



# Disaster management must include ways to tackle gender-based violence

Without action to prevent gender-based violence, the long-term consequences of the 2023 wildfire season will fall on the shoulders of already overburdened frontline health-care workers.



Emergency Preparedness Minister Harjit Sajjan. Under the Liberal government, a review of 28 federal, territorial, and provincial emergency management plans failed to mention the concept of gender-based violence, writes Brenda Cleary. *The Hill Times* photograph by Andrew Meade

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The 2024 forest fire season is upon us, and few are thinking about the ongoing fallout from the 2023 fire season. As of last September, fires had torched a staggering 16.5 million hectares of land.

But beyond the land damaged, disasters also represent the “perfect storm” for gendered psychological, sexual, and physical violence in the private sphere to remain hidden. According to a 2018 Statistics Canada report, a Canadian woman is killed by an intimate partner every six days.

The world has lived through a global pandemic and myriad climate events in recent years. According to a report last year from the Canadian Femicide Observatory for Justice and Accountability, in 2022, a woman was killed almost every two days in Canada. Indigenous women are killed at a rate nearly 12 times higher than their non-Indigenous counterparts: many originating from fire-prone rural areas. We need to call it femicide.

I am a nurse, and have sometimes been the only lifeline for a woman who is increasingly isolated and abused. Gender-based violence (GBV) is a public health crisis that needs a public health response before it’s too late for her. American policies reflect this, but our Canadian policies don’t.

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Nurses and other frontline workers will be tending to the violent fallout from the historic 2023 fire season for years to come. A Monash University [study](https://bridges.monash.edu/articles/thesis/Women_s_experience_of_violence_in_the_aftermath_of_domestic_violence_rates_after_the_2009_“Black_Saturday”).

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bushfires in

Victoria, Australia, revealed a direct linear correlation between the severity of the acreage burned, and severity of GBV to follow.

Brenda Cleary is a registered nurse and community artist serving in Outaouais and remote regions of Quebec. *Photograph supplied by Brenda Cleary*

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Violence stays elevated for years following the “heroic phase” of disaster response. Under the Trudeau government, a review of 28 federal, territorial, and provincial emergency management plans failed to mention the concept of GBV. In an absence of action to prevent GBV, the long-term consequences of the 2023 Canadian wildfire season will fall on the shoulders of already overburdened frontline healthcare workers. We have our hands full, but good policies and protocols still hold us accountable to the duty to respond to a national crisis.

GBV is often hard to detect. It is by nature quiet, and sometimes a victim doesn’t know that they are being abused—leaving an abuser takes a long time. Nurses see first-hand how abused women tend to have higher rates of physical ailments, and apparent somatization of related stressors: insomnia, sexual health concerns, gastrointestinal disorders, depression and anxiety, pregnancy complications, chronic pain, and a corroded sense of self-esteem.

Even “low-severity” control, emotional abuse, and deliberate isolation can rival the overall health consequences of high intensity intermittent violence. Health care professionals are

(<https://www.hilltimes.com>) frequently the first contacts capable of identifying,

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preventing, and implementing support for those experiencing GBV. We are a female-dominated profession sensitized to an issue where emergency management may not be.

Unlike the U.S., however, Canada no longer implements universal GBV primary health screening schedules for all women. The shift in policy followed an old report stating that, while identification of intimate partner violence increased with universal screening, it did not have a significant impact on decreasing violence, or improving women's health in follow-up studies.

But retention rates in this study were low, no evidence was given as to how health care professionals used the screening results or if adequate and adapted programs were available for women referred to them. Measuring whether health care professionals know how to sensitively and effectively respond to GBV is hard to measure.

Rank-and-file nurses spend the most time with patients, and many are survivors ourselves. We are most likely to "get it," but we didn't do the screening. We do know that more abused survivors who have undergone universal screening discussed violence with their physicians than abuse survivors who were not screened. That's a lifeline that—if used well—could save a life once every 48 hours in this country.



Canadians accounted for 43 per cent of people globally displaced by wildfire in 2023, according to a report from the Internal Displacement Monitoring Centre. By now, many of the displaced people have intersected with the Canadian healthcare system, which the one network positioned to respond effectively to this epidemic if trained, sustained and resourced effectively.

Tapping into the collective intelligence of my fellow nurses cannot be ignored if we are to work together on this critical issue of our time, one threatening the very foundation of equality we Canadians stand for.

*Brenda Cleary is a registered nurse and community artist serving in Outaouais and remote regions of Quebec with a history of developing youth public mental health promotion programs in the United States. She graduated from the Ingram School of Nursing at McGill University, and is currently a trainee of the Vancouver School of Art Therapy.*

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