RESOLVED, That the American Bar Association urges state, local, tribal, and territorial emergency management agencies, organizations that operate disaster relief shelters, and organizations working to prevent intimate partner violence and sexual violence to: (1) collaborate to protect individuals from intimate partner violence and sexual violence; and (2) ensure that shelter personnel have appropriate training to identify victims of intimate partner violence and sexual violence and respond to victims’ unique needs during and following a disaster;

FURTHER RESOLVED, That the American Bar Association urges these agencies and organizations to collaborate with the Federal Emergency Management Agency (“FEMA”) to: (1) plan for safe sheltering and transportation of identified victims of intimate partner violence and sexual violence during and following a disaster; and (2) facilitate access to appropriate services for identified victims in the immediate and continuing aftermath of a disaster; and

FURTHER RESOLVED, That the American Bar Association urges Congress to appropriate funds for FEMA to provide (1) programs that facilitate training and education for emergency management personnel to address intimate partner violence and sexual violence, including identifying victims, during and following a disaster and (2) programs that facilitate access to appropriate services for identified victims of intimate partner violence and sexual violence during and following a disaster.
REPORT

I. Introduction

In 2017, Hurricanes Harvey, Maria, and Irma wreaked havoc across the southern United States and the Caribbean. California suffered devastating wildfires and mudslides. In the aftermath of these major disasters, and as we prepare for the inevitable next disaster, now is the time to discuss how to protect victims of intimate partner violence (“IPV”) and sexual violence when these disasters occur.

During and following a disaster, victims of IPV and sexual violence are especially vulnerable. Being forced to evacuate to a shelter may require a victim to evacuate to the same shelter to which their abuser has evacuated. An IPV victim may also be cut off from the resources that comprise her support system, such as family, therapists, and others who may be working with her to help her escape her abusive home situation. Staff members at disaster relief shelters are often not trained on how to deal with IPV and sexual violence incidents that occur inside shelters. Disasters displace people from their homes, sometimes permanently. The financial strain of a disaster can also be significant. According to the World Health Organization and other researchers, the stress, upheaval, and grief associated with losses that individuals experience due to disasters exacerbate IPV.

Following Hurricane Katrina, women who had been displaced by the storm reported a 3-fold increase in the prevalence of IPV and a 54% increase in the prevalence of sexual violence in comparison with local rates before the disaster. This phenomenon of increased IPV following a disaster is not restricted to Hurricane Katrina: following the eruption of the Mount St. Helens volcano in 1980, reports of IPV increased by 46%; following the Deepwater Horizon BP oil spill in 2010, calls to the Louisiana statewide crisis hotline increased substantially, by as much as 81% just in New Orleans

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1 To avoid confusion between IPV and sexual violence survivors and disaster survivors, we will use “victim” throughout this Report to refer to those who suffer IPV and sexual violence.
3 The use of gender specific pronouns is not meant to exclude men as IPV victims.
6 See supra note 4; supra note 2 pp. 1-2.
7 Michael P. Anastario, Ryan Larrance, Lynn Lawry, Using Mental Health Indicators to Identify Postdisaster Gender-Based Violence among Women Displaced by Hurricane Katrina, 17 J. WOMEN’S HEALTH, no. 9, 2008, at 1438.
in the first three months after the spill, and Jefferson Parish had an 81% increase in the number of people requiring shelter.9 According to the Gender and Disaster Network, after Hurricane Andrew in 1992, calls to a community domestic violence hotline increased by 50% and “over one-third of 1400 surveyed residents reported that someone in their home had lost verbal or physical control in the two months since the hurricane.”10

Complicating this already dangerous situation is the fact that emergency management in the United States is fragmented, with responsibilities divided progressively among different levels of government. Emergency management is intended to begin first with local governments, then state governments when local governments do not have adequate resources to handle the disaster, and finally proceeding to the federal government if necessary.11 When a disaster first occurs, local government is to activate the local Emergency Operations Center and the Comprehensive Emergency Management Plan.12 The local government is also supposed to coordinate the response effort with public and private entities, including non-profit organizations, activate any response agreements with state and federal agencies, and request that the state emergency management agency provide assistance if needed.13 According to the Federal Emergency Management Agency (“FEMA”), because many disasters occur with little to no warning, “[t]he local government maintains control of all assets used in the response and recovery efforts, regardless of the source of those assets. Local governments must plan and prepare for this role with the support of the State and Federal governments.”14

The state, tribal, or territorial government’s role in response to a disaster is triggered by a local government’s request for assistance.15 When a local jurisdiction does not have sufficient resources to respond to a disaster, it turns to the state government for assistance.16 State, tribal, or territorial governments also serve as the agents for local governments in obtaining federal disaster assistance because local government cannot directly access federal disaster relief programs.17 Once a state,

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13 Id.
14 Id. at 3.4.
15 See 42 U.S.C. § 5170(a).
16 See id.
17 See id.
tribe, or territory requests federal assistance, FEMA coordinates the implementation of
the Federal Response Plan, which coordinates the efforts of federal agencies and the
American Red Cross to provide immediate assistance.\footnote{6 U.S.C. § 314(a)(13) (2012).}

The Federal Response Plan is organized around twelve Emergency Support
Functions (“ESFs”) that represent the types of federal assistance available in a
disaster.\footnote{Unit 1, Disaster Management Roles and Responsibilities, FEDERAL EMERGENCY MANAGEMENT AGENCY, State Disaster Management Course - IS 208, 1.12, https://training.fema.gov/emiweb/downloads/is208sdmunit1.pdf, last accessed Feb. 25, 2018.} Federal agencies and the American Red Cross are responsible for managing
the ESFs while coordinating with the state agencies that have related responsibilities.\footnote{Id.}
The sixth ESF, mass care, is defined as the responsibility to “[m]anage and coordinate
food, shelter, and first aid for victims; provide bulk distribution of relief supplies; operate
a system to assist family reunification.”\footnote{Id. at 1.14.} The American Red Cross is responsible for
providing mass care, which includes disaster relief shelters, such as those for evacuees.\footnote{Id.}
The American Red Cross responds to 64,000 disasters per year, and is the

Following the declaration of a federal major disaster, the state selects a state
coordinating officer who is responsible for “coordinating State and local disaster
assistance efforts with those of the Federal Government.”\footnote{42 U.S.C. § 5143(c) (2012).} As the focus of recovery
shifts to longer term needs, FEMA, the state government, and the local government
continue to coordinate with respect to the federal government’s provision of public
assistance, which includes individual assistance to individuals who are affected by the
disaster.\footnote{Supra note 12 at 3.14.} This resolution addresses longer term recovery, and the needs of IPV and
sexual violence victims in the weeks, months, and years following a major disaster, by
urging FEMA to provide funding for programs that provide counseling and other
appropriate assistance to IPV and sexual violence victims both during and following a
disaster.

This fragmented response process requires coordination between the federal,
state, tribal, territorial, and local governments, as well as private organizations
mobilizing to respond, such as the American Red Cross. This need for coordination has
driven this resolution’s overall goal of urging disaster response stakeholders to
communicate and coordinate with each other to address the unique needs of IPV and
sexual violence victims.
II. The Need for Appropriate Training

IPV victims have unique needs and safety concerns, both during and in the wake of disasters. Even disaster relief shelters present a risk of danger: 30.8% of sexual assaults that were reported following Hurricanes Katrina and Rita in 2005 occurred in disaster relief shelters or other types of shelters. State and local emergency management personnel, as well as disaster relief shelter personnel, must have the appropriate training to handle IPV and sexual violence incidents that occur inside a shelter and to accommodate evacuees who are victims of IPV and sexual violence. Given the necessary level of coordination between the non-governmental organizations that operate disaster relief shelters and state and local emergency management agencies, personnel from each entity should be required to undergo training on intimate partner violence and sexual violence. That training should address the unique needs and safety concerns of victims of IPV and sexual violence, and how those needs and concerns should be addressed during an evacuation.

The World Health Organization ("WHO") reports that IPV and sexual violence increase during and following a disaster. WHO recommends that while a disaster is ongoing, rape victims should continue to have access to medical care, and IPV victims should continue to have access to counseling and other needed resources and assistance. Implementing these recommendations requires that the professionals who staff disaster relief shelters have the training, information, and awareness they need to appropriately handle IPV and sexual violence issues during a disaster. State and local emergency management officials must also have the training necessary to understand that IPV victims must continue to have access to counseling, legal advice, medical care, housing, and other services that they would normally have when a disaster has not occurred.

Pamela Jenkins, a professor at the University of New Orleans who is an expert on the intersection of domestic violence and disaster response and preparedness, told The New York Times that disaster relief workers should rely on staff members at domestic violence shelters because "they know what it means to get through with a vulnerable population in a disaster[]."

Brenda D. Phillips, the associate dean of Ohio University Chillicothe, where she oversees its emergency response training center,

26 Supra note 2 at 2-4.
28 Supra note 4.
29 Id.
recommended that “domestic violence shelters leave fliers at emergency shelters to let people know where they can get help.” 31 Professors Jenkins and Phillips both recommend that the “unique knowledge” of advocates for IPV survivors and individuals that work in the disaster response and preparedness fields “should be included in any evacuation, shelter, and long term recovery planning.” 32

Accordingly, disaster relief shelter personnel, emergency management personnel, and advocates should communicate with each other, disseminate best practices to each other, and coordinate disaster preparedness efforts. Emergency management personnel and disaster relief shelter personnel must be informed regarding common types of IPV and sexual violence situations that could occur at shelters and in the aftermath of a disaster, such as lack of access to counseling, lack of safe housing, and general lack of resources that make it more difficult for an IPV victim to either escape their abusive situation or to endure it. Although most shelter personnel are volunteers, it would be straightforward to include, as part of the training that shelter personnel volunteers already receive, additional training on how to recognize IPV and sexual violence, and how to assist victims if those types of violence occur inside a shelter. 33 This resolution urges these stakeholders to collaborate with organizations working to prevent IPV and sexual violence to ensure that disaster relief shelter personnel have adequate and appropriate training to respond to the unique needs of victims of IPV and sexual violence in the wake of a disaster. An interagency task force already exists for the purpose of “purpose of coordinating the implementation of pre-disaster hazard mitigation programs administered by the Federal Government.” 34 The task force includes “(1) relevant Federal agencies; (2) State and local government organizations (including Indian tribes); and (3) the American Red Cross.” 35 Our resolution essentially urges a similar idea, except that agencies fighting IPV and sexual violence would also be included in the conversation.

The cost of that work should be low. This type of training is low-cost, fairly straightforward to plan, and is cost effective. Trainings can occur over Skype or other internet video applications. These types of trainings will also necessarily be local, with the only non-local participants likely to be those from FEMA, the American Red Cross or other non-governmental entities. Lack of funding to travel to trainings should not prevent out-of-town individuals from attending remotely. Many of the trainings can likely be held at the offices of the state and local emergency management agencies, or in the office of a community partner. Possible funding could come from FEMA, since the Stafford Act authorizes the President to make grants to states not to exceed $50,000 per year for

31 Id.
35 42 U.S.C. § 5134(c).
“the cost of improving, maintaining and updating State disaster assistance plans.”\textsuperscript{36}

Other types of FEMA funding are intended for exactly this type of preparedness planning.\textsuperscript{37} The Resolution’s call for funding from Congress is not for single line-item appropriation; the funding can come from grants for sheltering services, so that FEMA has more flexibility to disburse the funds as needed to establish these training programs. Without proper training and communication ahead of time, it will be impossible for local and state governments, FEMA, and the non-governmental organizations that run disaster relief shelters to adequately prepare to keep IPV and sexual violence victims safe during and following the next disaster. This resolution urges these stakeholders to do that important work.

III. The Need for Safe Sheltering and Transportation

When an IPV victim is evacuated to the same disaster relief shelter as her abuser, or when an IPV victim is forced to evacuate with her abuser, there is a safety risk that must be planned for. Similarly, if an incident of sexual violence is perpetrated inside a disaster relief shelter, there must be plans in place for the victim to be in a safe location. This resolution calls for collaboration between the necessary stakeholders to address these safety risks by planning for the safe sheltering and transportation of IPV and sexual violence victims during and following a disaster. To successfully plan, state, local, tribal, and territorial emergency management agencies will need to communicate with FEMA, organizations that operate disaster relief shelters, and with organizations working to prevent IPV and sexual violence. Advance planning for the safe sheltering and transportation of IPV and sexual violence victims is critically important given the chaos and increased risk of intimate partner violence during and following disasters.

For IPV victims, it is necessary for all of the necessary stakeholders in disaster response and preparedness to plan for safe sheltering and transportation because the availability of safe shelter is crucial to an IPV victim’s survival in leaving an abusive situation, or if she has already left.\textsuperscript{38} When an IPV victim decides to leave, there is a substantial likelihood of physical violence and retaliation. Up to 70% of women who are killed by domestic abusers are killed in the process of leaving or just after they depart.\textsuperscript{39}

Particularly in the context of an ongoing disaster, the safety risk to IPV victims when they are evacuated to the same location as their abuser is significant. According to Beth Meeks, who was the Executive Director of the Louisiana Coalition against Domestic Violence, “There are women who have successfully been hiding from an abuser who are now in a very exposed situation. . . . Offenders have a lot of tentacles,

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\textsuperscript{36} 42 U.S.C. § 5131(d) (2012).
\textsuperscript{37} See 42 U.S.C. § 5133(b) (2012) (providing for “technical and financial assistance to States and local governments to assist in the implementation of predisaster hazard mitigation measures that are cost-effective and are designed to reduce injuries, loss of life, and damage and destruction of property.”).
\end{flushright}
their friends or family will see a victim, and report back to the offender.40 Accordingly, there is substantial risk to an IPV victim if she is forced to evacuate to the same disaster relief shelter as her abuser during a disaster.

Victims of sexual violence also experience danger inside a disaster relief shelter. 30.8% of sexual assaults that were reported following Hurricanes Katrina and Rita in 2005 occurred in disaster relief shelters or other types of shelters.41 If a woman is raped inside a disaster relief shelter, or otherwise suffers sexual violence, she should not have to stay in the disaster relief shelter with the person who committed that violence, or who could commit that violence again.

These safety risks are why FEMA, state, local, tribal, and territorial emergency management agencies, and organizations that run disaster relief shelters must collaborate with agencies that address IPV and sexual violence to develop plans to either safely transport victims away from a disaster relief shelter if their safety requires it, or to safely shelter them in place. The Louisiana Coalition Against Domestic Violence reported several horrifying instances of abuse within disaster relief shelters following Hurricane Katrina.42 Without safe shelter within the disaster relief shelter or safe transportation away from the shelter, victims do not have any safe place they can go if they experience abuse inside the shelter. Pamela Jenkins and Brenda Phillips recommend that "[e]mergency-shelter providers . . . design intake strategies to identify those at risk in a confidential manner, and can facilitate moving those at risk into a safer environment."43

Additionally, IPV shelters must also have plans in place to be able to safely and confidentially evacuate to a disaster relief shelter or another shelter if their own building's safety would be compromised during a disaster. According to Pamela Jenkins and Brenda Phillips,

Emergency managers can assist domestic violence providers with designing shelter evacuation plans, transportation routing, and educational materials. Ideally emergency planners will involve domestic-violence service providers on boards, response teams, and in training opportunities – and vice versa – because the emergency management community needs the insights of providers. Further the preparedness phase is a good time to develop mutual aid agreements that spell out where to send those in shelters, how to provide evacuation transportation assistance, how their services will be continued by regional partners, and vice versa.44

40 Supra note 5.
41 Supra note 27.
43 Supra note 38 at 63.
44 Id. at 63.
Our resolution helps address this need by urging the necessary stakeholders to collaborate, communicate, and work together to address these safety risks before a disaster occurs. Failing to provide safe shelter for IPV and sexual violence victims when a disaster strikes compounds the risk of abuse. In particular, it is important that emergency management agencies and non-governmental organizations like the American Red Cross take the lead in providing these services and creating a model for other entities to follow.

Collaborating on safe shelter and transportation for IPV and sexual violence victims is also an essential component of the coordination and training called for by the resolution. Emergency management agencies and other entities that run disaster relief shelters, like the American Red Cross, should leverage their expertise and coordinate with other experts to create an effective plan for making sure that IPV and sexual violence victims can either be safely sheltered or safely transported away from a disaster relief shelter in a manner that makes financial sense and that is appropriate during an emergency. Staff should be trained to identify signs of IPV and sexual violence, to make resources available, to set criteria for determining how and when to utilize private space within a shelter if safe transportation away is not possible, and should also be trained to appropriately and sensitively make victims aware of the available options. While there are undoubtedly challenges to accomplishing this goal, given the essential nature of the need and the lack of success of the current approach, the collective effort, training, and coordination that this Resolution urges are the necessary first step.

**IV. The Need for Continuing Access to Services**

In light of the well-documented evidence that IPV increases immediately following a disaster, there is an urgent need to ensure that IPV victims continue to receive access to counseling and other appropriate services that they need, such as assistance with housing. Victims of sexual violence may also require access to appropriate services following a disaster, such as counseling. IPV victims have unique concerns, safety risks, and needs that require the continued provision of services following a disaster. Because internet and electricity may be out for weeks or months at a time following a disaster, FEMA and state, local, territorial, and tribal emergency management agencies must plan in advance to assist IPV victims in regaining access to services following a disaster. These same stakeholders must plan to assist victims of sexual violence. That violence may occur inside a disaster relief shelter or immediately following a disaster, but those victims may still require access to appropriate services. That planning should occur in consultation with non-governmental organizations,

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45 *Supra* notes 5, 7, and 8; see also Emily W. Harville et al., *Experience of Hurricane Katrina and reported intimate partner violence*, 26 J. Interpersonal Violence, no. 4, 2011, 833-45 (“[C]ertain experience of the hurricane are associated with an increased likelihood of conflict, as well as increased likelihood of violent methods of conflict resolution. This is consistent with some previous work and supports the work that suggests stressors can contribute to IPV.”) (internal citations omitted).

46 *Supra* note 38 at 56-60.
including those in the IPV prevention field, that have experience in the provision of services, or that have established referral networks that can be reactivated quickly following a disaster.

A. Access to Mental Health Services

There are programs that provide access to crisis counseling to disaster survivors, but IPV victims require more in the immediate wake of a disaster. For example, FEMA has a Crisis Counseling Assistance and Training Program, and the American Red Cross runs a Disaster Mental Health Volunteer program that also focuses on crisis counseling.\(^\text{47}\) FEMA’s program provides two different types of funding for up to 60 days of services immediately following a disaster declaration and for up to nine months following a disaster declaration.\(^\text{48}\) Notably, FEMA’s crisis counseling program provides individual crisis counseling, which FEMA differentiates from “traditional mental health services.”\(^\text{49}\) While mental health services involve discussion of various treatment options and setting of treatment goals, crisis counseling focuses on ways to manage stress and allows counselors to identify individuals “who may need referrals to behavioral health treatment.”\(^\text{50}\) Because crisis counselors do not establish a long-term, ongoing treating relationship with the survivors they serve, crisis counseling is different from the kind of mental health counseling and other services that IPV victims and sexual violence victims may need. While crisis counseling programs are necessary, in part because they may provide referrals to ‘traditional’ mental health care providers, they should be supplemented with additional access to mental health care for IPV and sexual violence victims following a disaster.\(^\text{51}\)

This resolution urges emergency management agencies at every governmental level to ensure that IPV and sexual violence victims are not forgotten once they leave a disaster relief shelter following a disaster. Because IPV increases following a disaster, there must be a network of resources already in place, and there must be communication channels to provide that information to IPV victims. Those who experience sexual violence during and immediately following a disaster will also benefit from these resources and access to appropriate services. Communicating these resources to IPV and sexual violence victims will improve safety in communities that have already been devastated by a disaster.


\(^{49}\) Id.

\(^{50}\) Id.

\(^{51}\) See supra note 38 at 64-65 (acknowledging the need for appropriate counseling for IPV and disaster survivors).
B. Access to Safe Housing

Immediately following a disaster, after IPV victims have left the disaster relief shelter, they also require safe housing separate from their abuser.52 This is especially crucial following a disaster where the abuser might have destroyed the place a victim was living before the disaster and disrupted the social support she would have normally relied upon.53 Following Hurricane Katrina, two researchers found that “[w]ithout family nearby and given the haphazard repopulation of the city, [ ] women find themselves isolated. . . . With eighty percent of the city flooded, the housing shortage emerges as one of the salient factors in a woman’s choice to leave. . . . Over and over again, survivors worry about where they would go and if they could continue to live with families and friends.”54

A safe and secure place to escape abuse is therefore of paramount importance. As the National Coalition Against Domestic Violence notes: “[T]he truth is, bringing an end to abuse is not a matter of the victim choosing to leave; it is a matter of the victim being able to safely escape.”55 Some victims will have the financial or social resources to safely escape their abuser. However, IPV victims are often shunned by social or family connections and cut off from financial resources as part of an abuser’s control. Lack of support from family and friends, which also deprives IPV victims of safe shelter, is a common reason many do not leave their abusers.56 In addition, over 90% of IPV victims experience economic abuse.57 Their abuser may control their financial resources or may have depleted the victim’s financial resources, resulting in debt and other barriers to economic self-sufficiency for the victim.58

The significant difficulty IPV victims experience trying to find safe shelter after they leave their abusers is compounded by the fact that shelter availability and space is limited. As of 2012, there were fewer than 1,500 domestic violence shelter programs in the United States.59 Thousands of IPV victims and their children are turned away from shelters every year.60 Even worse, domestic violence shelters may be closed immediately following a disaster because of physical damage or because staff may be unavailable to operate the shelter. For example, in the wake of catastrophic flooding in

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52 Id.
53 Id. at 58-59.
54 Id. at 59.
58 Id.
60 Id.
2016, flooding closed six of the Louisiana’s sixteen domestic violence shelters and additional services were disrupted as staff dealt with their own disaster related challenges. This can have devastating consequences for victims of abuse. In one study, IPV victims who were surveyed stated that without access to a shelter, they would face homelessness, the loss of their children, continued abuse, the risk of death, uncertainty, or they would be forced to take desperate actions.

Disasters create unique vulnerabilities for IPV victims. Disasters lead to more violence overall, and in particular they lead to an increase in IPV. The destruction of housing exacerbates this vulnerability. This Resolution urges emergency management agencies and relevant private actors to collaborate and plan together to ensure that IPV victims do not have to make the wrenching, dangerous choice to remain with their abuser to ensure access to safe shelter. Better communication, collaboration, and planning can ensure that the necessary referral relationships are in place so that an IPV victim can efficiently receive the information she needs to find a safe place to go after an disaster relief shelter closes. Because an IPV victim must have access to information about safe housing before an disaster relief shelter closes, emergency management agencies, the entities that run disaster relief shelters, and other non-governmental organizations have to work together to provide that information and ensure that access to housing. This Resolution urges these entities to do that necessary work.

C. The Need for Funding

Consistent with IPV victims and sexual violence victims’ unique need for access to services following a disaster, this Resolution also urges Congress to appropriate funding to FEMA to fund programs that provide access to counseling, housing, and other necessary services. This call for funding is consistent with FEMA’s already existing crisis counseling program; the funds for this new program would simply ensure direct provision of mental health services to IPV and sexual violence victims who are also disaster survivors, and would ensure that IPV victims do not have to return to their abuser because they have do not have a different, safe alternative. With this additional funding, FEMA can continue to work with state, territorial, tribal, and local emergency management agencies to provide this access to services, which is work FEMA already does. This Resolution simply calls for additional funding to meet this unique need, using already existing frameworks to provide continuing access to services following a disaster.

V. Conclusion

Planning to prevent IPV and sexual violence during and following a major disaster is an overlooked but critical component of disaster response and preparedness.

61 Supra note 5.
63 Supra note 4.
This Resolution calls on emergency management agencies and other key actors to collaborate, communicate, and prepare for the unique needs of IPV and sexual violence victims in their disaster planning. The American Bar Association can and should urge these stakeholders to do everything possible to ensure that when there is another disaster, IPV and sexual violence victims are not forgotten.

Respectfully submitted,

Dana M. Hrelic
Chair, Young Lawyers Division
August 2018
GENERAL INFORMATION FORM

1. Summary of Resolution.

This resolution urges federal, state, local, tribal and territorial emergency management agencies to provide proper training to staff and volunteers to respond to unique needs of intimate partner violence ("IPV") and sexual violence victims during and after a disaster. The resolution also urges emergency management agencies and the non-governmental entities running disaster relief shelters to plan for the safe sheltering and transportation of IPV and sexual violence victims during and following a disaster. Additionally, the resolution urges Congress to appropriate funds to the Federal Emergency Management Agency ("FEMA") for training and education for emergency management personnel and disaster relief shelter personnel regarding IPV and sexual violence. Finally, the resolution urges Congress to appropriate funds to FEMA for programs that will ensure that IPV and sexual violence victims have continued access to counseling and other services in the immediate wake of a disaster.

2. Approval by Submitting Body.

The ABA Young Lawyers Division ("YLD") Council, which is authorized by Sections 4.1 and 5.1 of the ABA YLD Bylaws to act on the Division's behalf with respect to policy making, has approved this resolution.

3. Has this or a similar Resolution been submitted to the House or Board previously?

No.

4. What existing Association policies are relevant to this Resolution and how would they be affected by its adoption?

At the 2015 Midyear Meeting, the ABA passed Resolution 110 which urged federal, state, local, tribal, and territorial governments to identify and address the needs of vulnerable populations when planning for and responding to disasters. This resolution also urged Congress and state legislatures to fund departments and entities that respond to and assist disaster survivors. Finally, Resolution 110 urged lawyers to participate in community-wide disaster planning activities to determine and address policy, practices, and regulations invoked during a disaster.

This resolution expands upon Resolution 110 by focusing on IPV and sexual violence victims and their unique needs when a disaster occurs. This resolution enhances Resolution 110 and ensures that IPV and sexual violence victims are protected during and after a disaster.
5. If this is a late Report, what urgency exists which requires action at this meeting of the House?
N/A.

N/A.

7. Brief explanation regarding plans for implementation of the policy, if adopted by the House of Delegates.

After adoption, the Young Lawyers Division will work with the Governmental Affairs Office to determine the most effective way to advocate for this resolution in front of legislators.

8. Cost to the Association (both indirect and direct costs).
None.

None.

10. Referrals.

Criminal Justice Section, Co-Sponsor
Center on Children and the Law
Section of Civil Rights and Social Justice
Committee on Disaster Response and Preparedness, Co-Sponsor
Standing Committee on Legal Aid and Indigent Defendants, Co-Sponsor
Commission on Domestic and Sexual Violence, Co-Sponsor
Section of Family Law, Supporter
Judicial Division
Law Student Division
Government and Public Sector Lawyers Division
Standing Committee on Gun Violence, Supporter
Commission on Homelessness and Poverty
Standing Committee on Legal Assistance for Military Personnel
Section of Litigation
Standing Committee on Pro Bono and Public Service/Center for Pro Bono
Tort, Trial, and Insurance Practice Section
Commission on Youth at Risk
11. **Contact Name and Address Information.** (Prior to the meeting. Please include name, address, telephone number and e-mail address.)

   Adam B. Landy  
   ABA YLD Public Service Director  
   100 First Street, Ste. 1800  
   San Francisco, CA 94105  
   803-237-7181  
   Landy.adam@gmail.com  

   Sonia R. Russo  
   ABA YLD Public Service Coordinator  
   100 N. Church Street, Suite 550  
   Las Cruces, NM 88011  
   575-528-1661  
   Soniarusso09@gmail.com  

12. **Contact Name and Address Information.** (Who will present the Resolution with Report to the House?)

   Dana M. Hrelic  
   Chair, ABA Young Lawyers Division  
   Horton, Dowd, Bartschi & Levesque, P.C.  
   90 Gillett Street  
   Hartford, CT 06105  
   T: (919) 824-7751  
   E-mail: dhrelic@hdblfirm.com
EXECUTIVE SUMMARY

1. Summary of Resolution.

This resolution urges federal, state, local, tribal and territorial emergency management agencies to provide proper training to staff and volunteers to respond to unique needs of intimate partner violence ("IPV") and sexual violence victims during and after a disaster. The resolution also urges emergency management agencies and the non-governmental entities running disaster relief shelters to plan for the safe sheltering and transportation of IPV and sexual violence victims during and following a disaster. Additionally, the resolution urges Congress to appropriate funds to the Federal Emergency Management Agency ("FEMA") for training and education for emergency management personnel and disaster relief shelter personnel regarding IPV and sexual violence. Finally, the resolution urges Congress to appropriate funds to FEMA for programs that will ensure that IPV and sexual violence victims have continued access to counseling and other services in the immediate wake of a disaster.

2. Summary of the Issue which the Resolution addresses.

Disasters uniquely impact IPV victims because they must obtain safe housing away from their abusers, all while the disaster has thrown their support systems into disarray by scattering their friends, family, and other resources they would normally rely upon. Disasters also increase the incidence of IPV. Individuals also suffer sexual violence during and immediately following a disaster, whether it is inside a disaster relief shelter or after an evacuation is over.

During and after a disaster, IPV and sexual violence victims face barriers to obtaining services and aid. First responders are stretched thin and electricity, the internet, and phone lines may be down. Service providers are themselves trying to evacuate, protect their homes, and then return following the disaster. Lack of continuing access to appropriate services following a disaster leads to IPV victims returning to or remaining with their abuser, and leads to victims of sexual violence not receiving services that they may need, such as counseling. This resolution urges emergency management agencies and the non-governmental entities that run disaster relief shelters, such as the American Red Cross, to plan for IPV and sexual violence victims during a disaster by ensuring that they have a safe place to evacuate and by ensuring that they have continued access to necessary services when they leave the disaster relief shelter.

3. An explanation of how the proposed policy position will address the issue.

This resolution urges emergency management agencies to provide proper training to staff and volunteers to assist IPV and sexual violence victims during a disaster. This resolution will allow the Young Lawyers Division to advocate to Congress and other legislators for increased appropriations to emergency management agencies to provide the necessary training and resources to protect IPV and sexual violence victims during and after a disaster.
4. A summary of any minority views or opposition internal and/or external to the ABA which have been identified.

No minority or opposing views have been identified.