

**Respect  
Victoria**

**Preventing  
Family  
Violence**

# **Impact of COVID-19 pandemic on older people: A family violence prevention project**



**Gender & Disaster Pod**  
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## **Impact of COVID-19 pandemic on older people: A family violence prevention project**

The coronavirus (COVID-19) pandemic has required an unprecedented level of social isolation in Australia and around the world.

Older people, who are considered at higher risk if they contract the virus, have been confronted by specific and unique challenges while navigating COVID-19. Isolation has restricted face-to-face health and personal care and contact with friends and family, while creating new stresses and changed relationships with carers.

Layered over the top of this new reality is an ageist narrative which questions the capacity of older people and their value to society. When considering social isolation and discrimination have driven an increase in family violence worldwide, the COVID-19 pandemic may be contributing to an increase in elder abuse.

**This research seeks to gain insight into the impact of the COVID-19 pandemic on older people. It makes recommendations for improving the primary prevention of elder abuse before and during disaster and emergency situations.**

There is currently little research on the primary prevention of elder abuse in disaster and emergency situations, whether it be a pandemic or bushfire. The literature suggests older people are disproportionately affected by disaster. However, older people also show significant resilience in the face of disaster, and it is too simplistic to say that age alone makes someone more vulnerable. Instead, age must be considered alongside other intersecting factors, like gender, disability or ethnicity.

To understand whether the COVID-19 pandemic has increased the risk of elder abuse, Respect Victoria funded Jigsaw Research in partnership with the Gender and Disaster Pod and the National Ageing Research Institute to deliver this report.

Research was conducted between June and August 2020 and included a literature review and interviews with 11 Victorian women and men over the age of 65. Although ~~only~~ a small study, it allowed insights to be gained from older Victorians from a diversity of ethnicities, disability and sexual orientation.

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### Drivers of elder abuse and associated risk factors

While theoretical work into the drivers of elder abuse is still in its infancy, ageism is widely considered to be a key driver of this form of family violence. According to [Seniors Rights Victoria](#), “ageism is a process of stereotyping and discriminating against a person or people, simply because they are older.” Gender inequality and other intersecting forms of discrimination like racism, classism, homophobia, and ableism are also considered drivers of elder abuse. While any older person can be a victim of elder abuse, these other experiences of discrimination can exacerbate their likelihood and/or experience of violence. It is these forms of structural discrimination – from individual relationships level through to the community and wider societal level – that set the context in which abuse of older people occurs. Certain risk factors may increase the likelihood of elder abuse, including poor mental and physical health, previous trauma, social isolation, loneliness, lack of support, disability, substance abuse, and belonging to a non-dominant culture.

### Key findings

The specific context of COVID-19 appears to have exacerbated ageism as a known driver of elder abuse, as well as several risk factors relevant to both older people and carers. Ageism is evident in media coverage of the coronavirus outbreak; public and political discourse about the worth of older people’s lives relative to the economy; the international context where some older people were denied life-saving medical care due to their age; the disproportionate death rate of aged care residents across the globe and throughout Australia; and policy responses like ‘herd immunity’ that could be considered ageist.

Risk factors that have increased in the context of COVID-19 for older people include: social isolation, decreased access to health care and exercise, increased reliance on and use of technology, and financial instability. Risk factors specific to caregivers have also increased, including financial hardship, anxiety and stress.

The risk of family violence is heightened when societal discriminations intersect. The COVID-19 pandemic has had disproportionate impacts on and poses increased risks to many marginalised groups, including women, Aboriginal and Torres Strait Islander communities, people from migrant and refugee communities, people with disabilities, LGBTIQ+ communities, and those in a lower socio-economic group.

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### Impacts on older peoples' lived experience

Research participants reported experiencing many of the risk factors for elder abuse throughout the period of COVID-19 restriction in Victoria. Social isolation added to increased feelings of anxiety about the virus, with some reporting that the uncertainty of the pandemic triggered previous experiences of trauma.

**“This coronavirus is out there, waiting to pounce.**

Deep connections were threatened or lost, at least temporarily. Some struggled to access new technologies for connecting, while others mourned the ability to mark important occasions like births and funerals.

**“It's like the black death and someone goes by each day, you bring out your dead... how lonely, unfulfilling and restricted [an acquaintance's] funeral had to be.**

Participants reported difficulties in being able to lead a healthy lifestyle, including the ability to exercise or access food. Going for a walk posed health risks on crowded paths, while the simple act of buying groceries held new challenges.

**“I was getting annoyed with the media commentators who were saying how stupid people were taking the toilet paper... If you're living on the edge and you don't have any rice and flour, you really do need to get it.**

Accessing services like doctor's appointments, homecare and assistance with daily tasks became a source of anxiety. In some instances, services were withdrawn altogether, leaving participants with an increased burden of care.

**“I still really worry about going to visit the doctor... I have to look whether there is anything suspicious, or too crowded.**

**“We've had a cleaning person come into our house normally, which we cut off... We've got more housework to do and my wife's quite disabled, so I've got to do most of those things**

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### Experience of ageism

Available literature has characterised the COVID-19 pandemic as having a “parallel outbreak of ageism.” Ageism is defined as discrimination or bias towards an individual or group of people due to their age. This was reflected in the research, as several participants reported experiences of ageism and stereotyping. This included the expectation that older people ‘stay inside’ and the narrative that younger people are more resilient and valuable to society.

**It was clearly stated if there was a choice between who to save and who not to, that the younger person would be looked after... My life is valued less and less...**

The experience of ageism was compounded when participants reported other forms of discrimination, including sexism, racism or homophobia. Gender inequality was reported both in a reversion to traditional gender roles in the home, as well as sexism in pandemic communications and media reporting.

One woman’s experience of cooking again for adult sons who’d moved back home:

**I have to cook so many meals!**

On men dominating advice and comment on COVID-19 in the media:

**It’s like a teacher telling the kids something (or)...this is Daddy telling you what you've got to do. I'm wondering if sometimes they couldn't alter the way they present it... They could have a lady, a mum and her kids.**

Although racism was apparent to informants through the media rather than personal experience, it was a concern both individually and in terms of our society.

**Whenever there is some news... I still would jump and read the racism about Chinese people...It can be very upsetting.**

**Our community is multi-cultural... people might not have been alerted to the different ways that the message was being received in ethnic communities.**

**Oh, golden oldies – you can’t let them play [sport]. You know, they might get infected. So that’s the attitude. Young people can play sport but not you ... just shelter inside. And stay out of our way**

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For people of diverse gender and sexual identities, COVID-19 isolation could mean lack of social support, and limited opportunities to talk about shared history. Participants reflected a fear of being discriminated against by changes to regular service or medical providers.

**You need to be able to communicate with people of your own tribe – mine is LGBTIQ... it's about having someone you can talk to, somebody you can relate to.**

Where people have fewer resources, the impacts of disaster compound. In response to the experience of those less fortunate, participants emphasised the importance of caring for each other and investing in social infrastructure like aged care.

**In general, when things go wrong, people who've got money, contacts, power, education can cope with things better than people who are more restricted in finances, health, intellectual capacity.**

### Older people's resilience

Research participants cited their life experience as preparing them to accept the limitations and challenges of the pandemic, while giving them the belief they could overcome adversity as they had in the past. Participants followed COVID-19 safety guidelines closely, made efforts to stay connected to family and friends, and were motivated to achieve the best possible life in isolation. Their personal reserves extended beyond themselves to care for others.

**The old generations in Australia... after age 70 they have seen World War II... I think they accept difficult situations easily and they can cope with it**

**I had to study pandemics. Never thought I'd be in the middle of one.**

Notably, participants in this research had a good level of financial and social security that affected their ability to cope with the challenges of COVID-19; this would of course not be true of all older people, some of whom may be facing precarious financial circumstances or homelessness.

Some media has portrayed older people as frail or vulnerable during the COVID-19 pandemic. This research found the reality to be very different. Participants spoke of their continuing contributions to society, including as supportive family members, volunteers or professionals who've come out of retirement to contribute to policy and advocacy issues.

The research report has produced recommendations to inform the primary prevention of elder abuse by Respect Victoria and the primary prevention sector, emergency management services, the media and broader community.

You can read the full report at the [Respect Victoria website](#).

