



British Columbia's
Office of the Human Rights
Commissioner

Rights under pressure: Guidance on applying a human rights-based approach to emergency management

June 2026

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GUIDANCE | JUNE 2026

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ISBN: 978-1-990626-30-2

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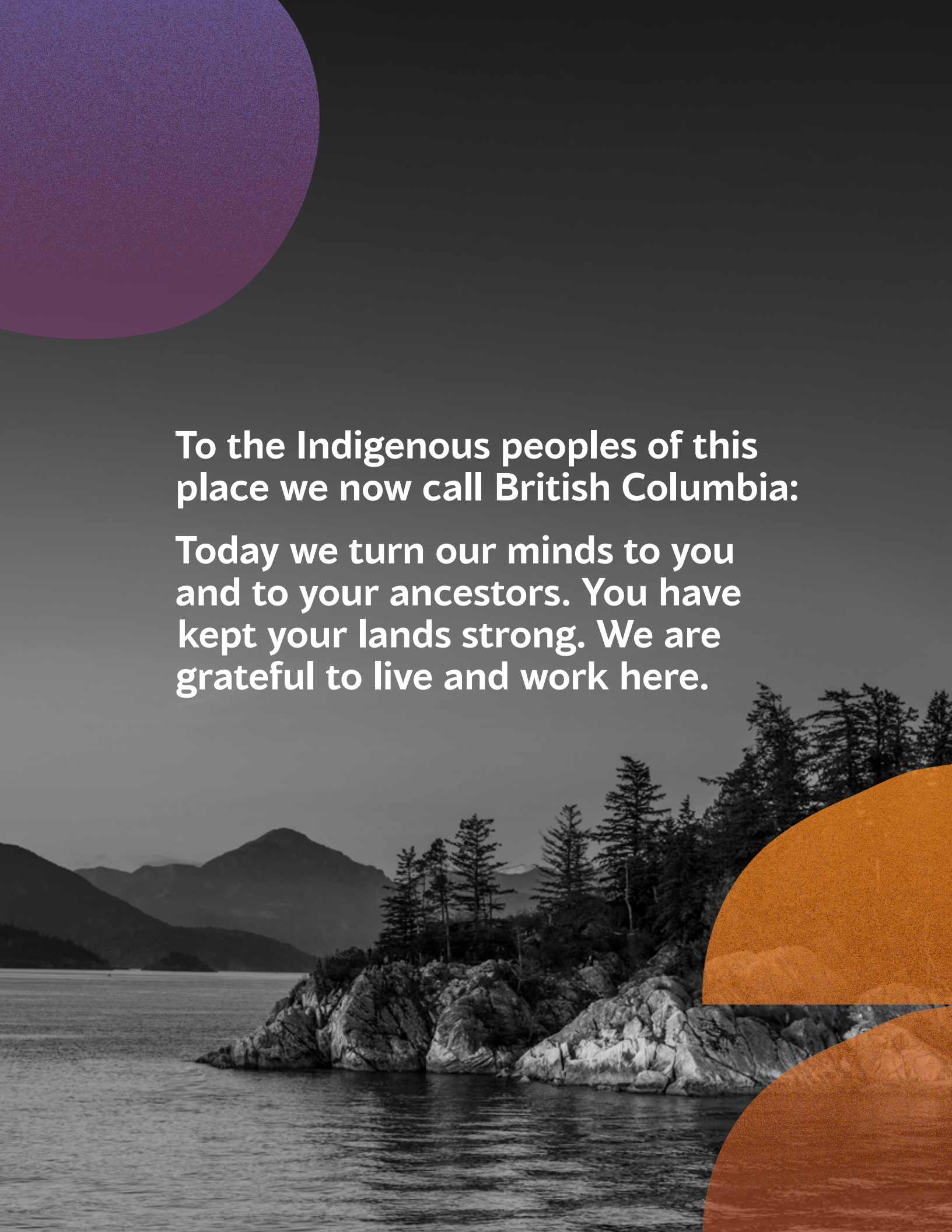
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British Columbia's
**Office of the Human Rights
Commissioner**



**To the Indigenous peoples of this
place we now call British Columbia:**

**Today we turn our minds to you
and to your ancestors. You have
kept your lands strong. We are
grateful to live and work here.**

Table of contents

Purpose of this guidance	6
Introduction	7
The unequal impact of disasters	9
Addressing shorter term human rights issues during emergency events	13
Addressing long term human rights issues arising from emergency events	17
Addressing the rise in hate during and after disasters	22
Addressing the rise in gender-based violence during and after disasters	26
Conclusion	31

Acknowledgements

The Human Rights Commissioner is grateful to the people and organizations who shared their expertise and provided feedback on the guidance, including:

- Dave Hutton, Director, Provincial Health Services Authority
- Kayla Pepper, Founder/Principal, Ember Leaf Consulting
- Staff from the Ministry of Emergency Management and Climate Readiness



Purpose of this guidance

Building on the findings of the Commissioner’s inquiry into hate during the COVID-19 pandemic,¹ this resource offers practical guidance for emergency planners in municipalities and regional districts to apply a human rights-based approach to emergency management plans. It provides guidance on how emergency plans can mitigate the disproportionate impacts of disasters, promote social cohesion, address the rise of hate and gender-based violence after times of crisis and improve access to mental health services.

The provisions under Part 4 - Division 2 of the *Emergency and Disaster Management Act* (EDMA) set out the duties of different types of regulated entities to develop emergency management plans. For local authorities, the duty to prepare emergency management plans is set under section 47, which will take effect in January 2027 now that amendments to supporting regulations are complete.² Section 52 of the EDMA sets out the requirements for the emergency management plans required under s.47, and states that emergency plans must include measures to mitigate the adverse effects of an emergency on individuals who may experience intersectional disadvantage,³ vulnerable individuals, animals, places or things. Emergency plans are also required to include measures to promote cultural safety.

The adoption of the [UN Sendai Framework for Disaster Risk Reduction](#) framework by the B.C. government in 2018 emphasized the importance of protecting and promoting human rights in emergency management as a way to reduce disaster risk.⁴ The provincial government’s B.C. Disaster and Climate Risk and Resilience Assessment offers a starting point on incorporating equity considerations into disaster and climate risk assessments.⁵

This document offers practical guidance on how to integrate equity considerations into emergency management plans. While recognizing that the approaches local authorities take will vary depending on their unique circumstances, this guide offers an intersectional analysis of disaster risk to help inform the development of risk assessments. With evidence-based promising practices to protect human rights, local authorities can draw from this guidance in the development of their emergency management plans.

¹ BC’s Office of the Human Rights Commissioner, *From Hate to Hope: Report of the Inquiry into Hate in the COVID-19 Pandemic*, (BCOHRC 2023), 9, [bchumanrights.ca/wp-content/uploads/BCOHRC_Hate-in-the-pandemic.pdf](https://www.bchumanrights.ca/wp-content/uploads/BCOHRC_Hate-in-the-pandemic.pdf).

² “Emergency Management Legislation,” *Ministry of Emergency and Climate Readiness*, last modified May 12, 2026, <https://www2.gov.bc.ca/gov/content/safety/emergency-management/emergency-management/legislation-and-regulations>.

³ The *Emergency and Disaster Management Act* defines “intersectional disadvantage” as the intersection of social categorizations of persons or classes of persons including Indigenous identity, race, economic status, sex, sexual orientation, gender identity and expression, age and ability, in ways that may result in overlapping systems of discrimination or disadvantage or disproportionate adverse effects.

⁴ United Nations Office for Disaster Risk Reduction, *Sendai Framework for Disaster Risk Reduction 2015–2030*, (UNISDR, 2015), 13, <https://www.undrr.org/media/16176/download?startDownload=20260519>.

⁵ Government of British Columbia, *British Columbia Disaster and Climate Risk and Resilience Assessment*, 2025, https://nrs.objectstore.gov.bc.ca/xedyjn/Projects/2025/dccra/DCRRA_report_oct_2025.pdf.

This guidance was developed in accordance with the Commissioner’s mandate to create policies, guidelines and recommendations to prevent discrimination and ensure policies, programs and legislation are consistent with B.C.’s [Human Rights Code](#) and international human rights obligations, including the UN Sendai Framework for Disaster Risk Reduction.

Introduction

Disasters⁶ can create conditions which pose a serious risk to fundamental human rights, including the right to: life, health, housing, water and sanitation, food, equality, participation, cultural life, and the right to a healthy environment. While the effects of disasters are far-reaching, marginalized communities often face the most severe impacts. Disasters can deepen existing inequalities in society, increase the risk of hate, result in higher rates of gender-based violence and greater mental health challenges for affected communities.

Governments have legal obligations to provide relief after disasters and to promote and protect human rights in their response efforts. Local governments, emergency planners and provincial bodies responsible for emergency management have a critical role in meeting human rights obligations in all phases of emergency management. Emergency managers and planners, Emergency Operations Centre (EOC) staff and crisis communicators are central to fulfilling these legal obligations. Adopting a human rights-based approach empowers the development of response measures to prevent inadvertently perpetuating inequality or worsening disaster impacts.

An analysis of 15 current municipal emergency management plans across B.C. found that most lacked explicit mention of human rights or consideration of disproportionate impacts.⁷ While five contain reference to “vulnerable populations,” none assess how hazards disproportionately affect different marginalized groups. None of the 15 municipalities identified the rise of hate or gender-based violence, and only three set out duties for addressing surges in mental health needs.

EDMA planning requirements for local authorities, such as the requirement to include measures to address intersectional disadvantage, will take effect in January 2027. This is an opportunity for local authorities to begin incorporating human rights and equity considerations to emergency plans.

⁶ The term “[disaster](#)” refers to large-scale hazardous events that seriously disrupt the functioning of a community or society, extend over large areas and periods of time, and reflect and amplify group vulnerabilities. The [Emergency and Disaster Management Act](#) provides a definition of emergency. While the two terms are sometimes used interchangeably, emergencies can also relate to hazardous events that do not result in the serious disruption of a community or society, such as a car accident or house fire.

⁷ An analysis was conducted of emergency management plans from 15 municipalities across B.C. These municipalities represented a diverse cross section of the province, varying both in geographic location and in population size with small, medium, and large municipalities. The purpose of the review was to assess the extent to which human rights and equity considerations were integrated into their respective emergency management plans.

This resource builds on the Commissioner’s inquiry into the rise of hate during the COVID-19 pandemic, which contains 12 recommendations primarily aimed at the Government of British Columbia to take crucial actions against the rise of hate during times of societal crisis. In the report, the Commissioner emphasizes that her goal is not just to respond to hate but to foster cohesion and belonging, to restore safety, to develop accountability mechanisms and to repair harms. She notes that this is not work that can be done by government alone. It requires a society-wide response.

For the purposes of the inquiry, “hate incidents” were defined as actions and speech rooted in prejudice that, in the view of the person who experiences or witnesses them, are:

- aimed at a person or a group of people because of their actual or perceived individual, collective or intersecting characteristics, including age, disability, gender expression or identity, ethnicity, Indigenous identity, place of origin, race, immigration status, religion, sex, sexual orientation and social condition, and
- intended to, or do, significantly dehumanize, humiliate, degrade, injure, silence and/or victimize the targeted individual or group. This definition of hate incidents is broader than how hate incidents are defined and interpreted under both B.C.’s *Human Rights Code* and the *Criminal Code*.

Hate incidents can include gender-based violence, hate speech and vandalism, threats of violence and spitting.

The inquiry found a significant increase in hate during the pandemic. While we may not see another pandemic in our lifetimes, we will inevitably see societal crises such as weather and climate-related events. The Commissioner notes in the *From Hate to Hope* report: “We know now that along with a health crisis of this proportion we will see social crises, such as the rise of hate and violence. We cannot be surprised by the rise of hate in future states of crisis. We must confront what we have experienced during the pandemic and take action now to prevent it from happening again.”

Addressing hate effectively requires collaboration between different sectors and levels of government. This resource provides guidance on the important responsibility of emergency management in incorporating a human rights-based approach, building on the recommendation from the inquiry that the Minister of Public Safety and Solicitor General should work with the Minister of Emergency Management and Climate Readiness to incorporate a human rights-based approach to existing emergency response procedures. In particular:

- Emergency planning for major crises must include planning to address a rise in hate speech and hate-fueled violence, including gender-based violence. Particular attention should be paid to the safety of frontline workers.
- A communication strategy should be developed for times of crisis to ensure multilingual and accessible, accurate, evidence-based and transparent communication. Communication must promote inclusion and cohesion and swiftly denounce hate in all its forms.

- A broad network of well-funded community organizations working against hate, including gender-based violence, should be maintained. Community organizations involved in victim-survivor and offender support should be surveyed to evaluate the impact of government emergency response during the pandemic to incorporate those learnings into future emergency response procedures.
- Anti-violence emergency planning must include increased and targeted services for women, young people and gender-diverse people seeking safe refuge and support, such as increased shelter and transition house spaces with room for social distancing and public communication plans to ensure that victim-survivors know where to seek help. Mental health and addiction supports should also be provided for abusers.
- Low barrier mental health supports should be widely available to help people with the potential anxiety, fear, uncertainty and isolation associated with emergencies.⁸

The unequal impact of disasters

In recent years, B.C. has experienced unprecedented disasters. In 2021, a heat dome and record high temperatures resulted in over 600 deaths. Six months later, an atmospheric river and massive floods led to five deaths and extensive economic disruption. The 2023 wildfire season was one of the worst on record with 2.84 million hectares burned and tens of thousands of people forced to evacuate.

Large-scale emergencies and disasters have increasingly been shaped or produced by human activity. Even events once referred to as “natural disasters”, such as floods, wildfires and landslides, are now influenced by climate change and human-driven changes to the landscape, including living in high-risk areas. Scientists predict that due to increasing carbon levels in the atmosphere and environmental degradation, the magnitude and frequency of climate-related major weather events will increase in the future.⁹ As extreme weather events become more frequent and severe, the likelihood of compounding and cascading disasters, most often affecting the same region over shorter periods of time, increases.¹⁰ When this occurs, a community has less time for response and recovery, leading to higher vulnerability to the impacts of future disasters.¹¹ The village of Lytton, B.C. experienced the effects of compounding events in 2021, when the heat dome caused temperatures to reach 49.6°C.¹² The unusually extreme heat fuelled devastating wildfires that destroyed most of the village the next day.

⁸ BCOHRC, *From Hate to Hope*, 12.

⁹ For more information about the connection between climate change and human rights, visit BCOHRC’s [Rights in Focus Report](#).

¹⁰ Kristie L Ebi, “Understanding the risks of compound climate events and cascading risks,” *Dialogues on Climate Change* 2, no.1 (2024): 34, <https://doi.org/10.1177/29768659241304857>.

¹¹ Ibid.

¹² “Surviving the heat: The impacts of the 2021 western heat dome in Canada,” Government of Canada, last modified June 26, 2022, <https://science.gc.ca/site/science/en/blogs/science-health/surviving-heat-impacts-2021-western-heat-dome-canada>.

While the guidance offered in this resource focuses on mitigating human rights risks during and after emergency events, acknowledging the long-term structural drivers of disasters provides essential context for understanding the issues at hand.

The impacts of disasters are far reaching. They result in significant health impacts, as well as long-term physical, psychosocial and financial consequences for the affected individuals, families, communities and society at large. Marginalized communities often experience greater challenges preparing for disaster and, in turn, suffer more severe physical and mental health outcomes. Marginalized peoples are also more likely to be displaced and more likely to experience protracted and uneven recovery processes.¹³

Many unequal and negative post-disaster outcomes are shaped by pre-disaster conditions.¹⁴ A community's susceptibility to the impacts of a disaster is shaped by its physical, geographic, social and economic characteristics.¹⁵ These impacts are often experienced disproportionately by marginalized groups, including Indigenous Peoples, racialized people, women, children, people with disabilities, LGBTQ2SAI+ people, older adults, those with mental health and substance use disorders, people experiencing homelessness and migrant workers.

Disasters pose a particular risk to Indigenous Peoples' economic, social, cultural and environmental rights. For example, many First Nations reserves are in areas prone to wildfire, floods and landslides due to their remote locations.¹⁶ Many First Nations living on reserve face significant risk exposure. Movement across territories has historically been restricted, limiting people's ability to travel and mitigate certain hazards. Geographic isolation can make it challenging to access basic goods, services and other resources required for mitigation and resilience.¹⁷ Wildfires can also disrupt Indigenous ways of life and threaten important cultural activities such as hunting, fishing, harvesting and gathering.¹⁸

¹³ Lori Peek, Tricia Wachtendorf, and Michelle Annette Meyer, "Sociology of Disasters," *Handbooks of Sociology and Social Research*, (2021): 230, https://link.springer.com/chapter/10.1007/978-3-030-77712-8_11.

¹⁴ Ibid.

¹⁵ Sahar Safaie, Shana Johnstone, and Nicky Hastings. "Resilient pathways report: co-creating new knowledge for understanding risk and resilience in British Columbia." *Geological Survey of Canada*, (2022):7 <https://ostrnrcan-dostrnrcan.canada.ca/entities/publication/853b419e-48ca-4180-a547-d762be4e5e9a>.

¹⁶ Sandy Erni, et al, "Exposure of the Canadian wildland–human interface and population to wildland fire, under current and future climate conditions," *Canadian Journal of Forest Research* 51, no. 9 (2021): 1358. <https://doi.org/10.1139/cjfr-2020-0422>.

¹⁷ Public Health Agency of Canada, *Rapid Review: An intersectional analysis of the disproportionate health impacts of wildfires on diverse populations and communities* (PHAC 2025) 7, <https://www.canada.ca/en/public-health/services/publications/healthy-living/rapid-review-intersectional-analysis-disproportionate-impacts-wildfires-diverse-populations-communities.html>.

¹⁸ Ibid.

Some examples of disproportionate impacts of disasters are listed below:

- In 2024, over 7,000 B.C. residents were temporarily evacuated from their homes due to wildfires with rural and Indigenous communities disproportionately affected.¹⁹
- Across Canada, First Nations communities are 18 times more likely to face evacuation, compared to non-Indigenous communities, and are most likely to experience long-term disaster displacement.²⁰
- Longer and more frequent droughts and wildfires may impact the ability of some Indigenous people to harvest traditional foods and medicines.²¹
- Rural communities experiencing wildfires may not always have the infrastructure to meet evacuation needs and may encounter challenges securing support from external stakeholders.²²
- Following the 2021 B.C. heat dome, 619 people lost their lives. The BC Coroners Service found that 67 per cent of individuals who died were 70 years of age or older, and 91 per cent of deaths were among individuals with chronic conditions, such as schizophrenia, hypertension, mood and anxiety disorders.²³
- Exposure to wildfire smoke puts pregnant people’s health at risk and increases the risk of lower birthweights.²⁴
- Women, girls and LGBTQ2SAI+ people are at an increased risk of gender-based violence, harassment and sexual violence after extreme weather events.²⁵ The Commissioner’s inquiry into the rise of hate during the COVID-19 pandemic found that gender-based violence increased in both frequency and severity during the COVID-19 pandemic with perpetrators becoming more violent and with a higher risk of death (see below for greater detail).²⁶
- Misinformation and disinformation can rise in times of crisis and contribute to the spread of hateful rhetoric and blame narratives that harm marginalized groups.²⁷ This and other factors lead to the rise of hate incidents, as discussed in greater detail below.

¹⁹ Michelle Gomez, “B.C. sees thousands of wildfire evacuees every year. But are people moving permanently?” CBC News, July 16, 2025, <https://www.cbc.ca/news/canada/british-columbia/is-wildfire-migration-happening-in-b-c-1.7584656>.

²⁰ “GBA+: Chapter 3,” Government of Canada, 2019, <https://www.budget.canada.ca/2019/docs/gba-acs/gba-acs-chap03-en.html>.

²¹ Public Health Agency of Canada, “Rapid Review: An intersectional analysis of the disproportionate health impacts of wildfires on diverse populations and communities”.

²² Ibid.

²³ BC Coroners Service, *Extreme Heat and Human Mortality: A Review of Heat-Related Deaths in B.C. in Summer 2021* (BC Coroners Service, 2022) 5, https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/death-review-panel/extreme_heat_death_review_panel_report.pdf.

²⁴ Dawn Hoogeveen, et al., *Climate Change, Intersectionality, and GBA+ in British Columbia*, (Government of British Columbia, 2021) 7, https://www2.gov.bc.ca/assets/gov/environment/climate-change/adaptation/resources/climate_change_gba_in_bc_summary_report.pdf.

²⁵ Rowena Maguire, “Chapter 3: A feminist critique on gender based violence in a changing climate: Seeing, listening and responding”. In *Feminist Frontiers in Climate Justice*, (Cheltenham, UK: Edward Elgar Publishing, 2023): 4, https://doi.org/10.4337/9781803923796_00008; Carol Muñoz-Nieves et al., “Sex and Gender Influences on the Impacts of Disasters: A Rapid Review of Evidence,” *International Journal of Environmental Research and Public Health* 22, no. 9: (2025): 9, <https://doi.org/10.3390/ijerph22091417>.

²⁶ BCOHRC, *From Hate to Hope*, 73.

²⁷ Council of Europe, *Study on Preventing and Combating Hate Speech in Times of Crisis* (Council of Europe, 2023) 32, <https://rm.coe.int/-/study-on-preventing-and-combating-hate-speech-in-times-of-crisis/1680ad393b>.

- Low-income communities are more likely to live in poorly constructed housing, older housing units and mobile homes, which are susceptible to disaster-related structural damage.²⁸ Certain groups, such as refugees, Indigenous Peoples, people with disabilities and single mother-led families, are more likely to be low income.²⁹
- People with disabilities face higher disaster-related mortality that can be attributed to mobility challenges, reliance on prescription medications that may be inaccessible during emergencies, evacuation barriers, limits to physical autonomy and health complications.³⁰
- Mental health issues arise and are exacerbated during times of emergency, as communities, families and individuals experience extreme stress, such as facing the possibility or actuality of losing their homes, pets and livelihoods and facing threats to their own and their loved ones' safety. (see below for greater detail)
- Older adults may experience difficulties in evacuating from their home due to decreased physical mobility, existing medical conditions and the need for varying levels of care and assistance. During extreme heat events, migrant agricultural workers are exposed to prolonged heat, both in the outdoor workplace and at their employer-provided rental homes.³¹
- Climate-related events disrupt the food supply, making food in rural communities even more expensive and limited, with a particular impact on people and communities with lower incomes.³²
- Low-income and racialized people are less likely to be adequately insured and have fewer resources to adjust or respond to extreme weather events.³³

The harms of emergencies are therefore disproportionately experienced by marginalized communities. These harms include displacement from homes and livelihoods, food supplies, loss of possessions, loss of pets, physical harm including death, trauma and impacts on mental health. For example, the 2021 floods damaged transportation networks, affected critical supply chains and damaged homes and farms in the Fraser Valley.³⁴ These unequal impacts worsen existing inequalities and make communities more vulnerable to future disasters. Overtime, this cycle widens disparities and erodes the resilience of communities across the province.

²⁸ Felicia Watterodt et al., *Disaster and disparity: The uneven toll of floods and climate hazards in Canada: Selected insights*. Partners in Action. (University of Waterloo, 2025), 6, <https://uwaterloo.ca/partners-for-action/sites/default/files/uploads/documents/feb-2025-p4a-disaster-and-disparity-selected-insights.pdf>.

²⁹ Government of Canada, *A Backgrounder on Poverty in Canada*, (Government of Canada, 2016), 9 <https://www.canada.ca/en/employment-social-development/programs/poverty-reduction/backgrounder.html>.

³⁰ Felicia Watterodt et al., *Disaster and disparity*.

³¹ Mohammed Rafi Arefin et al., *Migrant Agricultural Workers in British Columbia Face Compounding Crises: Housing and Climate*, (The Centre for Climate Justice and Radical Action with Migrants in Agriculture, 2024), 9 <https://climatejustice.ubc.ca/wp-content/uploads/sites/45/2024/08/FINAL-RAMA-Report.pdf>.

³² Dawn Hoogeveen, et al., *Climate Change, Intersectionality, and GBA+ in British Columbia*.

³³ Safaie, S., Johnstone, S. & Hastings, N. L. (2022). Resilient pathways report: co-creating new knowledge for understanding risk and resilience in British Columbia. *Geological Survey of Canada, Open File*, 8910, 278. Natural Resources Canada. <https://doi.org/10.4095/330521>.

³⁴ Vancouver Coastal Health (VCH) Chief Medical Health Officer, *Protecting Population Health in a Climate Emergency*, (VCH, 2023), 36 <https://www.vch.ca/sites/default/files/2024-02/vch-climate-change-health-report.pdf>.

Addressing shorter term human rights issues during emergency events

A human rights-based approach to emergency management provides a framework to identify the disproportionate impacts of disasters, mitigate those impacts and proactively protect individuals and communities from harm.

Key principles of a human rights-based approach include:

- indivisibility
- inalienability and universality of rights
- intersectional equality and non-discrimination
- meaningful participation, inclusion and empowerment
- transparency and accountability
- the rule of law³⁵

While this guidance was designed for local governments, responsibility for emergency management is shared between all levels of government. To be effective, an all-of-society approach is necessary, with collaboration between all levels of government and the social sector, including nonprofit organizations, charities, frontline and outreach services.³⁶ An effective response requires a funded and coordinated approach that activates the social sector as a core part of response and leverages the strengths, expertise and resources of government and civil society.

³⁵ BCOHRC, *From Hate to Hope*.

³⁶ United Way British Columbia, *Working Together in An Emergency - Social Sector Activation Guide* (United Way, 2025) 9, <https://bc.healthyagingcore.ca/files/preview/37086>.

Promising practices:

Drawing from the UN Inter-Agency Standing Committee's Operational Guidelines on Human Rights and Natural Disasters,³⁷ the Commissioner suggests that local government emergency plans take into consideration the following key questions to embed a human rights analysis:

1. Do emergency response measures meet the basic needs of affected communities in a non discriminatory and equitable way?
 - Individuals must have safe, unimpeded access to goods and services necessary to meet their basic needs without discrimination. This includes access to food, water, shelter, physical and mental health care.
 - Treat the social infrastructure of a community, for example social services, cultural organizations and community networks, as critical infrastructure that require protection in emergency response and recovery.
 - Apply an intersectional analysis to risk assessments to understand the risks and barriers faced by diverse groups, as well as their needs, and address them proactively.³⁸
 - For example, some people with disabilities may require help from caregivers in relocating to an evacuation site due to mobility challenges and/or a lack of access to private transportation.
 - Others may require access to life-saving medication (for example, heart medication), specialized medication (for example, HIV or transplant medications not available in regular pharmacies) or specialized food (for example, for people with diabetes or celiac disease).
 - Heat-related deaths from the 2021 heat dome were higher among individuals with specific chronic conditions including schizophrenia.³⁹ Schizophrenia can affect a person's ability to recognize overheating and to take protective action. Medications like antipsychotics can affect thermoregulation and may increase risk among users during extreme heat events.⁴⁰ These risks can be addressed with regular and frequent health checks during periods of extreme heat for those at higher risk of experiencing heat related illness or death.⁴¹

³⁷ The UN Inter-Agency Standing Committee's [Operational Guidelines on Human Rights and Natural Disasters](#) offers a framework and a list of measures to ensure emergency response measures meet fundamental human right obligations.

³⁸ Alex Valorso and Carmin O'Neal, *A Toolkit for Equitable Emergency Management*, (Canadian Women's Foundation, 2025), 43 <https://ccfsc-cccs.ca/wp-content/uploads/2025/02/FINAL-Toolkit-for-Equitable-Emergency-Management.pdf>.

³⁹ BC Coroners Service, *Extreme Heat and Human Mortality*.

⁴⁰ Ibid.

⁴¹ BC Centre for Disease Control, *Schizophrenia and Extreme Heat*, (BCDC, n.d.), 1 <https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Topics/Sun-and-heat-safety/Schizophrenia-and-Extreme-Heat74.pdf>.

- Examples of practices to support cultural safety include providing access to Indigenous Elders or dedicated interfaith prayer spaces for those who may need it.
 - Immune-compromised people may require spaces where people are masked or where there are other precautions taken against the spread of common airborne illnesses that could be life threatening for them.
 - Provide Indigenous-led, disability-informed and trauma-informed service delivery as a baseline, not a specialty add-on.⁴²
 - Relevant policies from the Ministry of Emergency Management and Climate Readiness include the Cultural Activity Locations Support (CALS), which supports access to culturally sensitive evacuee care,⁴³ and the First Nations Community Navigator Policy, which provides a liaison between evacuees and emergency response personnel. This policy also advocates for the needs of evacuees.⁴⁴
2. Do affected populations have adequate access to the information they need?
- Affected communities have a right to timely and accurate information about the emergency, potential risks and available resources.
 - For example, knowing about available and accessible anti-violence services may be lifesaving information for women and young people dealing with family violence.
 - Any barriers to accessing information should be identified and strategies to address them should be developed in a proactive manner.
 - For example, if information is only available online, individuals in a community who do not have reliable access to the internet would face barriers accessing timely and accurate information about emergency response measures. If information is primarily provided through televised media addresses, it is important to include sign language interpretation.
 - Emergency plans should also recognize that emergency managers and crisis communicators are exposed to traumatic content, hostile public interactions, personal safety threats and intense media scrutiny. Plans should include redundancy in communications roles, clear approval pathways and mechanisms to prevent burnout and psychological stress injuries.

⁴² Government of British Columbia, Ministry of Emergency Management and Climate Readiness (EMCR), *Indigenous Engagement Requirements Interim Guidance*, (EMCR, 2025) https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/local-government/ier_guide.pdf.

⁴³ Government of British Columbia, Ministry of Emergency Management and Climate Readiness (EMCR), Policy 2.15: Community Activity Locations Support, (EMCR, 2025) https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/policies/215_embc_cultural_activites_location_support_cals_policy.pdf.

⁴⁴ Government of British Columbia, Ministry of Emergency Management and Climate Readiness (EMCR), Policy 2.14: Community Navigator – First Nations Community Navigator for Emergency Support Services, (EMCR, 2025) https://www2.gov.bc.ca/assets/gov/public-safety-and-emergency-services/emergency-preparedness-response-recovery/embc/policies/214_community_navigator_for_ess_policy.pdf.

3. Have you leveraged community strengths by engaging local communities in the development of emergency plans and response efforts?
 - Include Indigenous governments structurally as rights holders with jurisdiction through ongoing coordination, not ad hoc engagement.
 - Work with communities, particularly those from underrepresented and marginalized groups, to gain local knowledge, identify community needs, identify disproportionate impacts and develop appropriate response measures. Collaborate with community groups who work with marginalized communities, for example, racialized communities, harm reduction teams, migrant support networks, seniors living alone and housing advocates.
 - Identify, map out and plan for continued access to critical assets that are relied upon by marginalized groups, such as shelters and food banks.
 - Consider establishing funded liaison roles. Create dedicated community and social sector liaison positions within Emergency Operation Centres to coordinate supports, reduce duplication and protect emergency managers from overload.
 - Formalize social sector activation in emergency plans. Clearly define when and how social sector partners are activated, who triggers activation and how coordination occurs with Emergency Operations Centres.
4. Have you established monitoring, reporting and referral mechanisms?
 - Collect and analyze disaggregated data to help identify any disparities in response measures and inform equitable interventions, in accordance with the Grandmother perspective. The Commissioner's report, [Disaggregated Demographic Data Collection in British Columbia: The Grandmother Perspective](#), offers a framework. The report highlights that disaggregated data collection is merely a tool to be utilized depending on context and aim and must be accompanied by a process that works toward achieving equity. The process must involve respectful relationships where marginalized communities are meaningfully involved throughout the stages of collection, storage, use and distribution of disaggregated data.⁴⁵
 - Establish referral mechanisms to direct people who have experienced harm to the services they may need in a timely manner.
 - Establish mechanisms for monitoring and evaluating the effectiveness of response measures. For example, measure equity and workforce impacts by encouraging After Action Reviews (AARs) to debrief about successes, challenges and lessons after an emergency event. The B.C. government provides guidance about how to conduct AARs.⁴⁶

⁴⁵ BC's Office of the Human Rights Commissioner, *Disaggregated demographic data collection in British Columbia: The grandmother perspective*, (BCOHRC, 2020) 24 https://bchumanrights.ca/wp-content/uploads/BCOHRC_Sept2020_Disaggregated-Data-Report-FINAL.pdf.

⁴⁶ "Debrief after an emergency," Government of British Columbia, Ministry of Emergency Management and Climate Readiness (EMCR), last modified February 21, 2024 <https://www2.gov.bc.ca/gov/content/safety/emergency-management/local-emergency-programs/after-action-review>.

Addressing long term human rights issues arising from emergency events

A human rights-based approach offers a framework to identify and address harm that often emerges after disasters and times of crisis, such as hate and gender-based violence. This section of the guidance outlines how supporting access to mental health services, proactively addressing hate and gender-based violence and promoting social cohesion during and after disasters can help reduce the risk of harm during emergencies.

Providing access to mental health services during and after disasters

When a disaster strikes, individuals and communities often find ways to help each other navigate the challenges that come in times of emergency, sometimes strengthening community cohesion and resilience. Research has shown that high neighbourhood cohesion is correlated with lower levels of psychological distress and mental health challenges.⁴⁷

At the same time, feelings of fear, anxiety and distress may spread, and mental health challenges can become both drivers and impacts of hate and gender-based violence if they are not adequately addressed. The Commissioner's [inquiry into hate](#) during the COVID-19 pandemic found that heightened fear, anxiety and stress associated with COVID-19 created conditions that are optimal for prejudice, discrimination, bias, racism and hate to bubble to the surface.⁴⁸

Having a plan to address mental health needs after disasters, for both victim-survivors and those at risk of perpetuating violence, is important for several reasons. A mental health plan can help promote healthy recovery and social cohesion, reduce the risk factors that drive hate and violence, and ensure compliance with human rights obligations related to the right to health.⁴⁹ With enough support, most affected people recover over time,⁵⁰ however a small proportion of people will go on to develop post-traumatic stress disorder (PTSD).⁵¹ For some individuals, distress can persist in the form of PTSD, depression, anxiety or other conditions, and the needs for supports and services can remain for up to a decade. Research suggests that some groups, including women, individuals with pre-existing mental health conditions and those with lower socioeconomic status, may be at risk of

⁴⁷ Özcan Erdem et al., "Structural neighbourhood conditions, social cohesion and psychological distress in the Netherlands," *European Journal of Public Health*, 25, no 6 (2015): 996 <https://doi.org/10.1093/eurpub/ckv120>.

⁴⁸ BCOHRC, *From Hate to Hope*.

⁴⁹ UN Inter-Agency Standing Committee (ISAC), *ISAC Operational Guidelines on the Protection of Persons in Situations of Natural Disasters*, (The Brookings – Bern Project on Internal Displacement, 2011): 35 https://www.ohchr.org/sites/default/files/Documents/Issues/IDPersons/OperationalGuidelines_IDP.pdf.

⁵⁰ Nikunj Makwana, "Disaster and its impact on mental health: a narrative review," *Journal of family medicine and primary care* 8, no.10 (2019): 3094 doi: [10.4103/jfmpc.jfmpc_893_19](https://doi.org/10.4103/jfmpc.jfmpc_893_19).

⁵¹ Health Emergency Management British Columbia (HEMBC), *Mental Health and Wellness Recovery Toolkit* (HEMBC 2021):18, <http://www.phsa.ca/health-emergency-management-bc-site/Documents/Mental%20Health%20and%20Wellness%20Toolkit%20July%202021.pdf>.

experiencing higher rates of PTSD following disasters.⁵² Risk factors for PTSD include the severity of exposure, history of exposure to stress prior to the disaster and pre-existing mental health disorders.⁵³ When evacuations are prolonged, mental health outcomes can worsen.⁵⁴

In general, mental health risks following disasters are higher for marginalized groups, who experience poorer mental health outcomes and are less likely to receive adequate care during normal times.⁵⁵ For example, the Commissioner's inquiry into hate during the COVID-19 pandemic found an increase in mental health concerns during the COVID-19 pandemic, with more than half of adults in B.C. reporting a decline in their mental health.⁵⁶ The report found a disproportionate mental health impact on marginalized groups, including:

- women
- youth
- families with children under 18
- members of the LGBTQ2SAI+ communities
- Indigenous, Black and other racialized people
- people with disabilities
- people with pre-existing mental health issues
- people living in poverty

Frontline workers, health workers and media workers also experienced cumulative stress and negative mental health impacts throughout the pandemic.⁵⁷

Emergency support workers experience repeated exposure to crisis, trauma, public pressure and high-stakes decision-making, yet are often excluded from mental health and occupational supports available to first responder agencies. Prioritizing their well-being is essential to ensuring they can work in a grounded, self-regulated and culturally safe way. A human rights-based approach must recognize emergency management personnel as workers exposed to cumulative and vicarious trauma to ensure their health, safety and well-being are protected.

⁵² "Post-traumatic stress disorder," World Health Organization, May 27, 2024, <https://www.who.int/news-room/fact-sheets/detail/post-traumatic-stress-disorder#:~:text=Women%20are%20more%20likely%20to,after%20a%20potentially%20traumatic%20experience>.

⁵³ E. J. Bromet et al., "Post-Traumatic Stress Disorder Associated with Natural and Human-Made Disasters in the World Mental Health Surveys," *Psychological Medicine* 47, no. 2 (2016): 10, <https://doi.org/10.1017/S0033291716002026>.

⁵⁴ "Canada's Indigenous Peoples increasingly at risk of disaster displacement," Internal Displacement Monitoring Centre, June 21 2024, <https://www.internal-displacement.org/expert-analysis/canadas-indigenous-peoples-increasingly-at-risk-of-disaster-displacement/>.

⁵⁵ Margarita Alegría et al., "Social Determinants of Mental Health: Where We Are and Where We Need to Go," *Current Psychiatry Reports* 20, no. 95 (2018): 95, <https://doi.org/10.1007/s11920-018-0969-9>.

⁵⁶ Rob Shaw, "A controversial pitch for the BC budget: Make mental health care free," *Daily Hive*, April 15, 2021, <https://dailyhive.com/vancouver/mental-health-care-free-bc>.

⁵⁷ BCOHRC, *From Hate to Hope*.

Although governments have taken steps to respond to the increased need for mental health services during and after emergencies, the mental health needs of most people who experience emergencies remain unmet. Limited mental health services, like the Psychological First Aid and crisis lines, are generally made available in the short-term. For example, the B.C. government deploys a team of volunteer mental health care providers under the Disaster Psychosocial Services Program (DPS) through the Provincial Health Services Authority to communities impacted by disasters. This program provides Psychological First Aid, training and support upon request to affected communities.⁵⁸ The First Nations Health Authority (FNHA) offers culturally appropriate programs and services to support First Nations communities.⁵⁹ Though these programs offer vital mental health supports, the mental health needs of affected communities often exceed their capacity.⁶⁰

In a recent report about the fairness of disaster recovery programs, the B.C. Ombudsperson found that despite the great need, mental health supports available after the wildfires and floods in 2021 were scarce, both in reception centers and in communities.⁶¹ Since then, some positive changes have been made. For example, in preparation for extreme weather events, home health workers across health authorities began to proactively inquire about their clients' mental health, physical environment, cooling/ventilation infrastructure and how prepared they are for heat or smoke events.⁶² As extreme weather events occur more frequently, the need for equitable mental health services will continue to increase.

The Commissioner's inquiry into hate during the COVID-19 pandemic had similar findings. Individuals faced multiple barriers like not knowing how or where to get help, not being able to afford mental health care, services not being available and dealing with long waitlists. The Commissioner heard that there are socio-economic and racial disparities in who has access to therapy. She also heard about a gap in responsive, culturally appropriate counselling in languages other than English.⁶³

⁵⁸ "Disaster Psychosocial Support," Provincial Health Services Authority, accessed May 19, 2026, <https://www.phsa.ca/our-services/programs-services/health-emergency-management-bc/provincial-psychosocial-services/disaster-psychosocial-support>.

⁵⁹ "Wildfire Response," First Nations Health Authority, accessed May 19, 2026, <https://www.fnha.ca/what-we-do/environmental-health/wildfire-information>.

⁶⁰ BC Ombudsperson, *Fairness in a Changing Climate: Ensuring disaster supports are accessible, equitable and adaptable*, (Ombudsperson, 2023), 45 https://bcombudsperson.ca/wp-content/uploads/2025/08/Investigation_Emergency-Support-Services_OMB-FF.pdf.

⁶¹ Ibid.

⁶² Kerri Klein et al., *Climate Change and Health in British Columbia: From Risk to Resilience*. (Ministry of Health and SHIFT Collaborative 2024) 220, https://nrs.objectstore.gov.bc.ca/xedyjn/Projects/2023/ClimateReadyBC/page_health_r2r/Final.pdf.

⁶³ BCOHRC, *From Hate to Hope*.

Case study

After the 2018 flood in Grand Forks, B.C., there was an increase in reported mental health issues, leading to a rise in demand for mental health services. Local service agencies and Interior Health reported an increase in mental health challenges such as PTSD, anxiety and depression after the flood. Some residents reported experiencing distress long after the disaster, such as experiencing anxiety every time it rained years after the flood. There was also a reported increase in substance use and overdose rates.⁶⁴

In response to the flood, local governments and leadership from a range of sectors came together to form a community-led emergency response strategy. A case management model was established to conduct targeted outreach and engagement with diverse groups to identify mental health needs and provide psycho-social supports to affected residents. Case managers used a brief screening tool repeated every 90 days with community members to assess well-being over time.⁶⁵ This model appears to have helped response efforts reach members of the community who may not have sought support on their own, although we are not aware of any evaluation that has been conducted of this model.⁶⁶



⁶⁴ Dawn Hoogeveen and Kerri Klein, *Social Impacts of the 2018 Grand Forks Flood: A Gender Based Plus Analysis of Climate Risk*, (Government of British Columbia, 2021)15, https://www2.gov.bc.ca/assets/gov/environment/climate-change/adaptation/resources/social_impacts_grand_forks_flood.pdf.

⁶⁵ Maxine Myre and Nicole Glenn, *A guide to post-flooding community-level psychosocial response and recovery in Canada* (Policy Wise and the National Collaborating Centre for Environmental Health 2023) 18, <https://nccceh.ca/resources/evidence-reviews/guide-post-flooding-community-level-psychosocial-response-and-recovery#h3-1>.

⁶⁶ Dawn Hoogeveen and Kerri Klein, *Social Impacts of the 2018 Grand Forks Flood*.

Promising practices

- Integrate mental health services into all phases of emergency management.
- Ensure emergency plans anticipate an increase in psychological distress after disasters, and include a plan to provide free, low-barrier and culturally appropriate mental health services to those impacted by a disaster.
- Implement the [PHSA Disaster Recovery Toolkit for Community Mental Health](#), which provides guidance and resources to facilitate planning and delivery of psychosocial recovery activities in the aftermath of disasters.⁶⁷
- Deliver services where people already are. Prioritize outreach through shelters, Friendship Centres, community hubs, evacuation centres and mobile teams rather than requiring people to self-navigate systems. For example, the Cultural Activity Locations Support (CALs) supports cultural activities and services for First Nations. This can be offered near reception centres or separate designated gathering spaces.⁶⁸
- Use low-barrier access models. Do not require individuals to provide referrals, diagnoses or proof of status to receive services.
- Ensure mental health supports following disasters are accessible to emergency management personnel, including municipal and Indigenous emergency coordinators, planners, Emergency Operations Centre staff and communications personnel—not only traditional first responder agencies.
 - Emergency response plans should include measures to protect the mental health and wellbeing of emergency management personnel, including Emergency Operations Centre staff and crisis communicators, during prolonged or repeated emergency activations.
 - These measures should include staff rotation, rest periods, peer support and access to mental health resources during and immediately following emergency events.

These additional resources include detailed guidance about providing mental health supports and services after disasters:

- [The international Inter-Agency Standing Committee \(IASC\) Reference Group for Mental Health and Psychosocial Support in Emergency Settings](#)
- [World Health Organization \(WHO\) Factsheet: Mental Health in Emergencies](#)

⁶⁷ Health Emergency Management BC (HEMBC), *Disaster Recovery Toolkit for Community Mental Health and Wellness*, (HEMBC 2024) <https://www.phsa.ca/health-emergency-management-bc-site/Documents/Toolkit%20Community%20Recovery%20July%202024.docx>.

⁶⁸ EMCR, Policy 2.15 CALS.

Addressing the rise in hate during and after disasters

Research suggests that in the immediate aftermath of disasters, communities often demonstrate pro-social behavior and quickly organize themselves to help those who need it.⁶⁹ Pro-social behaviours include a shared sense of responsibility, altruism and voluntary actions to support others in the face of emergency. After disasters, people largely look for ways to support one another, protect what remains and re-establish a sense of normalcy. Pro-social group behaviours improve communities' capacity to withstand and recover after a disaster.

At the same time, disasters can exacerbate existing divisions within a community, which can lead to a rise in hate. Many factors can contribute to a rise of hateful narratives, hate incidents and hate fueled violence, including:

- the nature of the crisis itself
- the rise of misinformation and disinformation
- increased time spent online
- increased time in isolation or in close quarters with abusers
- if the disaster is prolonged⁷⁰

When hateful rhetoric and blame narratives emerge, they can build on existing stereotypes or trigger and evolve from new narratives. Disinformation and misinformation contribute to the creation and spread of hateful rhetoric, false narratives and conspiracy theories.

The scapegoating of specific groups is common during pandemics and epidemics. For example, during COVID-19, B.C. saw a dramatic increase in reported hate incidents targeting people of Asian descent who were blamed for the virus. Jewish people were also accused of spreading the virus, which was described as a Jewish conspiracy. Such scapegoating of the spread of disease is not new.

Periods of widespread infection or disease are often accompanied by blame and hate, like the surge in anti-Asian racism during the 2002 SARS epidemic. In a similar instance during the plague of 1348-1351, Jewish people were blamed for the disease, leading to mass persecution and massacres across Europe. In the 1980s, the HIV/AIDS epidemic was associated with blame and hatred towards men in the LGBTQ2SAI+ community and Black people.⁷¹

⁶⁹ Daniel P. Aldrich, *Building Resilience: Social Capital in Post-Disaster Recovery* (Chicago: The University of Chicago Press, 2012).

⁷⁰ Lori Peek, Tricia Wachtendorf, and Michelle Annette Meyer, "Sociology of Disasters".

⁷¹ BCOHRC, *From Hate to Hope*.

Deliberately human-caused crises, such as a civil disturbance, terrorist attacks or technological disasters, are more likely to cause division in a community.⁷² For example, Islamophobia increased dramatically with the actions of violent extremists attributed to all Muslims everywhere.⁷³

Disasters caused by technological failures or cascading disasters can fuel discriminatory narratives and scapegoating.⁷⁴ For example, when the levee system in New Orleans failed during Hurricane Katrina in 2005, 80 per cent of the city experienced catastrophic flooding. Power outages disrupted communication systems and transportation networks were severely damaged.⁷⁵ Response efforts were widely criticized for being slow and ineffective due to a lack of coordination and preparedness.⁷⁶ Thousands of poor residents, most of whom were Black, were left stranded without access to food, shelter or transportation for days. The Louisiana Superdome housed thousands of evacuees while conditions in the stadium deteriorated rapidly with lack of basic supplies, staffing and poor sanitation.⁷⁷ Affected Black residents were unfairly blamed for their suffering and accused of violence and looting, overlooking the systemic issues that lead to the crisis.⁷⁸

After Hurricane Helene struck the southeastern United States in 2024, baseless conspiracy theories about weather modification and false claims about disaster relief efforts spread on social media, such as claims that disaster funding was given illegally to migrants. Many of these social media posts were antisemitic and targeted Jewish public officials.⁷⁹

While disasters can create conditions that increase the risk of hate, discrimination and social fragmentation, these outcomes are not inevitable. Disasters also provide an opportunity to amplify community tendencies toward empathy, shared responsibility and voluntary support. Emergency planners are crucial to help communities resist hate and strengthen social bonds to enhance resilience and collective well being by accounting for these patterns.

⁷² Lori Peek, Tricia Wachtendorf, and Michelle Annette Meyer, "Sociology of Disasters".

⁷³ Peek, L., & Meyer, M. 2016. *When hate is a crime: Temporal and geographic patterns of anti-Islamic hate crime after 9/11*. In D. W. Harper & K. Frailing (Eds.), *Crime and criminal justice in disaster* (3rd ed., pp. 247–270). Durham, NC: Carolina Academic Press.

⁷⁴ Lori Peek, Tricia Wachtendorf, and Michelle Annette Meyer, "Sociology of Disasters".

⁷⁵ Will Szewczyk, *Infrastructure Failures in Hurricane Katrina*, November 18, 2024, <https://storymaps.arcgis.com/stories/44c6395339724f3c9e1d8d39eb60d34a>.

⁷⁶ Yasmin Garaad, "How Hurricane Katrina changed disaster preparedness and community response," *Scalawag Magazine*, November 16, 2023, <https://scalawagmagazine.org/2023/11/hurricane-katrina-disaster-preparedness/>.

⁷⁷ Jamie Barton, "After Hurricane Katrina, the Superdome was a 'symbol of misery and suffering.' 5 years later, it was the home of the champs," *CNN*, August 25, 2025 <https://www.cnn.com/2025/08/24/sport/football-nfl-superdome-hurricane-katrina-intl>.

⁷⁸ Jaime L. Napier et al., "System Justification in Responding to the Poor and Displaced in the Aftermath of Hurricane Katrina," *Analyses of Social Issues and Public Policy* 6, no. 1 (December 2006): 63, <https://doi.org/10.1111/j.1530-2415.2006.00102.x>.

⁷⁹ Bruna Horvath, "False conspiracy theories about Hurricane Milton continue to swirl despite outcry from officials," *NBC News*, October 10, 2024 <https://www.nbcnews.com/tech/internet/hurricane-milton-conspiracy-theory-government-storm-biden-rcna174558>.

Case study

The US Federal Emergency Management Agency has an official website to counter misinformation and disinformation during disasters. It lists common myths and rumors related to a disaster in a timely manner, including hateful narratives, and addresses them by stating the facts using plain language. The website also includes guidance for the public on how to stop the spread of misinformation and disinformation.⁸⁰

Closer to home, a Canadian Red Cross blog post about misinformation during disasters explains what misinformation is, why it is harmful, how to recognize it and stop it from spreading. It lists three questions for individuals to consider—whether a source is trustworthy, if the information is current and whether the content creator is trustworthy.⁸¹



⁸⁰ “Addressing Hurricane Helene Rumors and Scams,” FEMA, released October 8, 2024 <https://www.fema.gov/blog/addressing-hurricane-helene-rumors-and-scams>.

⁸¹ “Why misinformation is dangerous, especially during disasters”, Canadian Red Cross, released May 17, 2023 <https://www.redcross.ca/blog/2023/5/why-misinformation-is-dangerous-especially-during-disasters>.

Promising practices

Emergency plans should incorporate the measures listed below to address the risk of a rise of hate and promote social cohesion:

- Monitor trends in hateful narratives, misinformation and disinformation, both online and offline, by using technology and working with local communities.⁸²
- Proactively respond to any trends in a timely manner, for example through public messaging to combat misinformation and disinformation, to ensure targeted supports are available for those affected (for example, through funds dedicated to cleaning up hate related vandalism).
- Develop a communications strategy to combat hate, scapegoating and the perpetuation of negative stereotypes. Ensure that mayors and other local leaders denounce hate, address misinformation and disinformation and provide counter-narratives telling stories of cooperation and togetherness.⁸³
 - Use inclusive, unifying language, such as “we are in this together”. Avoid using language that may be othering or frame those who are disadvantaged as helpless victims, such as “helping those people in need”.
 - Include information on how to access services, anticipating that certain groups may be facing additional barriers (for example, ensuring access to sign language interpretation and anti-violence services).
- Where possible, promote diversity in leadership and ensure that spokespersons reflect the communities they serve to foster trust and signal inclusion.
- Ensure that emergency planners have access to resources and training on how to recognize and respond to hate against diverse groups (for example, people with disabilities and unhoused people).

⁸² Strong Cities Network, *Countering Hate Speech in Times of Crisis: Considerations for Mayors and Local Governments*, (Strong Cities Network, 2024) <https://strongcitiesnetwork.org/resource/countering-hate-speech-in-times-of-crisis-considerations-for-mayors-and-local-governments/#>.

⁸³ Council of Europe, *Study on Preventing and Combating Hate Speech in Times of Crisis*.

Addressing the rise in gender-based violence during and after disasters

Gender-based violence is violence that is committed against someone based on their gender identity, sex or gender expression or perceived sex or gender. It takes many forms, including physical, economic, sexual or emotional (psychological) abuse and includes but is not limited to intimate partner violence.⁸⁴

Under the Convention on the Elimination of All Forms of Discrimination Against Women ([CEDAW](#)), all levels of government in Canada are obligated to take all appropriate measures to eliminate gender-based violence. Additionally, the Sendai Framework [Gender Action Plan](#) identifies the prevention of and response to gender-based violence as a key objective of investing in disaster risk reduction for resilience.

There is strong evidence that gender-based violence becomes more widespread and severe in the aftermath of different types of disasters. A systematic review of gender-based violence in disaster contexts in Canada found that while the quantity of literature has been limited, some research indicates that gender-based violence increases in Canada during and following disaster events, just as it does in other more widely studied international contexts.⁸⁵ A systemic review of 37 studies found that disasters caused by climate-related or other natural hazards can increase violence against women and girls across various settings.⁸⁶ An analysis of 50 notable publications found that increases in gender-based violence after disasters are evident worldwide. For example, a study of the 2018 Grand Forks flood found an increase in gender-based violence and greater demand for transition housing, particularly later in the recovery process when people began to feel disappointed and discouraged.⁸⁷ Gender-based violence quadrupled in 2005 after Hurricane Katrina, and in New Zealand incidents of gender-based violence increased by 53 per cent on the weekend after a severe earthquake in 2010.⁸⁸ In 2009, after Australia experienced its deadliest bushfires on record, women living in heavily impacted areas experienced rates of violence seven times greater than women living in minimally or moderately affected areas.⁸⁹

⁸⁴ BCOHRC, *From Hate to Hope*.

⁸⁵ Jean Slick and Gloria Hertz, "Gender and Gender-Based Violence in Disaster Contexts in Canada: A Systematic Review of the Literature," *International Journal of Disaster Risk Reduction* 108 (2024): 10, <https://doi.org/10.1016/j.ijdrr.2024.104529>.

⁸⁶ Alyssa Mari Thurston, Heidi Stöckl, and Meghna Ranganathan, "Natural Hazards, Disasters and Violence against Women and Girls: A Global Mixed-Methods Systematic Review," *BMJ Global Health* 6, no. 4 (2021):17, <https://doi.org/10.1136/bmjgh-2020-004377>.

⁸⁷ Dawn Hoogeveen and Kerri Klein, *Social Impacts of the 2018 Grand Forks Flood*.

⁸⁸ Debra Parkinson, Cath Lancaster, and Anna Stewart, "A Numbers Game: Lack of Gendered Data Impedes Prevention of Disaster-Related Family Violence," *Health Promotion Journal of Australia* 22, no. 4 (2011): 43 <https://doi.org/10.1071/hei1442>.

⁸⁹ Robyn Molyneaux et al., "Interpersonal Violence and Mental Health Outcomes Following Disaster," *BJPsych Open* 6, no. 1 (2019): 3, <https://doi.org/10.1192/bjo.2019.82>.

The risk of gender-based violence heightens when sheltering in place or evacuation from a community is required.⁹⁰ Those who experience intersecting forms of discrimination, for example, Indigenous women and women living in poverty, are disproportionately impacted by gender-based violence after disasters.⁹¹ This increase occurs both in relationships where someone had previously experienced violence, and in relationships that were previously non-violent.⁹² The risk can continue for years following a disaster.⁹³

A systematic review found that disasters increased stressors that trigger gender-based violence, increased exposure to unsafe environments, and exacerbated the root cause of gender-based violence—for example, through the reinforcement of traditional gender norms.⁹⁴ Other risk factors include mental health issues and substance use,⁹⁵ financial stress, loss of employment or wages and limited access to personal and community supports.⁹⁶

If shelters for people experiencing violence are damaged or destroyed after a disaster, or if they are not aware whether their shelter is still functional, there are fewer places for victim-survivors to seek safety.⁹⁷ Evacuation centers that do not consider the needs of women and victim-survivors may also be unsafe and come with an increased risk of violence and sexual assault.^{98, 99} Some victim-survivors may decide to not relocate to evacuation sites to ensure their safety and the safety of their children, limiting their access to vital emergency services while their exposure to other risks grows.¹⁰⁰

Despite well-documented patterns, these impacts are not adequately recognized or addressed in local emergency planning across Canada.¹⁰¹ As stated above, an analysis of 15 emergency plans across B.C. found that none included references to gender-based violence, domestic assault or trafficking. With EDMA planning requirements for local authorities taking effect in 2027, B.C. has an opportunity to become a leading jurisdiction in the country by adopting measures to address gender-based violence within emergency management plans.

⁹⁰ Jean Slick, *Canada's lack of recognition for gender-based violence is putting disaster survivors at risk*, published September 10, 2023, <https://theconversation.com/canadas-lack-of-recognition-for-gender-based-violence-is-putting-disaster-survivors-at-risk-212243>.

⁹¹ Jean Slick and Gloria Hertz, "Gender and Gender-Based Violence in Disaster Contexts in Canada".

⁹² Jean Slick, *Canada's lack of recognition for gender-based violence is putting disaster survivors at risk*.

⁹³ Debra Parkinson, "Gender-Based Violence and Disaster," *Oxford Research Encyclopedia of Natural Hazard Science* (2022):12 <https://doi.org/10.1093/acrefore/9780199389407.013.390>.

⁹⁴ Rowena Maguire. "Chapter 3: A feminist critique on gender-based violence in a changing climate: Seeing, listening and responding". In *Feminist Frontiers in Climate Justice*, (Cheltenham, UK: Edward Elgar Publishing, 2023): 71, <https://doi.org/10.4337/9781803923796.00008>.

⁹⁵ Alyssa Mari Thurston, Heidi Stöckl, and Meghna Ranganathan, "Natural Hazards, Disasters and Violence against Women and Girls: A Global Mixed-Methods Systematic Review," *BMJ Global Health* 6, no. 4 (2021): 2, <https://doi.org/10.1136/bmjgh-2020-004377>.

⁹⁶ BCOHRC, *From Hate to Hope* https://bchumanrights.ca/wp-content/uploads/BCOHRC_Hate-in-the-pandemic.pdf

⁹⁷ Elaine Enarson, *Emergency Preparedness in British Columbia: Mitigating Violence Against Women in Disasters*, (1999): 19, https://endingviolencecanada.org/wp-content/uploads/2014/02/emergencypreparedness_0.pdf.

⁹⁸ Alyssa Mari Thurston et al., "Natural Hazards, Disasters and Violence against Women and Girls".

⁹⁹ Rowena Maguire. "Chapter 3: A feminist critique on gender based violence in a changing climate".

¹⁰⁰ Dawn Hoozeven, et al., *Climate Change, Intersectionality, and GBA+ in British Columbia*.

¹⁰¹ Jean Slick and Gloria Hertz, "Gender and Gender-Based Violence in Disaster Contexts in Canada".

Case studies

COVID-19 pandemic

The Commissioner's [inquiry into hate](#) during the COVID-19 pandemic found that the need for anti-violence services rose during the COVID-19 pandemic. Battered Women's Support Services reported a 300 per cent increase in the number of calls in the first two months of the pandemic, with 40 per cent of callers reaching out to the organization for the first time.¹⁰² Although there was a greater need for services, public health orders, while justified to impede the spread of COVID, made it more difficult for some people experiencing gender-based violence to access services and support. For example, many shelters were required to reduce their capacity to meet social distancing requirements, and informal systems of support disappeared as people were mandated to stay at home and not socialize outside of their immediate households or bubbles.¹⁰³ During the early days of the pandemic, many women, gender-diverse people and youth did not know whether shelters were open. The Commissioner and the Representative for Children and Youth called for increased visibility of services and encouraged local media to share information about critical resources and were pleased to see such information being added to regular well-publicized public health announcements.¹⁰⁴

The inquiry also found that despite the challenges faced during the pandemic, service providers were able to respond to the increased need for anti-violence services through funding from federal pandemic relief initiatives. The Commissioner heard from some agencies that this emergency funding was critical in ensuring shelters could meet public health guidelines while continuing to operate. Service providers also reported changing how they offer and deliver services during the pandemic. For example, many organizations began offering remote and virtual services, and some services became more accessible because they could be accessed online, by phone or by text.¹⁰⁵ The B.C. government's Gender-Based Violence Action Plan acknowledges the rise of gender-based violence after the pandemic and states that we must learn from the experiences of the pandemic.¹⁰⁶

¹⁰² Meera Bains, "Battered Women Support Services asks for more volunteers amid COVID-19 pandemic," *CBC News*, August 29, 2020, <https://www.cbc.ca/news/canada/british-columbia/battered-women-support-services-asks-for-more-volunteers-amid-covid-19-pandemic-1.5704691>.

¹⁰³ BCOHRC, *From Hate to Hope*.

¹⁰⁴ "Domestic violence during COVID-19: Representative for Children and Youth and Human Rights Commissioner call for increased visibility of supports and resources," BCOHRC and RCY, November 2025, <https://bchumanrights.ca/news-and-events/news/domestic-violence-during-covid-19-representative-for-children-and-youth-and-human-rights-commissioner-call-for-increased-visibility-of-supports-and-resources/>.

¹⁰⁵ BCOHRC, *From Hate to Hope*.

¹⁰⁶ Government of British Columbia, *Stronger BC for everyone: Safe and Supported British Columbia's Gender-Based Violence Action Plan* (Government of BC, 2023)10, <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/gender-equity/safe-and-supported-gender-based-violence-action-plan-december-2023.pdf>.

Women's transition houses in B.C.

Many women's transition houses affected by floods or wildfires across B.C. have reported unique security and safety concerns for women at risk of violence, whose confidentiality may be compromised when accessing emergency or evacuation centres and support during emergency events. In addition, there are impacts on the facilities themselves and their ability to maintain service continuity. To address these concerns, a pilot project was launched to support organizations in developing accessible risk assessment tools and Service Continuity Planning templates, with the aim of maintaining functional levels of service when experiencing disruptions from climate hazards.¹⁰⁷



¹⁰⁷ Kerri Klein et al., *Climate Change and Health in British Columbia*.

Promising practices

To effectively address gender-based violence during and after disasters, emergency planners should recognize gender-based violence as a key social vulnerability in risk assessments. Targeted risk reduction strategies and measures should be developed to respond to gender-based violence in emergency plans, in collaboration with local anti-violence service providers.

Examples of measures to include in emergency plans are listed below:

- Ensure evacuation centres support the safety of all users and are universally accessible. This may include providing private spaces to women and families who need it and ensuring gender-neutral and accessible washrooms are available.¹⁰⁸
- Ensure that victim-survivors have access to quality physical and mental health care.¹⁰⁹
- Identify transition houses and shelters as key sites that require protection during and after disasters.¹¹⁰
- Distribute dignity kits to those who may need it. Dignity kits contain practical items that help maintain an individual's wellbeing and safety, and may include hygiene items, a mobile phone and information on available anti-violence services. A needs assessment should be conducted to determine what items should be included in a dignity kit.¹¹¹
- Deliver training to emergency responders about how to recognize and effectively respond to signs of gender-based violence and provide culturally safe and trauma informed care.
- Develop protocols for emergency responders on safe disclosure and response to gender-based violence.
- Establish referral systems in relevant languages and through various means of communication to connect individuals to appropriate supports and services.¹¹²

¹⁰⁸ United Nations Office for Disaster Risk Reduction, *Gender Action Plan to Support Implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030*, (UNISDR 2015) 26, <https://www.preventionweb.net/media/94610>.

¹⁰⁹ United Nations Population Fund, *Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies*, (UNFPA, 2019) 25 https://www.unfpa.org/sites/default/files/pub-pdf/GBVIE.MinimumStandards.Publication.FINAL_ENG_.pdf.

¹¹⁰ Elaine Enarson, *Emergency Preparedness in British Columbia*.

¹¹¹ UNFPA, *Minimum Standards*.

¹¹² UNISDR, *Gender Action Plan*.

The following resources provide more detailed guidance about addressing gender-based violence after disasters:

- [UN Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies](#)
- [Emergency Preparedness in B.C. – Mitigating Violence Against Women in Disasters](#)
- [Gender Action Plan to Support the Implementation of the Sendai Framework for Disaster Risk Reduction](#)
- [The Gender Handbook for Humanitarian Action](#)
- [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#)
- [Red Cross Minimum Standard Commitments to Gender and Diversity in Emergency Programming](#)

Conclusion

To ensure that communities do not return to the same conditions that may have contributed to their vulnerability to begin with, it is important to design recovery plans that include social and environmental repair, not just infrastructure replacement. Emergency planning offers a vital opportunity to not only respond to crises but also improve equity and strengthen community resilience.

In times of emergency, communities often show strong tendencies toward empathy, shared responsibility and voluntary support. By fostering inclusion and strengthening social connectivity, planners can help communities resist hate and violence, promote positive mental health, increase safety and supports for those at risk of experiencing gender-based violence and ensure that all individuals, particularly those disproportionately affected, have access to timely information, non-discriminatory treatment, and meaningful participation in emergency response. Through these commitments to human-rights based emergency planning, we can enhance resilience and support recovery grounded in dignity, justice, and the full range of human rights.



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