PREDICTABLE, PREVENTABLE

Best Practices for Addressing Interpersonal and Self-Directed Violence During and After Disasters

CANADIAN RED CROSS

International Federation of Red Cross and Red Crescent Societies

Strategy 2020 voices the collective determination of the International Federation of Red Cross and Red Crescent Societies (IFRC) to move forward in tackling the major challenges that confront humanity in the next decade. Informed by the needs and vulnerabilities of the diverse communities with whom we work, as well as the basic rights and freedoms to which all are entitled, this strategy seeks to benefit all who look to Red Cross Red Crescent to help to build a more humane, dignified and peaceful world.

Over the next ten years, the collective focus of the International Federation will be on achieving the following strategic aims:

1. **Save lives, protect livelihoods, and strengthen recovery from disasters and crises**
2. **Enable healthy and safe living**
3. **Promote social inclusion and a culture of non-violence and peace**

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PREFACE

In our world, disasters continue to disrupt and damage landscapes and human lives. Often in the aftermath, people unite spontaneously with compassion and generosity. Despite personal trials, people of all ages volunteer to help those who are ailing, communities come together and countless acts of remarkable humanity take place. Yet, as survivors regain their footing, seek shelter and livelihoods, and try to rebuild, they face many hurdles. Among these, but often unspoken and secret, is the devastation caused by the violence that can follow disasters. People's safety and security become undermined not only by the disaster but also by violence in the forms of abuse, exploitation, harassment, discrimination and rejection from other survivors and those who are supposed to help.

Violence exists in each corner of the world — in low, medium and high income countries, in urban slums, school classrooms, behind the locked doors of homes and institutions and through technology — and it can boil to a peak in disasters. Again and again in disasters the risk of violence — people hurting other people, or people hurting themselves — intensifies as fragile protective systems become strained or even collapse, stress levels soar, and people engage in harmful or exploitive behaviour. Populations that already face the highest risks, such as children and women, become even more threatened. A woman is attacked at dusk as she seeks shelter in a crowded camp. A girl is forced to trade her body to feed her family. A boy is beaten, as others watch in silence, and then abandoned in a frightening and lonely environment. A gang steals from and threatens people in a shelter. A father loses his livelihood and unleashes his sense of shame and anger on his family. An elderly man's despair leads him to take his own life. Stories like these are common in disasters; this is not acceptable.

Yet, for all the challenges, the International Federation of Red Cross and Red Crescent Societies (IFRC) is not without solutions. Violence, while complex and frustrating, is not inevitable. In fact, like the risk of other public health crises such as cholera, respiratory illnesses, measles, malaria and lack of nourishment that can escalate in disasters, violence can be contained, curbed and ultimately prevented. The ability of violence to thrive on ignorance, secrecy, denial and the chaos of disasters can be thwarted.

This report provides best practices to address violence during and after disasters and challenges us, as disaster responders, to respond to this problem in all of our work through early and proactive action, using a public health approach.

The International Federation has an essential role and many assets to tip the scales in favour of safety: our Fundamental Principles, dedicated local volunteers, networks of diverse partnerships including auxiliaries to government, a recognized role as leading disaster responders, and a history of facing down troublesome plagues to humanity. Now we must acknowledge the predictable and preventable problem of violence in disasters, accelerate our action, and influence others to also respond. Now is the time to translate this commitment from an aspiration into a reality.

Bekele Geleta
Secretary General
International Federation
of Red Cross and
Red Crescent Societies

Conrad Sauvé
Secretary General
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Society

CHRISTOPHER BLACK, IFRC

OVERVIEW

This advocacy report encourages making the prevention of interpersonal and self-directed violence a priority within the International Federation's response to disasters. The aim is not to eradicate all endemic social problems during a disaster response, but to contain and reduce the risk of violence so it does not escalate and to create an environment where prevention is eventually possible. Whether through food distribution, building shelter, providing clean water, generating livelihoods, giving medical treatment or mobilizing communities on health or psychosocial issues, violence prevention needs to be a cross-cutting issue that is part of the responsibility, vision and action of all disaster responders.

This report highlights why and how interpersonal and self-directed violence during and after disasters is a predictable and preventable problem and the actions the International Federation and its partner agencies should take to have a more engaged role in addressing the problem:

The risk of violence in disasters increases due to a combination of shocks.
Shocks including the collapse of protective systems, increased individual and community stress, individuals relying on harmful coping mechanisms such as alcohol and drugs, and crowded and insecure environments present opportunities for people to misuse their power.

Vulnerable groups face multiple threats.
Although it is often hidden and kept secret, people with pre-existing vulnerabilities to violence, such as children, women and others who are marginalized, have a compounded risk: first suffering the disaster and its consequences, then the risk of violence and, finally, a lack of care and protection when they try to get help.

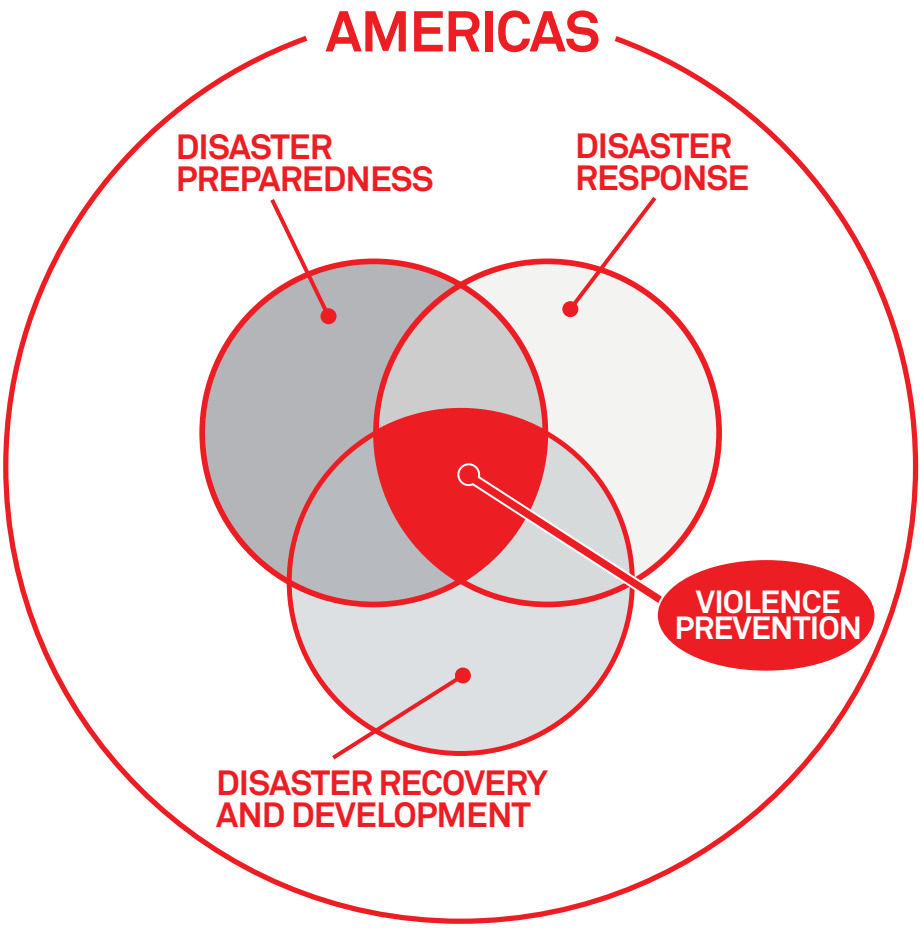
The risk of violence needs to be addressed through a public health approach and must be made a priority.
In disasters, the risk of violence needs to be monitored and responded to with the same urgency, attention and resources as other preventable public health emergencies such as diarrheal disease, respiratory illnesses, malaria, measles and malnutrition. All sectors and actors in a disaster response have a role to play in addressing the problem; the response is strengthened if they all use a public health approach.

Best practices to address violence can be implemented across the disaster management cycle.
Disaster preparedness: Violence prevention needs to be integrated into the internal systems — including response tools and education — of disaster response organizations. Community organizations and local partners involved in disaster responses should be identified and supported in building their violence prevention capacity.

Disaster response and recovery: Violence prevention must be prioritized, responded to rapidly and included in surveillance and monitoring. Awareness of the risks of violence should be made widely available, in combination with humanitarian diplomacy, to high-level authorities. Existing community strengths to prevent violence should be recognized and supported.

Long-term recovery and development: Programs to prevent violence should be implemented using pragmatic, evidence-based, community-owned and comprehensive approaches.

Cross-cutting issues: For violence prevention to be effectively integrated it needs to include beneficiary accountability, leadership, gender perspectives, involvement of children and youth, and integration into existing systems and tools, and it should build in monitoring, evaluation and secure budgets.



The best practices in this report reinforce the *International Federation's Strategy 2020* — in particular strategic aims one and three, which focus on saving lives, protecting livelihoods, strengthening recovery from disasters and crises and promoting cultures of non-violence and peace that contribute to lowering levels of violence. This report also provides practical options for applying the *International Federation's Strategy on Violence Prevention, Mitigation and Response*, specifically strategic direction one: *Issues of violence prevention, mitigation and response are integrated into the assessments, planning, development, implementation, monitoring and evaluation stages of appropriate initiatives for disaster and crises preparedness, response and recovery programming.*

The report provides an overview of the problem of violence in disasters, the risk factors that cause increases in violence following disasters, and the humanitarian consequences that result. The report also highlights concrete actions that can be taken to address violence, and profiles examples of challenges, innovations and successes in linking violence prevention, as a cross-cutting issue, across disaster programming from Red Cross National Societies in the Americas.

A PREDICTABLE PROBLEM

Interpersonal violence occurs when one person uses his or her power, in any setting, to cause harm physically, sexually or psychologically to another person or group of people. Interpersonal violence encompasses child abuse, family violence, gender-based violence, bullying and harassment, elder abuse, and community violence such as gang violence. For each act of interpersonal violence there is a person inflicting violence, a target or victim/survivor of the violence, and often bystanders who watch, hear or know of the violence. Self-directed violence occurs when someone causes harm to oneself, and includes suicide.

Each day, 4,200 people die from violence (1.6 million per year); of these approximately 2,300 die from suicide, 1,500 from interpersonal violence and 400 from collective violence (such as war).[i] Each year, 16 million cases of injury due to violence are severe enough to receive medical attention in hospitals.[ii] For every young person killed by violence, an estimated 20–40 receive injuries that require hospital treatment.[iii] The number of people who experience interpersonal and self-directed violence in their lifetimes is in the hundreds of millions.[iv]

Violence, in its various forms, is among the most prominent causes of mortality in the world — higher than tuberculosis, road accidents or malaria.[v] However, violence prevention has not yet received the same urgency in attention, resources and support as other public health priorities. This is especially true in disaster situations where people who survive the initial trauma are often revictimized through violence.

In measuring the magnitude of violence, mortality rates show an important, but incomplete, picture of the problem. The impact of violence is not just defined by loss of human life. It is also manifested in the lasting harm that comes from injury, disability, trauma, illness, as well as less visible impacts such as loss of hope, trust and self-worth.

The *International Federation's 2007 World Disasters Report* noted "Disaster after disaster produces irrefutable evidence that with displacement — be it as a result of natural hazards or conflict — the risks of physical abuse to women and girls rises substantially."[vi] Although collecting hard data on the magnitude of interpersonal violence is challenging in any context, and reporting is complicated by the shame, stigma and secretive nature of sexual, physical and psychological violence, certain trends are clear. Numerous sources confirm that following disasters, the rates of violence disclosed in surveys, reported to authorities and non-governmental agencies, and through calls made to crisis lines increase.[vii] Taken as a whole, the evidence is clear: the risk of violence is predictable.

IFRC

DATA ON VIOLENCE IN DISASTERS IN THE AMERICAS

Haiti

After the earthquake in 2010, reports based on assessments from a number of Haitian and international agencies revealed that interpersonal violence, especially sexual violence, within the camps for internally displaced people (IDP) in Port-au-Prince posed an extreme humanitarian threat. The threat was highest for children (girls and boys) and women, with the risk continuing even one and a half years after the earthquake. In one survey, 14 percent of women in the IDP camps reported one or more experiences of sexual violence since the disaster.[viii]

Another study found that 60 percent of women and girls interviewed said that they feared sexual violence against them or members of their household; the same study found that 70 percent of respondents reported fearing sexual violence more now than before the earthquake.[ix]

A study from the United Nations High Commissioner for Refugees (UNHCR) found women and adolescent girls engaging in transactional sex — where sex is exchanged for access to protection, food, health care or other basic services — within IDP camps in Port-au-Prince was widespread more than one year after the earthquake, and was exacerbated by precarious and vulnerable conditions. Of the women and girls who participated in the study, 100 percent had been directly involved in or witness to transactional sex.[x]

Caribbean

For two years after volcanic eruptions in Montserrat in 1997, there was an increase in hospital visits allegedly due to violence.[xi]

Following Hurricane Noel in the Dominican Republic in 2007, there was a documented increase in the reporting of sexual violence against women and girls living in storm shelters.[xii]

Nicaragua

After Hurricane Mitch in 1998, there were increased allegations of domestic violence.[xiii]

27 percent of female survivors and 21 percent of male survivors reported that violence against women in families and communities had increased following Hurricane Mitch.[xiv]

United States of America

In 2005, after Hurricane Katrina hit the states of Louisiana and Mississippi, allegations of intimate partner violence in the affected areas increased up to three times the national rate.[xv] There was also an increase in allegations of emotional and physical violence found in Louisiana.[xvi]

In 1999, six months after Hurricane Floyd in North Carolina, brain injuries were five times more common in the areas hardest hit by the disaster. The researchers concluded the increase was due to elevated stress among parents, leading to higher incidence of child abuse.[xvii]

During the 1993 Missouri floods, there was a rise in demand for protective services for women. The average state turn-away rate at domestic violence shelters in flood-impacted areas rose 111 percent over the preceding year. Women's services reported sheltering 400 percent more women and children from violence than they had anticipated.[xviii]

After Hurricane Hugo struck South Carolina in 1989, allegations of child abuse increased at three, six and 11 months after the hurricane, compared to the previous year. In the first three months there was a nearly 300 percent increase in allegations of child abuse.[xix]

In California, the Santa Cruz Sex Assault team reported that sexual assaults increased after the 1989 Loma Prieta earthquake by 300 percent and there was a 600 percent increase in domestic violence reports during the first four months following the earthquake.[xx]

The research findings represent specific examples where the problem has been examined. However, overall, the response to violence from disaster responders remains limited, uneven, of uncertain quality, and reactive rather than strategic and proactive. In many disaster situations the predictable risks and actions to address violence continue to be neglected.

WHY VIOLENCE ESCALATES IN DISASTERS

Social determinants

There is no single factor that puts people at risk of interpersonal or self-directed violence during and after disasters. Rather, people hurt other people and hurt themselves due to a harmful mixture of complex risk factors, or social determinants, between individuals and within their families, communities and societies. These exist before a disaster happens and intensify during disasters. The combination of the social determinants varies in each unique place and their intensity shifts as the situation on the ground changes.

While there are many variables that increase the risk of violence during a disaster, common underlying social determinants include

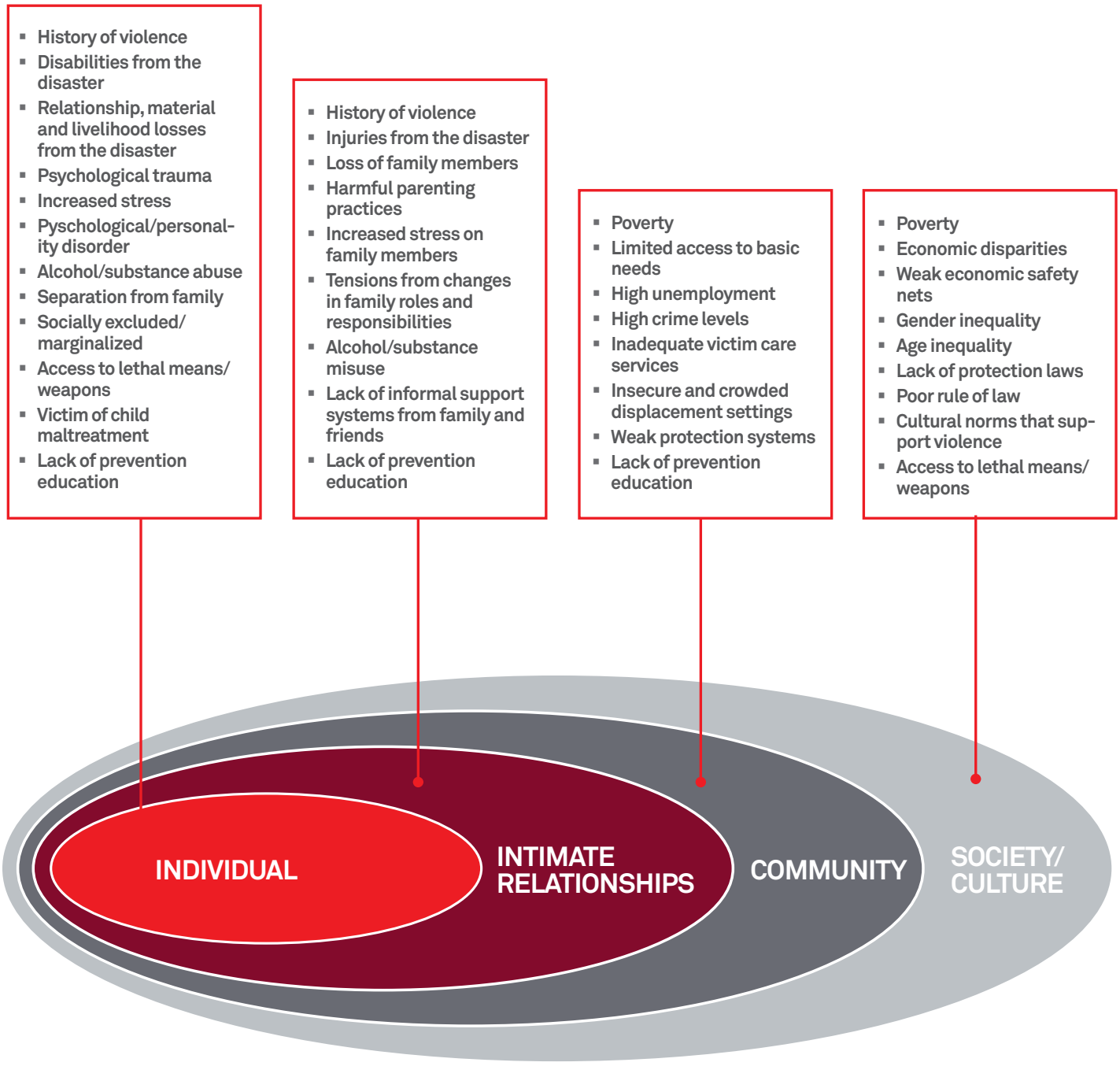
- gender- and age-based inequalities and discrimination,
- social isolation and exclusion,
- harmful use of alcohol and other substances,
- income inequality,
- lack of protection systems, and
- misuse of power.

Prevention efforts that address these common factors thus have the potential to decrease the occurrence of multiple forms of violence. While these factors increase the risk of violence during or following a disaster, it should be emphatically clear that disasters themselves do not cause violence.

In essence, during disasters a combination of negative shocks reinforces one another. Social and community support systems become strained, stress upon families and individuals begins to reach a boiling point, people resort to unhealthy coping mechanisms such as substance abuse, those who are marginalized are pushed further to the margins and become more desperate and dependent, and protective mechanisms are either non-existent, overstretched or under enforced. This results in the increased likelihood of people losing self-control or misusing power to take advantage of others.

JOSÉ MANUEL JIMENEZ, IFRC

Figure:
Social Determinants in Disasters that Increase the Risks for Self-Directed and Interpersonal Violence[xxi]



PROFILE: HONDURAS

"WITHOUT APPROPRIATE MANAGEMENT, DISASTER SHELTERS ARE AT RISK OF BECOMING INSECURE SPACES, EXPOSING FAMILIES TO VARIOUS RISKS. THIS AGGRAVATES THE TRAUMA OF FAMILIES WHO ARE ALREADY COPING WITH THE PHYSICAL AND PSYCHOLOGICAL EFFECTS OF THE DISASTER."

Maria Elisa Alvarado, Director General, Honduran Red Cross

Since 1998, the Honduran Red Cross has been involved in numerous responses to hurricanes, drought and a 2009 earthquake. Much of its learning about violence following disasters comes from the experience of managing shelters following Hurricane Mitch, a devastating hurricane that swept through Central America in 1998, with estimates of over ten thousand people killed and over two million made homeless.

"At the request of the government, the Red Cross took over the management of shelters housing 1,372 families (6,676 people)," recalls Maria Elisa Alvarado, Director General of the Honduran Red Cross. An average of 600 families (3,600 people) remained in the Tegucigalpa shelters for three and a half years. "Given the transitory nature of how people lived, and the difficult urban environment, we saw a number of social problems such as family violence and gang violence which caused insecurity, and were exacerbated by the crowded conditions."

Sheltered families came from different low-income neighbourhoods and living quarters, each suffering the loss of family members and belongings, and facing great challenges to recovery. In the shelters, the situation worsened because of crowding and a lack of community structures. Gangs took advantage of the situation, with tragic consequences: there were 18 murders inside the shelters. "Violence was the product of a lack of economic opportunities, educational and organizational resources, and poor security," says Alvarado.

The Honduran Red Cross worked with the Spanish Red Cross and other organizations to address the issues in the shelters. "We made dealing with this situation a priority, and took a much more active role in community organizing because we recognized that success in any other area was dependent on success in this," said Alvarado. They began by identifying positive leaders in the community and encouraged them to play a role in community project committees. Dialogue and group cohesion across the leadership of the committees was promoted. The Red Cross also reached out to families of gang members and consulted with experts on Honduran youth gangs to get advice.

Consultation with residents was done, in part, by mapping the needs and perspectives of different groups: men, women, youth, children, and the elderly. This approach of segregating the groups led to a more comprehensive picture of the challenges people faced, including gender discrimination, lack of jobs, high cost of basic staples, excessive consumption of alcohol, domestic violence, teen pregnancy and poor education.

This focus on facilitating communication and participation paid off, helping shelter residents to break down the isolation and begin to address, as a community, the problems they faced. According to one former resident who played a role in the shelter committees, the key was to find the right way to help the shelter residents help themselves: "we were not looking to have the food put into our mouths; we needed collaboration as much as possible to support us in improving the conditions of our lives." With greater autonomy and participation, communities became more resilient, better able to tolerate their losses and to tolerate each other in their close living situations. "We promoted the idea of self-management, involving people in the planning, management and facilitation of programming," notes Alvarado.

The Honduran Red Cross offers the following lessons learned:

- → Avoid, as much as possible, massive concentrations of people in one place.
- → Involve communities in the management of shelters and their programs; there is an important role for the Red Cross in facilitating and organizing participation, and ensuring that tasks and responsibilities are clear.
- → Provide more support and response to the conditions of people who are sheltered in host communities.
- → Work directly with communities and families to allow opportunities for dialogue around violence, its risk factors and solutions.
- → Seek to ensure that the stay in shelters is as short as possible and pursue alternatives with the authorities to normalize the lives of families as quickly as possible.
- → Invest in building the skills of response teams, including recognizing the triggers that can lead to violence.
- → Recognize the need for capacity building, awareness and counselling support to staff and volunteers.

FAMILY WHOSE HOME WAS DESTROYED BY HURRICANE MITCH LIVING AT A STADIUM, SAN PEDRO SULA, HONDURAS. \\ © SEAN SPRAGUE \\ SPRAGUEPHOTO.COM

Key risk drivers that are common in disaster situations

Environmental/situational conditions

In 2009, 42.3 million people were forced to flee their homes due to conflict, violence and human rights violations.[xxii] Many of those people were forced into displacement camps, slums or temporary shelters.

Specific risk factors for violence within displacement camps include

- lack of security and policing;
- poor perimeter security;
- lack of lighting;
- inadequate toilets/latrines and washing facilities in and around the camps;
- lack of privacy while using hygiene facilities;
- insecure and inadequate shelters;
- overcrowding/high density;
- lack of formal or informal protection systems;
- potential of forced evictions (often multiple times);
- lack of analysis and understanding of the extent/forms of violence in the immediate aftermath of a disaster; and
- lack of will among leadership to prioritize violence prevention.

Collapse or strain upon community support and protection systems

In disasters, formal and informal support systems that people rely on in their daily lives to cope with stress and adversities can become strained or even collapse. As a result, the risk that stress will be handled in harmful ways is elevated.

Factors that can take shape in a disaster include disruptions and a decrease in the availability or access to, and the quality and speed of, support provided by government, civil and non-governmental agencies;

- breakdown of law and order — impunity;
- inadequate response from law enforcement to victims/survivors and inflictors of violence;
- few protective measures for survivors of violence, putting people at risk of revictimization and a deficit of support to help with physical and psychological wounds;
- no reporting system;
- limited information about the process to report violence;
- family separation, including separated and orphaned children;
- silence from bystanders who feel unsafe stopping or reporting violence, do not know what to do, or who believe the violence is acceptable; and
- exploitation of vulnerabilities by those in positions of authority.

Lack of violence prevention education and protection systems

The degree to which communities understand violence prevention and protection systems in advance of a disaster will have an impact on the safety of individuals and communities during disaster response and recovery.[xxiii]

Key gaps often include

- lack of education and empowerment opportunities made available to beneficiaries;
- limited education and training to disaster responders;
- inconsistent screening of disaster responders to ensure they do not pose a threat to beneficiaries; and
- deficit of internal systems within organizations to create safe environments free of violence, including within standard operating procedures for disaster preparedness, response and recovery.

Compromised access to goods and services

In some disaster situations, humanitarian aid may be present yet access to it may be compromised. Questions of who controls access, who faces barriers to access and why, and who is neglected all become relevant in disasters. A lack of access to humanitarian aid can create dependency on people with harmful intentions, which further increases the risks of abuse of power and violence.

Key access issues include

- limited access to livelihoods and income;
- unequal distribution of humanitarian and emergency aid within and between camps;
- unequal power and social norms that restrict access to services and support for women, children, the elderly and those with disabilities;
- lack of support for those with mental health issues to access services;
- lack of health care and safe access to food, shelter and cooking fuel; and
- fear of encountering violence while accessing goods, services or support.

Pre-existing risks of violence

Violence has a catastrophic toll on human beings of all ages, backgrounds, abilities, genders and beliefs. While anyone can be affected, some groups of people are at higher risk than others.

In the time of a disaster, groups of people with pre-existing vulnerabilities to violence are most threatened because the factors that put them at risk become intensified. In most communities and cultures these groups are primarily children and women.

Children face disproportionate risks in disasters because they are the smallest, weakest and most dependent members of society. In disasters this vulnerability is compounded. Children who are separated from their families or become orphaned are the most at risk: their vulnerability is multiplied by a loss of their caregivers and the lack of reliable protection systems in disasters.

Women are not inherently vulnerable but can be made so due to social and cultural factors such as gender-based discrimination and inequalities that may increase in emergencies. The majority of those who die in natural disasters are women; women tend to have less access to essential resources for preparedness, mitigation and rehabilitation.[xxiv]

Woman can also face high levels of sexual violence in the aftermath of disasters, as well as discrimination within the assistance process.[xxv] Moreover, violence against women can grow when men feel threatened by shifts in power relations caused by women moving from traditional gender roles to acquiring more responsibility and opportunities in relief and recovery initiatives.[xxvi]

Gender-based violence is also a threat for men and for people who do not adhere to traditional gender roles present in their societies. In addition to gender, other factors rendering some groups more vulnerable to violence may include ethnicity, indigenous populations or specific tribes, skin colour or shade, membership in a class or caste that is characterized by lower social and economic standing, xenophobic stereotypes, immigration status or internal displacement, sexual orientation, age including the elderly and youth, disability, or political or religious beliefs/affiliation. Any group that is viewed by others as "less than", "different" or "having reduced human worth" is at greater risk of violence.

"VIOLENCE BREAKS UP FAMILIES, COMMUNITIES AND COUNTRIES; WATCH THOSE AROUND YOU AND PROTECT YOUR COMMUNITY."
RED CROSS SMS VIOLENCE PREVENTION CAMPAIGN, HAITI \\ CANADIAN RED CROSS

PROFILE: HAITI

"FOLLOWING THE EARTHQUAKE, WE SAW A GREAT SOLIDARITY BETWEEN PEOPLE, ESPECIALLY AMONGST OUR VOLUNTEERS. HOWEVER WE HAVE ALSO SEEN THAT THE LIVING CONDITIONS PEOPLE FACE SINCE THE EARTHQUAKE HAVE LED TO AN INCREASE IN VIOLENCE. WE ARE WORKING WITH OUR PARTNERS, STAFF AND VOLUNTEERS TO INTEGRATE VIOLENCE PREVENTION ACROSS ALL OUR PROGRAMS, AND INTEGRATE IT INTO THE TRAINING OF OUR VOLUNTEERS."

Dr. Michaële Amédée Gédéon, President, Haitian Red Cross Society

The Haitian Red Cross Society (HRCS), in partnership with the Spanish Red Cross, has worked to reduce levels of violence in communities like Bel Air for a number of years. However, following the devastating earthquake of January 12, 2010, this work took on a new priority. "Violence has increased, it is physical, emotional, and sexual…there are many victims, especially the young," said an HRCS community mobilization officer. "There are many problems in the camps, overcrowding, insufficient latrines, and many rapes. We see children left to themselves, with girls at particular risk," added Ferna Victor, Branch Development Director for the HRCS.

While violence is not new to Haiti, the earthquake increased the vulnerability and risk. "Disaster and violence go together because one can cause the other," notes an HRCS volunteer. "There are a number of factors that can help promote — or prevent — violence, even in difficult conditions such as ours," said Dr. Gédéon. "A camp where there is light at night is safer than one where there is not. Some camps are safe spaces, others are not."

Violence prevention work in Haiti has included practical actions, such as working with the International Federation to improve lighting in the camps of La Piste and Annexe de la Mairie, and the neighbourhood of Delmas 30. An SMS/phone text and radio campaign was also launched providing

TALIA FRENKEL, AMERICAN RED CROSS

information on violence prevention and how victims of violence can get help. HRCS leadership also participated in a Canadian Red Cross hosted three-day "Ten Steps to Creating Safe Environments" training to advance non-violence within the HRCS and its programs, and developed an action plan.

"Violence is hidden, it is not easy to talk about," said one staff member. "This work has given me heart. There is too much violence in my country... With the Red Cross, I can see that the possibility to reduce violence exists."

Integrated into the HRCS action plan are concrete steps to protect volunteers from violence such as working in pairs and learning how to keep themselves safe. Listening to victims of violence and giving them the help they need are critical aspects of volunteer training.

Next steps for the HRCS include expanding violence prevention work across the country and continuing training for staff and volunteers in how to protect themselves and others. Engaging communities in violence prevention work is also a priority. As one HRCS volunteer explains, "adults train the youth, youth train the children, and children are our future."

ABUSE OF POWER BY HUMANITARIAN AID WORKERS IN DISASTERS

Reports from around the world have shown that even humanitarian aid workers can pose a threat to people affected by emergencies. Aid workers whose inherent task is to serve the injured, sick, homeless, hungry and unprotected, have been alleged to abuse and exploit the most vulnerable. Allegations continue to be made against aid workers for causing physical injury and forcing beneficiaries to provide sex in exchange for humanitarian services, basic care and access to resources.[xxvii]

Over the past decade an alarming pattern of reports from across humanitarian agencies, especially in emergencies, has become apparent. This betrayal of responsibility requires action from every humanitarian agency and its leadership. The problem has generated attention and action from humanitarian agencies, but more must be done.

Simplified solutions like updating codes of conduct are not enough. Humanitarian organizations have a duty of care for those they serve. When violence does occur, breaches need to be reported with appropriate follow-up.

The pattern of abuse from aid workers clearly requires that all humanitarian agencies address this problem in comprehensive ways. Solutions exist; it is now for leaders to ensure they are used.

CECILIA GOIN, IFRC

THE CONSEQUENCES OF COMPLACENCY

The visible and invisible consequences of interpersonal and self-directed violence are heightened when those who can take action remain complacent. Although it is often kept hidden and secret, the hurt from sexual, physical or psychological violence and neglect continues long after buildings have been rebuilt, livelihoods generated and clean water becomes available.

Not only can there be immediate physical injuries and scars, but the damage to emotions and self-esteem and the impact on personal relationships can last years or a lifetime and influence future generations in a family. The list of human impacts of interpersonal violence, especially against children, is long and includes increasing the risk of substance misuse and other risk behaviours, low self-esteem, unhealthy relationships, self-harm and suicide, and health conditions such as cancer and heart disease.[xxviii]

The economic impacts of interpersonal and self-directed violence include costs for treatment, care and support, legal proceedings, and loss of work or school time. Recent research on the linkages between violence to community development show that the pace, scale and quality of development is undermined by violence[xxix] and has an impact on a country's gross domestic product. Economic health is essential to rebuilding a vibrant economy that provides employment and motivation, and generates funds for social support systems.

BARRIERS TO TAKING ACTION

Social barriers

While the problem of violence is clear and solutions are available, there remain barriers at multiple levels that restrict action. A lack of laws, unequal and discriminatory gender norms, and perceptions of violence as a legitimate option for solving problems can be deeply embedded in societies and will not be rooted out in weeks or months.

Organizational barriers

Within organizations, barriers like complex bureaucratic systems, fear of disclosures, overburdened personnel, lack of funding, lack of protection systems, programmatic silos that limit integration of the issues, and a lack of technical guidance are all common. Also common in disasters is a lack of coordination and meaningful communication between organizations.

Individual barriers

Individual barriers such as the emotional nature of interpersonal and self-directed violence, beliefs that violence is inevitable, personal experiences and biases, and being unsure what to do and where to start can halt or deter action. Barriers for beneficiaries include not being invited to participate in solutions, lacking control over prevention processes, economic and other dependencies, being unaware of helping resources, and ineffectual responses by disaster responders.

Although there are credible tensions that require a particular balance and response in each disaster, the ultimate compass for decision making remains the humanitarian imperative to ensure safety. It is generally accepted among the human rights community that the first priority in a disaster is to protect life, personal security and the physical integrity and dignity of affected populations.[xxx]

USING A PUBLIC HEALTH APPROACH TO PRIORITIZE PREVENTION

Disasters driven by the forces of nature are often unpredictable and cannot be prevented, yet their impact can be reduced. Thus "disaster risk reduction" language is a suitable paradigm. In contrast, violence is not unpredictable or shaped by inevitable forces of nature, even in disasters. Violence is a product of human mindsets, behaviours and the choices individuals make of their free will.

In the same way that other public health crises such as diarrheal disease, respiratory illness, malnutrition and the spread of infectious disease can be anticipated and addressed, so can interpersonal and self-directed violence.

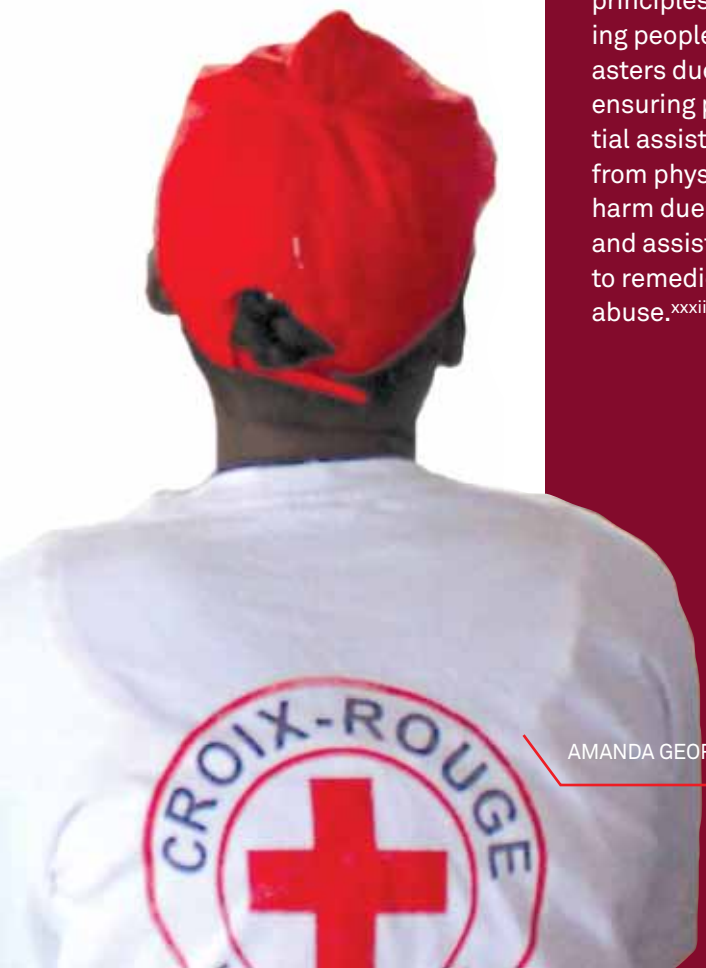
Part of the solution lies in the approach to countering the risk. Countering the risk of violence requires a move away from reactive responses after violence happens to a proactive "upstream" approach to stop violence from happening in the first place.[xxxi]

A public health approach to violence prevention focuses on a science-based methodology in which

- population-based data is gathered to describe the problem, its scope, causes and consequences;
- risk and protective factors are defined; and
- research-based interventions are piloted, measured and then scaled up.

Even small investments in prevention can lead to large and long-lasting impacts. This is true not only in development settings but also in situations of emergencies and recovery.

A public health approach that relies on comprehensive prevention strategies, integrates justice, gender, and human rights perspectives, and aims to reach the entire population through primary prevention, rather than only some segments, is required. The design and implementation of prevention programs and protection systems need to acknowledge and leverage individual and community resilience so that programs and systems are "strength-based" and focus not only on people's vulnerabilities but also their capacities.



AMANDA GEORGE, BRITISH RED CROSS

MOVING FROM PAPER TO PRACTICE: IMPLEMENTING EXISTING STANDARDS

Preventing violence in disasters is not a new dialogue. Work from a number of agencies and coalitions in recent years have promoted the integration of safety, protection and violence prevention into the core practice of humanitarian work in disasters. However, the challenge of moving these standards from paper to practice remains. Below are examples of standards, guidelines and a charter that the International Federation has formally supported.

The Sphere Project Humanitarian Charter and Minimum Standards in Humanitarian Response

According to the Sphere Standards, the rights to protection and security are cross-cutting and include principles such as avoiding exposing people to further harm in disasters due to humanitarian action, ensuring people's access to impartial assistance, protecting people from physical and psychological harm due to violence and coercion, and assisting with access to remedies and recovery from abuse.[xxxii]

Inter-Agency Standing Committee

- *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings:* The essential message of the guidelines is: "All humanitarian actors must take action, from the earliest stages of an emergency, to prevent sexual violence and provide appropriate assistance to survivors/victims."[xxxiii]
- *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*: These guidelines help humanitarian actors identify, monitor, prevent and respond to protection threats and failures through social protection and to abuses through legal protection.[xxxiv]

Children's Charter for Disaster Risk Reduction

The development of this charter has been led by several humanitarian agencies including PLAN, Save the Children, World Vision and UNICEF. Among its core elements is that child protection must be a priority before, during and after a disaster.[xxxv]

PROFILE: CANADA

"WE ARE REVIEWING OUR RECOVERY FRAMEWORK — TRYING TO MOVE FROM THE REACTIVE TO THE PROACTIVE, NOT JUST PROVIDING EMERGENCY SERVICES BUT ALSO VIOLENCE PREVENTION AND PSYCHOSOCIAL SUPPORT — AND LOOKING AT BEST PRACTICES WITHIN THE MOVEMENT FOR RELIEF AND RECOVERY."

Louise Geoffrion, Deputy Director, Disaster Management, Canadian Red Cross

In the past several years, the provinces of Saskatchewan, Manitoba and Alberta have experienced complex, large scale disasters including simultaneous forest fires and massive flooding. According to forecasts, this is a trend that will continue for several more years. The result has been extended evacuations, lengthy recovery periods and complicated assistance programs for both households and communities. The continuous re-occurrence of flooding prevents full recovery for most families and decreases their sense of security and safety while increasing financial concerns and uncertainty.

According to Canadian Red Cross Provincial Director, Cindy Fuchs, local Red Cross responders have witnessed this tension and frustration turn into violent reactions in a variety of ways: "in some cases it is an increase in interpersonal violence where evacuation shelters are located. In some cases the anger and frustration is directed at local authorities or Red Cross workers themselves."

The impact of violence can be difficult to measure. In Slave Lake, Alberta, clients told local recovery teams that there had been an increase in interpersonal violence following the fires which destroyed much of the town and caused $700 million in damages, even though official statistics on domestic violence had gone down. "Community members said they believed that less people were reporting violence, and that the displacement of families to other communities meant that the problem of increased violence moved with them," said Fuchs.

However, Red Cross case workers have also heard from individuals who say that the disruption caused by a disaster provided them with an opportunity to leave an already abusive situation.

"Exposure to issues of interpersonal violence, violence directed at host communities, or even at the Red Cross itself can lead to increased stress," says Ange Sawh, Director of Disaster Management for Western Canada. In some cases this has led to personal issues at home if people are unable to cope with the level of stress they are experiencing.

Canadian Red Cross has identified a number of lessons learned and best practices fromrecent response experiences:

→ Increase specific programming for dealing with the emotional impacts that occur in a disaster event — both for Red Cross responders as well as people in the affected community. The response to the psychological well-being of individuals and families needs to be proactive. Waiting for a problem to arise, means the response is too late.

→ Prepare staff and volunteers to anticipate and address issues of interpersonal and community violence, and to protect people more effectively when violent situations arise. Some steps that have been identified include adapting disaster response training materials to include more content on violence prevention, and developing case studies based on actual events to help workers expand their

EMERGENCY EVACUATION OF COMMUNITY MEMBERS FROM WOLLASTON LAKE HATCHET LAKE FIRST NATION DUE TO FOREST FIRES IN NORTHERN SASKATCHEWAN \\ RICHARD MARJAN, THE STAR PHOENIX.

understanding of how to handle situations in which violence occurs or is reported to have occurred.

- → Collect data and have a sense of what is going on in the community to anticipate challenges and respond to them.
- → Consider the capacity of local organizations and authorities to address and respond to violence. Red Cross programs need to link with these local programs.
- → Include violence prevention programming as part of disaster responses; the linkage has shown positive results especially for addressing interpersonal violence. Where prevention programming has been introduced, people are talking to the Red Cross about violence.
- → Work with communities on violence prevention prior to a disaster because that approach is more effective than introducing violence prevention during or after a disaster.
- → Draw on best practices from the ICRC security resource *Safer Access* and the experience of international colleagues.

BEST PRACTICES FOR ACTION

The following best practices build on existing standards and experience, the *International Federation's Strategy on Violence Prevention, Mitigation and Response*, and data on what does and does not work for addressing violence during and after disasters. These best practices can be taken across the disaster preparedness and response cycle.

1 DISASTER RISK REDUCTION

Put our humanitarian house in order

Each humanitarian agency has a responsibility to not only support disaster affected communities to prevent violence, but also to ensure it has its own internal systems (policies, standard operating procedures, education and monitoring) in place to create safe environments. Examples of internal systems include

- → procedures for screening disaster responders;
- → a code of conduct, anti-harassment and child protection policies that clearly define expected behaviours;
- → education to all staff and volunteers on appropriate and inappropriate behaviour;
- → reporting systems; and
- → information on where to refer beneficiaries if violence occurs.

Link to Vulnerability and Capacity Assessments

Integrating the prevention of violence within Vulnerability and Capacity Assessments (VCAs) is essential to understanding the risks and strengths of communities in preparing for a disaster and for ensuring the "do no harm" principle through addressing violence. VCAs gather intelligence and perspectives from local communities and shape the actions across the disaster response cycle. When the protection from violence is omitted from a disaster response, the entire response can be negatively affected.

DANIEL CIMA, IFRC

Educate

A primary task is to educate disaster responders of all levels and communities to be prepared to minimize the risk of violence and respond rapidly and effectively if it does occur. Some of the key Red Cross Red Crescent training courses in which violence prevention needs to be strengthened with appropriate education and tools include

- Community Based Disaster Reduction (CBDR),
- Field Assessment Coordination Teams (FACT),
- Emergency Response Unit (ERU) for all personnel,
- ERU Psychosocial and Community Based Health Modules,
- Regional Intervention Team (RIT) and National Intervention Team (NIT),
- Restoring Family Links (RFL),
- Vulnerability and Capacity Assessments (VCA), and
- Community-Based Health and First Aid (CBHFA).

Education for beneficiaries and Red Cross Red Crescent personnel needs to include awareness of existing global standards and how they apply in local settings; the risks and protective factors for violence and how they can be prevented; and how people who have been hurt can be supported.

Partner

There is strength in numbers. No single agency, no matter how large, can address violence on its own. Through partnerships and networks, the strengths of each agency can be coordinated and leveraged, and the scope and scale of the response increased. Partnerships need to be developed in advance of disasters as part of preparedness planning so that in emergencies partners can mobilize in complementary and reinforcing ways. Partnerships include working with national and local government agencies, grassroots and international non-governmental organizations (NGOs) and the United Nations (UN), and participating in humanitarian clusters. Special focus should be placed on working with existing agencies and networks that prevent or respond to violence so that already active grassroots capacities are enhanced and can be deployed in disasters.

2 EMERGENCY RESPONSE AND EARLY RECOVERY

Prioritize the prevention of violence
In the same way that the risk for other public health emergencies are closely monitored and responded to in disasters, addressing violence also requires attention and resourcing and should include prevention education campaigns, mass communication and on the ground mitigation efforts.

Respond rapidly
Right from the initial assessments done by FACT or Pan-American Disaster Response Unit (PADRU) teams, violence prevention and addressing the impacts of violence must be made a cross-cutting issue that is part of decision making and planning priorities. The following questions can help to determine key factors that should be mapped in the immediate response:

- What functioning, trusted and accessible support systems and protective factors are available?
- What are the specific risks for violence within the context of the affected communities?
- What police, UN, private, community or other security measures are in place?
- Who is vulnerable to violence, why and where?

Collect data and monitor
Data and statistics on interpersonal and self-directed violence need to be collected at key points of contact with beneficiaries. Data collection can occur as a part of patient visits to temporary or permanent health-care facilities as an integral part of routine morbidity surveillance (see *Sphere 2011 Handbook* for sample reporting forms). Statistics can also be collected at food distribution points, shelters, etc.

IFRC

Support community-based social support and self-help
Family and community mechanisms for protection and psychosocial support should be promoted. Key activities can include keeping families together, whenever possible; supporting adults to prevent children from becoming separated from their families; organizing family tracing and reunification for children and adults separated from their families; and preserving family unity and enabling people from particular villages/communities or support networks to live in the same area if they are displaced.

Speak up; raise our col lective voice
The threat of violence and the availability of prevention strategies and helping resources need to be communicated rapidly, widely and repeatedly through technology, social media, mass communication, high level and local networks, and word of mouth.

Advocate to government and humanitarian agency partners
Action at the ground level can yield benefits, but it is far more effective if it is complemented with humanitarian diplomacy to high-level authorities. Decisions at these levels can impact systems, resources, attention and action on the ground. Key humanitarian diplomacy messages and tools need to focus on persuading relevant government and humanitarian agencies to put in place environmental systems such as lighting, adequate toilet facilities, prevention/mitigation/response education, protection and security systems.

3
LONG-TERM RECOVERY AND DEVELOPMENT

Take a long-term view and apply a comprehensive approach
Responding to violence in disasters is essential. However, on its own it is not enough — action in crises can only yield finite results. For violence to be addressed in a comprehensive manner, primary prevention actions are required in disaster preparedness, during a disaster and into the recovery and development phases. Similar to other deeply embedded problems like HIV, Mother, Newborn and Child Health, and Tuberculosis, violence cannot be uprooted in six-month or two-year project cycles. Rather, a long-term approach with adequate resources, technical support and attention is essential.

Focus on priority actions for violence prevention
Based on the needs of local communities, the capacity of the Red Cross Red Crescent National Society and the roles of other partners addressing violence, there are a number of priority actions that can be pursued by National Societies to support long-term safety. These include initiatives for addressing alcohol and substance misuse and abuse, managing stress, countering prejudice against stigmatizing conditions, and promoting personal safety and non-violence in homes, schools, workplaces and in communities.

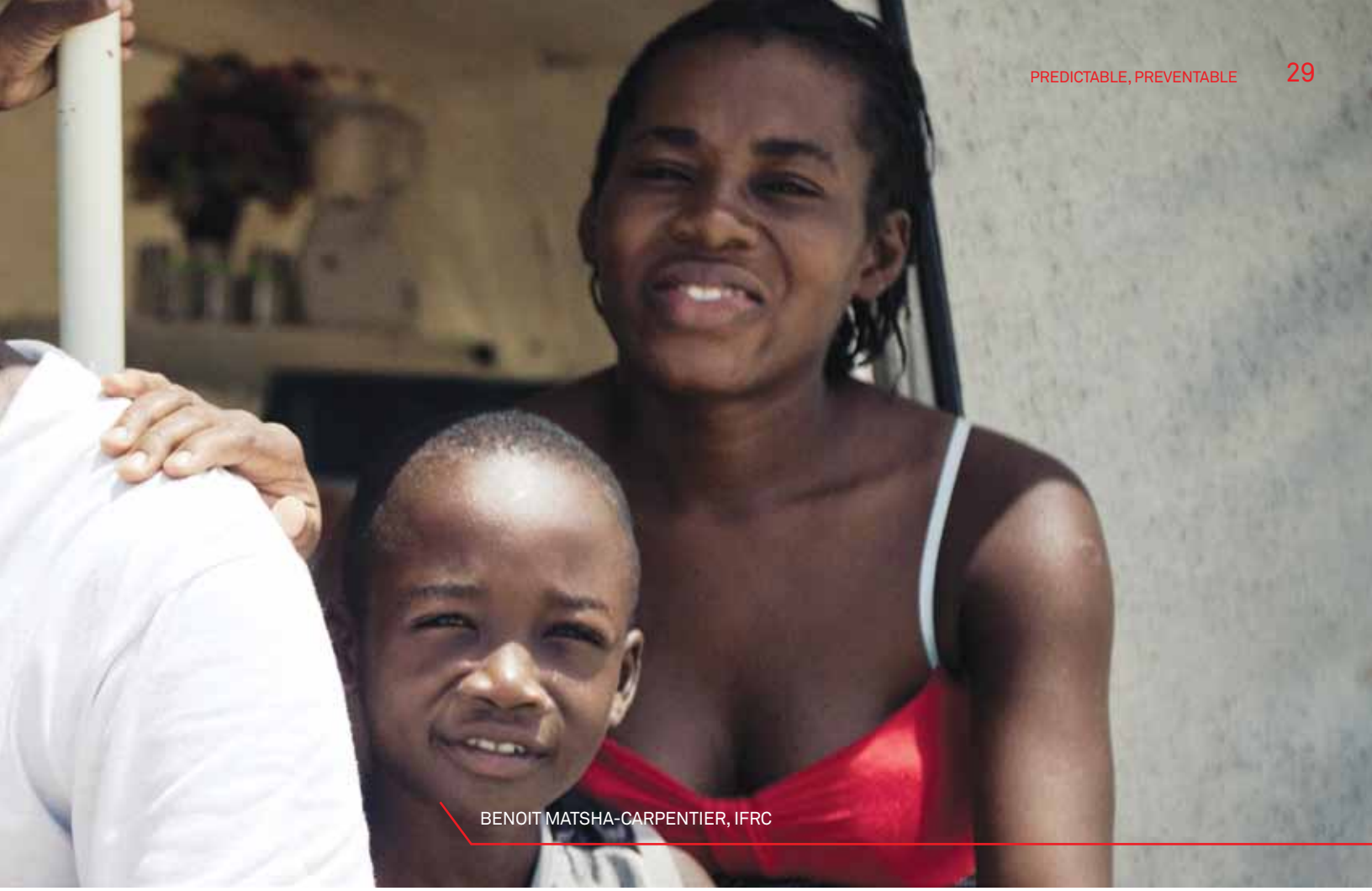
4
CROSS CUTTING ACTIONS ACROSS THE DISASTER RESPONSE CYCLE

Ensure opportunities for beneficiary participation and accountability
The people who benefit from interventions, such as children, youth and women, need to have the opportunity for participation, ownership and leadership at all levels including assessment, design, implementation, monitoring and evaluation. Beneficiaries' strengths as well as their vulnerabilities need to be considered in defining prevention and protection actions. It is also important to ensure that beneficiaries have a clear, accessible and safe feedback/complaints mechanism.

Leaders must lead
The role of senior leadership in communities, governments and humanitarian agencies is pivotal. When leaders prioritize safety, much can be achieved; when leaders fail to fulfil their responsibility to address violence, the consequences for organizations and beneficiaries can be deep and long-lasting. Not only do leaders set the tone for how a disaster will be responded to and what the priorities are, they also determine how and if people abusing their power will be held accountable.

Incorporate gender
The particular needs and strengths of women, men, girls and boys and other gender identities need to be acknowledged, understood and included. Understanding the gender roles and responsibilities of males and females in affected communities and how they have been influenced by the disaster, the status of females in the society including legal status, and the level of access and control of resources such as relief items and money is important.

Include children and youth
Children and youth need to participate and be represented, as appropriate, in decision making that affects them. Preventing violence against children and youth requires a particular focus across the disaster response cycle because they are the most at risk and the consequences can be most serious for them. Young people are not only affected by disasters; they also have a valuable role in rebuilding communities.



BENOIT MATSHA-CARPENTIER, IFRC

Integrate into existing tools and approaches

The financial, human and technical resources and capacity to address interpersonal and self-directed violence can vary widely among organizations, countries and even within cities and communities. As such, a strengths-based approach that integrates violence prevention into existing programs, policies, procedures and training is essential to maximize limited resources and to leverage what is already in place and proven effective.

Monitor, evaluate and define lessons learned

Ensuring quality and effectiveness in programming is critical to successful violence prevention. Good intentions are not enough. Clear measurements of what works, what does not, and how programming can be modified to improve impact are necessary.

Budget

Action requires money. Each level of response — disaster risk reduction, emergency and early recovery, and long-term recovery and development — needs a budget for integrating violence prevention. Opportune and effective ways to secure funds include adding violence prevention into emergency appeals and as a budget line into Disaster Risk Reduction (DRR) and other sectors (e.g. Beneficiary Accountability, Community Based Health and First Aid, Humanitarian Values, Organizational Development, and Youth).

PROFILE: INTERNATIONAL FEDERATION AMERICAS ZONE

"VIOLENCE PREVENTION PROGRAMMING AMONG NATIONAL SOCIETIES IN THE AMERICAS HAS A LONG HISTORY. SUPPORTING PARTNERSHIPS BETWEEN NATIONAL SOCIETIES TO FIND INNOVATIVE WAYS TO ADDRESS ISSUES OF VIOLENCE IS THE NEXT STEP. THE FOCUS ON PROMOTING CULTURES OF NON-VIOLENCE IN **STRATEGY 2020** AND WITHIN THE AMERICAS ZONE PLANNING MEANS INCREASED ATTENTION AND SUPPORT TO NATIONAL SOCIETIES DOING THIS WORK, AND MORE FOCUS ON HOW TO INTEGRATE VIOLENCE PREVENTION INTO DISASTER PREPAREDNESS, RESPONSE AND RECOVERY ACTIVITIES AND ACROSS COMMUNITY PROGRAMS IN THE REGION."

Jan Gelfand, Head of Operations, International Federation of Red Cross and Red Crescent Societies, Americas Zone

"In the Americas, we have to address violence," says Jan Gelfand, Head of Operations for the Americas Zone. Violence has been identified by the Pan American Health Organization as the social pandemic of the 21st century, with one study finding that during the period of 2004–2009[xxxvi] four of the five most violent countries in the world were within the America's region. Social inequality, social exclusion and a misuse of power are major factors escalating the risk of violence. "This can be expressed in the form of suicide, assault, abuse exploitation, homicides and gang activities," explains Gelfand. "When people feel they can't rely on institutions to support and protect them, violence may seem like the only available way to negotiate the challenges they face. We have to engage more across our programs, with a special emphasis on our disaster-related activities, to address the risk factors, and prevent violence."

Consistent with *Strategy 2020*, the Americas zone office has increased the profile of violence prevention in the 2012–2015 zone- and country-specific Long Term Planning Frameworks. "The focus is both on strengthening National Society and the International Federation's work with communities to prevent violence, and also ensuring a safe environment for Red Cross staff and volunteers," says Gelfand. This includes violence prevention in situations of disaster and crisis, and also integrating violence prevention activities across institutional and program areas.

Four thematic focus areas for integrated zone programming have been identified: urban risk, migration, climate change and violence. In the Americas, the International Federation will pursue a strategy of building on the points of connection across these areas through integrated community programming. The strategy also places increased attention on the growing vulnerabilities and needs of particularly high-risk communities. "We see that there are people living along the fault lines of inequality, poverty and insecurity, with some communities particularly affected by the changing patterns of disaster risk and crises," explains Gelfand. In practical terms, this means that violence prevention becomes a core component of the work being done with communities and beneficiaries in disaster and crisis operations, in urban settings, with migrant communities as well as other ongoing program areas.

An important part of the International Federation's approach to addressing violence is a focus on policies and systems to prevent violence within our own institutions through the adoption of resources such as the *Ten Steps to Creating Safe Environments*.

The *Ten Steps* framework includes analyzing the specific context of the problem of violence, recognizing people's specific vulnerabilities and resilience, defining and understanding the risks and protection instruments, and training. This work is particularly important in preparing for, responding to and recovering from disasters. The *Ten Steps* framework supports staff and volunteers, ensuring that Red Cross and Red Crescent programs are delivered in a safe environment — whether that be in the context of ongoing community activities or during the intensity of a disaster operation.

"*Strategy 2020*, and the *International Federation's Strategy on Violence Prevention, Mitigation and Response* are a wake-up call for the Red Cross Red Crescent Movement to assess what needs to be done and take concrete action in the area of violence prevention," says Gelfand. "We have put violence prevention, both in our work with communities and within our own institutions, as one of the pillars of our commitment to reducing risk and vulnerability. This is the vision and the plan in the Americas."

BOLIVIAN RED CROSS

CONCLUSION

In disaster after disaster, the risk of interpersonal and self-directed violence increases from a combination of factors. Although anyone can be vulnerable to violence, people with pre-existing vulnerabilities to violence, such as children, women and others who are marginalized, are at particular risk. Although the problem of violence in disasters is complex, it is not inevitable. Violence can be prevented. The risk of violence needs to be addressed through a public health approach that is part of all programming sectors in a disaster. Best practices exist and can be implemented across the disaster management cycle.

A CHILD WEARING A STICKER CALLING FOR AN END TO VIOLENCE AGAINST WOMEN, LA PISTE CAMP, PORT-AU-PRINCE, HAITI \\ JULIET KERR, IFRC VIOLENCE PREVENTION

RESOURCES

International Federation

Strategy on Violence Prevention, Mitigation and Response (IFRC)

Gender Strategy (IFRC)
forthcoming

"Ten Steps to Creating Safe Environments"
www.redcross.ca/tensteps

Violence Prevention Modules for IFRC Community Based Health and First Aid (CBHFA)
email: respected@redcross.ca

A Practical Guide to Gender-Sensitive Approaches to Disaster Management (IFRC)

ICRC

"Safer Access"
http://www.icrc.org/eng/resources/documents/resolution/council-delegates-resolution-7-2011.htm or,

http://www.icrc.org/eng/assets/files/red-cross-crescent-movement/council-delegates-2011/cod-2011-6-1-ns-draft-resolution-eng.pdf

National Societies

Canadian Red Cross, Resources for preventing child maltreatment, and bullying and harassment, and promoting healthy youth relationships. Specific resources include, *"Be Safe!" Violence Prevention Resources for Community-Based Programs for Adults, Youth and Children*
www.redcross.ca/respected

Canadian Red Cross, *Violence Prevention Modules for Emergency Response Unit training*
email: healtheru@redcross.ca

Canadian Red Cross, *Handbook on Preventing Violence against Children*
www.redcross.ca/respected

Spanish Red Cross, Estrategia Regional de Prevencion de Violencia CentroAmérica, México y Caribe. (ERPV)
http://www.cruzroja.es/portal/page?_pageid=174,12290203&_dad=portal30&_schema=PORTAL30

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http://www.cruzrojacolombiana.org/publicaciones/pdf/Cartilla%20Paco_1372010_103353.pdf

Humanitarian Agencies

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http://whqlibdoc.who.int/publications/2008/9789241596589_eng.pdf

UN Office of the High Commissioner for Human Rights, UNICEF and World Health Organization, *World report on violence against children*
http://www.unviolencestudy.org/

Sphere Project, *Humanitarian charter and minimum standards in humanitarian response*
http://www.sphereproject.org

Inter-Agency Standing Committee (IASC), *Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies*
http://www.humanitarianinfo.org/iasc/downloadDoc.aspx?docID=4402

Children in a Changing Climate, *Children's charter: An action plan for disaster risk reduction for children by children.*
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THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT OPERATES UNDER SEVEN FUNDAMENTAL PRINCIPLES.

Humanity
The Red Cross endeavours to prevent and alleviate human suffering wherever it may be found, protecting life and health and ensuring respect for the human being.

Impartiality
The Red Cross is guided solely by the needs of human beings and makes no discrimination as to nationality, race, religious beliefs, class, or political opinions.

Neutrality
In order to continue to enjoy the confidence of all, the movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious, or ideological nature.

Independence
The national societies must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the movement.

Voluntary Service
It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity
There can be only one Red Cross or one Red Crescent society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality
The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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