

# A numbers game: lack of gendered data impedes prevention of disaster-related family violence

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## Introduction

Health promotion practice and theory demands a sound evidence base for interventions. Both international research and anecdotal data suggest that rates of family violence would have increased in the aftermath of the Black Saturday bushfires in Victoria on 7 February 2009, yet there is no comprehensive dataset to confirm or refute this possible link.

This article draws on a literature review of gendered disaster research and on a case study detailing the apparent failure to compile accurate family violence statistics in the Black Saturday fire-affected areas of Victoria. The case study was conducted by Women's Health In the North, a non-government organisation serving the northern suburbs of Melbourne. In the absence of a sound evidence base substantiating the link, planning for disaster may continue to neglect family violence.

## Background

On 7 February 2009, a natural disaster of unseen proportions destroyed towns and lives across many regions of Victoria. The fire rating was 328, six times the extreme rating of 50. Heat generated

from flames was estimated at 1,200°C and winds speeds at 120 km per hour. More than 2,000 properties were destroyed, 11,000 animals killed or injured and, tragically, 173 people died. In the first 100 days, 5,000 individuals or families accessed case managers, and 10,020 insurance claims were filed, totaling \$1.2 billion.<sup>1</sup>

Extreme Australian weather events in 2011 have focused attention on the possible association between extreme weather conditions and climate change.<sup>2,3</sup> The Black Saturday bushfires and other recent catastrophic events are part of the predicted scenario of climate change science.<sup>4</sup> Such disasters have profound implications for health and wellbeing, indicating a clear role for health promotion in planning and managing recovery and reconstruction.

## The role of gender

An individual's gender will influence the role they have in a disaster and the effect of the disaster on their lives.<sup>5</sup> Gender must, therefore, be a central consideration in disaster preparation and response. The World Health Organization states that gender is a determinant of health, and others denote it as 'relational' because it modifies how all other determinants of health, such as education or income, are experienced by men and women.<sup>6</sup>

## Abstract

**Issue addressed:** The lack of a systematic approach to collecting family violence data after a disaster impedes family violence prevention and response efforts. Without evidence, there is little chance that interventions will be planned and implemented to address increased family violence after disasters.

**Methods:** A literature review of international and Australian gendered disaster research was conducted, with a focus on family violence following disasters in developed countries. A case study was prepared exploring the complexity of gathering data about family violence in the aftermath of the Victorian Black Saturday bushfires.

**Results:** Although increases in family violence in the aftermath of the Black Saturday bushfire were observed and anecdotally reported by funded family violence agencies, recovery authorities and community leaders, attempts by Women's Health in the North and the researchers to quantify the increase were unsuccessful. The fragmented nature of the family violence data that was collected was a consequence of inconsistent data recording practices and the complex and multifaceted nature of the recovery effort.

**Conclusions:** Health promotion theory and service planning demand a sound evidence base for interventions. In the absence of this, family violence following disasters will continue to be overlooked in the face of 'urgent' needs.

**Key words:** disaster, bushfire, domestic violence, family violence, gender

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## So what?

Disaster research that considers family violence should be conducted in Australia. Government and non-government agencies involved in disaster planning, recovery and reconstruction need to focus on producing data on the occurrence of family violence in this context, and train emergency and reconstruction workers in the dynamics of family violence.

The Public Health Association of Australia, too, affirms its all-encompassing reach:

*Gender is a significant component when describing patterns of morbidity and mortality; life expectancy; quality of life; access to health care and health promotion resources; and expectations of physical, mental and emotional wellbeing.*<sup>7</sup>

In the aftermath of a disaster, gender takes on even greater significance, as social structures and processes are laid bare<sup>8</sup> revealing a 'gendered disaster vulnerability'.<sup>9</sup> Applying a gendered analysis to disaster planning and recovery can highlight how gender can be either mitigated or exacerbated by class, ethnicity, disability and other factors.

Across the globe, women are at greater risk than men in disasters.<sup>10,11</sup> Women in developing countries are more likely to die following a disaster.<sup>8</sup> This vulnerability is partly the result of poverty, as women are more likely to live in areas that are more susceptible to disaster and in housing that is poorly constructed,<sup>12,13</sup> and are less likely to have the resources to escape if a disaster threatens.<sup>14</sup> Fothergill<sup>8</sup> reports that some women died in the 1991 Bangladesh cyclone because 'their husbands had the decision-making powers and they did not dare leave without their husband's permission'.

In contrast, most Australian bushfire victims are men, with 146 men and 99 women dying from bushfires in the half century from 1956 to 2007-8.<sup>15</sup> During a bushfire, women often have the sole responsibility for the family and property because socially determined roles mean that women are likely to be separated from a male as 'men are more likely to be called upon to provide manpower in communities that have experienced a natural disaster'.<sup>15</sup> The care of children and the elderly, too, is gendered, and generally falls to women in time of crisis as in daily life.<sup>5</sup> Gender inequities emerging from disaster are apparent in caring responsibilities both during and after<sup>16</sup> and economic inequities emerge in the aftermath, with recovery post-disaster being predominantly directed to projects involving male labour, while women in disaster-prone areas are often employed in low-status jobs.<sup>17</sup> Economic insecurity contributes to increased vulnerability to violence for women.<sup>16</sup>

### Disasters and family violence

Violence against women has increased in the wake of recent disasters with a four-fold increase documented after Hurricane Katrina<sup>18</sup> and a 53% increase in family violence incidents on the weekend after the New Zealand earthquake in 2010.<sup>19</sup> Six months later, the five domestic violence services in Christchurch reported that inquiries increased to 47 in the 48 hours following the earthquake on 2 March 2011. This was estimated to be a 50% increase.<sup>20</sup> Reasons for the apparent increase of family violence after disasters may include:

- threats to the male provider and protector role;
- loss of control;
- increased and possibly forced contact between the couple; and
- loss of options as support services for women are reduced.<sup>16</sup>

Although family violence may be unrecognised and unrecorded during and in the aftermath of disaster, some women have experienced violent behaviour from their partners post disasters<sup>21</sup>

and recovery workers need to be alert to the possibility of abuse, isolation and exclusion of women. Triggers for some men may include heightened stress through changed living and employment conditions, financial problems, depression, Post-Traumatic Stress Disorder and alcohol abuse. US disaster researchers noted that men cope through alcohol abuse and aggression<sup>16</sup> and observed a 'hyper-masculinity' emerging post-disaster that can lead to increased levels of violence.<sup>22</sup>

This increased male aggression may be operating alongside women's intensified vulnerability as a result of the same post-disaster pressures affecting men. Additionally, the demands of traditional female roles are intensified as women care for partners, children, parents and others who are suffering after the fires. There are pressures to help in the volunteer effort and excessive work in re-establishing homes, and reduced childcare and transport services may isolate women.

A further exacerbating factor is that community attitudes continue to excuse this violence. In 2009, a VicHealth survey revealed a large proportion of Australians believed 'relationship violence can be excused if it results from temporary anger or results in genuine regret'.<sup>23</sup> Disaster may offer an excuse for unacceptable behaviour as social mores are put aside while a community recovers.

### Quantifying family violence after Black Saturday Bushfires – a case study

After Black Saturday bushfires, funded family violence agencies in the northern region of Melbourne quickly began to report their concerns about the toll of the fires on relationships; how women and men were experiencing the trauma impact differently; and the possible co-occurrence of family violence.<sup>24</sup> In April and June of 2009, reports were made at two meetings of the Counselling and Support Alliance<sup>25</sup> – a network of the 13 funded women's and children's family violence counselling services in the northern metropolitan region.

The following month, a presentation from Nillumbik Community Health Service to the Bushfire Agency Review reported 'increasing violence resulting from frustration, anger, grief and bereavement leading to family conflict and affecting family relationships'.<sup>26</sup> Local newspapers ran articles indicating the rise in family violence linked directly with the aftermath of the bushfires.<sup>27</sup> Sources included a Church leader,<sup>27</sup> the Victorian Bushfire Recovery and Reconstruction Authority Chairperson,<sup>28</sup> and the Clinical Psychologist Consultant to the Victorian Disaster Recovery Plan.<sup>29</sup>

Women's Health In the North attempted to quantify the increase, but gathering data on family violence and the bushfires proved difficult. Some partial data were obtained from funded family violence services, but the task was complicated by the multifaceted recovery effort. Multiple regions, areas and catchments of the numerous services were involved in the recovery and reconstruction.

A brief example of this complexity, relating only to emotional recovery, illustrates the intricacy of responsibilities. Fire-affected towns sought assistance from different shires, resulting in the involvement of four shires (the City of Whittlesea, the Shires of Murrindindi, Nillumbik and Mitchell), with informal involvement of a fifth shire (Yarra Ranges) because residents of three towns naturally drew on services there. One town, Kinglake West, is served to some

extent from two shires and two Department of Health (DH) and Department of Human Services (DHS) regions. The fire-affected towns were served by Hume and Northern Metropolitan DH regions and two women's health services. Three GP division regions, two major hospitals, and many other services were offered, including formal, informal, public and private community support.

Given this density, obtaining family violence data was overwhelmingly complex. Teasing out numbers of responses and even making 'guesstimates' about family violence and bushfire trauma was complex due to staff data-recording practices and inadequate data. It appeared that the data collation method utilised by staff for those affected by family violence depended on which type of response was being discussed. For example, when recording their assistance to women as part of data collection, common practice was to code 'relationship issues' rather than 'family violence'.<sup>30</sup> If women received a counselling response, data could be collected through formal data collection software or through no data system at all if informal options were used.

A key regional family violence non-government organisation offered to train bushfire case managers from April 2009 as part of broader regional initiative about responding to family violence. In November 2009, DHS, which employed the bushfire case managers, was able to take up this offer and as a result 46 case managers attended training. Prior to the session only 13 of the 46 self-assessed that they had experience with, or a sound understanding of, family violence (see footnote).

Many local town-based action groups had women's committees, or social and emotional recovery committees. Women's support groups were established by communities and many churches and volunteers offered emotional support. A weekend retreat for women affected by bushfire in July 2009 offered a support session on family violence which became more general in nature addressing gendered responses to family conflict, disaster and distress. Women reported the profound importance of these informal women's gatherings.<sup>31</sup>

Initial questions relating to population health issues arising from this case study include:

- Where is there a space for family violence in the coding analysis of bushfire, trauma or disaster responses?
- How can data from many sources be collated to provide a more complete gendered population picture?
- How can family violence prevention initiatives that are multiregional in nature and that have a capacity-building focus with women be prioritised and funded?

#### Footnote:

The Berry Street Eaglemont Family Violence Case work and Counselling Team is funded to provide family violence services for women and children. The team provided feedback data on their February and April Identifying Family Violence 2010 sessions for bushfire case workers. These sessions offered Common Risk Assessment Framework (CRAF) family violence assessment tools, using Practice Guide 1. This training aimed to support staff to identify and respond to family violence. More detail on the CRAF assessment guide can be found at <http://www.dpcd.vic.gov.au/women/family-violence/risk-factors-and-family-violence>.

## Conclusion

Until the increase in family violence following disaster can be quantified, planning, recovery and reconstruction efforts are unlikely to take this eventuality into account. Good health promotion is based on problem identification and needs assessment. As no data can be seen as no problem,<sup>32</sup> the onus is first on government and non-government organisations to consistently gather data with full awareness of the dynamics of family violence, and second on disaster researchers to analyse and disseminate the data.

The research-policy-practice nexus suggests that research influences policy and policy influences practice. Perhaps the order is not as important as providing services that recognise the likelihood of increased family violence and seek to prevent it through timely and relevant family violence services.

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