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Feminist Perspectives on Disaster, Pandemics, and Intimate Partner Violence

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Abstract

The COVID-19 pandemic brought international awareness to the likelihood of increased abuse of those in abusive intimate partner relationships because of the forced confinement with their abusers (Bettinger-Lopez and Bro, A double pandemic: domestic violence in the age of COVID 19, Council on Foreign Relations. <https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-covid-19>, 2020). While this awareness was much discussed, assistance to survivors of abuse was limited because survivors often could not reach out for help, nor could advocates wishing to offer assistance safely reach in to advise them (Taub, A new Covid-19 crisis: domestic abuse rises worldwide. <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>, 2020). The ever-present influence of the abuser prevented or limited the delivery of effective aid in many cases (Taub, A new Covid-19 crisis: domestic abuse rises worldwide. <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>, 2020). But this was not the first disaster to place those experiencing intimate partner abuse at greater risk. Other disasters have in various ways increased women's safety risks both during and after crisis. Other crises routinely resulted in increased abuse of survivors in intimate partner relationships including sexual and other assault by intimate partners (Rao 2020; Sohrabizadeh Prehosp Disaster Med, 31(4):407–412. <https://www.ncbi.nlm.nih.gov/pubmed/27212204>, 2016). This chapter briefly identifies the forms of abuse experienced by women during times of crisis and their connection to intimate partner abuse. Then, the impact of COVID-19 on intimate partner survivors will be explored and their experiences will be described.

Gaps and flaws in nations' approaches to gender violence are often highlighted during and after disasters. Lack of planning to protect survivors of intimate partner violence and other highly vulnerable populations during crises was exacerbated by the dangers brought by COVID-19. Primarily, the heightened dangers resulted from stay-at-home orders, which made services for abused partners more difficult to

obtain and highlight the possibility of unintended consequences from policies designed to protect the public as a whole (Godin 2020).

This chapter concludes by considering what has been lacking in strategic disaster planning, including what lessons have already been learned through the COVID-19 experience. Recommendations for effective disaster planning to protect survivors of intimate partner abuse, while also protecting other vulnerable populations, are suggested. This information is presented with the caution that, as of this writing, the global pandemic continues to limit access to hard data. Long-term analysis of the implications for the pandemic on IPV survivors awaits the passage of time.

AU4

Keywords
(separated by “-”)

Bias - Autonomy - COVID-19 - Disasters - Gender violence - Intimate partner violence - Pandemic - Sexual assault

1 Feminist Perspectives on Disaster, 2 Pandemics, and IPV

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3 Margaret Drew

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26 [covid-19](https://www.cfr.org/in-brief/double-pandemic-domestic-violence-age-covid-19), 2020). While this awareness was much discussed, assistance to survi-
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R. Geffner et al. (eds.), *Handbook of Interpersonal Violence Across the Lifespan*,
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62 violence · Pandemic · Sexual assault

63 Introduction

64 Sexual Minorities

65 While acknowledging that other vulnerable groups suffer during disasters, this
66 chapter focuses primarily on women's experiences during and post disaster. While
67 data indicate that sexual minorities experience intimate partner abuse at least at the
68 same rate as heterosexual couples (Turell 2000), the vast majority of post-disaster
69 studies of gender violence focus on women and children survivors. Few disaster-

70 specific studies focus on intimate partner violence among sexual minorities. One
71 author writes: “Increasing acknowledgement in some quarters that women and girls
72 are not the only victims of sexual violence, and that sexual violence is not the only
73 form of gender-based violence (GBV), has yet to be adequately reflected in policy
74 and practice in the humanitarian world” (Dolan 2015, pp. 485–486). Dominey-
75 Howes makes an eloquent call for the inclusion of queer considerations in disaster
76 planning, citing among many other examples, the difficulty transgender people have
77 in using the bathroom of their sex or gender identification in post-disaster shelters
78 (Dominey-Howes et al. 2013). While other calls for gender-identity inclusion in
79 disaster remedies have been made (Center for Disaster Philanthropy 2020), large-
80 scale efforts to provide gender-based disaster-specific remedies to sexual minorities
81 and women have not materialized.

82 The literature addressing disaster needs of sexual minorities also does not sub-
83 stantially discuss the impact of disaster on intimate partner violence. Yet research
84 informs us that not only do LGBTQ+ communities experience significant rates of
85 intimate partner violence, transgender women experience abuse at significantly
86 higher rates (Pertnoy 2012). Because of the limited available data, reference in this
87 chapter to the needs of LGBTQ+ individuals in abusive relationships is limited.
88 Most studies on intimate partner violence and post-disaster consequences focus on
89 studies of heterosexual women, as cited below. There is a need for expanded
90 advocacy and research focused on sexual minorities. This chapter is intended to be
91 inclusive of all women including transgender and lesbian wherever possible. What
92 we do know is that those who identify as female, whether lesbian, trans, or cisgender
93 tend to suffer more serious consequences post disaster than those identifying as male
94 (Dominey-Howes 2014).

95 This chapter will briefly explore violence against women during man-made
96 disasters, and then address how comparable abuse occurs in the aftermath of natural
97 disasters such as tornados, earthquakes, and floods. This exploration is important to
98 support the contention that there is a concurrent rise in the rate of intimate partner
99 abuse during disasters (Wilson 1998). The unique challenges presented under
100 pandemic conditions will be discussed with consideration of attempted remedies,
101 and lessons learned during the COVID-19 crisis. Based upon those considerations
102 and after exploring the structural impediments that to date have interfered with
103 gendered disaster planning, recommendations and suggestions for moving forward
104 will follow.

105 There are two US groups worthy of acknowledgment because their experiences
106 with violence are more frequent or severe, and their options for leaving a violent
107 relationship fewer. Their experiences during COVID-19 presented even greater
108 challenges than for women of other ethnicities.

109 **African American Women**

110 In colonial or former colonial nations, women of color suffer even more dire sexual
111 harassment, sexual assaults, and other forms of discrimination against women

112 (Snyder 2015). Much sexual discrimination results from belief systems that to
113 varying extents view women as property. This brings with it a sense of entitlement
114 to take from women what men want. In countries where the enslavement of people of
115 color is part of their history, white people can have latent or active biases that give
116 them a more embedded sense of entitlement (Desmond 2019).

117 When African American men abuse, there tends to be greater severity of inflicted
118 physical injuries (Smith 2006). For African American women who are abused in
119 intimate relationships, the consequences of abuse are often more serious (Jefferies
120 2020). As a group, women of color have fewer financial resources, less access to
121 health care, and more barriers to other services intended to assist women who
122 are abused (Enarson 2012). For example, law enforcement may be a less available
123 or reliable resource for abused black women because of slower response times.
124 Additionally, women of color, particularly African American women in the
125 United States, may have an aversion to calling law enforcement because of the
126 over-incarceration of African American men (Jones 2014) and multiple recent
127 instances of police brutality toward black men. One witness and researcher wrote
128 this about the devastation that accompanied Hurricane Katrina in 2005: “To deny
129 that black women faced a disproportionate risk of sexual violence during Hurricane
130 Katrina naively overlooks what is, at bottom, an unexceptional female life experi-
131 ence” (Bergin 2008, p. 178). The same can be said of intimate partner abuse endured
132 by African American women. Post-Katrina, academics and others documented the
133 abuse of women within and out of intimate relationships noting the double burden
134 black women carry by being abuse survivors and of color. All this at a time when
135 social, legal, and other structures were not available (Goldscheid 2007).

136 **Indigenous Women**

137 Indigenous women experience an even more extreme likelihood of sexual and
138 intimate partner abuse during their lifetimes. “84 percent of Native American and
139 Alaskan Native women have experienced violence, 56 percent have experienced
140 sexual violence, and, of that second group, over 90 percent have experienced
141 violence at the hands of a non-tribal member” (Gilpin 2016, p. 1). Colonial attitudes
142 toward indigenous women account for the high percentage of their sexual assaults
143 being committed by non-indigenous men (Burnette and Hefflinger 2016). Native
144 women also experience intimate partner violence at high rates (Burnette and
145 Hefflinger 2016; Wahab and Olsen 2004). To complicate matters, law enforcement
146 has often been unavailable to indigenous women whose crimes were committed
147 against them on tribal lands by non-indigenous men (Indian Law Resource Center
148 2020). This situation was only partially remedied by the most recent Violence
149 Against Women Act (42 U.S. Code Subchapter III— Violence Against Women
150 Act Reauthorization 2013). Sometimes police do not appear until days after receiv-
151 ing reports of intimate partner violence. Some Alaskan Native villages do not have
152 police officers and remote living locations for the indigenous women and poor
153 weather conditions often interfere with police access to Alaskan women (Hopkins

154 2019). Native women have fewer resources to assist them in avoiding violence and
155 in leaving violent relationships. Comparatively few shelters exist for battered women
156 residing in the over 500 Native nations (Gilberg 2003). Services must also incorpo-
157 rate culturally sensitive approaches to be effective. And services that are “white”
158 may be underutilized by Native women (Wahab and Olsen 2004).

159 In the United States, both African American and Native communities have
160 already had disproportionate numbers of people who suffered with COVID-19 as
161 well as a disproportionate number of people who have died from the virus (Golden
162 2020). Thus, survivors of intimate partner abuse in both ethnic groups are more
163 likely to have experienced the serious illness or loss of family and friends, adding
164 grief to the emotions survivors of intimate partner abuse have experienced during
165 confinement.

166 **Disaster Related Violence and the Correlation with Intimate Partner** 167 **Violence**

168 Disaster of all sorts increases gender-based violence. Intimate partner abuse is part of
169 that victimization. During disasters women’s fears are related to intimate as well as
170 stranger violence (Rees et al. 2005). As noted, women and particularly women of
171 color were exposed to high risk of sexual violence in the aftermath of Hurricane
172 Katrina. “Whether characterized by violence, sex, or both, the sadistic subordination
173 of rape and sexual assault perpetually endangers the everyday lives of women,
174 especially women of color” (Bergin 2006, p. 539). Likewise, battered women at
175 post-Katrina shelters did not have access to domestic violence emergency shelters as
176 only one out of three shelters survived the disaster (Goldscheid 2007). Police and
177 advocates reported an increase in complaints of intimate partner abuse (Goldscheid
178 2007). These conditions were recreated during the COVID-19 pandemic where
179 survivors frequently did not have access to shelters, but typically survivors were
180 limited by mobility restrictions rather than unavailability of shelters.

181 To understand women’s vulnerability during disasters, and to highlight the
182 increase in women’s risk for violence during COVID-19, it is important to under-
183 stand that an increase in intimate partner violence happens during and after most
184 kinds of disasters. For example, following the tornados that devastated much of
185 central Alabama and Joplin, Missouri during 2011, intimate partner abuse rose 40%
186 (Maryland Emergency Management Agency n.d.).

187 Whenever war or other disasters result in increased non-intimate relationship
188 sexual assault, targets of intimate relationship violence experience a corresponding
189 increase in abuse by their partners (Rao 2020; Sohrabizadeh 2016; Wilson 1998).
190 Perpetrators of sexual violence whether by a random offender during a disaster or
191 within an intimate relationship expect and often receive no reprimand or punishment
192 (Turton 2017). This lack of accountability for abuse makes healing even more
193 difficult for the survivors (Turton 2017).

194 Those in abusive intimate partner relationships can expect to experience an
195 escalation in the number of assaults and the seriousness of injuries during and

196 after a disaster or other crisis (Rezaeian 2013). As a parallel to the increase in sexual
197 assault of women during war by members of the military, one study found that war
198 veterans have higher rates of committing sexual assaults within their intimate partner
199 relationships (Cancio 2019).

200 Typically, during disasters, survivors of intimate partner abuse are not only at
201 great risk outside of their homes, but the terrorism inside increases as well
202 (Rao 2020). Post-9/11 domestic violence services providers reported a dramatic
203 increase in calls from Muslim women who were being abused by their partners
204 (Childress 2003).

205 Studies evidence that random post-disaster assaults on women are accompanied
206 by an increase in intimate partner abuse. One study addressing violence against
207 Iranian women looked at their experiences following earthquakes and floods
208 (Sohrabizadeh 2016). The author noted, as have others, that in some countries
209 post-disaster conditions resulted in increased violence of various kinds against
210 women and girls, including intimate partner abuse. The author reported that data
211 from prior natural disasters in other countries revealed similar patterns irrespective of
212 any generalized violence that follows disasters. “For instance, exacerbations of
213 intimate partner violence were reported after the eruption of Mt. Pinatubo in the
214 Philippines in 1991, as well as after the Loma Prieta earthquake in the U.S. in 1989.
215 In addition, 27.0% of female survivors of Nicaragua’s 1998 Hurricane Mitch
216 confirmed that assaulting women had been increased in both affected families and
217 the community” (Sohrabizadeh 2016, p. 408).

218 Prior studies establishing the increase in intimate partner abuse during disasters
219 made it obvious that women and known survivors of intimate partner violence would
220 likely be at enhanced risk of violence during the pandemic. Yet these research
221 findings were not incorporated into pandemic disaster planning.

222 In addition, women who experience intimate partner abuse prior to disaster
223 conditions have even more difficulty dealing with the consequences of the disaster,
224 adding an additional layer of mental health concerns. Those women who experi-
225 enced intimate partner abuse prior to a crisis were more likely to develop traumatic
226 behavioral symptoms because of experiencing a disaster. Not surprisingly, following
227 the 9/11 attacks, survivors who previously experienced intimate partner abuse were
228 vulnerable to increased post-traumatic stress symptoms (Franz et al. 2011).

229 **COVID-19 Pandemic and the Rise in Intimate Partner Abuse**

230 **Impacts on Survivors of Intimate Partner Abuse**

231 Not long after mandatory and self-quarantine orders were initiated to contain
232 COVID-19, reports surfaced that those living in abusive relationships were
233 experiencing a greater number of incidents of abuse (Taub 2020). The public learned
234 what many anti-abuse advocates had long recognized through their work with
235 survivors: being in close quarters with an abuser places intimate partners and their

236 children at higher risk of increased and possibly more serious injury, particularly
237 when additional stress factors are present (Bettinger-Lopez and Bro 2020).

238 Common tactics used by abusive partners during COVID-19 were: withholding
239 cleaning supplies; withholding access to healthcare; taking any funds provided from
240 unemployment authorities or any stipends paid by governments to assist those
241 through the crisis; telling the victim that she has nowhere to go because no
242 one will take them in due to the pandemic; telling her that shelters are closed due
243 to the pandemic; not permitting the target to go food shopping or to pharmacies; not
244 permitting targets to visit elder family members claiming that the targets might infect
245 them. This is not an inclusive list. Abusive partners will manipulate any circum-
246 stance to their advantage (Lennon 2020).

247 The COVID-19 pandemic was hardly the first crisis that increased risk of harm
248 for vulnerable populations, particularly for survivors of intimate partner abuse.
249 Man-made and natural disasters historically place women and children at greater
250 risk for violence, along with other marginalized individuals (United Nations 2019).
251 The contemporaneous increase in intimate partner abuse is significant (Rao 2020;
252 Wilson et al. 1998). As noted, the conditions created by the COVID-19 pandemic
253 left those experiencing intimate partner abuse more endangered when governmental
254 units, in order to control the spread of the virus, issued orders and advisories to
255 shelter in place (Bettinger-Lopez and Bro 2020). Restricted mobility trapped many
256 survivors with their abusers 24 h a day, resulting in escalated abuse (Bettinger-Lopez
257 and Bro 2020) and more serious incidents (Martin 2020). In the United States,
258 prosecutors also noticed an increase in gun use during intimate partner assaults
259 (Martin 2020).

260 COVID-19 was unusual in that its impact was felt globally and contemporane-
261 ously. Survivors of intimate partner abuse were placed at increased risk no matter
262 where they lived (Godin 2020). COVID-19 was not distinctive in bringing aware-
263 ness to the difficulties faced by women survivors during a disaster. Exploring data
264 and observations from prior disasters informs the discussion of the COVID-19
265 pandemic and creates an opening for protective planning for abuse survivors to be
266 incorporated into subsequent disaster planning. Women in abusive relationships
267 suffer increased intimate partner violence while also experiencing external dangers
268 that accompany a disaster (Cancio 2019; Wilson et al. 1998).

269 The 2019–2020 pandemic revealed a general lack of health disaster preparedness
270 in many countries as the lack of sufficient personal protective gear and available
271 respirators has shown (Malmoud and Labrique 2020). The specific lack of planning
272 for gender-violence survivors in pandemic circumstances, however, was particularly
273 egregious. Because much of the existing assistance provided to intimate partner
274 abuse survivors focuses on immediate needs, such as shelter (Lyon et al. 2008),
275 many organizations and governmental units had not engaged in disaster-related
276 strategic planning that considered survivors' circumstances during and post disaster.
277 Given the often-emergency nature of their services and general understaffing, many
278 anti-abuse advocates serving the direct needs of victims of violence find that their
279 days leave little time or energy for strategic planning (Baird and Jenkins 2003).
280 Advocates have long been noted to experience compassion fatigue and work-related

281 burnout (Baird and Jenkins 2003) due to the chronic resource scarcity; this may be
282 made worse in disaster-related circumstances.

283 The COVID-19 pandemic distinguished itself in several ways. Significantly, the
284 pandemic was not part of a disaster that unilaterally displaced abuse survivors from
285 their housing. During COVID-19 intimate abuse survivors were not subjected to
286 increased risk of random sexual assault by nonfamily members that followed other
287 crisis such as earthquakes and floods (Sohrabizadeh 2016). For many survivors their
288 housing continued unchanged. Ironically, this unique circumstance increased their
289 vulnerability to abuse at home.

290 A significant reason why the public became more aware of intimate partner abuse
291 during the COVID-19 quarantines was media's recognition of the impact of isolation
292 on the health of survivors of intimate partner abuse. As during other crises, friends
293 and families who ordinarily would have been available to survivors of intimate
294 partner violence were either less available or unavailable because of their own post-
295 disaster struggles (Sohrabizadeh 2016). The isolation from support systems was later
296 noted as problematic for survivors of intimate partner abuse during the COVID-19
297 pandemic (Murray 2020). Not every country reported on the increased risk to those
298 living with abusive partners, but those that did brought real-time awareness to the
299 problem (Bettinger-Lopez and Bro 2020), through online and print media, television,
300 and social media.

301 Reports on the increase in child abuse and intimate partner abuse surfaced
302 relatively early during the COVID-19 pandemic. The situation in China was indic-
303 ative of the concerns raised globally. With quarantine orders in place, an increase in
304 child abuse and intimate partner abuse was expected and by all accounts did
305 materialize. Police reports in one region of China revealed triple numbers of
306 domestic violence incidents compared with the same period last year (Vanderklippe
307 2020). The statistic is particularly concerning because culturally Chinese intimate
308 partner abuse survivors prefer to seek help from family members and friends rather
309 than from police (Vanderklippe 2020). One Chinese advocate and researcher noted
310 "But after the lockdown was imposed, people's connections with each other have
311 diminished, and in this way their external supports have shrunk. They can't leave the
312 house" (Vanderklippe 2020, p. 1).

313 As the virus spread, other nations began noticing similar family violence patterns
314 and anticipated rising incidents of abuse within the family. Turkey reported a rise in
315 intimate partner abuse and resulting deaths (Neuman 2020). Advocates there noted
316 increasing calls to their hotlines in a country that does not always enforce existing
317 laws against domestic violence, including access to and enforcement of restraining
318 orders. Advocates globally agree that the confinement that accompanied stay-at-
319 home orders was a trigger for increased intimate partner violence. The situation in
320 this country was noteworthy as Turkey's restrictions were not as extensive as some
321 other countries. Stay-at-home orders were issued only for vulnerable age groups.
322 Curfews were imposed for all, and many businesses closed. According to We Will
323 Stop Femicide, 21 such killings were reported in Turkey from March 11 to 31, after
324 the COVID-19 orders were in place (Neuman 2020).

325 The United Kingdom (UK) reported that calls were still being made to domestic
326 violence hotlines with significant surges noted. The UK's largest helpline saw a
327 700% increase in calls in a single day. In an encouraging note, their separate helpline
328 for perpetrators of domestic abuse looking to change their behavior received 25%
329 more calls after the start of the COVID-19 lockdown (Townsend 2020). For many
330 survivors, effective remedies have not been implemented. UK advocates asked that
331 hotel chains open their rooms to those seeking escape from abuse. The favorable
332 response from hotels was overwhelming, but the government would not agree to
333 subsidize the hotels for their services. Instead the government applied additional
334 money to advertise hotline services (Townsend 2020).

335 In other countries, domestic violence advocates worried because calls to domestic
336 violence hotlines decreased (Cristoferi and Fonte 2020). For example, in parts of
337 Italy calls to police and hotlines were significantly down, as much as 55% (Cristoferi
338 and Fonte 2020). One likely explanation is that survivors did not have access to
339 devices to seek help. Another is that they were under the abuser's constant surveil-
340 lance and unable to call even if they had possession of a phone. Controlling their
341 target's access to outside communication is a common tool of abusers (Belknap et al.
342 2014). With their ability to reach outside of the residence limited, survivors have
343 little opportunity to ask for help.

344 Spain initially saw a decline in calls for help. As a safer alternative, the police
345 created a WhatsApp service that connected survivors with the Ministry of Equality
346 where survivors could consult with advocates. That service saw a 270% increase in
347 requests for consultations (Cristoferi and Fonte 2020).

348 France, on the other hand, opened hotel rooms to survivors of intimate partner
349 abuse early in the crisis and subsidized the accommodations. In addition, French
350 survivors were provided with a password that they could say at any pharmacy (one
351 of the few business open) that would convey to the employee that the customer
352 needed help with a domestic violence situation (Talmazan et al. 2020).

353 On the federal level, the United States took limited positive action to assist
354 intimate partner survivors. A moratorium on evictions from federal housing was
355 declared. Some members of Congress requested funding for domestic and sexual
356 assault aid providers in the next fiscal package to be passed (Speier 2020). As of this
357 writing, the outcome of this request is uncertain and has lingered now for 2 months.
358 Survivors mostly benefitted from private evictions and other temporary relief from
359 creditors that was available to most of the US population during the crisis. Those
360 moratoriums were the result of states' action, rather than the federal government.

361 One difference observed in the United States during the COVID-19 pandemic
362 that was not noted in other countries was the increased use of firearms in the
363 commission of intimate partner abuse. As noted earlier, prosecutors saw a rise in
364 the use of guns since COVID-19 lockdowns (Martin 2020). This rise coincided with
365 increased purchases of firearms nationally since the pandemic arrived (Alcorn 2020).
366 It is too early to assess any correlation regarding increased intimate partner abuse
367 that involved the use of weapons and the purchase of firearms; future studies will be
368 able to provide helpful information in this regard. This information will assist in
369 developing comprehensive strategies for protecting survivors during future

370 pandemics. In the meantime, some US police departments that continued to enter
371 homes responding to domestic violence calls have changed their approach to
372 collecting guns from individuals subject to restraining orders. Best practices demand
373 that police be outfitted in personal protective equipment before entering premises
374 where firearms may be located. The needed protective gear has necessarily expanded
375 to include masks, hazmat suits, and other protection from the virus in addition to
376 appropriate protection from gun shots and other attacks. Some jurisdictions, how-
377 ever, report that police refused to enforce restraining orders during the pandemic
378 (American Bar Association 2020).

379 At this time, data are insufficient to determine whether the pandemic has led to
380 increased deaths from intimate partner violence. Certainly, femicide and other
381 domestic violence-related deaths continued during the period of quarantine but
382 whether that number has significantly increased is largely unknown. One country
383 whose data support an increase in femicide during COVID-19 is Mexico. That
384 country reports nearly 1,000 deaths of women from intimate partner abuse during
385 the first 3 months of 2020. This number is an 8% increase from the same period in
386 the prior year (Oppenheim 2020). The number is far higher than the number of
387 Mexican women who died because of COVID-19, making intimate partner violence
388 a more serious crisis for women there than the virus (Oppenheim 2020).

389 **Additional Factors**

390 Work and school can be critical havens for women and children living with an
391 abuser. These temporary changes in location provide reprieve from abuse as well as a
392 safe place where friends, teachers, and colleagues can potentially provide support.
393 The COVID-19 lockdowns trapped families with the violent abuser while outside
394 stressors added to the abusive partner's rationalizations for the abuse (Bettinger-
395 Lopez and Bro 2020). Layoffs, furloughs, reduced income, and increased drug and
396 alcohol use were additional stressors that led to increased harm to the targets of abuse
397 (Bettinger-Lopez and Bro 2020). The use of substances during abusive episodes
398 often results in more serious injuries (Humphreys et al. 2005). Some countries closed
399 alcohol stores as part of COVID-19 precautions, partly to limit intimate partner
400 abuse (Green 2020). However, those policies did not address any anticipated need
401 for services for both targets and their abusers who had alcohol or other substance
402 dependency (Humphreys et al. 2005) and needed assistance because of discontinu-
403 ance of the substances. One advocate noted that if people suffering from severe
404 alcoholism were cut off from buying liquor, they' d be at risk for more than just a
405 hangover; . . . alcohol withdrawal can be fatal" (Willard 2020, p. 1).

406 Ex-partners who share children can continue abuse of their former intimate
407 partner for years post-separation (Zeoli et al. 2013). One way to do this is through
408 the courts (Zeoli et al. 2013). The pandemic provided this opening for abusive
409 fathers. Survivors and Courts noted increased applications for custody by fathers
410 whose former intimate partners worked in the medical field or in another position
411 that might expose the mother to COVID-19. Two female doctors publicly reported

412 receiving orders that their child custody and child access had been changed through a
413 hearing at which only the father appeared before the court (Twohy 2020; Bote 2020).
414 The fathers claimed an emergency need for an immediate order of sole custody due
415 to the mother's exposure to COVID-19 through their work. "Emergency" hearings
416 are a favorite tool of intimate partner abusers to gain custody. In the cases reported
417 where mothers sought sole custody orders against fathers working in professions
418 with COVID-19 exposure, the mothers had first attempted out-of-court solutions
419 (Twohy 2020). Courts in diverse jurisdictions noted the use of pandemic fears by
420 abusive fathers to obtain custody from the mother (Global Rights for Women 2020).
421 Sometimes underlying these court actions was the desire of the father to establish
422 custody for purposes of obtaining the \$1200 stimulus funds supplied by the federal
423 government (Global Rights for Women 2020).

424 A critical component of disaster planning for mothers will include keeping courts
425 apprised of actual health concerns for children, distinguishing them from those
426 created solely out of parents' fears. Essential to fairness in parenting during pan-
427 demics is for courts, except in the most dangerous of situations, to maintain existing
428 custody arrangements until both parties receive notice of the request to change
429 custody and an opportunity to participate. Given the wide use of electronic partic-
430 ipation during the COVID-19 pandemic, there is little excuse for courts not to
431 demand the participation of both parties.

432 **Moving Forward**

433 **Unmet Needs for Survivors of Disaster**

434 Disasters of all sorts disproportionately impact women and members of other
435 marginalized populations. Women and sexual minorities, people with differing
436 levels of abilities, immigrants, those of differing color, children, and elders find
437 their vulnerabilities compounded during disasters (SAMHSA 2017). This is a global
438 phenomenon (SAMHSA 2017). Systematically, vulnerable groups have been denied
439 varying amounts of power and participation in decision-making, even when the
440 decisions determine the course of their own lives. The concept of shared decision-
441 making has made progress in the medical consciousness (Casteneda-Guaderas et al.
442 2016) but has not been significantly advanced in the political sphere. Those
443 experiencing intimate partner abuse are among those most denied their voices.

444 Roles assigned by cultural and social constructs have long been recognized
445 barriers to girls and women achieving autonomy. These roles have contributed to
446 excluding their voices in decision-making, even when those decisions determine
447 their daily existence (Fox 1977). The discussion of disempowerment has been
448 ongoing for decades, including in the context of war, disaster, and displacement
449 (Charrad 2010).

450 What periods of crisis reveal is the lack of planning that national and local
451 governments and nongovernment organizations (NGOs) have done with regard
452 to protecting women and other vulnerable populations during and post disaster

453 (Ear and Inouye 2017). And, where such planning has been incorporated into policy,
454 implementation has lagged (Ear and Inouye 2017).

455 National failures to meet the needs of at-risk women and girls during and after
456 disasters are perplexing. Given the hundreds of disasters dealt with in any given
457 decade, nations had significant notice of the need for gendered disaster planning.
458 Studies and interviews with survivors of intimate partner and sexual violence have
459 consistently documented the unique risks placed on women post disaster. If women's
460 documentation of abuse during disasters was insufficient to inform governments and
461 NGOs from being prepared to meet the needs of women and girls, their legal
462 obligations should have been.

463 Several human rights conventions have addressed the rights of women and girls.
464 For example, the Convention for the Elimination of All Forms of Discrimination
465 Against Women (United Nations CEDAW 1979) broadened protections for women
466 and was created to enhance gender equality. The Council of Europe's Istanbul
467 Convention addresses stopping violence against women and girls (Vanderklippe
468 2020). The convention applies "to all forms of violence against women,
469 including domestic violence, which affects women disproportionately" (Council of
470 Europe 2011).

471 Not all countries enforce the provisions of the conventions, even if those nations
472 have ratified them. Despite the recognition of gender concerns in policy statements,
473 the tenants of the conventions regarding gender sensitivity and vulnerability did not
474 result in gender-specific disaster relief.

475 While some nations, such as France, responded quickly to the abuse crisis many,
476 if not most, nations did not provide additional resources to help women who were
477 trapped with their abusers. This is true even if those countries had acknowledged the
478 predictable rise of violence against women. Consequently, sexual assault and domestic
479 violence service providers were left to develop their own responses as best they
480 could.

481 Unlike earthquakes and some other natural disasters, COVID-19 came with
482 warning time. While it may have been just a few weeks lead time, there was
483 sufficient time to assist those in abusive relationships and at a minimum discuss
484 alternative housing and other disaster planning. Perhaps survivors would have
485 sought legal protections if they and their advocates had understood that lockdown
486 with the abuser might be part of disaster regulation. That information hopefully will
487 be part of data collection post-COVID-19; if further study is undertaken, it may
488 reveal whether governmental outreach to survivors of intimate partner abuse during
489 the weeks leading up to confinement would have made a significant difference in the
490 lives of survivors and their children. Safety planning is an important tool for
491 survivors who may have used the pre-lockdown time to prepare safety plans for
492 the anticipated quarantines. Safety planning for violence outside of the home was not
493 a concern in the COVID-19 conditions. One lesson learned from the pandemic is that
494 intimate partner violence is constant during disasters. The external violence that
495 accompanies other disasters, such as floods, earthquakes, and war, was absent during
496 COVID-19. An important observation is that disasters of all sorts may increase
497 stressors on those who abuse, resulting in more intense intimate partner abuse.

498 Future research may determine whether the increase in intimate partner abuse during
499 COVID-19 was due to economic and other negative consequences of the pandemic,
500 changes in the availability of legal systems, or resulted from the full-time accessi-
501 bility of their targets. This ability to separate out increased disaster-related violence
502 outside of the home with increased violence within the home during public crisis
503 provides a unique opportunity to sort out the basis of the increased intimate partner
504 violence.

505 On April 6, 2020, UN Chief Antonio Guterres called for nations to take measures
506 to address the surge in domestic violence (Guterres 2020). Some of the immediate
507 recommendations were:

- 508 1. Increase investment in online services and civil society organizations
- 509 2. Make sure judicial systems continue to prosecute abusers
- 510 3. Set up emergency warning systems in pharmacies and groceries
- 511 4. Declare shelters as essential services
- 512 5. Create safe ways for women to seek support, without alerting their abusers
- 513 6. Avoid releasing prisoners convicted of violence against women in any form
- 514 7. Scale up public awareness campaigns, particularly those targeted at men and boys

515 Of the seven recommendations made, six were reactive. Only the recommenda-
516 tion targeting men and boys in an awareness campaign could have a long-term
517 impact on reducing violence against women. While certainly a good measure under
518 any circumstances, that alone would not provide safety for abused women. Despite
519 the UN prioritizing safety for women in several conventions (United Nations n.d.)
520 and in human rights' universal periodic reviews (UN Human Rights Council n.d.),
521 systemic planning to eradicate gender violence is scarce.

522 Neither have other laws or policies eliminated nor significantly reduced intimate
523 partner abuse and other violence against women, no matter how well intentioned
524 such efforts have been. Globally, 50,000 people die in domestic violence murders
525 each year (United Nations Office on Drugs and Crimes 2018). These vulnerable
526 women do not have what they need to keep themselves safe during pandemics or
527 other crises – power and a voice.

528 **Changing Culture Through Strategic Planning to Protect Women** 529 **in Disaster**

530 The lack of disaster planning to protect women and girls represents the lack of
531 commitment to change the status of women. “Gender inequality is a root cause of
532 women’s disaster vulnerability” (Enarson 2000, p. 2).

533 Disaster planning has failed women and predictably so. Women, particularly
534 those who have been harmed by men during disasters, have had limited involvement
535 in governmental planning. Male-driven planning assumes that restoration to old
536 ways is appropriate. What is lost when post-disaster plans focus on restoration to
537 prior status is the opportunity to create new systems that address power equity.

538 Disaster provides opportunities for change. Disaster planning will be most success-
539 ful when the needs of the vulnerable are addressed first (Hoffman 2009).

540 Intimate partner violence survivors can add a voice to rebuilding that prioritizes
541 safety, including access to medical care, safe housing, and protection from predators,
542 particularly when the sole predators are their partners. When harm prevention is the
543 priority for all, post-disaster restructuring can happen cooperatively. Those who
544 experience intimate partner abuse are experts at surviving. But survival should not
545 result in disregard of the effects of harm.

546 Governments must be required to make statutory and policy adjustments to
547 provide safety for women and children prior to or as soon after disaster strikes.
548 For example, the US Federal Emergency Management Agency (FEMA, n.d.) and
549 other agencies dealing with disaster could have a statutory mandate to protect
550 vulnerable populations first, before and after disasters. A simple change would
551 make a significant difference for women survivors of intimate partner abuse. For
552 example, financial assistance provided by FEMA is awarded to the head of house-
553 hold. FEMA staff often presumed that the man heads the household. If the man
554 appears first to claim relief no investigation is completed, not even a check to
555 confirm which parent has custody of the children (Lockie 2007). The same could
556 have been done with COVID-19 stimulus checks. Both changes are easily accom-
557 plished by requiring documentation. But like any policy and law, enforcement is key.

558 Cultures do not change easily, particularly when it comes to a transfer of power.
559 The COVID-19 pandemic resulted in unprecedented media coverage of intimate
560 partner abuse. An opportunity presented for post-quarantine advocacy to change
561 disaster planning. Keeping the media focused on problems encountered by survivors
562 during the pandemic is imperative. Women and their allies must demand change in
563 disaster planning. Change must begin with governments and NGOs that make and
564 execute disaster plans. Change cannot come without all genders working together in
565 the best interests of all vulnerable people. All with heightened risk of intimate
566 partner abuse during disasters must be given a voice at the disaster planning table.

567 COVID-19 has brought many changes, however involuntary. Air quality
568 improved globally with airlines running on abbreviated schedules and with fossil
569 fuel burning companies closed. These changes present opportunities to redesign
570 environmental policies. Spiritually, individuals had an opportunity to use confine-
571 ment time for self-reflection. There is reason to believe that a shift in values and
572 protocols may be accomplished post COVID-19. Similar paradigm shifts can be
573 accomplished in redesigning disaster policy and recovery approaches. With
574 increased public attention to intimate partner violence, survivors and their allies
575 can recommend changes in how to protect the targets of gendered abuse. Gender
576 norms can change (Weingarten 2015).

577 Pandemic quarantines opened space for development of new systems. Early
578 advocacy might prevent the reestablishment of prior unchanged systems. "The
579 concerns of sex and gender like those arising around age and ability are seen (if at
580 all) as secondary distractions" (Enarson 2012, p. 168). Those are the old ways. They
581 do not need to be repeated.

582 During COVID-19 other movements recognized that change should be demanded
583 for the vulnerable. Most well-known of the activism that followed the killing of
584 George Floyd by police. His death activated massive nationwide and even interna-
585 tional protests against racist police practices specifically but systemic and cultural
586 racism that confront black people daily in the United States. Quickly organized
587 demonstrations were powerful and effective in sparking worldwide discussion of US
588 mistreatment of people of color. This disruption triggered by another death of a black
589 man by police might open doors for other injustices to be publicly addressed. This
590 opening must not be lost on anti-intimate partner violence advocates. Advocates
591 must consider how to best organize in order to change gender inequities highlighted
592 by the abuse of intimate partners during COVID-19. The time has arrived to say
593 “enough” to injustices, and when oppressed people support others who are
594 oppressed both groups can end up being more powerful.

595 With future pandemics likely (Cookson 2020) and governmental and other
596 systems overwhelmed, now is the time for women and sexual minorities to assert
597 their demands for gender influence in designing future disaster plans.

598 Key Points

- 599 • Despite decades of warning, women continue to suffer disproportionately from
600 gender-based violence during and after disasters. Increases in intimate partner
601 assaults accompany disasters as proved again during the pandemic.
- 602 • Indigenous and African American women suffer even greater harm during times
603 of disaster and greater incidents of gender violence, including intimate partner
604 abuse. These survivors are best situated lead revisions to disaster planning.
- 605 • Women are particularly vulnerable due to poverty, homelessness, and other lack
606 of protection during and after disasters. The needs of abuse survivors and children
607 must be prioritized during disaster planning. Prioritizing their needs will lead to
608 the protection of other vulnerable populations.
- 609 • The breakdown of institutional structures, including legal systems and social
610 supports, results in the increased post-disaster vulnerability of women to intimate
611 partner abuse during disasters. Methods of communication during disaster must
612 be established so that survivors and their children can be removed from their
613 abusive situations as safely as possible.
- 614 • Disaster planning to date has not included the protection and other needs of
615 women and children as a priority and did not anticipate the impact that quarantine
616 would have on those experiencing intimate partner abuse. Providers need to
617 identify and document those who are or suspected to be in abusive intimate
618 partner relationships. Then there will be a readily available database of those
619 whose services during a pandemic or other disaster can be prioritized.
- 620 • Women must find ways to lead disaster planning, and this can be done most
621 effectively early in the post-disaster process.

622 **Summary and Conclusion**

623 Post-disaster research alerts us to the prevalence and increase in violence against
624 women during times of crisis (Rao 2020). Studies support that those women who
625 experienced intimate partner violence prior to a disaster will experience increased
626 violence post disaster (Wilson et al. 1998), including an increase in sexual assault
627 within the intimate relationship (Sohrabizadeh 2016). The COVID-19 pandemic
628 appears to be no different. The reports currently available support the increase in
629 calls from survivors experiencing abuse during the quarantines. Whether the abuse
630 reported includes an increase in certain methods of abuse, such as sexual assault, is
631 yet undetermined. Researchers might expect increases in all forms of abuse and
632 coercion during the pandemic based upon women's prior experiences with disasters.
633 The forms of abuse can be determined only through post-quarantine research. Ethnic
634 and sexual minorities are also likely to have experienced increased abuse and
635 discrimination during the pandemic. Research is needed to determine the extent of
636 their intimate partner abuse during the pandemic.

637 The quarantines imposed by governments as a response to COVID-19 has created
638 an opportunity to rethink how nations respond to disasters. Restructuring plans by
639 prioritizing the individual safety of women and children will serve to benefit current
640 and potential targets of abuse. The restructuring will have additional benefits of
641 bringing order to disaster areas more expeditiously. It may also generate an envi-
642 ronment in which women participate from a place of strength in creating more
643 equitable societies. Women must find ways to obtain the power to design disaster
644 plans and access the resources to do so. The experiences of survivors during the
645 pandemic will provide a wealth of information on what would have helped them
646 most during quarantine. Women might more readily take the lead in local planning
647 decisions. Planners must bring in their less resourced sisters into the circle of leaders
648 who design what women and children need during the next pandemic. Survivors of
649 intimate partner abuse and their allies can unite to create cultural change and enhance
650 gender equity and trust.

651 **Cross-References**

- 652 ► [Examining Interpersonal Violence from a Trauma-Informed and Human Rights](#)
653 [Perspective](#)
- 654 ► [Rape Culture Persists](#)
- 655 ► [Sexual Assault Perpetration](#)
- 656 ► [The Cultural Context of Sexual Assault and Its Consequences Among Ethnic and](#)
657 [Minority Women](#)
- 658 ► [Unsafe Sanctuary: Immigrants of Color Victims of Sexual Abuse](#)
- 659 ► [War and Political Conflict: Conflict-Related Sexual and Gender Based Violence](#)

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