

## **Addressing the Disparities Faced by Queer People During Disasters and Recovery**

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This study uses personal experiences in its analysis and identification of solutions, which can create bias in the research.

### Abstract

Queer people face further marginalisation during disasters when compared to heterosexual and cisgender people. Vulnerabilities are accentuated during and after disasters due to harassment and threats of violence; discrimination; a lack of providing health care needs; high isolation rates of queer seniors, and a distrust of emergency service providers. This study therefore seeks to answer the question: *What actions can be taken to reduce the disparities faced by queer people during and after disasters?* It synthesises current academic literature and personal experiences to identify potential solutions to minimise the new and worsened vulnerabilities queer people are faced with.

JIBC's general library database and the base-search.net database were used to identify current literature on how queer people face disparities during and after disasters. Additionally, personal experiences and conversations from members of the queer community in Kelowna, B.C. added a depth to the analysis.

Multiple potential solutions to address the disparities queer people face during and after disasters were identified, including involving queer people in the planning for disaster response and recovery, re-establishing queer community spaces alongside homes, and continuing access to supports into the recovery phase of the disaster after the initial response phase.

*Keywords:* Queer, disasters, vulnerabilities, solutions, recovery

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### **Background and Research Question**

Throughout this paper, ‘queer’ will be used to refer to lesbian, gay, bisexual, transgender, intersex, and other queer individuals. The word ‘trans’ will be used to refer to the wide umbrella of transgender and non-binary gender identities. The word ‘cisgender’ will be used to refer to people whose gender identity matches that of their sex assigned at birth (i.e., those who are not trans). This paper also references both sexual and gender minorities; sexual minorities are people whose romantic or sexual identity is anything other than heterosexual and gender minorities are people whose gender identity is anything other than cisgender. Queer people are already a more vulnerable segment of society. They are “more likely to report being violently victimised in their lifetime and to have experienced inappropriate behaviours in public and online than non-sexual minority Canadians” and hate crimes against queer people were up by 41% in 2019 from 2018 (Statistics Canada, 2021, p. 2). For example, a survey found that transgender and non-binary people “were almost 3 times more likely than male participants to report that they had experienced discrimination during the [COVID-19] pandemic” (Statistics Canada, 2021, p. 3). These vulnerabilities are accentuated during and after disasters due to harassment and threats of violence; discrimination; a lack of providing health care needs; high isolation rates of queer seniors, and a distrust of emergency service providers (King, 2022; McKinnon, Gorman-Murray, & Dominey-Howes, 2016). Additionally, there are NGOs, such as Vancouver-based QMUNITY, that work to address challenges faced by queer populations in society, but many do not focus on their particular and psychological safety needs in disasters, such as difficulty in accessing financial aid due to limited legal definitions; what constitutes a couple eligible for aid, and barriers in accessing shelters that align with one’s gender identity. This study therefore seeks to examine the question: *What actions can be taken to reduce the disparities faced by queer people*

*during and after disasters?* A key sub question of this study is how to reduce disparities and aid queer people during the recovery phase of disasters. The purpose of this study is to examine these vulnerabilities by answering the research question, from a literature review of current research, some theoretical perspectives, and a discussion of the research methodology. A critical analysis of the research through the lens of personal experiences will lead to the identification of potential solutions and recommendations, particularly for the recovery phase of disasters, for minimising the vulnerabilities queer people are faced with.

### **Literature Review**

The literature identifies discrimination from faith-based organisations; displacement and barriers to shelter access; lack of mental health supports; barriers to healthcare; and the heteronormative focus response and recovery materials as key disparities that arise during the response and recovery phase of disasters for queer people. However, the literature also finds that engaging with queer people in the response and recovery planning phases can lead to increased resilience and a lessening of these disparities.

Both King (2022) and Dominey-Howes et al. (2016) found that queer people can be discriminated against when attempting to obtain disaster relief from faith-based organisations. Dominey-Howes et al. (2016) identify how the government contracting disaster relief services externally can result in the further marginalisation of queer people: “while these institutions state that they do not intend to discriminate in the provision of services, they argue their religious freedom is compromised if they are legally prevented from doing so” (p. 3). This is similar to King’s (2022) finding that occasionally “a faith-based organisation is contracted to deliver relief, however its theology commitments or those of its in-country partners cast [queer] people... as sinners” (p. 10). King (2022) also identified clear solutions for combating discrimination against

queer people during disasters, such as making use of existing queer networks and people in leadership roles, such as how “government leadership and control of FBO [faith-based organisations] is critical in either tacitly condoning, or actively supporting discrimination by FBO, or alternatively in framing inclusionary, non-discriminatory provision of aid” (p. 13). This highlights how important it is for governments to be overseeing disaster response and recovery efforts, even if they are contracting the bulk of these services to external, often faith-based organisations. The literature also identifies shelter access as one of the key issues queer people face, often since many of these shelters are run by faith-based organisations.

Displacement and safe shelter access is a major source of concern for queer people post-disasters. Gorman-Murray et al. (2014) highlight the dangers *aravanis*, a third-gender group of the Tamil Nadu in India faced after the 2004 tsunami: “some *aravanis* who accessed shelters reported harassment and physical and sexual abuse” (p. 249). This experience is unfortunately paralleled in the experience of the *warias* of Indonesia after the 2010 Mt Merapi eruption, when they faced discrimination when attempting to access aid as “following official policy guidelines, [shelter staff] only listed evacuees as women, men, girls, or boys” (Balgos et al., 2012, p. 341). Yamashita et al (2017) also found that trans people in Japan also faced discrimination when accessing shelter after the 2011 disasters, from being misgendered by city officials to facing harassment and charges when attempting to use facilities that did not align with their biological sex. Due to this discrimination, Balgos et al. (2012) found that “*warias* chose not to stay in temporary shelters but rather to seek help from friends” (p. 341). In contrast, Gorman-Murray et al. (2014) found that “the ability to create a space in which intrusions are managed... constitutes a specific means of resilience enacted by [queer] populations in protecting themselves and their families from the impacts of discrimination and harassment” is essential (p. 246). Being able to

obtain funding to recover community spaces and not only homes can be crucial for queer people's recovery post-disaster. On top of losing their homes and facing discrimination in shelters, queer people also may face decreased access to mental health care during a disaster's response and recovery.

Grant et al.'s (2021) study found that "mental-health conditions and barriers to LGBTIQ-inclusive health and social care are often amplified in emergency situations," including the COVID-19 pandemic (p. 648). Queer people also faced increased isolation during the COVID-19 pandemic, which is exemplified by responses in which "several participants in their forties and fifties expressed frustration with the perceived inadequacy of virtual environments for fostering community connections" (Grant et al., 2021, p. 655). This is different from McKinnon et al.'s (2017) finding that [queer] media may provide a sense of community and belonging for those experiencing disasters" (p. 136). This differs from when stay-at-home restrictions intensified isolation during the pandemic, as "participants were especially concerned about the loss of community spaces and place-based events" (Grant et al., 2021, p. 654). Being unable to connect with other queer people intensifies the feelings of being alone, which can exacerbate existing mental health challenges. This is comparable to Gorman-Murray et al.'s finding on the importance of recovering queer neighbourhoods and gathering spaces along with destroyed homes, as queer people view "a 'complete' return home...not only by reoccupying domestic spaces but also by witnessing the return of others to the neighbourhood" (p. 255). Being able to feel connected with the community is crucial for the recovery of queer people after disasters, whether the disaster be a public health emergency where in-person community is inaccessible or a physical disaster where a community space may have been lost or damaged. Disasters can also

cause queer people to lose access to certain types of physical healthcare, as well as mental health care.

Another disparity identified by Grant et al. (2021) was the decreased access to hormone replacement therapy and HIV medication due to the COVID-19 pandemic. This is also seen in Yamashita et al.'s (2017) findings after the 2011 disasters: "transgender people on hormone therapy or post-SRS treatment, and gay or bisexual men with HIV/AIDS sometimes lost access to their necessary medical treatment" (pp. 68-69). Decreased medical access post-disaster was also mirrored in lived experiences with trans people during the COVID-19 pandemic, especially in regard to shortages of testosterone and injection materials (Forth, 2023; T. B., personal communication, December 11th, 2022). Many of the disparities during the response and recovery phases of disasters, including lack of healthcare, could be attributed to the fact that queer people are under-represented in disaster preparedness policy.

Queer people are not visible in disaster response and recovery initiatives, which can exacerbate the disparities they face. For example, King (2022) remarks that queer "people are confronted with information and hazard awareness campaigns that often portray nuclear families and heterosexual couples doing the right thing" (p. 5). This demonstrates that some queer people do not engage with safety materials during disasters because they do not see themselves represented in the materials. The lack of representation in disaster response and recovery materials is akin to Dominey-Howes et al.'s (2016) finding of discrimination including "heteronormative assumptions in government policies and NGO practices that exclude or marginalise same-sex families and [queer] individuals in disaster response and recovery arrangements" (pp. 1-2). Similarly, McKinnon et al. (2017) note "that [queer] people are not considered in emergency management policies and remain apparently voiceless in public



discussions about disaster risk reduction (DRR) ultimately leaves these populations vulnerable” (p. 129). However, even though queer people are currently under-represented, the literature recommends that engaging with queer communities on disaster response and recovery can minimise the disparities they face.

Dominey-Howes et al. (2016) recommend “talks of consultation with all and recognition of the differential needs of different community members. It correctly notes that engagement with all community members, means knowledge about and preparedness for hazards and their accompanying disasters increases” instead of focussing on the government’s provision of relief aid (p. 8). This offers opportunities for disaster policy makers to engage with queer people in a way that increases their resilience, thus allowing them to better respond to and recover from disasters. This is similar to Balgos et al.’s (2012) finding that the recovery work the *warias* did after the 2010 Mt Merapi eruption demonstrates the resilience capabilities that queer communities have and the large role they can play in disaster recovery:

*Warias* made up for their lack of access to economic (immediate money reserves to buy relief goods in large quantity) and political (representation in official DRR policies) resources by relying upon strong social (solidarity networks and ability to organise fund-raising activities) and human (particular skills in providing beauty-related services) resources (Balgos et al., 2012, p. 345).

By helping their wider community throughout the disaster response and recovery phases, the *warias* “showed that they have a significant contribution to make to Indonesian society” (Balgos et al., 2012, p. 343). The literature highlights some of the key disparities queer people face during the response and recovery phases of disasters, allowing us to examine ways in which these disparities can be addressed.

### **Theoretical Perspectives**

Theoretical perspectives in existing literature have identified that pre-existing inequalities faced by queer people can become exacerbated, while new inequalities can also arise during and after disasters. For instance, McKinnon, Gorman-Murray, et al. (2016) identified that after the New Orleans flooding in 2005, same-sex couples were not eligible for certain types of aid, including temporary housing, that eligible heterosexual couples received. A reluctance among queer people to engage with emergency services because of previous homophobia and transphobia was identified during flooding in Queensland, Australia in 2011 (McKinnon, Gorman-Murray et al., 2016). Similarly, experiences of previous homophobia or transphobia from first responders, particularly against queer people with mental health challenges, is unfortunately common in the queer community in Kelowna, B. C. (J.W. & A.W., personal communication, January 22nd, 2022). These inequalities were further demonstrated through King's (2022) American-based study that examined the roles that faith-based organisations play in disaster recovery that can lead to discrimination against queer people and a lack of access to appropriate gendered facilities. Furthermore, Yamashita, et al. (2017) examined how societal discrimination against queer people in Japan worsened after the 2011 earthquake, tsunami, and nuclear power plant meltdown disasters. After the 2011 disasters, Japanese queer people lost access to critical medical treatment, same-sex couples were denied access to temporary housing, and same-sex couples were not legally entitled to be informed of their partner's death, a right that is afforded to heterosexual couples even if they are not married (Yamashita, et al., 2017). Even though queer people face many inequalities during the response and recovery phases of disasters, solutions can be identified to lessen them and their effects.

### **Research Design and Methodology**

The resources used for the literature search were the JIBC's general library database, as well as the base-search.net database. In the JIBC database, the initial keywords 'lgbtq people' and 'disasters' were used, which resulted in one hundred twelve hits. Quite a few of these hits did not relate to the research topic, so the scope was broadened to find more material. The same keywords resulted in nineteen hits on base-search.net. This resulted in some duplicates with the JIBC database, but also resulted in a few other helpful articles. Additionally, personal experiences were collated through conversations with members of the queer community in Kelowna, B.C.

For the empirical inclusion and exclusion criteria, only peer-reviewed, English language articles were selected. As well, only articles that were published between 2014 and 2022 were selected, as research in this field is hard to identify before that point in time. Studies based in the Philippines, Indonesia, Samoa, Japan, the United Kingdom, the United States, and Australia were selected, as research has been concentrated in these few locations, with most of them taking place in Australia. Furthermore, articles that focussed solely on the disparities queer people face during disasters were selected to ensure an accurate analysis. The chosen studies also only studied queer people over fourteen years of age, as there is very little research on younger queer youth during and after disasters and studying youth falls into ethical limitations that are outside the empirical research. Additionally, only articles that had at least one lesbian, gay, bisexual, transgender, intersex, queer, or lgbtq and 'disasters' in the subjects' section of the database results were selected. This ensured that research stayed specifically about disaster response and recovery in the context of queer experiences. No articles with topics related to queer refugees or queer-specific health disasters (i.e., mental health, HIV) were chosen to limit research to natural

disasters only. For the purposes of this study, the COVID-19 pandemic is not considered to be a queer-specific health disaster, as it impacted all people globally.

These criteria resulted in the new keywords of ‘lgbtq or lesbian or gay or homosexual or bisexual or transgender or homosexual or queer or sexual minority’ AND ‘disaster’ for a result of one thousand nine hundred twelve hits in the JIBC database. These keywords were not applied to base-search.net, as enough articles were identified through the revised search. This broadened search resulted in more articles relating to the research question.

Because this study is based on secondary literature, the methods for selecting and analysing literature chosen were more appropriate, especially compared to other data collection methods, such as surveys, interviews, and observations, which would make the study primary data based. Primary data would require time the semester length didn’t have and the need for ethics approval. The methods chosen fit the semester length and eliminated the need for ethics approval. However, future research is recommended as questions cannot be asked directly as they could be during a primary study, and it is very difficult to draw causal conclusions from secondary research alone.

While the literature offers diverse solutions, there are still many gaps in current research. For example, the literature does not touch on the intersectionality of identities, which can further marginalise queer people of colour and queer women especially. The focus of research found is centred on the response phase of disasters, and there are gaps in suggestions and recommendations for the recovery phase, which is something that will be examined more in-depth in the final paper of this research project. Furthermore, the research has demonstrated that trans people seem to face even worse violence and discrimination in shelters, online spaces, etc. as compared to the wider queer community, but there are no recommendations given for how to

protect them (Balgos et al., 2012; Gorman-Murray et al., 2014; Grant et al., 2021; King, 2022; McKinnon et al., 2017) One of the greatest limitations of the current literature is that it is concentrated to a select few countries, primarily Australia. Much of the literature is written by the same group of authors within the timeline of the research filter that was applied, which identifies them as leaders in the field, but also demonstrates the lack of researchers focussing on these issues.

### **Discussion**

The current research highlights the difficulties queer people face in terms of shelter, accessing aid, being connected with their communities, and being able to recover during and after disasters. However, the research also offers the potential to incorporate diverse solutions that can reduce these disparities and increase the resilience of queer people through disaster recovery. These solutions are significant for addressing how marginalised people experience worsened disparities in disasters and creating a more equitable disaster response for all.

### **Similar Issues and Themes**

All the studies reviewed have similar themes and issues, including discrimination from faith-based organisations, marginalisation due to heteronormative disaster relief policies, and queer communities having resilience capabilities that can be employed during disaster recovery. There also do not seem to be any major debates in this field of research. Firstly, it is important to note that the recurrence of author names in the literature indicates that the Australian-based researchers are leaders in this field of research (Dominey-Howes et al., 2016; Gorman-Murray et al., 2014; McKinnon et al., 2017). Furthermore, some of the commonalities among the studies are that queer people face high levels of discrimination when trying to obtain relief from faith-based organisations (Dominey-Howes et al., 2016; King, 2022). This means that queer people

have fewer options when receiving aid and are thus less likely to receive aid. Queer people in Kelowna face large amounts of discrimination from faith-based organisations but have not yet experienced discrimination from them relating to disaster relief aid (W. T., personal communication, January 17th, 2023; C. B., personal communication, January 28th, 2023). Research from Balgos et al. (2012) and Gorman-Murray et al. (2014) found that while disaster shelters can be hazardous for all queer people, they are especially dangerous for trans people. In fact, Larkin (2021) found that trans and gender queer people in Japan, India, and Haiti were attacked in disaster shelters and verbally assaulted by evacuees, volunteers, and disaster relief staff. Gorman-Murray et al. (2014) also discovered that followers of right-wing religious groups “assert disasters as divine retribution for ‘sinners’ and their supporters - claiming disasters as acts of God against sexual “transgression,”” verbally attacking queer people with this language in shelters (p. 241). This is especially significant when considering queer response and recovery capabilities, as trans-friendly shelters and the recovery of community buildings are crucial to the safety of trans people. Additionally, Gorman-Murray et al. (2014), King (2022), and McKinnon et al. (2017) identified that the heteronormativity of current disaster relief policies can marginalise same-sex couples trying to obtain aid together, as well as people outside of the gender binary in gendered disaster facilities. The denial of services to queer couples that are awarded to heterosexual couples promotes ideas that queer people are less deserving of aid or care. Similarly, heteronormative policies reinforce the gender binary and can inadvertently promote more violence against trans people. Moreover, queer communities have the capabilities to be resilient in the face of disasters and to ‘build back better’ if allowed to do so by governmental disaster relief partners, as discovered by Balgos et al. (2012), Dominey-Howes et al. (2016), and Gorman-Murray et al. (2014). When governments collaborate with queer

community leaders, capabilities are identified and queer people can take actions to promote recovery and disaster resilience, as was demonstrated with the *warias* in Indonesia. While many of these articles had similar themes, the article by Grant et al. (2021) is the most dissimilar, as it does not relate to disasters where evacuation is necessary; it deals with the opposite, in fact, and thus queer people face different challenges in a pandemic disaster compared to a flood, for example. Additionally, while Grant et al. (2021) did not identify discrimination queer people faced in receiving healthcare during the pandemic, Chatterjee (2020) found that there was a “reluctance to visit healthcare services for fear of discrimination...[and]is a definite barrier for proper screening, early diagnosis and prompt treatment for COVID-19” (p. 1759). Moreover, at the beginning of the pandemic in February 2020, lived experience occurred when denied care in a walk-in clinic for a non-COVID respiratory virus because the doctor did not feel comfortable treating trans patients.

## **Trends**

The literature reveals many trends relating to queer people during disasters. Primarily, disaster shelters have consistently been found to be unsafe for queer people (Balgos et al., 2012; Dominey-Howes et al., 2016; Gorman-Murray et al., 2014; King, 2022; McKinnon et al., 2017). A factor of this lack of safety can be attributed to how the contracting of relief services to faith-based organisations leads to increased marginalisation of queer people during disasters (Dominey-Howes et al., 2016; King, 2022). In fact, King (2022) discovered that “religious homophobia extends prejudice to include blaming [queer] people for disasters,” and some queer people were denied aid by faith-based organisations because it was thought that the queer community deserved the struggles they were facing (p. 7). Moreover, on the rare occasion that queer people are considered in disaster policy at all, there is a tendency for only white, cisgender

gay men to be included in discussions (King, 2022; McKinnon et al., 2017). This furthers the marginalisation against queer women, trans people and queer people of colour and creates a very one-sided image of the struggles queer people face during and after disasters.

### **Proposed Solutions**

The literature presents several different solutions to reduce the marginalisation for queer people during and after disasters. Since the research is highly concentrated in a few certain geographical regions, more research in this field is needed to evaluate queer experiences and identify more specific solutions, especially those related to disaster recovery and continued disaster resilience (Dominey-Howes et al., 2016; King, 2022; McKinnon et al., 2017).

Additionally, one of the most prevalent recommendations was to have queer people guiding disaster policy (Balgos et al., 2012; Dominey-Howes et al., 2016; King, 2022; McKinnon et al., 2017). By having the affected community inject their experiences into policy, that policy will be designed with them in mind and will better serve their community. For example, this can be done in B.C. through the Provincial Health Services Authority's (PHSA) Trans Care BC (<http://www.phsa.ca/transcarebc/>), a publicly-funded organisation that works to expand access to gender-affirming care in B.C. Trans Care BC offers many online courses and in-person workshops, allowing healthcare providers to directly work with the trans community to meet their needs; they could be utilised to engage with the trans community about issues regarding healthcare access during and after disasters, too. Furthermore, having policies that explicitly prohibit the refusal of relief services to queer people can be a potential solution to combat discrimination during disasters (Balgos et al., 2012; Dominey-Howes et al., 2016; King, 2022). However, for these types of policies to be effective, there must also be consequences for people and organisations that continue to discriminate against queer people attempting to receive aid.



Another identified trend is that the loss of community spaces like gay bars or clubs have a similar effect on queer community members as the loss of a home, demonstrating how necessary it is to re-establish these community sites along with homes during the recovery phase of disasters (Gorman-Murray et al., 2014; Grant et al., 2021). Therefore, a focus should be placed on recovering queer community spaces, along with homes to rebuild the community both physically and metaphorically. Similarly, during the COVID-19 pandemic, queer people were further isolated from their communities, and in some cases, had to quarantine with people who were not supportive of their identities (Grant et al., 2021; D. K., personal communication, March 18th, 2023). Queer people thus need increased access to either in-person or virtual mental health support both during and after disasters, as recovery can be just as difficult emotionally as disaster response. Governments or NGOs (such as the Canadian Association for Mental Health) should reach out to queer organisations and leaders to deliver these programs, ensuring that they are delivered to those who need them most and by people or organisations trusted by queer people. Many queer people are still facing intense difficulties with their mental health, housing, and broader community acceptance, stemming from the COVID-19 pandemic (H. S., personal communication, March 16th, 2022). Queer people also face more barriers to mental healthcare in general, as they often experience lack of educated providers, refusal of care, and uncomfortable interpersonal conflicts with providers (Trans Care BC, nd.). They therefore require specific support and education from their counsellors to be able to obtain sufficient care (T. B., personal communication, January 18th, 2023; J. W., personal communication, February 19th, 2023). Thus, governments at all levels must take multiple approaches to address these issues: mental health support should not be stopped once the pandemic or disaster is ‘over and continue offering these services through the recovery phase of the disaster;’ resources for queer safe housing

should be made available and housing policies should make the consequences of discrimination explicitly clear; and misinformation about the queer community that has proliferated since the pandemic should be addressed and corrected by official government channels and social media (J. S., personal communication, March 12th, 2023). Additionally, some queer people avoid going to shelters during disasters for fear of discrimination and violence and instead rely on friends for shelter (Balgos et al., 2012; O.O., personal communication, March 16th, 2023). Responders should make efforts to reach out to queer communities and to ensure that no one who is staying outside of shelters falls through the cracks. This is especially important during recovery, as everyone must be accounted for, and people must be contacted about rebuilding their homes and community spaces. A recommendation that encompasses many of these suggestions is that supports that are implemented during or immediately after a disaster should not be stopped without contingency plans in place to ensure that marginalised communities, including those who already are impoverished or at-risk, will not be negatively affected by these programs' cessation and will ultimately be more resilient when these programs do end (Balgos et al., 2012; Gorman-Murray et al., 2014, J. W., personal communication, February 19th, 2023). While these solutions are by no means exhaustive, they offer a strong starting point for better supporting the queer community during and post-disasters.

### **Implications**

The results of this study build on pre-existing theories of how disasters can exacerbate certain vulnerabilities queer people face and create new vulnerabilities. However, while previous research has focused on the response phase of disasters, this study seeks to examine solutions for how to help queer people recover from disasters as well. These results should be considered

when determining how long disaster recovery programs should last and that priority should be given to programs that build resilience along with aiding recovery.

### **Limitations**

While the literature offers some diverse solutions, there are still many gaps in current research. For example, the literature does not touch on the intersectionality of identities, which can further marginalise queer people of colour and queer women especially. The focus of the current research is centred on the response phase of disasters, so the recommendations in this study are mainly based on personal experiences and personal communications. Furthermore, the research has demonstrated that trans people seem to face even worse violence and discrimination in shelters, online spaces, etc. as compared to the wider queer community, but there are no recommendations given for how to protect them (Balgos et al., 2012; Gorman-Murray et al., 2014; Grant et al., 2021; King, 2022; McKinnon et al., 2017). One of the greatest limitations of the current literature is that it is concentrated to a select few countries, primarily Australia, Indonesia, and the United States. There is almost no research on this topic conducted in Canada to date. Much of the literature is written by the same group of authors within the timeline of the research filter that was applied, which demonstrates the lack of researchers focussing on these issues.

### **Conclusion**

Even though disasters disproportionately affect queer people, there are multiple ways that these disparities can be addressed, and resilience can be built. The review of six key studies, in conjunction with lived experiences, has led to the identification of some of the disparities faced by queer people during and after disasters, including threats of violence and discrimination when attempting to access disaster shelters, the denial of financial aid to queer couples that is

accessible to heterosexual couples to support their recovery, increased isolation during the COVID-19 pandemic public health emergency, and queer people subjected to verbal blaming for the disasters by responding members of faith-based organisations. However, this analysis also led to the identification of several key solutions for reducing disparities during disaster response and recovery. For example, involving and including queer communities and their needs in disaster response and recovery to include and implement these solutions is critical to establish equitable disaster response and recovery. Also, conducting more research on this topic, particularly how it relates to equitable disaster recovery, is demonstrated in this study. Policies to action consequences for those agencies or personnel who refuse to provide services to queer people; rebuilding queer community infrastructure spaces as part of the greater community reconstruction; and expanding equitable mental health access into the recovery phase are also strong solutions. A compelling solution was to ensure the continuation of support services past the initial disaster response and into the recovery phase to prevent queer people from falling through the cracks after the disaster is over. There are limitations to this study, including the lack of consideration of intersectional identities and trans people and the geographical concentration of relevant research to answer the hypothesis. However, this study offers the potential to incorporate diverse solutions that can reduce these disparities and increase the utilisation and improved resilience of queer people in community response and recovery. These solutions are significant for addressing how all marginalised and vulnerable populations experience disparities of care in disasters, in creating equitable disaster response and recovery for all impacted populations.

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