# Domestic Violence and Disasters: Building Capacity of the Emergency Response System

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# Presenter Disclosures

**Conflicts of Interest:** The presenters have no competing interests or personal financial interests.

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# Disasters and Violence

Violence increases in disaster settings - dominant masculinity response, sympathies that excuse violence, changes to family & community dynamics, secondary stressors:

- Indian Ocean tsunami, women in camps and shelters at increased risk of rape, sexual abuse, molestation (Fisher, 2010)
- 2005 Florida hurricanes, more days of exposure to disaster declaration associated with increased risk of assault (Gearhart et al., 2018)
- West Africa Ebola quarantines and school closures increased risk for domestic violence, exploitation, and abuse (Onuango et al., 2019)

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# The Shadow Pandemic

During the COVID pandemic:

- Overall reports of DV increased between 7.5% and 27% (Kourti et al., 2023)
- During COVID, the National Domestic Violence Hotline estimated:
  - *19% increase in online chat services*
  - *24% increase in hotline contact by victims identifying as Asian*
  - *40% increase in the need for protective orders*
- Reduced capacity of health services, shelters, and helplines

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# Getting the Team Together
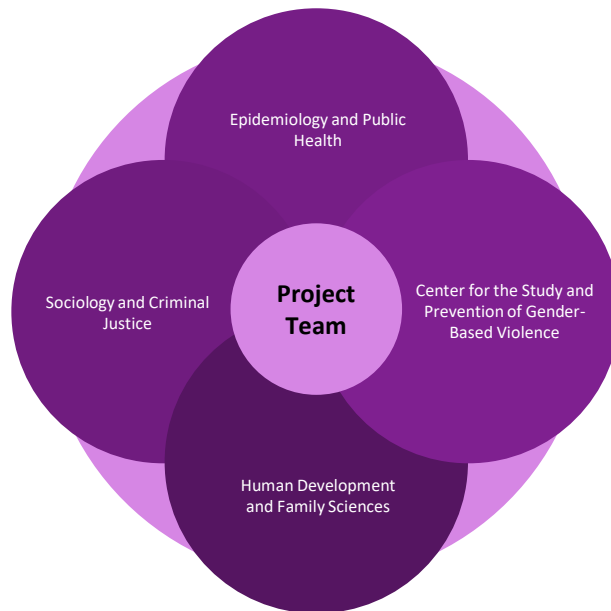


- Disaster Epidemiologist
- Former DV Coalition Staff
- Gender-Based Violence Researchers
- Current and Former DV Coalition Board Members
- Graduate and Undergraduate Students

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# Acknowledgement

*Thank you to the Coalition Leaders and DV service providers who graciously shared their wisdom and expertise with us. The Research Team appreciates the DV community's willingness to participate in our project and we offer our sincere gratitude for the tireless, and often unrecognized, work of DV coalitions, organizations, and advocates.*

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# System Innovation and System Resiliency

Recognizing pandemic-induced innovations and documenting lessons learned to build system resiliency:

1) Availability of virtual supports and services increased access
2) Influx of funding from COVID stimulus *(temporary and restrictive)*
3) Refocused commitment to racial equity and social justice
4) **Forging stronger connections with existing partners and new partners**

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# Strengthening and Expanding Partnerships - CCRs

Coalitions reported that the DV system leaned on already existing partnerships with other sectors agencies (e.g., courts, social services, education) to navigate system impacts and shifts in delivery of services across sectors

*"At the coalition level we did a lot of outreach around **working with community partners** to you know put together a very detailed graphs of you know, food banks and food pantries and free food lines that we could get out to our programs and survivors, we were working closely. We were working closely with schools just you know figuring out, you know technology needs that were met, working with survivors trying to get them access points and different things that they needed..."*

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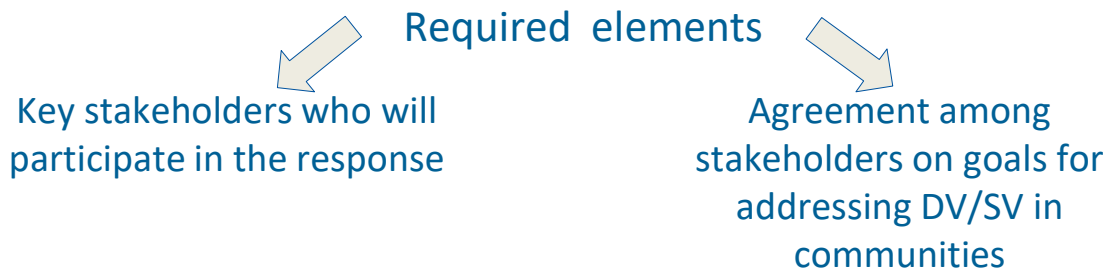# Community Coordinated Responses (CCR)

- Facilitating collaborations between agencies and stakeholders to address DV/SV
- Goals of CCRs:
  – Improve Response: System coordination to ensure consistent, evidence-informed policies and procedures that center victim safety
  – Prevention: Building capacity and infrastructure to reduce the risk of violence occurring

*Power and Control Model. DAIP Duluth Model. (1984)*

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# Community Coordinated Responses (CCR)

Required elements

Key stakeholders who will participate in the response

Agreement among stakeholders on goals for addressing DV/SV in communities

**Stakeholders:** Law enforcement, courts, probation, victim services, attorneys, medical/mental health, and community-based advocates

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# The Emergency Response System

- Four phase comprehensive emergency management approach
  - Actions to reduce impact and consequences (education, codes)
  - Cycle of planning, training and coordination
  - Immediate action taken directly to save lives, property and meet needs
  - Returning to a more resilient state



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# The Whole Community Approach

- A disaster management framework that:
  - Engages all sectors
  - Builds and sustains resilience
  - Emphasizes partnerships to meet diverse needs and share responsibility



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# Whole Community

Required elements

Spirit of community togetherness and inclusivity as preparedness is a shared responsibility

Actively seeking out partnerships in different sectors and geographic locations to address the wide range of unmet needs

**Stakeholders:** individuals, families, businesses, non-profits, faith-based and community organizations, and all levels of government (federal, state, local, tribal, territorial)

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## Studying Social Service Systems in Disasters

- Disrupted due to damaged infrastructure, loss of access to client records, evacuation of staff, emigration post-disaster
  - *Reduced capacity of health services, shelters, and helplines*



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## Women, Infants, and Children (WIC) in Disasters

- WIC is an interventional program targeting the nutrition and health behaviors
  - Short-term program, women and children up to age 5, low-income, and at nutritional risk
  - Annual appropriations by Congress
  - 6.1 million beneficiaries

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# WIC in Disasters



Figure 1. WIC Services Disrupted by Hurricane Helene

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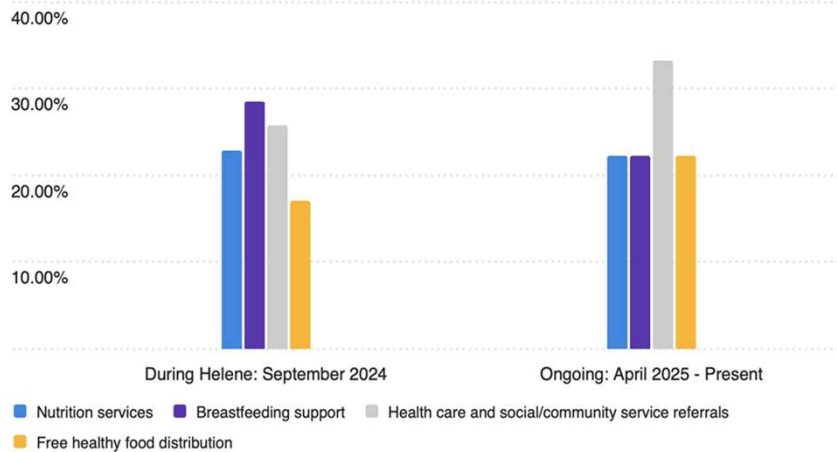
# WIC in Disasters

- Open-ended responses
  - An increase in clients traveling out of areas most impacted by Helene
  - Depletion of grocery store stock, *"shelves remained understocked for about a month"*.
  - WIC electronic benefits unavailable due to power outages; stores only accepted cash
  - The increase in availability of free baby formula *"without education on risk to breastmilk supply - likely impacted (the) breastfeeding rate."*
  - Virtual service delivery attempted but difficult or impossible due to loss of internet

# WIC in Disasters

### Figure 2. Vulnerable Populations Affected by Hurricane Helene



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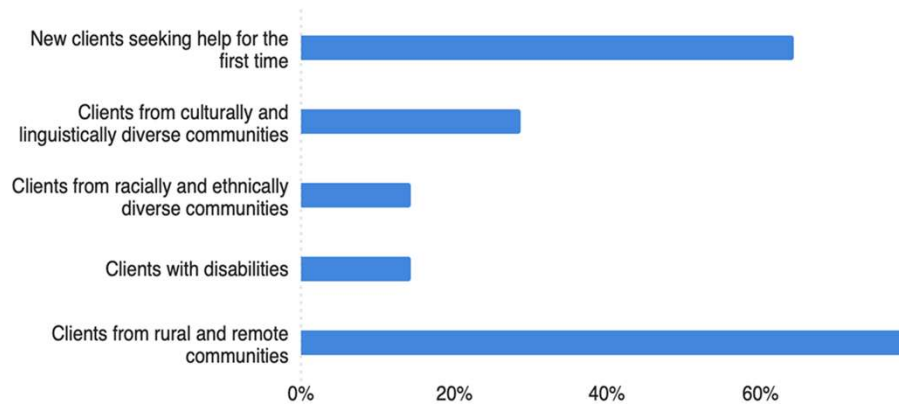
# Opioid Treatment Programs (OTP) in Disasters

- Concurrent emergencies with simultaneous public health emergency for the opioid epidemic (2017), COVID-19, and 27, billion-dollar weather disasters (2024)
- Inequitable health impacts of disasters on socially vulnerable groups
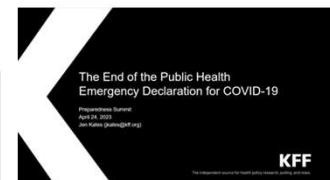- Little adaptive capacity in OTPs
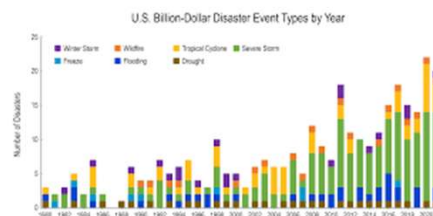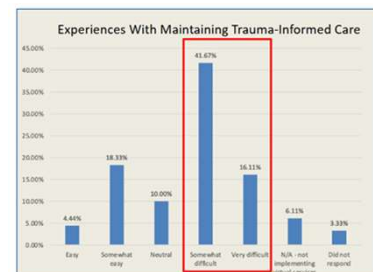


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# Opioid Treatment Programs in Disasters

- Open-ended responses:
  - Stigma is a big issues, "clients are ridiculed and degraded."
  - Housing and transportation are "blanket issues" always there but intensified in disaster
  - Many clients do not have cell phones and cannot receive mobile weather alerts
  - OTPs are highly regulated by state and federal authorities, making it difficult to take protective actions like evacuation

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# Pandemic Impacts on DV Services

- Shifts in service delivery - virtual services, reduced capacity in shelter
- Challenges maintaining survivor-centered, trauma responsive service delivery
- DV workforce - high levels of personal and professional stress, high rates of staff turnover



Experiences With Maintaining Trauma-Informed Care



Most Impacted Clients

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# Share your thoughts…..

*What similarities do you see between impacts to the DV system and these studies of other systems?*

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# Case Studies of DV in Disasters

- Massive flooding results in resident's placement in non-congregate shelter
- DV reported to Office of Emergency Management
- Violation of receipt of housing contract

## Case Studies of DV in Disasters

- Displacement following large wildfires:
  - DV survivors on waitlist for housing
  - Lose place in line to disaster victims



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# Share your thoughts…..

*What are unique barriers or challenges for DV survivors that must be considered in disaster preparedness and response?*



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## Preparing for the Future: Improving Capacity and Infrastructure

- Increase DV system capacity for emergency preparedness and response
  - Training for DV workforce and service delivery organizations
  - Encouraging organization planning and preparedness
  - Incorporating emergency preparedness and response planning into CCRs - planning and response that considers the unique needs of survivors and centers survivor safety



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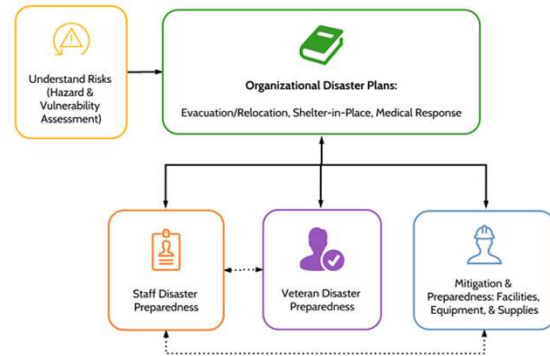
## Preparing for the Future: Improving Capacity and Infrastructure

- Increase Emergency Management and Emergency Responders capacity in addressing DV
  - Training for Emergency Response System on DV
  - Representation of DV system and organizations on Emergency Response Teams and/or emergency planning teams



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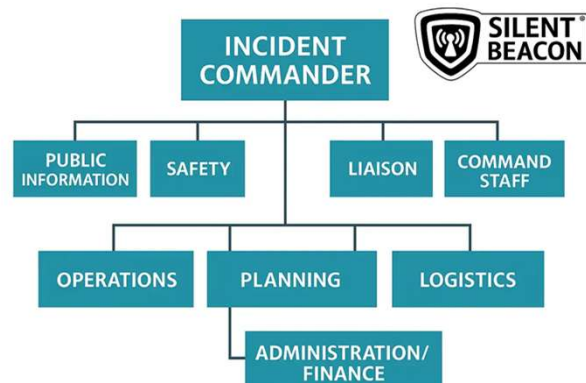
## Preparing for the Future: Improving Capacity and Infrastructure

- Review emergency response policies and procedures to identify potential disparate impacts on vulnerable communities

**Diabetes Emergency Kit**

- Insulin
- Syringes
- Alcohol swabs (at least 20)
- Test strips
- Pump supplies
- CGM supplies
- Glucose tabs, energy gels (or other nonperishable fast-acting carbohydrate to treat hypoglycemia)
- Extra batteries for pump and glucometer
- Backup glucometer
- FRIO bag  (These can keep insulin cool for a minimum of 45 hours and are reactivated in water) or thermos with ice

**Store in Ziplock/ Waterproof Bag:**
- Printed Copy of all your prescriptions
- Printed Copy of your health insurance card
- Emergency contact information (including your endocrinologist's name)
- Record of your basal rates
- Charged Backup battery for iphone/pump/CGM

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# The "Storm on the Horizon"

What about disasters and emergencies driven by policies?

*(Executive Orders, funding cuts, government shutdowns)*

- Currently experiencing a constructed disaster that we can anticipate
- Yet how can we help LBGTQ+, immigrant, and other marginalized communities?

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# Share your thoughts…..

*What can we do to help elevate the focus on/ consideration of domestic violence in a disaster?*



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# Questions & Feedback

# Contact the Team!

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