an international compilation of case studies, policy frameworks, practice guides, academic papers, community education materials and more:

<http://www.gdnonline.org/sourcebook.htm>

Some history-conference proceedings and recommendations

Gender and Disaster in Canada: New Thinking, New Directions, fall 2006, Cape Breton University:
<http://www.capebretonu.ca/ICEMS/Gender%20and%20Disaster%202006.pdf>

Gender Equality and Disaster Risk Reduction Workshop, summer 2004, Honolulu, Hawai'i. Proceedings:
<http://www.ssri.hawaii.edu/research/GDWwebsite/pages/proceeding.html>

Gender Equality, Environmental Management and Natural Disaster Mitigation. 2001. UN Division for the Advancement of Women, Expert Working Group meeting in Ankara, Turkey. Proceedings:
www.un.org/womenwatch/daw/csw/env_manage/documents.html.

Reaching Women and Children in Disasters. Miami, FL, summer 2000. Available through the Gender and Disaster Network: http://online.northumbria.ac.uk/geography_research/gdn

Women in Disasters: Exploring the Issues, Vancouver, BC, spring 1998. Proceedings and recommendations:
<http://www.ssri.hawaii.edu/research/GDWwebsite/pdf/VancouverConf.pdf>

Networks

Please visit the new website of the newly formed **Gender and Disaster Network of Canada**:
<http://www.gdnc.ca/>. it is a work in progress and your ideas and materials are very welcome.

Gender and Disaster Network, an international network of academics, practitioners and policy makers in support of gender equality in disaster risk reduction. On-line publications and reports, member information, and listserv: <http://www.gdnonline.org/>

Disaster Watch, an initiative of the Huariou Commission and Groots, a global network of grassroots women's organizations, supports the growth & development of women - centered community based, post disaster response. Coordinated by Swayam Shikshan Prayog, India. For updates: <http://www.disasterwatch.net/>, and visit Groots Canada: <http://www.groots.org/members/canada.htm>

UN position statements and publications

Women, Disaster Reduction and Sustainable Development: <http://www.unisdr.org/eng/risk-reduction/gender/Women,%20disaster%20reduction%20and%20SD.pdf>

Making Risky Environments Safer: Women Building Sustainable and Disaster-Resilient Communities. Women 2000 and Beyond publication (April 2004, E. Enarson), UN DAW (available in French and Spanish): <http://www.un.org/womenwatch/daw/public/w2000.html>

Practice guides and tools

It Can Happen To Your Agency! Tools for Change: Emergency Management for Women's Services (emergency planning manual for shelters). 2001, BC Association of Specialized Victim Assistance and Counseling: http://www.pep.bc.ca/management/Women_in_Disasters_Workbook.pdf

Gender Equality and Humanitarian Assistance: A Guide to the Issues. CIDA, 2003: [http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUIImages/Africa/\\$file/Guide-Gender.pdf](http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUIImages/Africa/$file/Guide-Gender.pdf)

Women, Girls, Boys and Men: Different Needs, Equal Opportunities. Gender Handbook in Humanitarian Action, UN Inter-Agency Standing Committee, December, 2006: [http://www.humanitarianinfo.org/iasc/content/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20\(Feb%202007\).pdf](http://www.humanitarianinfo.org/iasc/content/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20(Feb%202007).pdf)

Weaving Gender in Disaster and Refugee Assistance, and accompanying Field Checklists. Report prepared by Interaction: American Council for Voluntary International Action. Washington, D.C. Includes conference papers and field practice checklists. Available on-line through InterAction: www.interaction.org. Also see Best Practices for Gender Integration in Organizations and Programmes From the InterAction Community (1998) and the many additional gender mainstreaming resources offered to organizational members.

Working With Women at Risk: Practical Guidelines for Assessing Local Disaster Risk, E. Enarson et al. 2003, available in Spanish: <http://gdnonline.org/resources/WorkingwithWomenEnglish.pdf>

Advocacy and observation

Vulnerability of Women in Disaster Situations, Kate Wood, President of the Canadian Red Cross and Special Representative of the International Federation of Red Cross and Red Crescent Societies at the UN Commission on the Status of Women, in New York, March 7, 2005: <http://www.redcross.ca/article.asp?id=012396&tid=001>

Gender and Disaster Network Oral Statement to the Global Platform on Disaster Risk Reduction, Geneva, 2007:
[http://www.preventionweb.net/globalplatform/first-session/docs/Wednesday Statements/Org and Other Statements/GDN Statement.pdf](http://www.preventionweb.net/globalplatform/first-session/docs/Wednesday%20Statements/Org%20and%20Other%20Statements/GDN%20Statement.pdf)

Gender Equality in Disasters: Six Principles for Gender-Fair Relief and Reconstruction, Gender And Disaster Network, January 2005:
<http://www.gdnonline.org/resources/genderbroadsheet.doc>

Women and girls last? Averting the second post-Katrina disaster. E. Enarson, 2006:
<http://understandingkatrina.ssrc.org/Enarson/>

Women and Disaster Fact Sheet prepared for Sociologists for Women in Society, E. Enarson, 2006:
<http://www.socwomen.org/socactivism/factdisaster.pdfvvy>

Battered Women in Disaster: Case Study of Gendered Vulnerability, E. Enarson, 1998. Transcript and related materials from on-line emergency management discussion, including planning guidelines for shelters, programmes, and emergency management agencies: <http://www.emforum.org/vlibrary/980603.htm>

Regional Perspectives on Gender and Disaster Risk Reduction. Commentaries from participants in the Honolulu Workshop on Gender Equality and Disaster Risk Reduction, 2004:
<http://www.ssri.hawaii.edu/research/GDWwebsite/pdf/WorkingGroups/COMMENTARIES.pdf>

Case studies and reports

The perspective of gender: A missing element in disaster response. J. Scanlon. In E. Enarson and B. H. Morrow (eds). *The Gendered Terrain of Disaster: Through Women's Eyes*, pp. 45-51. Westport, CT: Greenwood Publications. Note: All chapters available on line through CRID. Search by author:
<http://www.crid.or.cr/digitalizacion/pdf/eng/doc12885/doc12885.htm>.]

The Needs of Women in Disasters and Emergencies. R. Wiest, University of Manitoba, Jane Mocelli and Thandiwe Motsisi, 1994. Report for the UN Development Programme and the Office of the US Disaster Relief Coordinator:
http://online.northumbria.ac.uk/geography_research/gdn

Gender Mainstreaming In Emergency Management: Opportunities for Building Community Resilience in Canada, Public Health Agency of Canada: http://www.gdnonline.org/resources/Enarson_GenderMainstreamingCanada.pdf

Integrating Emergency Management And High-Risk Populations: Survey Report And Action Recommendations, Public Safety Canada and Canadian Red Cross:
http://www.redcross.ca/cmslib/general/dm_high_risk_populations.pdf

See the *Gender and Disaster Sourcebook*, section 7, for citations to numerous empirical studies around the world on the gender dimensions of hazards, disasters and disaster risk reduction:

<http://www.gdnonline.org/sourcebook.htm>

International fact sheets

Unsung heroines: Women and natural disasters, January 2000, Information bulletin # 8, January 2000, US AID: http://pdf.usaid.gov/pdf_docs/PNACL189.pdf

Gender and natural disasters, PAHO Women, health and development:

<http://www.paho.org/English/DPM/GPP/GH/genderdisasters.pdf>

Gender and climate change, World Conservation Union:

http://cmsdata.iucn.org/downloads/gender_factsheet_climatechange.pdf

Gender and health in disasters, WHO: http://www.who.int/gender/other_health/en/genderdisasters.pdf

On Canadian women and climate change

Canadian Women's Health Network Magazine Fall/Winter 2008/09, Volume 11, Number 1:

<http://www.cwhn.ca/network-reseau/11-1/11-1pg2.html>.

Climate Change: Preparing for the Health Impacts, Health Policy Research Bulletin 11 <http://www.hc-sc.gc.ca/sr-sr/pubs/hpr-rpms/bull/2005-climat/2005-climat-6-eng.php>

5.3 Voices Of Women And Men In Canadian Disasters

NOTE: With few exceptions, these first-person accounts are drawn from the small number of gender-focused disaster case studies that have been conducted to date in Canada.

Women as responders and leaders in recovery

For the first time, I really felt like a mother—the feeling of putting my kids before me, leaving my husband and my house. I have a lot more strength than I thought I did . . . I come from a family with strong women bonds. The women in my family have been through a lot—my Mom’s divorce, my sister was in an abusive relationship. They came out of them. I know it’s in me too, when I needed to. [Flood-affected mother, Southern Manitoba, Enarson and Scanlon 1999]

We had not received any weather warnings, and it was only after the sky changed colours that I phoned a neighbour to tell her that her TV antenna and garbage cans had been blown away by the wind. . . . I had two young children aged 1 and 3. I thought that by pushing a table against the fridge and huddling over my children, we would be safe. I thought of hiding in the basement, but was too afraid that we would not be found if, heaven forbid, trees fell on the house and a fire started. When the storm subsided, the house was surrounded by debris, and I immediately called for help. I have no idea how I managed to react like this in just a few seconds. I later created my safety plan and emergency kit, because I now knew that this did not just happen to others. This came in handy because I was hit by the 1998 ice storm in Montreal. I was there for work and was staying at a hotel for what was supposed to be two days. I arrived Tuesday, only to leave Saturday. One could say that I could see the signs of this threat on Wednesday based on what I had experienced 20 years earlier. I put together my emergency kit by late Wednesday afternoon. I got a flashlight, radio, battery, juice and bottled water, as well as food I could keep and eat easily, and of course cash. When the blackout hit Montreal, I became the point of reference at the hotel, as I was autonomous and had information via the radio. This enabled the hotel to keep its clients informed because people were in a panic, and to take people in because they understood the scope of the problem. Today, I am ready. My kids and grandson know how to make their own kit, because they know the unexpected can happen to them. [Hurricane and ice storm affected mother, Quebec, Public Safety Canada website 2008]

My husband does all the physical ‘man’ work but I’m the one that does the books. I’m the one that pays the bills, and I’m the one that can figure out how to keep all the finances going and our heads above water. When it came to all the flood stuff, my husband just walked away from it. It’s been me that’s been with EMO and Water Resources, with everybody. If you ask one question of my husband, it’s ‘well, don’t ask me, go ask her. She knows everything.’ All the contractors, me. Before we returned, I hired everybody. I had everybody all lined up and ready to go. . . .and I’ve decided I’ve had enough for now. [Flood-affected woman, Southern Manitoba, three years later, Grant and Higgett, 2001]

You were just so busy. I was in the house and I had to feed the volunteers we had. There would be about 40 people and the kids wouldn’t eat the sandwiches made by the Salvation Army. I had to stand in the kitchen and make homemade soup and I was making them chicken sandwiches. I dug out all my borscht in the freezers because I figured, well we have to get out of here and I’m just going to have to throw it away. The

volunteers were so thrilled they wanted to come back because we were the only ones that served desert. [Flood-affected woman, Southern Manitoba, three years later, Grant and Higgett, 2001]

Women and men at odds in a disaster

She took care of the kids. I took care of myself. [Flood-affected man, Southern Manitoba]

Packing and moving things upstairs took a couple of days. Since I didn't want to come back to a messy house, I cleaned at the same time as packed. It was a couple of nights staying up until two-three a.m. I did the cleaning while the others sandbagged. I kind of thought to myself 'Who's gonna help me while you help the neighbors?' The whole thing was nerve-wracking, always thinking about what you forgot. It's exhausting both physically and emotionally. [Flood-affected woman, Southern Manitoba, Enarson and Scanlon 1999]

After we moved back, my husband would go to the Arena and find out what was happening. He also went there to eat meals from time to time. I didn't. I stayed here to eat so I could keep working. There was so much cleaning to do. [Flood-affected woman, Southern Manitoba, Enarson and Scanlon 1999]

We had a difference in opinion about whether we should move basement furniture upstairs. [He] didn't think we needed to, but we brought the furniture upstairs and raised it. I was actually wanting to move the furniture out of the house, but he thought I was over-reacting at first. I insisted furniture come up from downstairs. [He] was quite confident in the dike system . . . We met halfway and moved the furniture upstairs. [Flood-affected woman, Southern Manitoba, Enarson and Scanlon 1999]

The facilities [in the hotel to which they were evacuated] weren't good for washing clothes. I did the laundry between one and two a.m. During other times it was always full . . . A lot of the girls' stuff was wash and hang to dry so one table was used to dry clothes flat. I did the laundry. The girls tried to be out in the evenings as much as possible . . . [We] just carried over from our normal jobs . . . I kept track of things, [he] carried things. I did clothes. He left at six a.m. to go to work and came back at seven p.m. and then ate. Therefore it wasn't a major imposition on him . . . My youngest daughter and I spent many evenings in the lobby because my husband and the oldest girl like to go to bed early. When my husband watched TV the volume was too loud. [Flood-affected woman, evacuated from Southern Manitoba home, Enarson and Scanlon 1999]

My wife is always a bit more scared than I am. She gets worried. Right away, she wanted to move stuff from our basement, get the furniture out. I said 'let's take it easy, don't panic . . . The river doesn't mean get worried. They can sandbag it. I never thought the water would get here. . . . Don't think you know it all- move your stuff up. [Flood-affected man, Southern Manitoba, Enarson and Scanlon 1999]

It wasn't a big deal before the flood. If conflicts never got fixed they would just go away . . . I think the flood changed this. There were more decisions to be made . . . We're

not agreeing on anything . . .He's not taking me seriously. You can't go your whole life with someone without having something to offer them . . .It's his way and that's it. It wasn't a big deal before the flood. Now it is. We should fix this or it could be marriage counseling . . .I think it will be better once the flood decision are made. To offer them . . . It's his way and that's it. It wasn't a big deal before the flood. Now it is. [Flood-affected woman, Southern Manitoba, Enarson and Scanlon 1999]

People were all working like dogs. No one would stop to eat, but I baked when the Army was in town and brought cupcakes to the Legion. It was hard because I didn't have anyone to leave my kids with. I felt tied down and I had to watch them. I couldn't get out. [Flood-affected woman, Southern Manitoba, Enarson and Scanlon 1999]

Men under stress in disasters

Yeah, well I guess I have to use a lot of black humor to keep going. You know, when you're spending—ah, we've got to the point now we're spending savings so that doesn't do my mind any good. . . Either you have an off farm job or you're spending savings. . .I end up not going to sleep and then, you know, going to sleep too late and then...I feel poorly. And then, also, you know, used to come this time of year and you have a lot of enthusiasm for doing a lot of work and getting prepared for things, and I don't have the enthusiasm that I would normally feel to get out and get doing things. So that part is kind of. . .and that's affected myself and a lot of people too. Then, you don't like to talk about it because it gets you down and some people it does get really down. In fact, hum, what just happened—a real good friend of ours...committed suicide." [Third generation family farmer affected by BSE, Enarson and Martz 2007]

I know my wife took it a lot better than I did. I was more stressed than anything else. She was my shoulder. I was the weak one in this one. [Flood-affected man, Southern Manitoba, Enarson and Scanlon 1999]

He started crying when I was leaving. I knew as soon as he started, I couldn't. He needed to see me being strong and all right. I said, 'We'll be back.' He's crying—I have to be strong. But as soon as I got into the car, I started bawlin'. I cried the whole way into Winnipeg. I was scared. I left not knowing what would happen. There was nobody around. It was silent, no people, no cars. [Flood-affected woman, Southern Manitoba, Enarson and Scanlon 1999]

He lost weight, he wasn't shaving. I at least could take some down time and take the kids out in the wagon. He would gobble down some food at noon and then go back to [flood] work. . . . He started crying [when he saw the flooded house]. You wouldn't know unless you're from a small town. [Flood-affected woman, Southern Manitoba, Enarson and Scanlon 1999]

Women under stress in disasters

Some women in the shelter lost their homes, many had indirect problems not related to family violence to be solved. Some women were not able to see their children who were not with them. Increased stress and worries. [domestic violence shelter employee, Saguenay flood, Enarson 1999]

I really can't over-emphasize the need for child care workers. I worked 18 hour days seven days a week for several months on end and my children just got left to fend for themselves. My community had promised they would like after my kids while I worked by that promise soon went by the board. We had no trauma team in place. It took three and a half months from the blizzard to get a trauma team in place working in our community. They had workers in Winnipeg at reception centres, but when we moved home there was nobody there to help us re-enter into the community. [Flood volunteer, Southern Manitoba, Goyer 1998]

Women are there to back them up but now they're, we're finding more men are leaving the farm to work leaving the chores to the women and the women already were—like men are not as multitask as women—and so they already had 10 hats on and now they're doing the main job as well. [The men] are away for weeks at a time and the women are in the barns in the morning and they're getting the kids ready for school and that's where the kids really suffer. Then they're coming in and phoning us and saying 'I just can't do this anymore.' [Counselor on BSE-affected farmers, Enarson and Martz 2007]

'What's wrong with me? Why can't I get over it?' And particularly for the women, because they had to look after their husbands, their children, their normal house accounts, their EMO account, their Water Resources account. They had to go out and buy whatever they needed for their new house and make a thousand decisions every day if they were rebuilding. And they had to make the decisions that kept them going in their apartment or their mobile home. They were literally exhausted and worn out, and there was nobody they felt safe turning to. If they'd go to work and talk on coffee break, people would turn on them and accuse them of expecting the government to look after them. People started to feel very, very isolated quite early on.[Flood volunteer, Southern Manitoba, Goyer 1998]

She identified that I looked safe to talk to and so she confided in me how much it all hurt. And how much the grief of the flood was compounding the death of her daughter many years ago, that she was now reliving the death of her daughter through the stress of the flood. And she felt so isolated, because she has so much financially that there was nobody that she could talk to or share her hurt with. They wouldn't understand, because she had money and so she had "everything she needed." There were very few people who could understand her emotional needs. [Flood volunteer, Southern Manitoba, Goyer 1998]

They will call me and ask me things like, 'I don't know how to help here, can you help? Can you help me figure out how I can help my husband who—he won't talk to me. He hasn't talked to me in weeks. You know, I know it's not me. Can you help?' [Counselor on BSE-affected wives, Enarson and Martz 2007]

My younger one went to live with my mom in a senior's complex. So for seven months, he's had no supervision whatsoever. My mom didn't even know how to discipline him. He decided to quit school, just to have a gay old time and because I wasn't hands on, I couldn't control him. We've been going through this rebellion bit with him and it's been hell. Now I've got 7 ½ months to undo and see if I can get him back on track again. . . We're exhausted, both of us, you know. It's always me that keeps everything going and I'm so tired. I've always been the strong one. I had to do it all. Keep the house going. I feel that I'm the one that's kind of holding things together. Flood-affected woman, Southern Manitoba, three years later, Grant and Higgett, 2001]

Women in emergency management and response roles

I am often asked about working in a “man’s world.” I believe it is not a man’s world but the world you make it out to be. The emergency management “world” encompasses not only the traditional first responder roles – police, fire and emergency medical services – but also the military, volunteer agencies, government departments and industry. Traditionally, female emergency managers have been represented in the health care, social service and educational agencies, while male managers have represented the police, fire and emergency medical services agencies. However, I have noticed that when municipalities move from using traditional first responder agencies such as fire and police for their municipal emergency managers to hiring a civilian emergency manager, a woman is often the successful candidate. As well, there seem to be more men in health care emergency manager positions in the last few years. The message? Emergency managers should not be defined by gender, but by the education and experience they bring to the job. Joanne Sheardown, Coordinator, Emergency Planning and Preparedness Programme, Lakeland College, Vermilion, Alberta.

The masks were so large as they were designed for men... most of the equipment was designed for males, we (women) had real issues around equipment fitting and the lack of equipment. [Nurse responding to SARS outbreak, Amaratunga and O’Sullivan 2009]

As nurses we were conflicted about quarantine – what will happen if you have a baby or are pregnant...who will take care of my children at home, who will feed them, take care of them at night, help them with their homework. [Nurse responding to SARS outbreak, Amaratunga and O’Sullivan 2009]

My son-in-law was angry (that I was working) but you just reassure them that you’re taking a shower and you’re taking all the precautions. And my boyfriend was the same way. You make sure that you wear that stuff and take all the safety precautions because he didn’t want me getting sick. I think we were more at ease, but our family members were definitely upset. [Nurse responding to SARS outbreak, Amaratunga and O’Sullivan 2009]

Everything actually came to a standstill. The police services were overwhelmed and stretched. There were no phones, no electricity, no water. All the energy was spent fending off the most immediate problems and responding to essential needs. It required great flexibility on the part of the staff. [Flood-affected domestic violence shelter, Saguenay, Enarson 1999]

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5.4 Risk Factors for Canadian Women: The Gender Divide

Demographically, women slightly outnumber men in Canada. Statistics Canada's 2006 Census data reports that 16,136,925 million women and female children make up 51% of Canada's population; whereas, 15,475,970 men and male children make up 49% of the population. Table 1 is a breakdown of Canada's population by age and sex. Despite females outnumbering males in Canada, a more accurate account of gender-based vulnerability is to look at the proportion of Canadian females that make up key populations that have known risk factors in disasters. Statistically, the majority of Canada's low income, senior, persons with disability, and other at-risk populations are female.

Gender gaps and Canadian socioeconomic indicators:

A person's ability to access secure, full time employment and to generate adequate income to meet their daily needs is a key factor in reducing their level of risk to a disaster. Having adequate income allows a person to afford safe and secure housing, transportation to evacuate, and property insurance to recover and rebuild. Income has also been positively correlated to increased personal health and well-being (Phipps 2003: 13). Women are disproportionately represented in aggregate low income statistics. In 2003, women over the age of 15 in Canada had an average pre-tax income from all sources of \$24,400- only 62% of what men earned in the same year for (Statistics Canada 2006: 14). The income gap persists even for women who were employed full time in 2003. These women earned an average of \$36,500- only 71% of what men who were working full time made in the same year (ibid: 2004). This gender income disparity is seen across education levels, age groups, and occupations (Day and Brodsky 2007: 5). Additionally, women do two-thirds of the unpaid domestic work within their households (ibid: 5).

The majority of single headed households in Canada are headed by women. Heading a household alone places greater demands on a woman's time and financial commitments. In 2003, 38% of female headed households were below Statistic Canada's low income cutoff; in contrast, only 11% of single male headed households were considered low income in the same year (Statistics Canada 2006: 15). In order to meet household obligations, women are more likely to take part-time work and to remain underemployed than men. In 2004, 27% of women in the workforce were working part-time compared with 11% of men in the workforce (Statistics Canada 2006: 14). Women make up the majority of workers who work temporary, part-time or multiple jobs; this sector of the job market is far less likely to have benefits and job security than more lucrative full time employment (Day and Brodsky 2007:5). When emergency management agencies call for 72-

hour personal household preparedness, single women who head households lack the time and financial resources to respond.

The average incomes of women who are seniors, living with a disability, or who are members of an ethnic minority are further reduced; however, the gendered income gaps persist. In 2003, the average annual income for senior women (approximately \$20,000) was \$10,000 dollars less than the average annual income of senior men in Canada (Statistics Canada 2006: 278). The percentage of women over the age of 65 years who are considered low income by Statistics Canada's after-tax Low-Income Cut-Offs is 8.4%, which is more than double that of senior men (3.2%) who are living on a low income (Townsend 2007: 3). In 2000, the average annual income for women with disabilities was \$17, 200 compared to the \$26,900 average income earnings of men with disability (Statistics Canada 2006: 296). As of 2001, the average income for Aboriginal women was \$16,519 compared to the average income for aboriginal men which was \$21, 958¹ (Native Women's Association of Canada 2007: 13).

Canadians who are visible minorities face statistically greater economic and social barriers than other Canadians. In 2001, over 2 million women or 14% of Canadian women identified themselves as being a member of a visible minority (Statistics Canada 2006 b: 24). In 2000, female immigrants (23%) are more likely to fall below Statistics Canada Low-Income Cutoff line than male immigrants (20%) (Statistics Canada 2006: 228). Additionally, women who were born outside of Canada face higher levels of unemployment (8.1%) in Canada than women who were born in Canada (7.0%). For the most part, Canada's new female immigrants are well educated and fluent in either of Canada's two official languages. However, 2% of Canadian women can not speak either official language and make up a disproportionate majority (61%) of Canadians who report that they can not communicate in either French or English (Statistics Canada 2006: 26). Senior foreign-born Canadian women make up the majority of those who can not speak either official language.

Canada's Aboriginal females face far greater challenges than their non-aboriginal female counterparts. Aboriginal women have the lowest average annual incomes in Canada, lower levels of education, greater family responsibilities, and experience more violence in their relationships. In 2001, just under 3% (just under half a million) of the female population identified themselves as aboriginal (ibid: 25). In the same year, 65,920 aboriginal women were single parents (Native Women's Association of Canada 2007: 2). Just over 1 in 4 Aboriginal women live on a reserve (Statistics Canada 2006: 183) making these women outside of the reach of mainstream emergency management.

¹ Aboriginal males and females have the lowest annual incomes of all Canadians.

As of 2001, 40% of Aboriginal women over the age of 25 had not completed high school compared with 29% of non-Aboriginal women in the same age category (ibid: 196). Aboriginal women are also less likely to complete post-secondary education than non-aboriginal women in Canada. The majority of aboriginal women who start a degree and do not complete it, report family obligations (34%) as the main cause of incompleteness; in contrast, aboriginal men do not finish postsecondary education because of financial concerns (24%), followed by family (11%) obligations (ibid: 196). Aboriginal women face much higher rates of violence² than non-Aboriginal women. Statistics Canada's 2004 General Social Survey reports violence against Aboriginal women to be three times higher (21%) than the national average against non-Aboriginal women (7%) (Statistics Canada 2006 c: 65).

As illustrated in table 1, Canada's population is aging with a pronounced gender gap; currently 57% of Canadians over the age of 65 years are women as are 67% of Canadians over the age of 80 years. Age alone is not an indication of social vulnerability. However, other social determinants such as low income, disability, and social isolation are conditions faced by many of Canada's aging population. Women in particular who are over the age of 65 years face increased levels of disability, lower incomes, and fewer social support networks than men over the age of 65. The overall number of seniors over the age of 65 years is expected to increase from 4.2 million to 9.8 million between 2005 and 2031 (Statistics Canada 2007 b: 12).

The relationship between age and disability drastically increases as women age. In 2001, 12% of women between the ages of 35 and 54 years reported a disability, 42% of women between the ages of 65 to 74 reported a disability, 50% of women aged 75 to 84 years reported a disability, and 72% of women over the age of 80 years reported a disability (Statistics Canada 2006: 12). The likelihood of disabilities increasing as men age is also a concern- 69% of men over the age of 80 years old reported a disability in 2001. However, among the senior population, women (12%) are more likely to report having a severe disability than men (9%) (ibid: 292.)

Senior women are more likely to be low income if they are unattached. Living independently is not an indication of social vulnerability, but it can be related to other factors of social vulnerability such as lowering a household's income and reducing the social support networks available. In 2001, almost 40% of Canadian senior women lived alone (Statistics Canada 2007 b: 12). Over 20% of unattached senior women were considered low income by Statistics Canada (Townsend 2007: 3). Many senior women were never engaged in the workforce and therefore rely on a spouse's pension as a source of income. In a majority of

² Aboriginal women face much higher incidences of violence because "many risk factors associated with violence for Aboriginal people have been cited, including lower educational achievement, higher unemployment rates, alcohol abuse, experiences of colonization, feelings of devaluation among Aboriginal people, and a history of abuse in residential schools" (Statistics Canada 2006 c: 69).

cases, unattached senior women are entirely dependent on basic government transfer payments such as Old Age Security and Guaranteed Income Supplement (ibid: 8).

Disability is another key determinant of increased social vulnerability- not just for Canada's senior population- but for Canada's population as a whole. In 2001, 13.3% of Canadian women over the age of 15 reported a disability (almost 2 million women) compared with 11.5% of men in the same age category reported a disability (Statistics Canada 2002: 8). Mobility impairments is the most reported disability in Canada. Mobility impairment is a prevalent disability in Canada's senior population that affects a greater percentage of women than men- 12.2% of women over the age of 15 compared to 8.6% of men over the age of 15 (ibid: 15). Canadian women with disabilities are twice as likely to be living in poverty than non-disabled women (Council of Canadians with Disabilities Online).

Conclusions

National level aggregate statistics used throughout this discussion provide only a broad and general picture of gender-based vulnerability. Missing from national level statistics are the situational vulnerability determinants that men and women experience throughout their lives. Particularly during their reproductive years, women may become more vulnerable and dependent on medical care before, during, and after a pregnancy. This presents a gendered situation that increases the risk factor for women. Men and women can both experience situational vulnerability in the form of temporary unemployment, illness, divorce, etc. Another missing component from this discussion is that of persons who wish to remain "invisible" in our society who is so often left out of the vulnerability discussion. Illegal migrant workers, sex trade workers, abused women and children, and illegal drug users face an even greater risk in a disaster because of an inability to access resources and a mistrust of resources provided by government agencies. Unfortunately, very little is known about these populations in our communities, and sex disaggregated data is either non-existent or not easily accessible.

A gendered analysis of populations who are considered to be at risk to Canadian hazards and disasters illustrates that males and females do not share the same experience of being disabled, elderly, low income, or a member of an ethnic minority. Females in each of the above populations face greater economic marginalization, are more likely to be the single head of household, experience higher levels of violence, and are more likely to experience severe disability than their male counterparts. By being members of an already at-risk population, gender-based analysis suggests that females in each high-population are at even greater risk than males. By connecting gender-based vulnerability to Canada's hazards and disasters a clearer, sharper picture emerges of who Canada's most at-risk are in a disaster.

Source: Sara Walsh, in *Gender Mainstreaming in Canadian Emergency Management*, E. Enarson 2008

5.5 Violence Against Women In Disasters

Domestic violence is a social fact contributing to the vulnerability of women to disaster. Women in violent relationships are a vulnerable population less visibly at risk than poor women, refugees, single mothers, widows, senior or disabled women. Indeed, violence against women in intimate relations crosses these and other social lines, impacting an estimated one in four women in the US and Canada and as many as 60 percent in parts of Africa, Latin America and Asia.³

Violence against women is unlikely not to be present after as well as before disaster, but does it increase? Barriers to reporting increase in the event of widespread damage, but some indicators suggest that it does, *though the data are very limited*:

- Sexual and domestic violence are often identified as issues for women refugees in temporary camps.⁴
- Some field reports of social impacts include abuse, as in this account of an Australian flood: “Human relations were laid bare and the strengths and weaknesses in relationships came more sharply into focus. Thus, socially isolated women became more isolated, domestic violence increased, and the core of relationships with family, friends and spouses were exposed.”⁵ Increased violence was also noted in field reports from the Philippines after the Mt. Pinatubo eruption.⁶
- The national Canadian press reported domestic violence increasing during the massive 1998 ice storm in Quebec and Ontario. A Montreal Urban Community Police Chief reported that one in four calls he had received the past week came from women about abuse. Crisis calls were not up at the local shelter but the hot line had been closed by the storm for two days.⁷
- The director of a Santa Cruz battered women’s shelter reported requests for temporary restraining orders rose 50% after the Loma Prieta quake. Observing that housing shortages were restricting women’s ability to leave violent relationships, she urged that “when the community considers replacement housing issues, battered women should not be overlooked.”⁸ Five months after the earthquake, a United Way survey of over 300 service providers ranked “protective services for women, children, and elderly” sixth among 41 community services most unavailable to residents.⁹ Reported sexual assault also rose by 300%.¹⁰

³ United Nations Social Statistics and Indicators. *The World’s Women: 1995 Trends*. New York: United Nations.

⁴ League of Red Cross and Red Crescent Societies. 1991. *Working With Women in Emergency Relief and Rehabilitation Programmes*. Field Studies Paper #2. Geneva Switzerland

⁵ Dobson, Narelle. 1994. “From Under the Mud-Pack: Women and the Charleville Floods.” *Australian Journal of Emergency Management* 9 (2): 11-13.

⁶ Delica, Zenaida. 1998. “Women and Children During Disaster: Vulnerabilities and Capacities,” *The Gendered Terrain of Disaster*, edited by Elaine Enarson and Betty Hearn Morrow. Westport, CT: Greenwood.

⁷ *Globe and Mail* January 14, 1998: A6.

⁸ United Way of Santa Cruz County 1990. *A Post-Earthquake Community Needs Assessment for Santa Cruz County*. Aptos, California: United Way of Santa Cruz County: 201. See also Wilson, Jennifer, Brenda Phillips and David Neal. 1998. “Domestic Violence After Disaster,” in Enarson and Morrow, op.cit.

⁹ *Ibid*, 25.

¹⁰ Commission for the Prevention of Violence Against Women. 1989. *Violence Against Women in the Aftermath of the October 17, 1989 Earthquake: A Report to the Mayor and City Council of the City of Santa Cruz*. Santa Cruz CA.

- A quarter (25%) of all community leaders responding to an open-ended question about the effects of the Exxon Valdez oil spill on family problems cited “increase in domestic violence” first, in contrast to increased child neglect (4%) and elder abuse (4 %). Asked if spouse abuse increased after the spill, 64% agreed; they also reported increased child physical abuse (39 %), child sexual abuse (31%), elder abuse (11%), and rape (21%).¹¹
- Following the Missouri floods of 1993, the average state turn-away rate at shelters rose 111% over the preceding year. An existing federal grant was modified to increase funding to 35 flood-affected programmes in an innovative disaster recovery grant targeting both substance abuse and domestic violence. The final report notes that these programmes eventually sheltered 400% more flood-impacted women and children than anticipated.¹²
- After Hurricane Andrew in Miami, spousal abuse calls to the local community helpline increased by 50%¹³ and over one-third of 1400 surveyed residents reported that someone in their home had lost verbal or physical control in the two months since the hurricane.¹⁴
- A survey of US and Canadian domestic violence programmes reported increased service demand as long as six months to a year later in the 13 most severely impacted programmes. In Grand Forks, ND, requests for temporary protection orders rose by 18% over the preceding year and counseling with on-going clients rose 59% (July 1996-July 1997).¹⁵
- Police reports of domestic violence in the 7 months after Mt. St. Helens erupted increased by 46% over the same period the year earlier.¹⁶
- After Hurricane Mitch, 27% of female survivors (and 21% of male survivors) in Nicaragua told researchers that woman battering had “increased in the wake of the hurricane in the families of the community.” Among community leaders (68% of whom were men), 30% interviewed reported increased battery as did 42% of the mayors (46 men and 2 women) who were interviewed.¹⁷
- Conflicting data are reported by journalists contacting selected shelters about the possible impacts of September 11, 2001. In some communities very far from Ground Zero physically, shelters reported receiving increased calls for help, while in other cases shelters reported reduced case loads as families

11 Araji, Sharon. 1992. “The Exxon-Valdez Oil Spill: Social, Economic, and Psychological Impacts on Homer.” Unpublished final report to the community of Homer. Anchorage, Alaska: University of Alaska, Department of Sociology.

12 Godina, Victoria and Colleen Coble. 1995. *The Missouri Model: The Efficacy of Funding Domestic Violence Programmes as Long-Term Disaster Recovery*. Final Evaluation Report, December 1995. Jefferson City, Missouri: The Missouri Coalition Against Domestic Violence.

13 Laudisio, Gigi. 1993. “Disaster Aftermath: Redefining Response—Hurricane Andrew’s Impact on I & R.” *Alliance of Information and Referral Systems* 15: 13-32.

14 Centers for Disease Control. 1992. *Post-Hurricane Andrew Assessment of Health Care Needs and Access to Health Care in Dade County, Florida*. EPL-AID 93-09. Miami: Florida Department of Health and Rehabilitative Services.

15 Enarson, Elaine. 1997. *Responding to Domestic Violence and Disaster: Guidelines for Women’s Services and Disaster Practitioners*. Available from BC Institute Against Family Violence. 409 Granville, Ste. 551, Vancouver BC. Canada V6C 1T2.

16 Adams, Paul and Gerald Adams. 1984. “Mount Saint Helen’s Ashfall: Evidence for a Disaster Stress Reaction.” *American Psychologist* 39: 252-60.

17 CIETinternational (www.ccer-nic.org/doc/htm). 1999. “Social Audit for Emergency and Reconstruction, Phase 1—April. Study conducted by the Coordinadora Civil para la Emergencia y la Reconstrucción (CCER), Managua, Nicaragua.

reunited. National Public Radio reported that increased calls for help were made to the Loveland, Colorado crisis center in the weeks immediately following.¹⁸

- Both domestic violence and sexual assault were widely reported to increase in the aftermath of the 2004 Indian Ocean tsunami. Examples from Sri Lanka cited by researchers include women battered because they resist their husbands' sale of their jewelry or disputed their use of tsunami relief funds and mothers blamed by fathers for the deaths of their children. One NGO reported a three-fold increase in cases brought to them following the tsunami.¹⁹
- Four New Orleans shelters and 2 nonresidential programmes were closed by Hurricane Katrina in 2005 and advocates reporting "women are being battered by their partners in the emergency shelters." In the first four months after the US Gulf Coast hurricanes, 38 rape cases were reported to women's services that initiated documentation projects to capture sexual assaults of disaster-displaced women.²⁰

Compiled by E. Enarson for the Gender and Disaster Network. Rev. April 2006

18 See "Shelters have empty beds: abused women stay home," New York Times, 10/21/01.

19 Chapter 4, Sarah Fischer, 2005, "Gender Based Violence in Sri Lanka in the Aftermath of the 2004 Tsunami Crisis," on-line through the GDN: <http://www.gdnonline.org/resources/fisher-post-tsunami-gbv-srilanka.doc>

20 Reported by Lin Chew and Kavita Ramdas in the Global Fund For Women report "Caught in the Storm: The Impact of Natural Disasters on Women," December 2005: <http://www.globalfundforwomen.org/work/programmes/natural-disasters.html>

5.6 Gender-Sensitive Operational Guidelines by Sector

Note: This compilation synthesizes practice guidelines developed by Sphere, FAO, WFP, InterAction and other organizations. I thank them for making their work available to others. The action points are not rank-ordered by priority and are presented in the past tense to promote self-evaluation—the way we learn the best.

ASSESSMENT AND CONSULTATION

- Lessons from previous events or years relating to specific gender issues were considered.
- Discrepancies, if any, between information provided by affected women and men were noted.
- Informal women’s networks and key informants from these networks were consulted in the assessment.
- The assessment team was balanced by sex and trained in gender analysis.
- Terms of reference for needs assessment teams gave priority to gender mainstreaming.
- Partners in the private and public sector were urged to integrate gender considerations into their own field assessments.
- Sex-specific data were collected consistently through the assessment period (and used later for monitoring and evaluation) and not confined to a “gender section” in assessments and evaluations.
- The language of the assessment questions and reporting was sex-specific where appropriate, e.g. mother/father not parent, girl/boy not child.
- Changes were tracked by sex, e.g. sex ratio of persons disabled or widowed or unemployed by the event.
- Impact assessments and project assessments included gender considerations across sectors.
- Indirect impacts were assessed by sex, e.g. on school attendance, employment, training, livestock, access to land, new employment or income-generating activities.
- Conditions of life were described by different and representative groups of affected persons (e.g. young women/men, senior women/men).
- Vulnerable groups in which women are disproportionately represented were identified, e.g. single-headed households, the frail elderly, those in extreme poverty.
- How women and men share in decision making (household, village, region) was known and integrated into project planning.

- Women's and men's respective responsibilities for children, orphans, the ill or disabled and other dependents was known.

PARTICIPATION AND REPRESENTATION

- Communication methods were diverse and reached women and households determined to be most vulnerable.
- Existing and potential capacities of women/women's groups and men/men's groups and children were identified and incorporated into project design and implementation.
- Women and women's groups were identified and included as partners in all programmes and projects.
- Both women's and men's groups were represented in community committee and consulted at the village level on a regular basis.
- Women with primary responsibility in the area of concern were consulted in ranking problem areas and proposed interventions.
- Specific actions were taken to increase women's participation in food and agriculture programmes in recognition of their status as food producers.
- Overnight travel (training workshops, regional consultations) did not preclude women's participation.
- Commitment to gender responsive programming was explicit, e.g. in memoranda of understanding with partner agencies, terms of reference for consultants or researchers.
- Women's community-building traditions, resources, and skills were integrated into post-disaster outreach.
- The culturally-specific spiritual values and worship practices of affected women were understood and provided for to the extent possible.

SECURITY AND HUMAN RIGHTS

- The fundamental human rights of women were known and respected by staff and integrated into programmes and projects.
- Mechanisms were in place for reporting or in other ways gathering information about gender-based violence to which girls and women in crisis are subject, e.g. harassment, abuse, rape, coerced sex-for-food, pressure for early marriage, trafficking, etc.
- Mechanisms were in place to document and respond to gender-based violence, conflict-related abduction and other threats to the health and well-being of boys.

- Changing gender roles produced by the disaster and/or relief efforts in response to the disaster were monitored for changes in the risk of violence.
- Strategies to mitigate the risk of survival sex and other forms of reluctant alliances with food providers were identified.
- Legal aid was available for women seeking legal action on human rights violations, including gender-based violence.
- Field staff were aware of the possible health, economic and social effects of gender-based crimes of violence.
- Health education campaigns, including reproductive health and violence against girls and women, were directed at both women and men.

LOGISTICS

- Women had central roles in registration and distribution groups and activities.
- Numerical quotas were used or considered to ensure relief assistance reached women and monitored for unintended effects, e.g. 25% of food-for-work funds for women, 50% of education resources for girls, 80% of food aid [targets adopted by different humanitarian relief agencies].
- Female health and protection staff provided as well as female interpreters.
- Women and women's groups guided the placement of distribution sites, latrines, housing groups, etc.
- Constraints on women's access to aid (e.g. unsafe spaces for children while women wait in line) were anticipated and addressed.
- Opportunity costs for women to access aid were analyzed, e.g. for lengthy waits in lines, required contributions of labor or cash.
- Usual practices of women/men were reflected, e.g. in food supplies, provisions for carrying relief goods, transportation.
- Bathing, washing and laundry facilities sited to ensure the privacy and security of women and girls.
- Women were consulted about preferred domestic items, storage methods, cooking tools and methods, culturally acceptable foods, the design of temporary shelters and replacement housing, and other familiar patterns of life.
- Equal pay and gender-fair employment practices were in place (project staff/local field teams/partner agency teams).

INFRASTRUCTURE

- Community centers and similar facilities utilized mainly by women for child care, skills training, counseling, peer learning, literacy and rights education and other post-disaster activities were a priority for reconstruction funding.
- Impacts on social infrastructure used heavily or predominantly by women were documented and repairs prioritized accordingly, e.g. health clinics, community centers, child care centers, marketplaces, faith-based facilities, cultural centers, etc.
- Setting priorities in the repair and reconstruction of transportation and energy systems was informed by women's use of transportation and energy to care for children, earn income, socialize, access health care and other activities of daily life.

LIVELIHOOD and EDUCATION

- The skills and knowledge of affected women and men (teachers, nurses, social workers) were utilized in skills training and employment-intensive initiatives.
- Affected women participated actively in children's programming to develop through educational programmes their children's coping strategies and interpersonal resources and identify post-disaster impacts and needs.
- The daily and seasonal work activities (paid/unpaid; agricultural/other; formal/informal sector) of women as compared with men were known.
- Women producers were involved in decision-making in promoting sustainable and self-reliant means of livelihood and household food security.
- Increases or other changes in women's daily workloads were assessed and reflected in the distribution of emergency relief and the design of all post-disaster initiatives.
- Social supports for working and employed women (child care, transportation, job protection, insurance) were in place in long-term recovery programmes.
- Environmental impacts on resources and assets used by women to provide food and earn income were identified and mitigated.
- Micro-credit and other economic recovery measures were designed in consultation with affected women with respect to the skills and markets required of earners in the future in this context.
- Educational services targeted both boys and girls with the core knowledge skills and competencies of basic education to develop sustainable educational skills.

- Training programmes provided equitable access to traditional and nontraditional opportunities for women as well as men.
- Women workers' rights and gender concerns in the reconstruction of societies and support of sustainable livelihoods were addressed in livelihood and education projects.
- Barriers to women based on traditional occupational segregation were reduced by affording women opportunities in all fields including 'male' jobs and supervisory roles.

SHELTER

- The gendered division of labor within the household was analyzed as a factor in everyday lives before, during and after the disaster.
- Extra burdens taken on by women as caregivers and home-based earners were reflected in aid measures.
- The significance of the home and homestead in women's domestic production (for consumption and for sale) was reflected in plans for reconstruction.
- Site planning was conducted in collaboration with women as well as men.
- Affected women were directly involved in housing design, location and construction to better suit their needs and obligations.
- Increased risk of forced prostitution due to homelessness was considered in shelter and livelihood projects.
- Women and women's groups were meaningfully involved in monitoring housing reconstruction projects.
- Women were equally consulted with respect to relocation and resettlement proposals and decisions.
- Women were fully engaged in risk-reducing reconstruction, e.g. through training in seismic- and flood-resistant construction techniques.

HEALTH AND NUTRITION

- The caloric intake here was known and disaggregated by sex with special reference to infants and young children, pregnant and lactating women.
- Food taboos or other cultural norms shaping women's and men's daily lives were known and reflected in the commodities offered.

- Maternal health care facilities in temporary encampments were supported and designed and operated in collaboration with affected women.
- Minimum standards for humanitarian relief were met with respect to reproductive health care, e.g. prioritizing ante-natal services, providing information and services to reduce sexually transmitted diseases and prevent excess neonatal and maternal morbidity.
- Women and women's organizations participated actively in design, delivery and monitoring of health care services, e.g. women's community groups providing informal health education and service.
- Men as well as women collaborated in health related projects, including reproductive health outreach and the mitigation of HIV/AIDS risk in the aftermath of disasters.
- Female health workers were available in contexts where women will not seek health services from male providers.

WATER AND SANITATION

- Women were consulted in design, construction and location of toilets.
- Water distribution points and latrines were sited to reduce risk to women and children accessing them, in consultation with affected persons.
- At-risk populations with special water requirements were identified using data disaggregated by age and sex.
- Measures were taken to monitor the health effects of contaminated water on women and children as primary consumers and users.
- Specific measures were in place to ensure the personal safety and security of women and girls when gathering water.

PROJECT IMPACT: MONITORING AND EVALUATION

- All relief initiatives were evaluated with respect to their impact on gender equality and the overall condition of the women's and girls' lives.
- Before approval, all proposed relief measures were evaluated for potential effects on gender relations.
- After implementation, all project activities were evaluated for their impact on post-disaster gender relations, e.g. male out-migration, increase in female headed households, child abandonment in

single-headed households, earlier marriage of young girls and women, closer spacing of pregnancy and births, degraded natural resource base, sexual violence in the context of increased armed conflict, suicide rates of boys and men, rates of HIV/AIDS infection, etc.

- Sex-specific data were used to determine benefits from relief measures (short/long-term, immediate/secondary).
- Participation (rates, types, roles) in project activities were tracked by sex.
- Women were separately consulted when emergency relief measures were evaluated and sex-specific indicators for recovery developed.
- Outcomes were assessed separately for women and for men: who benefits? how? for how long? In what ways?
- Set asides (funds, time, staff) were in place or considered in the distribution of resources to ensure that gender inequalities were mitigated.
- Good practice gender-sensitive projects and approaches were documented and shared.
- Female experts were employed when male staff were not able to directly address female members of the affected group; hiring practices reflected this need.
- Gender training was provided all members of the field staff.

LEADERSHIP DEVELOPMENT

- Gender-specific considerations were taken into account in the placement of staff and designation of staff responsibilities following consultation with gender specialists and the staff involved.
- Gender-sensitive counseling was provided or made available to all staff and volunteers following the disaster.
- Measures were in place for confidential reporting and discussion of psychosocial impacts on relief staff and members of their family.
- Material and socioemotional support was provided staff and volunteers directly impacted by the disaster with special attention to work and family conflicts undermining care for children and other dependents.

ENVIRONMENT

- Measures promoting environmental and social sustainability in disaster recovery were based on knowledge of how women and men, respectively, use and manage environmental resources.

- Strategies for mitigating environmental hazards that increase women’s risk or future disasters (landslides, floods, drought, etc.) were identified and incorporated into post-disaster reconstruction plans.
- Impacts of degraded resources on the time and labor of girls and women were identified and mitigated as feasible in recovery plans and the design and siting of temporary encampments.
- Women’s resource-based jobs, occupations and income-earning activities were assessed in the aftermath and their needs reflected in environmental recovery projects and in economic recovery projects.

CAPACITY BUILDING AND ADVOCACY

- Civil society organizations serving girls and women (e.g. education, health, literacy) were engaged as partners in the design and delivery of post-disaster services.
- Repair and reconstruction of facilities housing women’s community groups was a priority.
- Funding was provided to repair damage to women’s NGOs and CBOs and support their advocacy of women’s practical needs and strategic interests in the aftermath of the disaster.
- Partnerships were promoted involving women’s organizations and grassroots groups active in disaster response and reconstruction where interests and resources converged.
- Proposals were actively solicited and supported, as feasible, from local, regional and national women’s groups.
- Gender-specific data and gender-aware programming and projects were shared with governmental authorities, university research groups and others with a shared commitment to gender equality and disaster risk reduction.

DISABILITY

- Women and girls living with physical and/or mental disabilities before, during and after the disaster were identified as a high-need group and their specific vulnerabilities and capacities identified.
- Knowledge of the economic status of women with disabilities and of women providing care to children with disabilities was incorporated into recovery plans.
- Women with disabilities and women’s groups knowledgeable about the conditions of their lives were consulted through the planning and evaluation process.
- The increased risk of violence against girls and women with disabilities was recognized and community networks developed to encourage prevention, reporting and prompt response.

CHILD PROTECTION

- Protecting the life safety of infants and young children was the top priority throughout disaster response and reconstruction with attention to maternal health (ante- and post-natal), nutritional status, safe delivery services, and reproductive self-determination.
- All programmes and projects were reviewed and evaluated for their direct and indirect impacts on the safety, health and well-being of girls and boys, respectively.
- Sex-specific language was encouraged to highlight gender difference and inequality through the life cycle.
- Gender analysis was conducted with attention to differences between age groups.
- Knowledge of increased risk to girls in disasters was incorporated into programming and evaluation, e.g. gender violence, lack of nutritional supplements, lack of privacy for personal needs, overwork, early marriage, increased domestic responsibilities on the very young, abandonment, reduced opportunities for schooling.
- Post-disaster mental health effects on boys and young adolescent males were incorporated into staff training and outreach to mitigate the risk of suicide and other forms of self-harm.
- Girls' informal networks and regional organizations serving girls were engaged as partners in the design, implementation and review of disaster relief and reconstruction projects.
- Measures were in place early to track the gender-specific impacts of the disaster on girls and boys, and adolescent women and men over a 3-5 year period.
- Special attention was accorded to girls' education and possible shifts in occupational/income opportunities for young women in the aftermath.
- Girls' and boys' experiences in child-safe spaces were documented and evaluated from a gender perspective.
- Both male and female staff were fully engaged in efforts to promote the human rights of disaster-impacted children.
- Disaster resilience programmes placed special emphasis on projects reducing children's vulnerability, especially through developing the capacity of girls, adolescent women, and mothers.

5.7 Six Principles for Gender-Sensitive Relief and Reconstruction

1. **THINK BIG.** Gender equality and risk reduction principles must guide all aspects of disaster mitigation, response and reconstruction. The “window of opportunity” for change and political organization closes very quickly. Plan now to:

- respond in ways that empower women and local communities
- rebuild in ways that address the root causes of vulnerability, including gender and social inequalities
- create meaningful opportunities for women’s participation and leadership
- fully engage local women in hazard mitigation and vulnerability assessment projects
- ensure that women benefit from economic recovery and income support programmes, e.g. access, fair wages, nontraditional skills training, child care/social support
- give priority to social services, children’s support systems, women’s centers, women’s “corners” in camps and other safe spaces
- take practical steps to empower women, among others:
 - consult fully with women in design and operation of emergency shelter
 - deed newly constructed houses in both names
 - include women in housing design as well as construction
 - promote land rights for women
 - provide income-generation projects that build nontraditional skills
 - fund women’s groups to monitor disaster recovery projects

2. **GET THE FACTS.** Gender analysis is not optional or divisive but imperative to direct aid and plan for full and equitable recovery. Nothing in disaster work is “gender neutral.” Plan now to:

- collect and solicit gender-specific data
- train and employ women in community-based assessment and follow-up research
- tap women’s knowledge of environmental resources and community complexity
- identify and assess sex-specific needs, e.g. for home-based women workers, men’s mental health, displaced and migrating women vs. men
- track the (explicit/implicit) gender budgeting of relief and response funds
- track the distribution of goods, services, opportunities to women and men
- assess the short- and long-term impacts on women/men of all disaster initiatives
- monitor change over time and in different contexts

3. **WORK WITH GRASSROOTS WOMEN.** Women’s community organizations have insight, information, experience, networks, and resources vital to increasing disaster resilience. Work with and develop the capacities of existing women’s groups such as:

- women’s groups experienced in disasters
- women and development NGOs; women’s environmental action groups
- advocacy groups with a focus on girls and women, e.g. peace activists
- women’s neighborhood groups
- faith-based and service organizations
- professional women, e.g. educators, scientists, emergency managers

4. RESIST STEREOTYPES. Base all Initiatives on knowledge of difference and specific cultural, economic, political, and sexual contexts, not on false generalities:

- women survivors are vital first responders and rebuilders, not passive victims
- mothers, grandmothers and other women are vital to children's survival and recovery but women's needs may differ from children's
- not all women are mothers or live with men
- women-led households are not necessarily the poorest or most vulnerable
- women are not economic dependents but producers, community workers, earners
- gender norms put boys and men at risk too, e.g. mental health, risk-taking, accident
- targeting women for services is not always effective or desirable but can produce backlash or violence
- marginalized women (e.g. undocumented, HIV/AIDS, low caste, indigenous, sex workers) have unique perspectives and capacities
- no "one-size" fits all: culturally specific needs and desires must be respected, e.g. women's traditional religious practices, clothing, personal hygiene, privacy norms

5. TAKE A HUMAN RIGHTS APPROACH. Democratic and participatory initiatives serve women and girls them best. Women and men alike must be assured of the conditions of life needed to enjoy their fundamental human rights, as well as simply survive. Girls and women in crisis are at increased risk of:

- sexual harassment and rape
- abuse by intimate partners, e.g. in the months and year following a major disaster
- exploitation by traffickers, e.g. into domestic, agricultural and sex work
- erosion or loss of existing land rights
- early/forced marriage
- forced migration
- reduced or lost access to reproductive health care services
- male control over economic recovery resources

6. RESPECT AND DEVELOP THE CAPACITIES OF WOMEN. Avoid overburdening women with already heavy work loads and family responsibilities likely to increase.

- identify and support women's contributions to informal early warning systems, school and home preparedness, community solidarity, socioemotional recovery, extended family care
- materially compensate the time, energy and skill of grassroots women who are able and willing to partner with disaster organizations
- provide child care, transportation and other support as needed to enable women's full and equal participation in planning a more disaster resilient future

E. Enarson for the Gender And Disaster Network January 2005: <http://www.gdnonline.org>

5.8 Women's Organizations As Partners In Gender And Disaster

To reach the broadest number of women's groups across the country, it makes good sense to begin with organizations that already have a broad reach and that also have the infrastructure to more easily incorporate and implement the work and materials to be shared. Note that this list does not include French-only organizations, though many provide service and opportunities in both official languages. There are other organizations that are French-only that could be included for greater inclusivity.

Women's Health Organizations

Centres of Excellence for Women's Health and Working Groups

www.cewh-cesf.ca

Opportunities: development and distribution of plain-language materials; connections with governments at all levels, including public health and health planners; connections with a broad range of moderate, small and grass-roots-sized agencies across provinces; established infrastructure and staff who can accommodate the work in on-going programmes. Note that this set of organizations includes the Canadian Women's Health Network, a well-established national organization set up to distribute this kind of information/

Individual centres and groups are:

Atlantic Centre of Excellence for Women's Health	http://www.acewh.dal.ca/
BC Centre of Excellence for Women's Health	http://www.bcewh.bc.ca/
Prairie Women's Health Centre of Excellence	http://www.pwhce.ca/
Women and Health Care Reform	http://womenandhealthcarereform.ca
Women and Health Protection	http://www.whp-apsf.ca/en/index.html
Canadian Women's Health Network	http://www.cwhn.ca/

The following organizations are also leaders in women's health in Canada and have far-reaching networks that can be used in mainstreaming disaster preparedness, particularly in hospitals and health systems.

Women's Health Clinic, Winnipeg	www.womenshealthclinic.org
Women's College Hospital, Toronto	http://www.womenscollegehospital.ca/
BC Women's Hospital, Vancouver	http://www.bcwomens.ca/AboutUs/BCWomens/default.htm

Umbrella Agencies

Opportunities: connections with women and women's organizations across provinces, particularly in smaller towns and rurality; direct line of communication with elected officials (in the case of the Advisory Councils); considerable strength in numbers in the case of the Councils of Women, NWAC and the YWCA, coupled with longevity.

Umbrella groups:

Native Women's Association of Canada	www.nwac-hq.org/
YWCA Canada	http://www.ywacanada.ca/
Women's Advisory Councils	www.swc-cfc.gc.ca/ (Status of Women Canada)

Manitoba	www.mwac.mb.ca/
New Brunswick	www.acswcccf.nb.ca/
Newfoundland and Labrador	www.pacsw.ca/
North West Territory	www.statusofwomen.nt.ca
Nova Scotia	www.women.gov.ns.ca/
Nunavut	www.qnsw.ca
Prince Edward Island	www.gov.pe.ca/acsw/
Quebec	www.csf.gov.gc.ca/q
Yukon	www.womensdirectorates.gov.yk.ca/women/council.html

Provincial, National, Municipal Councils of Women

	http://www.ncwc.ca/
	http://www.mts.net/~pcwm/
Pauktuutit - Inuit Women's Association	http://www.pauktuutit.ca/
DAWN Canada (Disabled Women's Network)	www.dawncanada.net

Other Broad-reaching Women's Organizations

National Association for Women and the Law	http://www.nawl.ca/
Legal Education and Action Fund	http://www.leaf.ca/
University women's centres	
National Anti-Poverty Organization	http://www.napo-onap.ca/

Information Sources

Opportunities: information overviews at the national level on relevant gender patterns, e.g. statistical gender-specific data on family, work, education, health, immigration, ability, violence and related topics; links to provincial and city statistical information; population-specific information, e.g. on women with disability, poverty and gender; topical publications with gender data, e.g. on rural life, impacts of budget cuts, economic crisis; and links to women's advocacy organizations.

Status of Women Canada	http://www.swc-cfc.gc.ca/
Canadian Research Institute for the Advancement of Women	http://www.criaw-icref.ca/indexFrame_e.htm
Canadian Feminist Alliance for International Action	http://www.fafia-afai.org/en/about
National Council of Women of Canada	http://www.ncwc.ca/councilsLocal.html http://www.cdnwomen.org/EN/section10/1_10_1-intro.html
Canadian Women's Foundation	
Provincial Advisory Council on the Status of Women	Check your province and city
Women's Resource Centres	Check your city or provincial directories

Source: Adapted from Margaret Haworth-Brockman, in *Gender Mainstreaming in Canadian Emergency Management*, E. Enarson 2008.

Section 6

User Evaluation



Your help is much appreciated. If you prefer, please be in touch directly:

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Evaluation

Your feedback is essential—please let us know what you think. Naturally, no names are necessary.

1. Taken as a whole, I found this manual to be:

___ Very beneficial ___ Somewhat beneficial ___ Not really beneficial

2. Please explain the above. What do you mean?

3. Please comment in the following areas—or others you would like to suggest.

A. Organization

B. Length

C. Resource materials

D. Activities

4. When revising this manual I suggest these specific changes:

5. Please note if there were particular resources or activities that you found
Especially useful:

Not at all useful:

6. May we contact you for review of the revised training manual?

If yes, please provide contact information:

Name:

Phone:

E-mail:

Your ideas are very welcome. Please be in touch if you can: eenarson@gmail.com