The impact of the COVID-19 pandemic response on older people
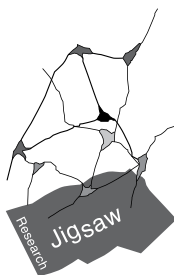
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Final Report for Respect Victoria

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1.0 Snapshot & Recommendations

1.1 Snapshot

1.1.1 Introduction

The isolation required of all Australians in response to the COVID-19 pandemic is unprecedented. Consequently, very little is known about the effect of such social distancing[1] on older people. Broader research on elder abuse in disasters is also sparse.

Respect Victoria commissioned this research to contribute to understanding whether the context of COVID-19 increases the risk of elder abuse, for example, through isolation, limited face-to-face health and personal care, and restricted contact with friends and family. Concerns were that changed contexts for both older people and carers – including greater stress and anxiety, financial problems, enforced and 24-hour contact, and new forms of abuse – increased risk factors for elder abuse.

Jigsaw Research and the National Research Institute of Australia partnered to conduct this research for Respect Victoria. Combining respective expertise in gender and disaster, and ageing and elder abuse, allows a rare perspective on the drivers of elder abuse in the 2020 COVID-19 experience in Victoria. Although decades of work in the disaster context has looked at older people's needs, it has not specifically considered increased risk of elder abuse. With its focus on 'drivers' of elder abuse in disasters, this research comprises a thematic literature review and findings from interviews with 11 older women and men during COVID-19 in Victoria from June to August 2020.

There were two research aims:

1. To gain an insight into the impact of the COVID-19 pandemic response on older people.

2. To make recommendations about the primary prevention of elder abuse during disaster.

Concern for safety precluded interviewing older people currently experiencing elder abuse while in COVID-19 restrictions. In order to make a valid contribution, this research with 11 Victorians aged over 65 years considers issues affecting all older people, some of which may increase vulnerability to abuse. A broad approach was taken to investigate informants' experiences, believing this would inform the primary prevention of elder abuse in disasters generally, and specifically in this pandemic.

1.1.2 Findings

The findings provide a rich insight into the perspectives of a relatively secure (socially and financially) cohort of older people. Recommendations are made to improve the primary prevention of elder abuse. They emerge from the findings and the literature review, and are directed to the emergency sector, to those working in the primary prevention of elder abuse sector, to the media and the broader community. A key recommendation is to replicate this research with other cohorts of older people to capture their wisdom too – in particular, people from culturally and linguistically diverse backgrounds, and people with few resources. Time and funding constraints limited this research to eleven informants. Future research with marginalised groups will build on this initial step.

The literature review conducted confirms that in the specific context of COVID-19, the known driver of elder abuse, ageism, as well as several risk factors for elder abuse relevant to both older people and caregivers, have been

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[1] Australian Federal Government information states that 'Social distancing includes ways to stop or slow the spread of infectious diseases. It means less contact between you and other people.'
https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing.pdf.

exacerbated. Examples of ageism are evident in the media coverage of the pandemic, discourse about the worth of older people's lives relative to the economy, and policy responses that could be considered ageist, such as that of 'herd immunity'. Themes such as these are reflected by the participants.

SAMPLE OF 11

5 women & 6 men
Aged 67-98 years
All from Melbourne

3 identified as lesbian or gay

3 identified as having culturally and linguistically diverse (CALD) backgrounds (in addition to Australian)

Interviews:
4 via telephone
7 via Zoom

LIMITATIONS
The sample included only relatively socially and financially secure people.

The interviews were conducted before Stage 4 restrictions were announced.

METHODOLOGY

This qualitative research was conducted with Ethics Approval from Austin Hospital Human Research Ethics Committee through 11 in-depth interviews, using Grounded Theory (Glaser & Strauss, 1967) to guide the study design. The sample is described above.

INSIGHTS: THE IMPACT OF THE PANDEMIC RESPONSE ON OLDER PEOPLE'S LIVED EXPERIENCE

The lived experience of the 11 informants during the COVID-19 pandemic until the 3rd of July 2020, spanned ageism and stereotyping, threats to physical and mental health, curtailing of healthy lifestyles due to exercise restrictions and challenges to food security. Social isolation added to an increased, if latent, anxiety.

The risk factors of elder abuse include poor mental and physical health, previous trauma, social isolation, loneliness, lack of support, disability, substance abuse and belonging to a non-dominant culture. All have characterised the COVID-19 lockdown periods. Informants spoke of anxiety and some reflected on traumatic incidents, suggesting the uncertainty of the pandemic was tapping into previous times of trauma or uncertainty. Peace of mind was an early casualty of the COVID-19 pandemic response. With the possibility of a less fulfilling future, informants were acutely aware of the threat to life and health that COVID-19 continues to present. The fact that all 11 informants carefully followed Governments' advice is evidence of their vigilance in protecting themselves.

This coronavirus is out there, waiting to pounce. (Rose, 95)

Maybe we will never escape this virus. (Omar, 68)

Deep connections were threatened and, at least temporarily, lost for some informants, particularly those who were in their 80s and 90s without easy access to new technologies. Some lost friends though a different approach to COVID-19 regulations.

Older people are finding it difficult not being able to continue close family relationships. Not a happy time (Rose, 95)

I felt that they were more interested in their personal freedom than the welfare of elders and society as a whole. (Christa, 68)

Obviously, it's not as satisfying as being in the room with someone. (George)

While most informants spoke of missing regular celebrations in this time of coronavirus, some were not able to hold new babies or attend funerals and grieve together.

The virus has not been responsible for any of the [recent] deaths … the sad thing is you can't see one another. (Joy, 98)

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. (Henry, 77)

The stalwarts of a healthy lifestyle are good food and exercise, and the possibility of maintaining pre-COVID-19 regimes was affected. Even going for a walk posed risk to health as the streets, paths and parks were now crowded with people from every age groups seeking outdoor exercise within the regulations. In the absence of other activities, cooking and eating became highlights of each day, and buying groceries held new challenges.

The research question was:

'How are the responses to the COVID-19 pandemic affecting older people, and how can these responses be improved to support the health and wellbeing of older people?'

> *As soon as you went outside there were hordes of people out exercising because of the pandemic - because they had nothing else to do. (Christa, 68)*
>
> *I can remember going into one supermarket and … the whole area of shelving was empty. (Rose, 95)*
>
> *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. (Henk, 73)*

Ten of the 11 informants accessed medical care within the COVID-19 shut down, either through telehealth appointments or in person. The precautions taken in these medical settings were comprehensive, but some were reluctant to 'burden' health professionals and two perceived a risk in personally attending.

> *I still really worrying about going to visit the doctor … I have to look whether there is anything suspicious, or too crowded. (Lily, 69)*

Some noted fewer services, either through their own fear of contracting the virus with service providers in their homes, or though some councils withdrawing services.

> *I had friends who were noticing that these workers … weren't doing hand sanitising. They weren't wearing gloves, masks, etc. (Christa, 68)*
>
> *There are people coming to [my friend's] house, do her shopping, speak with her and all that, which is important. And on the other hand, she was so worrying about whether those people will be bringing COVID-19 into her house. (Lily, 69)*
>
> *We've had a cleaning person come into our house normally, which we cut off when this started and advised against it. We've got more housework to do and my wife's quite disabled, so I've got to do most of those things. (Henry, 77)*

INTERSECTIONS BETWEEN THE PANDEMIC AND AGEISM

> *I think we get represented as doddering, not really with it. (Henry, 77)*

The intersections of the pandemic and ageism revealed all older people were expected to stay inside, with greater impacts on different groups of older people through sexism, racism, and homophobia. Where people have fewer resources, the impacts of disaster compound.

LITERATURE REVIEW SUMMARY

NARI's full thematic literature review, Appendix 3, finds that there is very little existing academic research on primary prevention of elder abuse in the context of disaster – including pandemics.

> *When we are seeing the older age or elderly category, we are basically assuming that they are after age 65, but the people … may be quite … different. Like, they may be sports people. They may be something more intelligent, they were working. (Omar, 68)*

The majority of informants did not report being aware of ageism when they spoke of how they were coping with the coronavirus restrictions. This does not necessarily mean it was not happening, but perhaps that their lives were not affected by the kinds of ageism emerging.

> *I have been pleasantly surprised that society was more, "Let's take care of everybody," than … just spread the disease and let the old people die. That was good. But underneath there is still the ageism there. (Christa, 68)*

It therefore begins by outlining what the literature tells us about older people and disaster, before exploring known drivers and risk factors for elder abuse in the context of the current COVID-19 pandemic. It finds that both ageism (a known driver of elder abuse) and risk factors for elder abuse such as social isolation, decreased access to health care and exercise, increased reliance on and use of technology and financial instability have been exacerbated by COVID-19.

From a primary prevention perspective, existing research highlights the importance of: social support networks and intergenerational connections before, during and after disaster (Ayalon et al., 2020) targeted policies, training and education addressing the needs of older people during disaster (Cui & Sim, 2017); and inclusion of older people's voices and lived experience in planning for

Although the parameters of this research exclude Aged Care Facilities, the lack of COVID-related funding and neglect in training staff, combined with isolating residents was a cause of great concern to one informant with her mother in care, and was mentioned by other informants as problematic. The different 'rules' for older people in the early stages of the pandemic were noted, whereby older people were asked to 'just sit inside'.

> *Being over 70, I was discouraged from going out as much as possible.*
> *(Henk, 73)*
>
> *"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 … The advice was … to just shelter inside. And stay out of our way. (Christa, 68)*
>
> *My feeling is, I think this saying, "You've got to stay inside" could be detrimental to people who, if they had a bit of a walk … it would clear the mind. (Deanna, 74)*

The conclusion of some informants is that society sees younger people as more valuable. For primary prevention of elder abuse, societal changes are needed to reduce stereotyping and promote diversity in all ages, abilities and cultures. The kinds of discrimination observed by informants were more evident when age was combined with other types of discrimination.

> *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 by people around me, and there's a whole hierarchy because the same is no doubt if you're black or if you're a woman. So, men are more valuable. White men are the most valuable. And people carry those prejudices, even unconsciously. (Christa, 68)*

A 98-year-old informant, Joy, spoke spoke about the socialisation into gender roles with men 'not trained to do much housework … used to having women do things for them', and the implications of this in COVID isolation. She remembered when women teachers were paid 80% of the pay of men, and that when she taught English to new migrants, 'men got the lessons and women missed out'. Joy noted domination in COVID-19 of men giving advice on television, suggesting a way to minimise this didactic and sexist method of communicating information.

> *It's like teacher telling the kids something, the way it's done … 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. (Joy, 98)*

Several informants gave examples of sexism and how it has re-emerged in their lives during the COVID-19 shut down. The traditional gendered division of labour returned for Lily, who found herself cooking again for grown sons who came home during COVID-19, as well as doing her paid work. She said, 'I have to cook so many meals!'

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.

> *They wrote on their front door, garage door or something, nasty messages, window broken, etc., but not in my area. But you're still worrying. Whenever there is some news … I still would jump and read that the racism about Chinese people … It can be very upsetting. (Lily, 69)*

disaster (Kwan & Walsh, 2017).

> *Our community is multi-cultural … and it seems to me that people might not have been alert to the different ways that the message was being received in ethnic communities. Now, that would apply to some older people in those ethnic communities too. (Terry, 68)*

> *If you just plonk [CALD people], they're not going to know when our leaders get up and speak in a formalised language. (Joy, 98)*

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.

> *You need to be able to communicate with people of your own tribe – mine is LGBIQ … it's about someone having a talk to you – somebody you can relate to. (Simon, 68)*

Changed services may result in fear that 'the homecare person would treat you in an inferior way' (Simon, 68). Intersectionality changes the experience people have of discrimination, and the lack of social support during COVID-19 would be harmful, for example to:

> *LGBTI people who might be from ethnic backgrounds … navigating all that without some of the social support networks that would have otherwise been in place would be very difficult … [One] community visits program, I think, was suspended for a while. (Simon, 68)*

Informants reflected on a sense of place in society. They drew on the values they had kept over a lifetime – values of caring for each other.

> *Never forget your working class roots. (Rose, 95)*

> *… university … It wasn't for the like of me. (Henk, 73)*

> *I don't forget where I came from. (Henry, 77)*

Over their lives, they recognised the structures that maintain privilege, and the changes wrought in them because of adversity. Class and socio-economic status emerged as framing their opportunities, if not their experiences. Disaster risk and recovery is premised on privilege. Those with the most resources do better and those with the greatest wealth become richer in disasters

> *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. (Henry, 77)*

Considering those less fortunate, Terry spoke of the importance of funding social infrastructure.

> *There's a bit of a tendency to think of infrastructure as just physical infrastructure – and there's social infrastructure as well … And aged care packages employ people every bit as much as building an extension [in the stimulus package announced by the Federal Government]. (Terry, 68)*

OLDER PEOPLE'S RESILIENCE AND CAPACITY TO COPE WITH DISASTER AND COVID-19 ISOLATION

The eleven informants felt their past experience of life set them up well to accept the limitations and challenges posed by COVID-19. Although vulnerable as this disease is more lethal to older people, these informants felt well placed to face this pandemic. They followed guidelines, they had a level of financial and social security, with a long-standing network of friends and family. They were motivated to achieve the best possible life in isolation, and imaginative in their pursuits in lockdown. Their personal reserves extended to concern for others. Several spoke of reconnecting with lost friends – 'people I've always meant to get back to' (Henry, 77). Although none of the informants spoke of fearing homelessness for themselves as a result of COVID-19, or of precarious financial circumstances, two informants hinted at difficulties, e.g.

> *Unless my business picks up, we'll have some income security problems at the end of September. (Anon)*

Yet, past experiences and adversity offered informants the belief that they would make it through this disaster as they had survived hard times before and could do it again.

> *It's for life – anything can happen, so I think the immigrants are much more - let's say they're accepting the situation easily and comfortably [and …] the old generations in Australia … because after age 70 they have seen World War II … I think they accept difficult situation easily and they can cope with it. (Omar, 68)*
>
> *I had to study pandemics. Never thought I'd be in the middle of one. (Deanna, 74)*

In contrast to some media portrayal of age stereotypes of older people as frail and no longer relevant, the reality is very different. Informants spoke in passing of their continuing contributions to society in many ways – as valued family members, supporting younger family members now suffering in COVID-19 isolation, and in volunteer roles. Three informants brought their high level professional expertise to 'retirement', voluntarily working in policy and advocacy for LGBTIQ+ issues and CALD issues.

However, Henry warned:

> *I suppose, just as a parting thing. Don't take my situation as everyone is hunky dory and there's nothing to worry about. I think you'd find some really poignant stories out there. (Henry, 77)*

CONCLUSION

Respect Victoria (2019) writes that drivers of violence include the 'social norms, practices and structures that influence individual attitudes and behaviours'. In the pandemic context, ageism is part of public discourse, as meeting older people's needs is seen as in direct competition with the strength of the economy and supporting the workforce. This research provides data on the ways informants to this research responded to government policy advice and direction. Informants have offered their insight into how a sample drawn from progressive 'middle Australia' experienced the COVID-19 measures taken in Victoria by both State and Federal governments. It canvased their responses to government policies and advice, and to media coverage, and captured their lived experience of the pandemic to July 2020.

> *'I think the world's going to be a different place going forward.' (Simon, 68)*

The significance of this reflection by Simon is clear, as is the challenge for us all. The UN's important and timely *Policy Brief: The impact of COVID-19 on older persons* notes:

> *The voices, perspectives, and expertise of older persons in identifying problems and solutions are sometimes not sufficiently incorporated in policy-making, particularly on subjects where older persons are affected by the decisions under consideration. It is important therefore to broaden our partnership with civil society and others to bring in the voices of older persons, harness their knowledge and ensure their free, active and meaningful participation. (UN, 2020, p. 15).*

1.2 Recommendations

The following recommendations go to the heart of primary prevention of elder abuse by actual and perceived care and valuing of society's older people. The recommendations in this report assist stakeholders, generally, to identify ways to address the prevention of elder abuse. Some recommendations address response measures as they emerged from the interviews and are included as, if implemented, will improve the experience of older people. They are to be actioned by the appropriate level of government, with standards across regions.

Emergency services

1. Include in emergency management planning (particularly recovery plans) actions to address the primary prevention of elder abuse and violence against older women during and after emergencies

2. Improve awareness of elder abuse in disaster contexts through:

   - Inclusion of diverse older people in emergency management at each level and each stage from preparedness, prevention, response, relief and long-term recovery

   - Provision of training for all emergency management in the primary prevention of elder abuse (in addition to LGBTIQA+ issues, family violence and violence against older women including those with a disability or are Indigenous, migrant or refugee in disasters) and its relevance to emergency management.

   - Draw on existing expertise and include elder abuse prevention specialists and older people, especially women and those from diverse backgrounds in recovery efforts and community recovery committees.

3. Take steps to facilitate the safety of older people in disasters by:

   - Include elder abuse specialists as speakers at community meetings facilitated during disasters to identify risk factors.

   - Support the provision of specialist elder abuse services at all stages of the disaster cycle.

   - Train emergency sector staff to identify signs of elder abuse and know how to refer and record incidents

4. Emphasise and require collection of gender and age disaggregated data at all levels of emergency management for the purposes of analysis, reporting and program development regarding elder abuse.

Media, government, community services

5. Increase representation of the diversity of older Australian Victorians, especially women in all communications.
6. Review communications for assumptions about older people (ageism) especially in regard to disasters.
7. Explicitly acknowledge older people's expertise, and draw from older people's lived experience, especially women.
8. Within the context of emergencies/disasters, increase all forms of advocacy including Community Service Announcements to:

   - remind Australians of the need for intergenerational solidarity, to respect, include and care for older people and younger people
   - call out elder abuse through bystander action.

9. Ensure continuity of essential services to older people in disasters by:

- Ensure effective functioning of a specific helpline (including I.T. and community chat rooms); expanding/supporting the existing Seniors Rights Victoria helpline and other frontline elder abuse services to assist with issues relevant to elder abuse in the context of disaster; and initiating other social connection options for older people affected by social isolation.
- Designing and implementing a clearly structured and universally accessible food supply system for older people to be supported in disaster situations.
- Providing safe continuation of personal and home-help services where they are essential to older people's health and wellbeing.
- Designating safe exercise areas or specific times for older people, accessible to most people.
- Matching service providers in disasters to older people, LGBTIQA+ people and other intersections such as disability, Indigeneity and refugee and migrant status where possible.

10. Train media, government and relevant community organisations and service providers in cultural diversity and gender equity and the Rainbow Tick in respect to older people in disasters.

11. Build/enhance digital literacy in older people. This includes availability of technology, access to training on how to safely use it, and opportunities to connect with their families, friends, and communities

Respect Victoria

12. Disseminate the findings of this initial research to allow an insight into the experiences of older Victorians during the COVID-19 pandemic and to decrease elder abuse in disasters by:

- Holding a webinar to launch the research report/s to the Primary Prevention (of Violence), Elder Abuse and Emergency Management sectors
- Developing and disseminating a range of accessible information and advice about disasters (in addition to this document) – to meet the needs of older people, including women and marginalised or disadvantaged groups.
- Training primary prevention practitioners (of elder abuse) on the implications of disaster for their work.
- Replicate this research with different cohorts of older people, especially those with disabilities to understand the differing experiences depending on standpoints of privilege.

13. Collaborate with the Gender and Disaster Pod to include a new section on older people in disasters in the National Gender and Emergency Management Guidelines.

3.0 Research report

3.1 Introduction

The isolation required of all Australians in response to the COVID-19 pandemic is unprecedented. As a consequence, very little is known about the effect of such social distancing[2] on older people.

For decades work in the disaster context has looked at older people's needs but not specifically at their increased risk to elder abuse. Combining respective expertise in gender and disaster, and ageing and elder abuse, allows a rare perspective on the drivers of elder abuse in the 2020 COVID-19 experience in Victoria. This focus on 'drivers' of elder abuse results in an exploration in the literature and in interviews of the perspectives and experiences of 11 older women and men during COVID-19 in Victoria from June to August 2020.

Disaster studies overwhelmingly show that rather than being 'the great levelers', resilience in and after disasters depends on pre-existing levels of privilege – age, gender, sexuality, socio-economic status, ethnicity and Indigeneity, health and ability. The worst affected in disaster are the poor, and most of the world's poor are women. The same is true in Victoria. John Mutter (2020, p. 34) writes that, 'for this pandemic, just like for hurricanes, earthquakes and other disasters, the poor will experience enhanced risk; the wealthy may experience inconvenience, but diminished risk'.

Violence against women increases in all kinds of disasters. For men in disasters, their success or failure as 'protector and provider' is monitored and their masculinity judged against that. LGBTIQ+ communities face particular challenges in disasters including lack of recognition of family or relationship status and barriers to accessing services. Disasters magnify what is happening in societies before as 'the fundamental features of society and culture are laid bare in stark relief by the reduction of priorities to basic social, cultural and material necessities' (Oliver-Smith, 1996, p. 304). Gender roles become more salient, inequalities grow, discrimination intensifies.

Respect Victoria commissioned this research to contribute to understanding whether the context of COVID-19 increases the risk of elder abuse, for example, through isolation, limited face-to-face health and personal care, and limited contact with friends and family. Concerns were that changed contexts for both older people and carers – including greater stress and anxiety, financial problems, enforced and 24-hour contact, and new forms of abuse – increased risk factors for elder abuse.

Concern for safety precluded interviewing older people currently experiencing elder abuse while in COVID-19 restrictions. In order to make a valid contribution, this research with eleven Victorians aged over 65 years considers issues affecting all older people, some of which might increase vulnerability to abuse. A broad approach was taken to investigate informants' experiences, believing this would inform the primary prevention of elder abuse in disasters generally as well as specifically in the COVID-19 pandemic.

There were two research aims:

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[2] Australian Federal Government information states that 'Social distancing includes ways to stop or slow the spread of infectious diseases. It means less contact between you and other people.' This term is used in this report as physical distancing does not capture the full extent of social impact that the social distancing regulations had for informants.
https://www.health.gov.au/sites/default/files/documents/2020/03/coronavirus-covid-19-information-on-social-distancing.pdf.

1. To gain an insight into the impact of the COVID-19 pandemic response on older people.

2. To make recommendations about the primary prevention of elder abuse during disaster.

This report increases knowledge of older people's experience of the COVID-19 response measures to inform both the emergency sector and the primary prevention of elder abuse sector. This new information and cross-fertilisation of the knowledge, expertise and constraints of both sectors will ideally result in consideration of older people in an embedded, systemic way. The vision is for the emergency sector to consider primary prevention of elder abuse, and for the primary prevention sector to understand the ways disasters (in this case, COVID-19) change how elder abuse manifests. The potential incorporation of elder abuse prevention into the National Gender and Emergency Management Guidelines will assist in this by identifying actions to be taken by the emergency management sector. The recommendations in this report assist stakeholders, generally, to identify ways to action the prevention of elder abuse. Some recommendations address response measures as they emerged from the interviews and are included as, if actioned, they will improve the experience of older people. In itself, committing time, energy and funds towards a better response in disasters conveys a valuing of older people. This exemplifies the intrinsic relationship between response and primary prevention.

We start by refuting any homogeneity amongst older people except that 'Age relations have been and remain a key basis of inequality' (Thompson, 2019, p. 10). Beyond this common – and gendered – experience of 'invisibility' for women and 'diminishment' for men, individual differences 'reflect their embodied generation, class, ethnicity, and geography (Thompson, 2019, p. 2). The informants to this research are the experts in their own lives. Society will benefit from hearing their voices and joining with them to enact positive changes and active inclusion.

> Today's seventy-year-olds, it should be remembered, were twenty in 1968. At least some of them are trying to reimagine and politicize old age just as they once did with youth. New ideas for how to age in a just and sustainable way, that is, can come from today's elderly. (Chappell, 2018, p. 35)

How to read this report

The first section contains the Snapshot and Recommendations. A Summary of the Literature Review written by the National Ageing Research Institute follows, and the Research Report itself begins with the methodology, the sample and the limitations of this work. The findings, discussion and conclusion follow. The report ends with Appendix 1: Explanatory Statement and Consent Forms; Appendix 2: Screening and Interview Questions; Appendix 3: The full Thematic Literature Review by NARI; and Appendix 4: The Data Management Plan.

Despite the limitations, the six men and five women who informed this research offer a deep insight into the effect of this pandemic at a time when it seemed to be easing. There is much to learn. It offers a sound basis for a broader exploration of other cohorts within the population of Victorians aged over 65 years.

3.2 Definitions

3.2.1 Definitions and central concepts

There is not yet broad agreement on key aspects of elder abuse in disasters, and some definitions and delineations are contested. Theoretical work on the relationship between elder abuse and ageism, for example, is in its infancy. The definitions that follow are not necessarily

agreed as the discourse is just emerging. They, nevertheless, allow a common understanding when reading this report.

Older people

In this research, people aged over 65 are included in this definition. However, the literature considers different cohorts within this, such as those outlined in the Consultation Matrix, of the young old (65-74), the old (75-85) and the very old (85+). For Aboriginal and Torres Strait Islander Peoples, those aged over 50 are considered as older people.

Ageism

Prejudice or discrimination on the basis of age.

Elder Abuse

Elder abuse is frequently considered to encompass discussion of abuse, mistreatment and neglect. NARI and Seniors Rights offer this definition:

> Elder abuse is any form of violence or mistreatment that causes harm to an older person, and occurs within a relationship of trust. Elder abuse can include acts of psychological, financial, physical and sexual abuse, as well as neglect.

The World Health Organisation definition is:

> A single or repeated act or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person.

Elder abuse extends beyond the interpersonal level of emotional, physical and financial abuse to include systemic abuse through cultural, institutional, and political structures.

What is the relationship between elder abuse and ageism?

This section is informed by Melanie Joosten and Professor Bob Pease.

This question cannot be answered in this research report as it is the subject of current theorising. In one view, elder abuse is abusive behaviour that stems from and condoned or made invisible by ageist attitudes and perceptions. Tackling elder abuse from a primary prevention perspective therefore requires careful attention to ageism, especially in the context of COVID-19, given some have argued that the world has experienced a "parallel outbreak of ageism" alongside the pandemic (Ayalon, Chasteen et al. 2020). As an example, elder abuse is not being snubbed or ignored, but a society that snubs and ignores its older people allows abusive behaviours to go unchecked.

Another view is that ageism and elder abuse are both manifestations of the lower valuing of older people, based on an assumption that they are 'non-productive' (thereby overlooking the myriad ways that older people continue to contribute constructively and uniquely at all levels). This parallels feminist theorising that sexism does not cause violence against women, but both are expressions of abuse of women, grounded in patriarchy (Kelly, 1988).

Drivers of elder abuse

Respect Victoria writes (2019) that drivers of violence include the 'social norms, practices and structures that influence individual attitudes and behaviours'. Ageism, gender inequality and other intersecting forms of discrimination such as racism, classism, homophobia and ableism are implicated (Dow & Brijnath, 2019; Dow & Joosten, 2012).
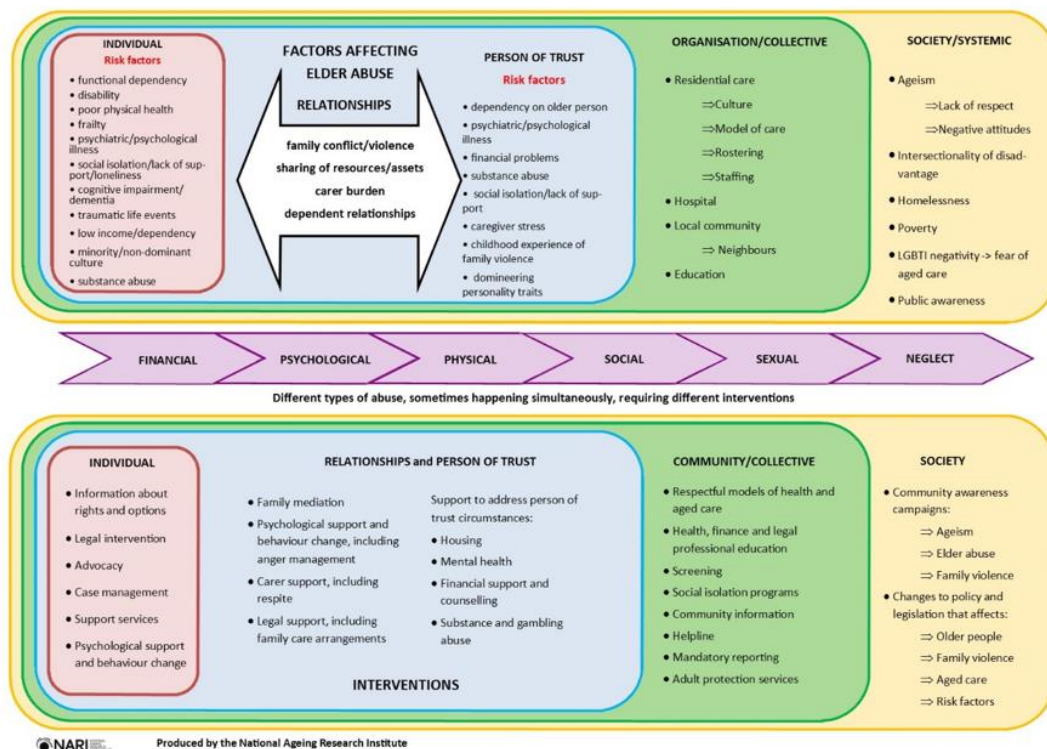
Figure 1: Dow, B., E. Gaffy, and K. Hwang, *Elder abuse community action plan for Victoria.* 2018: National Ageing Research Institute.

NARI's ecological framework for elder abuse (see Figure 1 above) considers the factors associated with elder abuse for the individual (older person and their perpetrator); at the relationship level; and the broader community and societal factors. These factors include ageism, and intersections of disadvantages (i.e. gender, and socioeconomic circumstances) (see Figure 2 below), as well as possible preventive factors, such as the availability of community-based services. The framework also considers potential interventions at the individual, community, and societal levels.

Although separate in this ecological framework, there is an inter-relation between the individual, community, and societal levels factors contributing to elder abuse, its prevention and intervention. Similar to family violence prevention frameworks, intersectionalities should be canvassed for violence against older people. This particularly salient in a disaster or pandemic context, such as COVID-19, where the associated restrictions have heightened financial distress, mental health distress, social isolation and relationship issues- including changing power dynamics within relationships, all of which may converge to increase the risk of family violence across generations. It is therefore important to look at family violence prevention strategies and initiatives that work with and leverage off other systems to enhance resilience factors across a range of health and wellbeing domains, particularly for those from the marginalised communities most impacted.

Sexism/Gender

While any older person can be a victim of elder abuse, a person's gender or sexual identity and related sexism, homophobia and transphobia may exacerbate their experience of violence. Research indicates women are more often victims of elder abuse than men, and this is disproportionate to the number of older women in the community. Data collected by helplines in Australia indicates that approximately 70 per cent of elder abuse victims are

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women.[3]

Risk factors for elder abuse

The risk factors of elder abuse are ageism primarily, along with those outlined by NARI in Figure 2 below, including dependency, poor mental and physical health, previous trauma, social isolation, substance abuse and belonging to a 'non-dominant culture'. In addition, there are known risk factors for caregivers, including increased financial hardship, anxiety and stress, financial hardship, mental health issues and substance abuse (Makaroun et al., 2020).

Unique characteristics and specific risk factors of COVID-19

COVID is an invisible, unfamiliar threat. In contrast, for those unaware of recent uncontrollable fires, the perennial Australian fires and floods are visible threats with a range of processes to be followed in response, relief and recovery (noting that these are region specific, fragmented and complicated by conflicting organisational responsibilities).[4]

While reducing exposure and spread of COVID, being isolated at home can increase the risk of elder abuse for people in vulnerable circumstances. Federal funding has acknowledged that family violence will occur at increased rates in the COVID lockdown. Media attention has drawn attention to the inadequacy of family violence telephone helplines in the absence of face to face emergency relief and recovery centres. It follows that elder abuse is also likely to increase. In the COVID-19 context, Respect Victoria offered some hypothetical examples of exacerbation of elder abuse, enabled by COVID-19:

> For example, a grandson who was causing trouble at home goes to live with his grandfather but becomes physically abusive towards him; a daughter who tires of her mother's dementia behaviours and locks her in her room; a son who moves back home after his marriage breaks down and turns to drug use, becoming violent and abusive to his ageing parents; a person left in their soiled bed for days between visits from a personal carer.

Intersectionality

A focus on intersectionality and social privilege is needed in all prevention and response efforts. Policy writers, legislators, academics, practitioners must respond to the compounding effects of multiple risks and forms of disadvantage, inclusion and exclusion, and understand the impact of unearned advantage based on, for example, race, age, gender identity, culture, sexuality.

> "A critical engagement with aging has to be intersectional because the issue is imbricated with all the other vectors of injustice in our society. Elderly African Americans, suffering from unequal health outcomes and the incarceration of a generation, are more likely than elderly whites to age alone and to face crises of care. This was notable in the aftermath of Hurricane Katrina, where issues of climate, race, poverty, and segregation viciously compounded one another." (Chappell, 2018, para 7)

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[3] https://seniorsrights.org.au/wp-content/uploads/2018/05/Elder-Abuse-Gender-and-Sexuality.pdf

[4] However, the threat of uncontrollable fires such as in 2009 and 2020 related to climate change potentially raise the threat to a similar level. This was unsuccessfully raised with Australia's Prime Minister in mid-2019 by retired Fire Chiefs, with disastrous consequences in the Black Summer that followed.
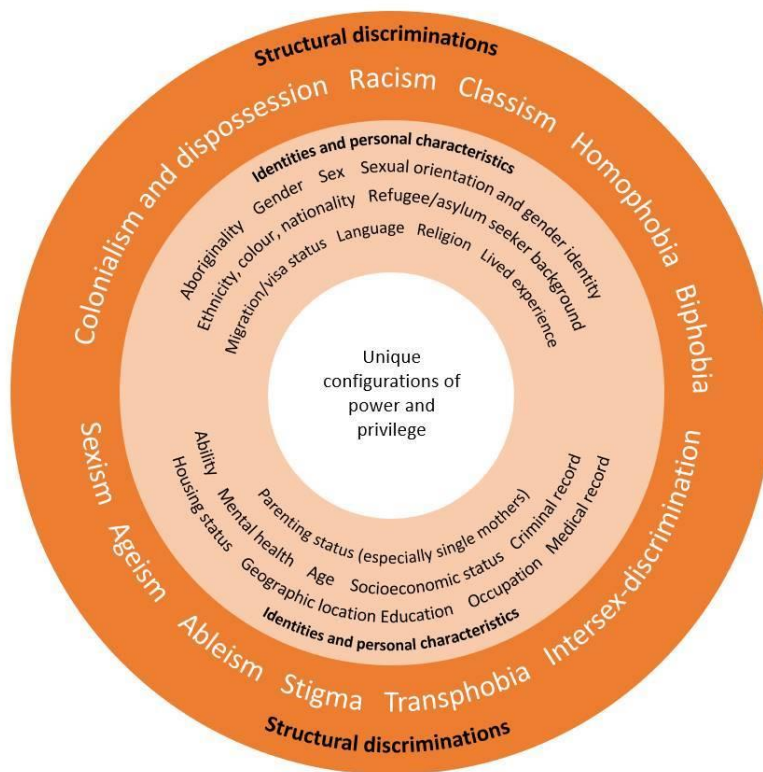
Figure 1: Respect Victoria (2020) Intersectionality Wheel

3.2.2 Definitions of disaster

What is a disaster? The United Nations office for Disaster Risk Resilience offers this definition:

> A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts.
>
> The effect of the disaster can be immediate and localized, but is often widespread and could last for a long period of time.
>
> The effect may test or exceed the capacity of a community or society to cope using its own resources, and therefore may require assistance from external sources, which could include neighbouring jurisdictions, or those at the national or international levels. (UNDRR, 2020)

The question, 'Is this coronavirus pandemic considered a disaster?' on an online discussion forum of the foremost disaster researchers across the world confirmed in June 2020 that all believe it is. Disaster academic, Ben Wisner, University College of London, for example, writes:

> The COVID-19 pandemic satisfies all the criteria for a disaster according to various glossaries and the classics in the sociology of disaster. However, I wonder if a

stronger word such as ...CATASTROPHE... should be used given the likely or possible massive economic impact.[5]

The Premier, Daniel Andrews, announced a State of Disaster on August 2, 2020.[6]

3.2.3 Engaging Older Persons in Disaster planning

The United Nations Sendai Framework for Disaster Risk Reduction 2015-2030 is the global agreement setting the standards to prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience. The Australian government has signed on to this framework which encourages 'risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability'. The framework specifically addresses the need to actively include older people, stating:

> (iv) Older persons have years of knowledge, skills and wisdom, which are invaluable assets to reduce disaster risk, and they should be included in the design of policies, plans and mechanisms, including for early warning.

3.3 Methodology

The qualitative research conducted for this rapid research study was through in-depth interviews. The research question was: 'How are the responses to the COVID-19 pandemic affecting older people, and how can these responses be improved to support the health and wellbeing of older people?'

3.3.1 Aims and objectives

There are two research aims:

1. To gain an insight into the impact of the COVID-19 pandemic response on older people.

2. To make recommendations about the primary prevention of elder abuse during disaster.

The three research objectives were:

OBJECTIVE 1: Complete 9-12 qualitative interviews with diverse older people to gain an insight into:

(a) The impact of the pandemic response on older people's lived experience (experiences of physical and social distancing, current needs, changed family dynamics).
(b) The intersections between the pandemic and ageism, which is a driver of elder abuse.
(c) Older people's resilience and capacity to cope with disaster and COVID-19 isolation.

OBJECTIVE 2: Undertake a narrative review of the literature on issues faced by older people in disasters.

OBJECTIVE 3: Produce a research report, fact sheet and checklist for emergency managers and service providers to assist with the primary prevention of elder abuse in disasters.

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[5] https://www.jiscmail.ac.uk/cgi-bin/webadmin?A0=RADIX
[6] https://www.canberratimes.com.au/story/6860277/victoria-declares-state-of-disaster-and-increases-restrictions-to-stage-four/

3.3.2 Ethics approval

This study was conducted in compliance with the conditions of the ethics committee approval, the NHMRC National Statement on ethical Conduct in Human Research (2007) and the Note for Guidance on Good Clinical Practice (CPMP/ICH-135/95). Although, there were no foreseeable risks associated with participating in this project beyond the risks associated with having conversations with others in everyday life, informants' safety was further assured by the consent procedures and the close adherence by the Research Team to the ethical protocols outlined in the ethics approval.

3.3.3 Risk management

During telephone or video call interviews, the research team took care to monitor informants' wellbeing. Steps to be taken in the event of distress had been outlined in the ethics application. However, no informant became distressed during the interviews.

3.3.4 Research approach and analysis

We took a feminist research approach. Feminist research is best understood by considering the values that inform it rather than the methods used (Millen, 1997). We do research to bring about positive change (Humphries, 1997). Chatzifotiou (2000) suggests that in-depth interviews are one of the most powerful qualitative research methods used by feminist researchers to enable informants to tell their stories.

The approach for analysis of this research was Grounded Theory (Glaser & Strauss, 1967) as it allows rich descriptive research findings and insights from older people with a range of backgrounds. Grounded theory is a combination of theoretical sampling and thematic analysis developed by Glaser and Strauss (1967). Theoretical sampling is where informants are selected to be part of the sample on the basis of the need to fill out particular concepts or theoretical points. Thematic analysis is the identification of themes through a careful reading and rereading of the data. The methodology is inductive, building up concepts and theories from the data.

NVivo qualitative data analysis software was used to assist coding, indexing, synthesising, interpretation and theorising. Although a small sample size, 11 in-depth interviews are sufficient to provide insightful qualitative research findings. The research has resulted in this report, a snapshot and checklist for emergency managers and service providers to assist with the protection and wellbeing of older people during and after a disaster such as a pandemic.

3.3.5 Recruitment and consent procedures

Safety concerns precluded interviews with older people currently experiencing elder abuse, as the lockdowns are known to exacerbate family violence. Women, for example, have been restricted in seeking help for the violence against them while in lockdown. A clear imperative for Respect Victoria and the research team was to avoid further harm in the COVID-19 isolation period. Consequently, an inclusion criterion was that informants *not* be in an elder abuse situation.

Purposive (targeted) sampling was used to recruit between nine and 11 older people with the aim of including informants with diverse backgrounds. The team undertook this purposive sampling (Glaser & Strauss, 1967) through professional networks, and specifically the National Ageing Research Institute emailed contacts, and contact people on the NARI volunteer database who had consented to be invited to participate in research. There were subsequent limitations in this approach as described in the limitations section. Potential informants were invited to contact the research team member/s directly, either by phone or email if interested in participating. The research team member then took each informant

through a recruitment screening on the phone. If inclusion criteria were met, contact details and potential time for the telephone or online video platform such as zoom interview were taken and interviews scheduled. The Explanatory Statement and Consent Forms (PICF forms) were then emailed. The interviewee was contacted by the interviewer to confirm they received the PICF and to answer any questions. The research team members completed informant details in a Password protected excel spreadsheet and filed the Consent Form. Informants were advised they could withdraw from the study at any time prior to publication of the final report by notifying one of the Research Team.

Twelve interviews were conducted and one informant's data was removed for sampling reasons. The 11 interviews each lasted approximately one hour and were conducted by telephone (n=4) or zoom (n=7), digitally recorded and transcribed.

Potential bias was mitigated by involvement of all four co-researchers involved in the interviews and coding by two researchers. The informants themselves had the opportunity to comment on the accuracy of the researchers' interpretation from their individual perspective.

The Explanatory Statement, Consent Form and Withdrawal of Consent forms (PICF) are attached in Appendix 1. The Screening Questions are in Appendix 2 and Data Management Plan in Appendix 4.

Inclusion criteria were that informants must:

o   Be a resident of Victoria, Australia
o   Live in the community
o   Be aged 65 years or over
o   Be able to give informed consent by indicating that informants had read and understood this form
o   Have no cognitive impairment
o   Have not been diagnosed with COVID-19
o   Be proficient in English (due to financial constraints)
o   Be able to communicate by telephone or visual telecommunications (e.g. Zoom, Facetime, Skype).

The Sample - Consultation matrix

Completed 11 interviews. Average time was 59 minutes per interview, with range of 35 to 90 minutes.

Age	From 67 years to 98 years (average age: 75) o 8 were aged between 65-74 o 1 was aged between 75-84 o 2 were aged over 85 years
Identified as	5 women and 6 men
LGBTIQ+	1 lesbian and 2 gay men
Location	All urban, traversing outer suburbs 24km from CBD to inner urban, including suburbs to the north, south, east and west.
Disability	One person was vision and hearing impaired; another two were hearing impaired; and others had a range of health concerns due to old age.
Financial security	2 were in the paid workforce, all relatively financially secure.
Ethnicity	One person is Chinese; one is of middle-Eastern background; one migrated from Europe as a young child post-war. The others spoke of Australian backgrounds.
Method	7 by zoom, 4 by phone

This is a useful base from which to explore other, more marginalised groups of people aged over 65 in society to understand their experiences (and over age 50 for First Nations people).

3.3.6 Limitations

This is a small sample of 11 informants. Although we sought insight into a diverse range of older people living in Victoria, instead, the sample represents a solid view into the perspectives of – in many respects – 'middle Australia', although in general the sample reflected progressive views rather than conservative views. Many of those interviewed identified their privilege in socio-economic terms and social belonging. This is not to suggest that all were financially privileged. Some spoke of pensions and of some concern due to the future economic impact of the pandemic.

The results reflect that the broad impact this pandemic is having on people, including those well situated to withstand the challenges disasters bring. The findings raise population-wide issues for older Victorians, such as the long-term impact of social isolation. Capturing the perspectives of these older Australians is key to pursuing primary prevention of violence – in this case, elder abuse in our State.

None of the 11 were from regional or rural Victoria. All informants were urban. Suburbs from the north, south, east and west of Melbourne were represented.

No informants were Aboriginal or Torres Strait Islander people. Specific criteria and ethics need to be considered when deliberately targeting Aboriginal and Torres Strait Islander people, which were not feasible within the timelines and budget of this study.

Similarly, the sample did not include non-English speaking voices due to budgetary and time constraints. Inclusion of a greater sample of culturally and linguistically diverse communities who do not rely on mainstream media for their information, would have been highly pertinent. It is strongly recommended that the views of First Nations people, CALD and rural people be included in future research.

Another way that our sample does not necessarily reflect middle Australia is in their consumption of media, as all 11 noted the ABC as a primary source of information, either through radio, television or online.

This small study is considered to be a pilot study and ideally, can be followed by further research with more marginalised groups of Victorians.

Despite the small sample size, these initial findings contribute to the emerging body of knowledge by providing exploratory descriptive research, and ideally, will be replicated in future research with a bigger sample size and with specific groups of older people.

As the interviews were conducted between 23/6/2020 and 3/7/2020, seven of the interviews were prior to July 1, 2020[7] and coincided with the period where COVID-19 appeared to be under control. This was the perception of informants, although some tightening of rules had been announced on June 20.[8] The interviews mostly came immediately before the spike in numbers and the reimposition of Stage 3 restrictions on Melbourne and the Mitchell Shire. Consequently, most of the informants were of the understanding that the pandemic was under control in Australia, and the economic recovery was beginning. This may have affected their

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[7] https://www.dhhs.vic.gov.au/coronavirus-update-victoria-1-july-2020 – Vic govt. reimposed lockdown for 10 postcodes with only four reasons to leave home effective from midnight 1 July

[8] https://www.dhhs.vic.gov.au/coronavirus-update-victoria-20-june-2020 – Vic govt announced tightening of rules – only 5 inside / 10 outside

responses and is unlikely to reflect their current thinking, as COVID-19 has since proven to be a dangerous and long-lasting pandemic in Victoria.

3.4 Findings

This section provides a summary of the literature review's findings followed by the full set findings of the grounded theory study.

3.4.1. Literature review: Summary of findings

This literature review was conducted in June and July 2020 as part of Respect Victoria's rapid research of the effects of the COVID19 Pandemic, *Elder Abuse and Disaster: Prevention, Resilience and Recovery*. The full literature review is attached at Appendix 3. Conducted as a narrative review (Green, Johnson & Adams, 2006), it has synthesised previously published information from academic, grey and some media literature. The findings have been organised thematically covering the global literature on older people in the context of disasters to literature that explicitly reports on elder abuse in the context of disaster. Preliminary observations on how the pandemic may have increased both risk factors for the experience of elder abuse, as well as a key driver of elder abuse in ageism during the COVID-19 pandemic are also presented, however, the review was only able to cover literature available at the time of writing in July 2020. This means much of the section on COVID-19 is derived from grey literature and could not take into account academic papers that were published soon after.

3.4.1.1 Older people and disaster

Older people are disproportionately affected by disaster, including in death and injury tolls, and in terms of the psychosocial impacts of disaster. These impacts extend to the medium and long-term. However, older people also show significant resilience in the face of disaster, and it is too simplistic to say that age alone makes someone vulnerable to disaster. Instead, age must be considered alongside functional capacity, physical impairments and other intersecting factors, including, but not limited to, gender, disability and race/ethnicity. Research is limited on protective factors, but support networks appear to be particularly important.

Very little research exists on elder abuse and neglect in the context of disaster, or by implication, evidence of primary prevention interventions to prevent it's occurrence. Such research suggests that older people experience financial, physical and sexual abuse, as well as neglect (including abandonment) during times of disaster, but much of this evidence is anecdotal. The strongest evidence exists for financial abuse, suggesting that older people are at greater risk of fraud and scams during disaster.

3.4.1.2 COVID-19 increase both drivers and risk factors for elder abuse

The specific context of COVID-19 appears to have exacerbated a known driver of elder abuse in ageism, as well as several risk factors for elder abuse relevant to both older people and caregivers. 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 incidence of older people being denied live-saving medical care due to their age; the disproportionate death rate of aged care residents across the globe and, policy responses that could be considered ageist, such as that of 'herd immunity'.

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, as well as anxiety and stress.

3.4.1.3 Intersectional considerations in the context of COVID-19

The risk of experiencing family violence may be heightened when individual identity and societal discriminations intersect. Senior Rights Victoria suggest that the various forms of discrimination and marginalisation experienced by older people be considered in order to fully comprehend a person's experience, or vulnerability to, elder abuse. The COVID-19 pandemic has had disproportionate impacts on, and poses increased risks to many marginalised groups. These include women, Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse (CALD) communities, people with disabilities, LGBTIQ+ communities and, those of lower socio-economic status. For many of these groups age disaggregated data is lacking. Considerations for women in the context of COVID-19 that may also be relevant to older people include increases in violence against women, disproportionate economic and employment impacts, increases in unpaid caregiving, education and household chores and, disproportionate effects on mental health and wellbeing.

While the review could not find any specific research on the primary prevention of elder abuse in the context of disaster with the exception of one study (Makaroun, Bacharach and Rosland, 2020) and the HelpAge International platform. The literature surveyed suggests that the following steps could be taken to enhance disaster mitigation and preparedness with respect to older people. Further training of and/or education for relevant health workers and family/friends on the specific needs of older people in disaster; the fostering of intergenerational connection and social support networks in communities prior to disaster (as well as during, and after), and; involving older people in disaster planning processes.

3.5.1. Grounded Theory Interviews: Key findings

3.5.1 Personal experience of the COVID-19 measures (23/6/2020 - 3/7/2020)

The lived experience of the 11 informants in COVID-19 until 3 July 2020, spanned ageism and stereotyping, threats to physical and mental health, curtailing of healthy lifestyles due to exercise restrictions and challenges to food security. Social isolation added to an increased, if latent, anxiety. The intersections of the pandemic and ageism revealed all older people were expected to stay inside, with greater impacts on different groups of older people through sexism, racism, and homophobia. Where people have fewer resources, the impacts of disaster compound.

What was lost?

Peace of mind is a casualty of COVID-19. Nine of the informants indicated they and/or their partner felt unsettled, using terms such as 'anxiety', 'oppressed … worried about catching the virus' (Henry, 77). Their increased vulnerability due to being over 65 was acute for informants. For younger people, there is every possibility that this pandemic will one day be a distant memory, but informants considered they may not live long enough to see beyond the pandemic and the changes it has brought.

> I'm getting older, it is this part. When is it going to end? When can I, for example, go out and don't have to worry about anything. (Lily, 69)

> Maybe we will never escape this virus. (Omar, 68)

Coronavirus restrictions affected informants' plans. Like others in society, plans were disrupted for domestic and overseas travel, for celebrations and get-togethers, for events and regular past-times like eating out or the cinema. Even shopping was denied as many favourite shops were closed. However, some informants wondered if they would ever have the chance again in their lives to do these things again.

> Sometimes I feel that if I go - travel for one month to … of course, it's not possible now, but if I go somewhere one month or one week, whatever, to some area … maybe it will be good something - replenishment or something, refreshment for me. Yeah, something like that. You see, I'm human, right, I'm missing such kind of new things as well. (Omar, 68)

The restrictions themselves were worrying to informants:

> It's a bit of a worry because it's looking like the restrictions might be a bit harsher again. (Terry, 68)

The apprehension extended beyond fear of infection from family, friends, acquaintances, strangers in public, etc. to concern for wellbeing of others (economic and both physical and mental health), to a broad concern for the planet and the future.

The nature of this disaster – a pandemic – seemed to increase apprehension as the threat to life is more nebulous than other disasters like bushfires or floods, where risk, exposure and survival seem more within individual control. The invisible nature of the virus itself and its transmission was disturbing.

> In a sense they're dealing with an unknown entity to a large degree so they're making it up as they go along, so to speak. We don't know what the long-term effects of the virus can be. We've heard some rather horrible stories about people having developed ongoing disorders in their blood or bones, etc. It's quite frightening. (George, 67)

> "My god, have I picked it up and de dah de" … I rang the GP, and she settled me down, and assured me that that was not a thing that was expected with COVID-19. (Deanna, 74)

> This coronavirus is out there, waiting to pounce. (Rose, 95)

Informants reflected on traumatic incidents, suggesting the uncertainty of the pandemic was tapping into previous times of uncertainty, anxiety or even trauma. For example, one spoke of the murder of his friend, another remembered a distressing time when she took on the role of whistle blower, another referred to coming out as a gay man.

> Yep, I'm forced to "come out again" to strangers, or just lie about who I am … I think that'll be the same sort of issue with older LGBTI people and COVID … it's about someone having a talk to you; somebody you can relate to and relate in life with. (Simon)

Relates to Recommendations 9 and 12

Seeing friends and family

Deep connections were threatened and, at least temporarily, lost for some informants, particularly those who were in their 80s and 90s without easy access to new technologies, such as video and voice communication. Most spoke of important rituals for friendship and family connections delayed and then cancelled.

> Older people are finding it difficult not being able to continue close family relationships. Not a happy time (Rose, 95)

Milestones like birthdays went without the usual face to face gatherings, some replaced by phone calls or zoom parties – a poor substitute for seeing people in three dimensions, and the hugs and physical contact that convey value and belonging.

> We had a family function where we had a Zoom function … I actually found it a bit annoying with all the photos, all the pictures everywhere … Obviously, it's not as satisfying as being in the room with someone. (George)

The benefit of being with friends in person is clear in Rose's description of walking down the road to see a neighbour.

> I mean there are good days and bad days. Yesterday was a crummy type of day and when I went to see my neighbour and she was having a similar day. We ended up with laughter and a cup of tea and a chat. (Rose, 95)

The social isolation measures deeply disrupted sense of connection for some. One informant referred to being a first generation Australian and the importance of connection to her extended family. Even many decades on, the close connection of cousins was vital to her life.

> [We cousins] have known one another practically all our lives; we've all loved one another, we still all love one another. (Joy, 98)

While most informants spoke of missing regular celebrations in this time of coronavirus, some spoke of missing important milestones – the birth of new family members, and the deaths of others. Babies that could not be held, or even seen for fear of someone vulnerable contracting COVID-19 – the new mother, the baby or the grandmother or grandfather.

Funerals are normally a time of shared grief and memories, important rituals now truncated and limited through restricted numbers allowed. Two informants conveyed a sense of loss as funerals were limited to immediate family, and sometimes just to five people.

> The virus has not been responsible for any of the [recent] deaths … the sad thing is you can't see one another. (Joy, 98)

> It's like the black death and someone goes by each day, you bring out your dead. I've had a cousin die in England, and his son by email has said how lonely, unfulfilling and restricted his funeral had to be. (Henry, 77)

Henry went on to describe the sadness and loss experienced by an ex-student he taught while living in Wuhan. Henry's student is now living in Australia and was 'devastated' as he was unable to return to Wuhan for his father's funeral after he (and his mother) contracted coronavirus.

Relates to Recommendation 9

Diminished opportunity for healthy lifestyle

Opportunities for maintaining a healthy lifestyle were restricted for older people as COVID-19 Stage 3 Restrictions directed people to stay inside their homes except for specific reasons, with financial penalties for those who didn't. With normal activities curtailed, people were cooking and eating more. Terry spoke of losing weight but was the exception:

> I've lost weight which is the opposite of most of my friends who have all said they've burgeoned a bit during the lockdown. (Terry, 68)

> I'm not flattening the curve down here on my stomach ... The big events of the day are eating … You get up and you're having breakfast and then you find yourself discussing what's for lunch? (George, 67)

With gyms closed and exercise being one of the allowed activities during lock-down, informants noted a two-fold effect. Aside from personally missing going to the gym or participating in structured sport, informants observed the now crowded public spaces with

trepidation, particularly as others were apparently ignoring safe distancing advice. This occurred in the street, on walking paths, in parks, in shops and in supermarkets.

> There's some people who just don't take this seriously at all … I tried one day to walk towards the St Kilda side – there was just too many people and I went, "No, no, can't keep a space here". (Deanna, 74)

> I suppose there's a certain amount of apprehension about going out… I've got a number of health issues, it put me in a high-risk category. I'm old, I've got a heart condition. I've got high blood pressure, so those things all mitigate against me. A doctor friend of mine said, "George if you get it, it could have a poor outcome" … Death? "Yes." (George, 67)

Informants were acutely aware of the threat to life and health that COVID-19 presents. This appeared to be a psychological burden for some, and the fact that all 11 informants carefully followed the Governments' advice is evidence of their vigilance in protecting themselves. While avoiding generalisations of older people being frail, little to none of the advice from government and the media addressed the evident need for society to have inter-generational consideration. Informants reported a general lack of awareness of older people's right to be outside, exercising.

> As soon as you went outside there were hordes of people out exercising because of the pandemic - because they had nothing else to do. And they were mostly younger people. And they were all running, walking fast, riding bikes, on skateboards, on bicycles, and … probably 90% of them … didn't make any provision for the fact that there might be older people who didn't want to be passed at close quarters, and who also got nervous when some bike or skateboard goes past you really fast … they actually don't even see you, quite frankly. (Christa, 68)

Another informant observed increased road rage and guessed it resulted from increased unemployment following COVID-19.

> Some people are really getting grumpy on the roads because, you know, they're out of work or something, I don't know what the reason is, and they're being very rude and you just have to maintain your equilibrium when that happens, stay calm basically … Just last week … I was about to turn my car and a pedestrian ran right in front of me deliberately … I nearly ran him over … He thumped my car and swore at me as I passed **…** I can only assume that he's lost his job and he's probably in a very poor state of mind. (Henk, 73)

Relates to Recommendation 5, 6 and 9

Food security

> Supermarkets posed a problem for informants, mainly through what they heard from others and through the extensive and extreme media focus on 'hoarding' and the dangers posed by people behaving badly by pushing others, or coming too close. Informants mentioned strategies such as using the dedicated early hour from 7-8am for older people, or seeking out smaller supermarkets, open markets or fruit and vegetable shops with fewer people where there was greater concern for social distancing by others.

> Informants mentioned the advantages and disadvantages of online shopping, and one spoke of being let down by a neighbour who forgot to buy the essentials she needed.

> While some informants noted the unfortunate consequence of panic buying – 'How many toilet rolls do you need?' (George, 67) – there was understanding of why this may have happened. The need to buy ahead was acknowledged, as it is difficult for some people to regularly go to the supermarket, e.g. older people, people with disabilities and women with babies and toddlers. One informant related hearing of an older man's car accident as he was not used to driving in the dark, and the early shopping hour necessitated this.

I can remember going into one supermarket and, this is before I realised that the toilet rolls were off the shelves, and the whole area of shelving was empty. (Rose, 95)

There'll probably be limitations on what you could buy at the supermarket, and you try and buy as much as you can so you minimise going out. (George, 67)

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. (Henk, 73)

Relates to Recommendation 9

Fewer services

Informants spoke of fewer services, either through fear of contracting the virus through service providers being in their homes, or though some councils withdrawing services as a direct result of coronavirus restrictions. Library closures were problematic for some, and personal assistance, house cleaning, meals and home maintenance were mentioned by others. This resulted in more housework which is a considerable burden as such services are only provided to people who have a demonstrated need for assistance. Of particular concern was where essential services such as helping with showering and dressing were stopped. This limited opportunities for visiting staff to identify elder abuse. Despite the high needs, fear of contracting the virus compromised the value of this service.

I had friends who were noticing that these workers had not been trained in how to do safety procedures in a pandemic. So they weren't doing hand sanitising. They weren't wearing gloves, masks, etc. And when questioned, they didn't seem to understand basic hygiene procedures during a pandemic … they weren't being trained by their providers to go into the homes of the most vulnerable. (Christa, 68)

There are people coming to [my friend's] house, do her shopping, speak with her and all that, which is important. And on the other hand, she was so worrying about whether those people will be bringing COVID-19 into her house. (Lily, 69)

We've had a cleaning person come into our house normally, which we cut off when this started and advised against it. We've got more housework to do and my wife's quite disabled, so I've got to do most of those things. (Henry, 77)

Terry's experience was more positive as he reflected on services for his mother:

They've all kept coming … cleaners and meals on wheels …They've been equipped with gloves and masks and they've done their practices differently. (Terry, 68)

Relates to Recommendations 3 and 9

Access to medical care

Ten of the 11 informants accessed medical care within the COVID-19 shut down. Reasons for medical care ranged from the flu vaccination for three and collecting scripts in person for one, through to major surgery. Some were worried about the health of doctors, nurses and medical staff exposed to sick people all day – 'in the firing line'. Only three expressed any concern about contracting the COVID-19 virus by attending the medical centre.

Maybe they're at physical distances, but they are breathing the same air … Very easy contagious virus. (Omar, 68)

I still really worrying about going to visit the doctor … I have to look whether there is anything suspicious, or too crowded. (Lily, 69)

For most, their reluctance was due to not adding to the burden on the health system.

The eleven informants who did access care described the thorough precautions taken by the medical centres and staff, ranging from telehealth appointments for one informant, to temperature testing of patients, requiring them to wear a mask, wait outside until called in, or sit in designated chairs in waiting rooms ensuring 1.5 metres distance from others. They described their doctor wearing masks, surgical scrubs over normal day wear, and regularly hand sanitising.

3.5.2 Responses to government policies and advice

All eleven informants supported the government's isolation measures to contain coronavirus. Their support was both in theory and in practice. Informants all described the measures they personally took to protect themselves, their families and friends and the broader community. Several had professional knowledge or a deep interest in pandemics and understood the way the virus is contracted and the implications of it spreading. One informant said:

> Even though I'm a bit of a rule-breaker, in this particular time I've kind of pretty well stuck to the health directives. Because I see it is in the interests of myself and society, and I was very cross with people, even some friends of mine who saw it as a kind of fascism or telling us what we can and can't do. I disagreed with that. Which was – I found was interesting. So a couple of (younger) friends I decided to kind of cut out. Because I felt that they were more interested in their personal freedom than the welfare of elders and society as a whole. (Christa, 68)

Some commented on the inclination of older people to abide by the Governments' policies of isolation, social distancing and hand sanitising. There was awareness that older people are more vulnerable and it was in their interests to do whatever was in their power to limit the spread.

> We try and minimise going to the supermarket, and when we do, we make sure we wash down the trolleys thoroughly and wash our hands. And when we get home, we wash our hands again. (George, 67)

> You've got to be aware and cautious of what you're doing. You don't stick your hand out to shake hands. You stay back from people. Even I'm avoiding picking up a cup of coffee as I go out … I virtually haven't been to shops or anything and we're getting food delivered. (Henry, 77)

> I went shopping, in my bag I always have mask. I always have hand sanitiser, these wipes in there. So I'm very – and also plastic bag. If I finish using the mask, I'll make sure I put it in a zip bag and zip it. (Lily, 69) .

> Mostly we are driving and we are not going from the public transportation. I haven't used the - almost last three months, public transportation, since early April. (Omar, 68)

> I've been tested, [my partner's] been tested, Mum has been tested … Most older friends of mine have been tested and got tested as soon as they freed up the criteria. (Terry, 68)

Some felt being prepared to follow government advice in regard to COVID-19 may be a reflection of getting older and being more willing to accept that life can be hard.

> The older ones actually adjust better, but the younger ones are more ignorant. (Deanna, 74)

3.5.3 Responses to media coverage

This cohort almost universally looked to the ABC – TV, radio or online – for credible news. Other sources mentioned were The Guardian, The Age, The Australian, Washington Post, LA Times, New Yorker, the BBC and government websites.

> I watch a lot of ABC news anyway, but I also love Channel 7 as well. (Lily, 69)

Some commented on the tendency for other news sources to dramatise the situation, and chose to stay away.

> The way some of it is expressed … will bring up the panic more … I only … get my information from areas where I think they don't sensationalise it. (Deanna, 74)

> Generally, most of the mainstream media have been good with exceptions of occasional little bursts of catastrophising. (Simon, 68)

One informant referred to media commentary unfairly blaming China for coronavirus.

> It was the Chinese this time, wasn't it? You see that bullshit, Westboro Baptist Church stuff – you know, God's vengeance. (Terry, 68)

These interviews were conducted during the period when it seemed the threat of coronavirus taking hold was at its lowest point (23/6/2020 - 3/7/2020). As a result, comments reflected a more settled period after an initial time of consternation.

> To start off with, it was overwhelming and I just switched off. I thought, I'm not going to – all this negativity is going to put the wind up everybody. (Deanna, 74)

Some informants sought out in-depth information and felt all they needed to know was accessible via the internet.

> YouTube is a very good teaching platform … recommendations from Australia wide, environmental things … Also from CDC from United States … national health management institution in England. They are sending the emails as well and they are giving good information there, good recommendations. (Omar, 68)

> ABC News and Coronacast I watch a lot. I get The Age newspaper every morning. ABC News … a couple of websites. I get a weekly email from the Department of Health and Human Services Victoria about the incidence … some of the US sites … [My partner] accessed some of the professional pathologists' journals. (Simon, 68)

However, conflicting information remained problematic (at that stage of the pandemic in Australia) in relation to the wearing of masks, and what to do or not do. Social media increased the confusion, with one informant relying on friends to help verify the credibility of different social posts.

One informant welcomed what she saw as an example of media coverage that reflects the diversity within Australian society.

> The Drum [is] a very women-led show so they have nearly always women moderators … And they always have a lot of women and they nearly always have an Indigenous person on the panel and also Muslim women … they have real representation in the discussion … they had someone who was just like a pensioner … didn't have any other qualifications. (Christa, 68)

Relates to Recommendation 5

3.5.4 Observations of aged and other discrimination

Ageism

> I think we get represented as a doddering, not really with it. (Henry, 77)

The majority of informants did not report being aware of ageism when they spoke of how they were coping with the coronavirus restrictions. This does not necessarily mean it was not happening, but perhaps that their lives were not affected by the kinds of ageism emerging.

One informant with a lifetime's experience of facing discrimination has a heightened awareness of how privilege works. She said:

> I have been pleasantly surprised that society was more, "Let's take care of everybody," than … just spread the disease and let the old people die. That was good. But underneath there is still the ageism there. (Christa, 68)

A concern for several informants and a major issue for Christa as she self-isolated, is that of having a parent in aged care during COVID-19. Although this research cannot report on people's own experience of living in Aged Care Facilities, the effect of this on Christa is critical to this research. It is clear that her peace of mind would be enhanced by better conditions for her mother. She had observed ageism becoming more acute in the competing demands in this disaster, and reflected on the need for respect for, and understanding of, older people. She stated, 'This pandemic has exposed the deep ageism and disregard – disrespect – for the elderly'. Her evidence for this statement included late attention to extra COVID-related funding for aged care facilities and in-home care services, the consequences of which she observed first-hand in relation to her mother's care.

Despite education of staff in aged care facilities in recognising signs of the different kinds of elder abuse, instances that such abuse from 'carers' do occur are regularly reported in the media. Residents and their concerned families have not always been assured of safety. The COVID-19 pandemic highlights an unfortunate position that when economic stakes are high, the right of elderly people to safety is sometimes dispensable. Christa suggested the worst failure of policy early on in the pandemic was in regard to aged care facilities.

> The government policy was atrocious. It was basically almost genocide of the elderly … I asked at the beginning of the pandemic what would happen if COVID-19 got into the nursing home where my mother is. And they said, "Well, we'll be keeping them here". And I said, "Do you have any ventilators?" And they said, "No". (Christa, 68)

Christa went on to say that in a climate of competing interests and costs:

> It is still an ageist policy but you can sort of forgive it if the hospitals were overflowing with people, you can see why they would keep the very elderly in their nursing homes. But then if they keep them there, they should provide proper care for them there too. (Christa, 68)

Even within facilities prior to this pandemic, the cost of staff wages sees inadequate staffing levels – a situation that is frequently cited in media coverage. People are unlikely to blame poorly paid staff in aged care facilities as it is generally recognised that they are not resourced to cater well for the residents in their care.

> The personal assistants with no training even to look after old people, let alone deal with that virulent epidemic disease … (Christa, 68)

The conclusion of some informants is that society sees younger people as more valuable, and that in our Western culture, young people show little respect to their elders.

> Young people don't have respect for their elders in western society. And I would exclude people who come from cultures that do respect their elders – like Indian people for example, and Aboriginal people. (Christa, 68)

For primary prevention of elder abuse, societal changes are needed to reduce stereotyping and promote diversity in all ages, abilities and cultures. For example, in disasters, evacuation centre staff do not necessarily check whether women have Intervention Orders in place, and may be even less likely to do so for older people. One informant pointed out the attitude of government employed workers who refused to consider the diversity of needs amongst older people. Henry also felt stereotyped, suggesting society sees older people as:

> … a group of people who we don't really know what we're doing. (Henry, 77)

Omar reinforced this observation:

> When we are seeing the older age or elderly category, we are basically assuming that they are after age 65, but the people are reaching age 65 … their backgrounds are different. Like, they may be sports people. They may be something more intelligent, they were working. (Omar, 68)

Informants perceived different 'rules' for older people in the early stages, whereby they were asked to 'just sit inside'. When the first wave of coronavirus restrictions were beginning to be lifted, one Stadium was reopening – but not for the older teams.

> "Oh, golden oldies – you can't let them play. You know, they might get infected. " So that's the attitude. Young people can play sport but not you. And yes, we are more vulnerable, but we are also much more careful … The advice was … to just shelter inside. And stay out of our way … the people who are vulnerable should just … be invisible. And do nothing. And don't participate in society … So there hasn't been the consideration … that older people also need to have a life, live their lives. (Christa, 68)

Others contributed similar thoughts:

> Being over 70, I was discouraged from going out as much as possible. (Henk, 73)

> My feeling is, I think this saying, "You've got to stay inside" could be detrimental to people who, if they had a bit of a walk … it would clear the mind. (Deanna, 74)

Attention is needed on understanding and respecting the values and perspectives of older people and what they have to offer, while eliminating the perception and assessments of older people as lesser human beings than those younger. The kinds of discrimination observed by informants were more evident when age was combined with other types of discrimination.

> 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 by people around me, and there's a whole hierarchy because the same is no doubt if you're black or if you're a woman. So, men are more valuable. White men are the most valuable. And people carry those prejudices, even unconsciously. (Christa, 68)

Relates to Recommendations 1, 2, 3, 6, 7, 8 and 12.

Sexism

One woman who identifies as lesbian has lived her life in heightened awareness of heterosexual couple privilege (Pease, 2010). Ensuring her own health and safety became more complex in COVID-19. One example she gave was that a lifetime of claiming a fair share of the footpath from passing men now meant risking her health by not maintaining the 1.5 metre distancing. Her usual walking and bike paths were too narrow and too dominated by young or male runners forcing her off the path. It took resourcefulness to be able to exercise in 'a relaxed, safe manner' – in her case, by finding a relatively unused oval to walk around.

This informant found that younger people, in particular, seemed oblivious to social distancing around older people, to the extent of endangering them with their carelessness, in addition to potentially exposing them to COVID-19.

> You're invisible on the street. And they just push past you. They bowl you down … I have made it a habit in my life not to step aside. And then they just about crash into you before they realise and then they veer off. But, of course, I couldn't do it at this time. Because that was making it too dangerous for me. (Christa, 68)

Henk also observed a gender difference, noting that, 'a lot of people, especially men, have a very casual attitude to health'. Henry agreed that 'generally, women are more alert to their

health than men', and Omar said, 'Men are a little bit less fearful. Women are a little bit more delicate'. Joy spoke about the socialisation into gender roles:

> Men of my era were not trained to do much house-work, they don't pick up a vacuum cleaner and they've been so used to having women do things for them – wives. They all went to work and they earned money, and when they came home, the home duties weren't theirs … So when they're left with less home help from the council, they're in a bad way … Some of them wouldn't even know how to boil an egg! … Nobody to clean up for them. (Joy, 98)

Omar offered his observation of home, where his wife is more concerned than him about tidying:

> Every day very small areas, not any argument points, but could become easily argument points or something. Tidying up or these kind of things. They are teeny, tiny things, but I don't care about my things but maybe men mind is different than the woman mind … Maybe woman mind's always been neat and they want to see more neat environment. (Omar, 68)

Several informants gave examples of sexism and how it has re-emerged in their lives during the COVID-19 shut down. The traditional gendered division of labour returned for Lily, who found herself cooking again for grown sons who returned each weekend or to live during COVID-19, as well as doing her paid work. She said, 'I have to cook so many meals!'

Joy remembered when women teachers were paid 80% of the pay of men, and when shop assistants were mostly women as they were paid 75% of a male salary. As a teacher of English to new migrants, Joy wondered about the COVID-19 information getting to people without English as a first language. She noted that when she taught new migrants, 'men got the lessons and women missed out'. Joy also observed the domination of men giving advice about the pandemic on television, suggesting a way to minimise this didactic and sexist method of communicating information.

> It's like teacher telling the kids something, the way it's done … 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 … (Joy, 98)

Relates to Recommendations 2, 4, 5, 7, 8, 10, and 13

Racism

Although Lily had no first-hand experience of the discrimination against Chinese people reported in the media, she knew of it in neighbouring suburbs and found it worrying.

> On the news in Knoxfield, Chinese people – they wrote on their front door, garage door or something, nasty messages, window broken, etc., but not in my area. But you're still worrying. Whenever there is some news … I still would jump and read that the racism about Chinese people … It can be very upsetting. (Lily, 69)

Several informants commented on the difficulties facing older people from diverse cultural and linguistic backgrounds, particularly where they could not speak or read English well. Dependence on others for information about COVID-19 increases their vulnerability. Terry questioned the commitment of Australia to multiculturalism in this period of COVID-19.

> Our community is multi-cultural … and it seems to me that people might not have been alert to the different ways that the message was being received in ethnic communities. Now, that would apply to some older people in those ethnic communities too. (Terry, 68)

Joy lamented the current lack of English classes for new migrants and their parents, remembering when she taught post-war migrants. She noted that current migrants may have three or four languages and, unlike post-war, are now not given the chance to be taught English in Australia:

We just plonk them and if you just plonk them, they're not going to know when our leaders get up and speak in a formalised language. (Joy, 98)

Omar mentioned the value, indeed, the 'success' of SBS in improving provision of information to people in their first (or second) language.

I speak another language, the Turkish and I learn whatever I missed from the ABC News. (Omar, 68)

In contrast to the depiction of Chinese people as the source of the virus, Asian people in Australia are now being recognised for their more effective approach to resisting coronavirus through sanitisation practices and mask-wearing. Lily spoke of receiving written advice from her cousins in Hong Kong in Chinese, and in pictures.

Very, very early in there, they already put out this booklet there and my sister just sent it to me through the internet. So, I read about it of course. I was sending to my friends … very informative, very, very good … and they've gone through SARS as well. (Lily, 69)

Relates to Recommendations 2, 5, 7 and 12

Homophobia

Globally and locally, LGBTIQ+ communities are facing particular hardships and at high risk from COVID-19. The concurrent report in this series of research commissioned for Respect Victoria documents the experience of LGBTIQ+ communities in Victoria, reinforcing the findings of the literature review attached to this report that LGBTIQ+ people are presenting with higher rates of anxiety and depression, and elevated risk of suicide and self-harm (Rainbow Health Victoria et al., 2020; Equality Australia, 2020).

In this study, two informants reflected that COVID-19 would particularly affect younger LGBTIQ+ people, and that as older gay men in (separate) settled relationships, they are less affected. Terry has a usual group of gay couple friends, but suggested with pubs and clubs closed, young gay guys could feel socially excluded.

Older LGBTIQ+ people without children could be more reliant on social support than people with children, as noted by one informant (notwithstanding that some heterosexual people may also not have children). Another commented:

It's good to be able to talk to people of your tribe … you can talk about some shared history and some of the issues you're interested in, normally the discussion goes on to their children and grandchildren. Well I can't share that experience. That stuff bores me to tears ... So you need to be able to communicate with people of your own tribe – mine is LGBIQ. I think that'll be the same sort of issue with older LGBTI people, people in bushfires … and COVID-19, that … it's about someone having a talk to you – somebody you can relate to and relate in life with. (Simon, 68)

Simon also noted that his work in advocating for LGBTIQ+ people with disabilities had been stalled due to COVID-19. Four years of work is on hold:

We had long term plans for a high-profile launch with Ministers and leaders from the disability providers, NDIS, etc. to support the report and get commitment to change, but that has been delayed significantly. (Simon, 68)

Intersectionality changes the experience people have of discrimination, as Simon pointed out the lack of social support during COVID-19 would be harmful to:

LGBTI people who might be from ethnic backgrounds, they might be Muslim, they might be a refugee or asylum seeker, they might be from a strict Greek, Italian background, whatever and navigating all that without some of the social support networks that would have otherwise been in place would be very difficult … there's a group, Switchboard, which provides in-home support, social support for older lesbian

and gay men … [Their] community visits program, I think, was suspended for a while. (Simon, 68)

He recommends matching service providers, particularly at times of emergency, to LGBTIQ+ clients.

It's definitely about new services into your home – do you have to suddenly de-homosexualise the house again as you did with your parents 50 years ago to hide who you are? But if you have visitors 'from your tribe' you can leave photos and memorabilia around without being fearful that the homecare person would treat you in an inferior way. So all the LGBTI sensitivity training is really important. (Simon, 68)

Relates to Recommendations 2, 5, 9, 10,and 13

Class and political structure

Informants reflected on a sense of place in society. They drew on the values they had kept over a lifetime – values of caring for each other. The sense of now recognising the structures that maintain privilege was clear in these interviews.

I can remember when I first met my wife and she was going to university and I'd meet her there. And I'd very strongly feel, I shouldn't be in these hallowed halls … It wasn't for the like of me. (Henk, 73)

[As a young woman], I met an old man that I hadn't seen for a while, and he said to me, "Hear you bought a house, girl," and I said, "Yes, I have," and he said, "Good for you, girl, never forget your working-class roots". Good advice, Kate, good advice. (Rose, 95)

They acknowledged the changes wrought in them because of adversity. Class and socio-economic status emerged as framing their opportunities, if not their experiences. Disaster risk and recovery is premised on privilege. Those with the most resources do better.

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. (Henry, 77)

Those with the greatest wealth become richer in disaster.

Terry spoke of the importance of funding social infrastructure.

There's a bit of a tendency to think of infrastructure as just physical infrastructure – and there's *social* infrastructure as well. So, it's very well to say, we're going to have $25,000 gifts to people who want to do their home [extensions]. But one of the bits of our social infrastructure that is really creaking at the moment is the aged care packages. There's over 100,000 waiting for aged care packages … And aged care packages employ people every bit as much as building an extension. (Terry, 68)

Relates to Recommendations 5 and 12

3.5.5 Informants' resilience in COVID-19 isolation

The eleven informants felt their past experience of life set them up well to accept the limitations and challenges posed by COVID-19. Although vulnerable as this disease is more lethal to older people, these informants felt well placed to face this pandemic. They followed guidelines, they had a level of financial and social security, with a long-standing network of friends and family. They were motivated to achieve the best possible life in isolation, and imaginative in their pursuits in lockdown. Their personal reserves extended to concern for others.

Financial circumstances

None of the informants spoke of fearing homelessness for themselves as a result of COVID-19, or of precarious financial circumstances. Comments regarding being on a pension,

owning their home, unaffected superannuation reflected a level of security. Two informants hinted at difficulties:

> We had some income security issues early in the piece … we got [JobKeeper] and that is secure now until the end of September. But unless my business picks up, we'll have some income security problems at the end of September. (Anon)

> I retire from teaching, but the school … got me back to do an online teaching [with international students] and that was a real challenge, and I don't like it at all. It's very, very difficult. (Lily, 69)

Yet, most reflected on their secure circumstances as Victoria and Australia grappled with the pandemic. Many, including the two informants quoted above, spoke of how lucky they were in comparison to others, and of their concern for other groups within the community.

Informants' responses to a question about their ideal for a possible future lock-down revealed that the circumstances they were currently in, were sufficient. George suggested the ideal would be 'Much the same as it is now'. The necessity of social isolation was the overriding burden, and no matter how comfortable personal circumstances are, isolation would always be a factor. Social isolation precluded services informants previously relied upon, and seeing friends and family. Beyond this burden of social isolation, informants felt their circumstances were acceptable.

> We're very happy here by the banks of the [river] with a shopping centre just behind us, and good public transport. (Terry, 68)

However, Henry warned:

> I suppose, just as a parting thing. Don't take my situation as everyone is hunky dory and there's nothing to worry about. I think you'd find some really poignant stories out there. (Henry, 77)

Relates to Recommendation 5 and 12

Social circumstances

The resilience of the older people in our sample was apparent in what they said about their past experiences and the strategies they developed to cope with the disaster and COVID-19 isolation. A good network of friends and family before COVID-19 provided a firm foundation. For one informant, isolation restrictions preventing get-togethers did not threaten his relationships.

> Where I am in life, I've got those strong friendships in place and not catching up with someone for two or three months won't disrupt those links. They're there for life. (Simon, 68)

For most, virtual communication replaced physically seeing others. The circumstances of the pandemic concern informants, and many responded by wanting to connect with others. Informants spoke about *more* conversations, but by phone or zoom, and of feeling people were more present than usual when they communicated. Ironically, many said they felt closer to friends and family.

Neighbours were more willing to call out over the fence, to check in and offer to help. This traversed neighbours in apartment blocks who were strangers before, to reacquainting with others from the neighbourhood and friends from 30 years earlier. Informants who were part of a couple appreciated having someone they liked to be insolation with.

> 'My wife and I don't mind each other's company … She's not a hardship for me.' (George, 67)

One informant reconnected with extended family in his home country through new technologies – something that hadn't happened before the COVID-19 shut down. Another

took the opportunity to research where he grew up in a European country, and multiplied the benefits by sharing this new interest with his siblings. Several spoke of reconnecting with lost friends – 'people I've always meant to get back to' (Henry, 77). One found an innovative way to keep in touch in person, but still abiding by social distancing:

> I really got a very good friend who is quite much older than I do, so I try to drop into her house and say hello to her … talking to her outside her doorway and then she stands in the doorway. (Lily, 69)

Some found the coronavirus threat motivated them to be as well as they could be during isolation, and many spoke of knowing what to do for their physical and mental health and wellbeing. Key strategies to cope were walking in the fresh air, seeing others (from a safe distance) and looking at the outside world. Mindful of advice for staying well, some made a point of speaking to at least one or two other people every day.

Past experiences and adversity offered informants hope that they would make it through this disaster as they had before. They had survived hard times before and could do it again.

> It's for life anything can happen, so I think the immigrants are much more - let's say they're accepting the situation easily and comfortably [and …] the old generations in Australia … because after age 70 they have seen World War II, they know the World War II conditions … I think they accept difficult situation easily and they can cope with it. (Omar, 68)

Some took up formal or informal studies online. Three had formal training in different aspects of pandemics and applied their formal knowledge to understanding the spread of COVID-19. Taking an investigative approach helped them understand the impact of COVID-19, and formed the basis of conversations with others.

> I had to study pandemics. Never thought I'd be in the middle of one… my friend Sue, we talked and talked and talked because we were trained … I worked … as an analytical chemist … she was trained as an analytical chemist as well. (Deanna, 74)

The ability of informants in online communication varied from basic skills in Facebook through to two informants who had taught information technology. Some noted their improved skills through needing to connect with people using the internet as the result of the COVID-19 isolation.

> Some people are really making a step, you know, beyond the blue, by learning how to do Zoom and learning how to do emails and they're taking an opportunity because they're stuck with it, and they can't see people so the only way is by phone or by the Internet. Lots of them are learning new technology because they have to, so it's actually opening up new doors for them. (Henk, 73)

Two informants had no access to the internet, but did not count this as a disadvantage, instead using the phone to keep in touch with others, and the radio or television for news, and for others, books and scrabble were important. Some appreciated a quieter life and the chance to be better organised. Henry remembered a conversation where his friend said, "I actually prefer the slower pace of life. The streets are more empty and people are more friendly." Henry added, 'There's plenty I miss, but I'm one of the lucky ones'.

In contrast to some media portrayal of age stereotypes of older people as frail and no longer relevant, the reality is very different. Informants spoke in passing of their continuing contributions to society in many ways – as valued family members, supporting younger family members now suffering in COVID-19 isolation, and in volunteer roles. Volunteer work spanned school support with multi-cultural kids, to visiting very elderly people in aged care facilities, teaching computer skills to others, running writers' groups, and supporting International students. Three informants brought their high-level professional expertise to 'retirement', voluntarily working in policy and advocacy for LGBTIQ+ issues and CALD issues.

Others drew on deep interests and knowledge to interpret both the current COVID-19 situation and the media about it.

> I used to teach media studies … [The media presents] conflict, champions, closeness and colour. (Terry, 68)

> Professionally he and I know about building blocks and nuts and bolts and molecular biology and all those sort of things … He looked at some of the newspaper stories, and especially at the early stages, and said, "This isn't ringing true". (Simon, 68)

Relates to Recommendation 2, 5 and 6

3.6 Discussion

This section picks up on the themes in the interview data and draws on other research from the primary prevention, disaster and specifically COVID-19 grey literature, and preliminary journal articles to further explore the issues raised.

These research findings begin our understanding of the impact of the pandemic response on older people's lived experience; the intersections between the pandemic and ageism; and older people's resilience and capacity to cope with disaster and COVID-19 isolation.

Although we sought insight into a diverse range of older people living in Victoria in the small sample of 11, instead the sample represents a solid view into the perspectives of – in many respects, 'middle Australia', although progressive rather than conservative. For example, all 11 obtained information about COVID-19 from the ABC, along with other well-regarded news sources.

The literature review confirms that older people are disproportionately affected by disaster (Johnson, Ling, & McBee, 2015). Older people are reported to experience anxiety, stress, and fear about their own and family members' physical wellbeing (Labra et al., 2018). Older people are also more likely than those under the age of 65 to report symptoms associated with posttraumatic stress disorder in the aftermath of disaster (Labra et al., 2018; Ticehurst, Webster, Carr, & Lewin, 1996). For some older people, these impacts are so severe that they report preferring to die in a subsequent disaster than having to experience one again. The impacts of disasters may contribute to deteriorations in the medium and long-term health outcomes (Labra et al., 2018). The literature review cites UN reports of denial of health care to older people for conditions unrelated to COVID-19 (United Nations, 2020) and reduced access to allied and other health care services (Makaroun et al., 2020). Some services are ceasing visits to older people in their homes because of safety precautions. As the needs of older adults are different, complex, but often overlooked during disaster planning and response, concerns regarding measures implemented to protect older people, may also contribute to their harm. Afterall: "It's important to recognise that [COVID-19] restrictions that are actually saving the lives of older people, are, at the same time, contributing to this perfect storm of elder abuse occurring" (McKenna, 2020, n.p.).

The Our Watch framework, 'Change the Story' (2015) was premised on a public health disease prevention typology and delineates primary prevention from other kinds of prevention (that they define as secondary and tertiary prevention). The stated aim of primary prevention is to target the 'drivers' of violence. the legislative remit of Respect Victoria is to work towards the prevention of violence against women and all forms of family violence, and in doing so, Respect Victoria proposes an intersectional approach to understanding elder abuse (Respect Victoria, 2019).

The Victorian Government's approach to preventing elder abuse is based on empowering older people, consistent with the human right to live life free from violence and abuse, in line with the Victorian Charter of Human Rights and Responsibilities (Senior Rights Victoria, & Think Impact, 2019). Gutman and Yon (2014) conclude that "much work [still] needs to be done" to establish "prevalence and incidence rates as well as risk factors for the different types of mistreatment that may occur in a disaster and its aftermath" (p. 44).

Thus, primary prevention of violence seeks to positively influence the context which allows and enables violence, including elder abuse (Our Watch, 2015, p. 15). Secondary or early intervention and tertiary prevention (responses to prevent reoccurrence of violence) focus on interrupting the expected 'trajectory for individuals at higher-than-average risk of perpetrating or experiencing violence' (Our Watch, 2015, p. 15).

Primary prevention – addresses the ways elder abuse can be prevented from occurring in the first place by identifying the underlying causes and acting across the whole population to change the attitudes and behaviours that allow these underlying factors to exist. This work focuses on whole of population initiatives that address the primary underlying drivers of violence.

Secondary prevention or early intervention – aims to 'change the trajectory' for older people at higher than average risk of perpetrating or experiencing violence. The focus here is on picking up early signs of abuse and stopping those incidents from escalating.

In targeting the 'drivers' of elder abuse, it is first necessary to identify these drivers, and then to challenge the way they play out in society. Yet, as the literature review indicates, little has been achieved in understanding the drivers of elder abuse in disaster.

It can be argued that ageism and elder abuse are both outcomes of systems – arguably, patriarchy and capitalism with racism intersecting. It is logical to consider ageism and elder abuse in the context of the gendered social and economic structures they are part of. If ageism comes from valuing people on the basis of their economic contribution – what value does a 'non-productive' person have? This echoes feminist identification of the lower valuing of women's work, and attendant endeavours to have unpaid contributions recognised (Human Rights Commission, 2013). As noted in the Definition section above, assumptions of 'non-productive' older people deny the myriad ways they contribute to society (Tronto, 2013; UN, 2020). Informants to this research continue to apply their life's work and wisdom through relationships with people, through paid or volunteer work (some curtailed through COVID-19), and through advocacy at a policy level.

Across the elder abuse, ageing and primary prevention sectors, it is generally agreed that drivers of elder abuse *include* ageism primarily along with gender inequality and other intersecting forms of discrimination such as racism, class, homophobia and ableism (Dow & Brijnath, 2009; Dow & Joosten, 2012). Under both scenarios , intersectionality changes the experience people have of discrimination. One informant pointed out the effect of COVID-19 support service restrictions may have on, for example:

> LGBTIQ+ people who might be from ethnic backgrounds, they might be Muslim, they might be a refugee or asylum seeker, they might be from a strict Greek, Italian background, whatever - and navigating all that without some of the social support networks that would have otherwise been in place would be very difficult. (Simon, 68)

Improved attitudes and behaviours is one way to recognise success in primary prevention, and this can be achieved through legislation, education, and changes in communication, both interpersonally, and through all media.

Exploitation of older, retired health professionals has been observed in some countries, and in Australia, too, older workers have been called back into service, despite the increased risk to their health (Scott, Lloyd & Florance, 2020). Characterised by a strong work ethic, and in recent decades by greater individualism and inequality, the inadequacy of the free market to care for whole population when faced with a pandemic becomes evident. The World Economic Forum Executive Chairman, Klaus Schwab calls for a new kind of capitalism in response to COVID-19, a 'Great Reset … to lend a voice to those who have been left behind .. not a revolution or a shift to some new ideology' (World Economic Forum, 2020). This pandemic has revealed the Australian government's willingness to do this in its pivot to greater social support and healthcare in these circumstances. Mr Schwab reflects the views of our informants when he writes:

> We must expand our effort to recognize the diversity of backgrounds, opinions, and values among citizens at all levels. We each have our individual identities, but we all belong to local, professional, national, and even global communities with shared interests and intertwined destinies. (World Economic Forum, 2020)

This echoes the views of informants to this research, who expressed a deep concern for those less well-off, citing the people living in the towers who were then under duress in the COVID-19 lock-down. Informants reflected on their fortune in being socially and financially secure in older age, and some spoke of the values that working-class roots engendered in them. A 'Great Reset' to include the voices of 'middle Australia' and the voices of those currently 'left behind' aligns with their concerns about COVID-19. It is, indeed, in recognising 'shared interests and intertwined destinies […that we move] towards a more resilient, cohesive, and sustainable world' (Schwab, 2020).

Equally, it is the way we more effectively manage emergencies. The Gender and Emergency Management Guidelines recommend inclusion of diverse voices at each stage of disasters . This exemplifies a health promotion approach and the primary prevention of violence, that can includ elder abuse. Informants to this research reflected these values of shared humanity, and their experience of the COVID-19 response measures brought their empathy to the fore.

> If you go back to fundamentals, villages used to look after each other … I'm a member of the human race and I'm pleased to share what I've got with people who haven't … I was in that position once but I'm not now and I don't forget where I came from. (Henry, 77)

Continuation of services where they are essential to older people's health and wellbeing is clearly possible and greatly advantageous in reducing isolation. Informants reflected on the health risk involved in continuing care services, but with regulation and safe practices by care-givers and service providers, essential services can continue. In a disaster like COVID-19, careful monitoring of care with the recipients can contribute to the primary prevention of elder abuse and improve perceptions about their value to society. Older people's own estimation of their value increases in turn.

The literature review confirms the devastation wrought on older people by ageist attitudes. The world has experienced a "parallel outbreak of ageism" alongside the pandemic according to Ayalon et al., (2020). Media coverage and political discourse have devalued older people's contribution in times of crisis (Nash & Schnarrs, 2020; Rodriguez, 2020). Consider the

polemics on competing rights between young and old where health resources and ventilators were scarce in the COVID-19 crisis. In countries like Italy, onerous choices were made in triaging patients (Le Couteur, Anderson, & Newman, 2020; Nouvet & Strachan, 2020). Consider, too, decisions made in other countries, e.g. Sweden, and some states of the US, to let the virus take its course, thereby increasing the death rate amongst mostly older people, but protecting the economy. Terms like 'herd immunity' and 'ring-fencing the sick and the old' give an indication of public discourse. This is a long-standing question.

> Postwar social policy has been distinguished by conflict over the elderly's share of attention and resources. Dissension has appeared at a political level... at a medical level … and at the level of local government social services. (Phillipson, 1982, p. 80)

The arguments are more salient and the flaws more apparent during the pandemic as mass unemployment emerges and questions surround how long Job Seeker and Job Keeper will continue. The coronavirus pandemic has confirmed the essential role of government in caring for citizens; 2020 has seen the most conservative governments, including Australia, increase their debt exponentially as unemployment surges to levels inconceivable a few months ago. This debt will become a burden for young people well into this century. How will taxpayers view the impost of care to the aged? Will possible resentment towards 'baby boomers' that pre-existed COVID-19 make primary prevention of older abuse even harder? The dubious nature of social security - in some capitalist countries more than others – increases stress on individuals. In the pandemic context, ageism is part of public discourse, as meeting older people's needs is in direct competition with the strength of the economy and supporting the workforce. Depending on the future course of coronavirus in Australia, the question about how to protect the economy may become more urgent. The impact of COVID-19 on the health sector and on the health of Australians generally will also become more prominent if rates of infection continue to surge as in Victoria over July 2020.

The international literature confirms that the cost of social isolation in this pandemic, although universal, is exacerbated for older people.

> Elderly people and people living with disabilities are easily overlooked in the context of community quarantine and are at risk of experiencing serious psychosocial challenges related to their personal and social condition ... (International Centre for Migration, Health and Development (ICMHD), 2020, p. 13).

This echoes the observations of some informants to this research, and their interpretation of aged parents in care facilities as being locked away. Although this is outside the parameters of this research, having an aged parent in a facility was of great concern to Christa, who saw this ill-treatment of the most vulnerable old people in aged care facilities as evidence of a context that is conducive to elder abuse. This tolerance could be addressed as a primary prevention measure as part of a broader overall strategy to shift thinking, decision making and behaviours and eliminate an overall complicit culture (DVRCV & Partners in Prevention, n.d.).

Isolation posed practical concerns for some informants as indicated in the section on Food Security, alongside other physiological needs including water and shelter. People also need exercise for physical and mental health, yet older people's access to safe exercise was not identified or facilitated. No community service announcements or advice from government spokespeople and media commentators alerted the broad community to respect the equal rights of older people to basic health measures including outdoor exercise. Primary prevention of elder abuse relies on societal agreement that older people are equally deserving of consideration. Elder abuse is less recognised and less documented than men's violence against women in disasters.

In COVID-19 isolation, domestic violence has increased across the world (World Health Organisation, 2020) and in Australia (Australian Institute of Criminology, 2020; Pfitzner, Fitz-Gibbon, & True, 2020). Clearly, the same pressures that are linked to increased domestic violence in disaster (Parkinson, 2019) apply to elder abuse, yet its incidence and prevalence in the COVID-19 shutdown is not known. According to Senior Rights Victoria (2020), gender inequality, where women are less valued by society and afforded fewer opportunities and resources, intersects with ageism. In a normative culture

that tolerates violence against women, this intersection means older women have an increased likelihood of experiencing family violence as elder abuse.

The first step is to name and quantify the problem. Resourcing this will indicate commitment to addressing elder abuse. Primary prevention of elder abuse includes building a society which values people of all ages, abilities and backgrounds. Success will include developing a greater understanding and respect for the strengths, needs and priorities of individuals communities and broader society (beyond their economic value), with a focus on providing the appropriate types and levels of support to meet the essential needs of older people.

Where people have privilege, wealth, networks and resources, there are options to reduce the pressures that are linked to increased violence in disasters (Parkinson, et al., 2018b). For those without resources, the impact of the COVID-19 isolation measures are extremely severe, as noted by many informants in relation to people less fortunate than themselves. Their concern for people living in the public housing towers, and those who do not have English language skills was apparent. Although poverty and ill-health may be the most critical issues for primary prevention of elder abuse in COVID-19, there are cross cutting issues. Most of the poor are women, most of the elderly are women, and most of people with disabilities in old age are women. Older women have faced a life-time of facing gender discrimination at each life stage – whether oblivious or acutely aware (Weiss, Parkinson & Duncan, 2015).

Dominant contemporary theories identify gender inequality as a driver of violence against women (Our Watch, 2015).[9] Theoretical work on the drivers of elder abuse is less developed, but the social determinants of health, and more recently, intersectionality theories emphasise the harm of multiple layers of discrimination.

In countries where men are explicitly valued more than women, even women are likely to feel less entitled to scarce medical assistance than men (Nouvet & Strachan, 2020). This level of state violence against women through discrimination may go unnoticed as everyone is part of the same culture that privileges men. This has been the case in Australia, and despite equal rights legislation, e.g. as in equal pay, our greater valuing of men in 2020 is still apparent in persistent pay gap, in who does the bulk of unpaid caring, in the ubiquity of men in authority – especially in disasters, and in many other domains of society. The COVID-19 experience has highlighted the value of (mostly 'women's') caring work that is rarely seen, and is regularly omitted from the public discourse (Australian Human Rights Commission, 2013; Tronto, 2014). As Tronto writes (2014, p. 23), 'caring needs and the ways in which they are met need to be consistent with democratic commitments to justice, equality and freedom for all'.

Our sample reflected the differing levels of awareness of gender inequality and how it is apparent in this coronavirus disaster. Gender inequality is also implicated in elder abuse, with 2.5 times the rates of abuse (by male and female perpetrators) enacted against women (Joosten, Bow & Blakely, 2015). In disasters, older women are at increased risk of abuse and neglect in care facilities (Keeley, 2020; United Nations, 2020), and by carers at home as the carers themselves face increased risk factors for perpetration of financial hardship, anxiety and stress (Makaroun, Bachrach & Rosland, 2020). The 'invisibility' that awaits women in older age (Wolf, 2010), could be countered by recognising and celebrating women's contributions to both public and private life, and removing barriers to women's central role in emergency management.

Another cross-cutting issue is race and in Australia, about half the population of every race is female. The Multicultural Centre for Women's Health in Victoria (MCWH) identified a higher risk of family violence in the shut-down of the high-density public housing towers. As noted, informants spoke about this lock-down and were concerned for residents. How we treat the residents of the Melbourne public housing towers is a litmus test for our society. Ostensibly, racism and classism play a key role in the unfair treatment of the tower residents, however, this failure of process is also attributed to gender discrimination as women leaders of cultural groups were largely excluded from government negotiations (Murdolo, 2020).

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[9] Even this broad agreement is contested, as rates of violence against women in countries with high levels of gender equality remain high, e.g. Sweden.

The COVID-19 experience has highlighted the value of (mostly 'women's') caring work that is rarely seen, and is regularly omitted from the public discourse (Australian Human Rights Commission, 2013; Tronto, 2014). As Tronto writes (2014, p. 23), 'caring needs and the ways in which they are met need to be consistent with democratic commitments to justice, equality and freedom for all'. The coronavirus pandemic has confirmed the essential role of government in caring for citizens. 2020 has seen the most conservative governments, including Australia, increase their debt exponentially as unemployment surges to levels inconceivable a few months ago. This debt will become a burden for young people well into this century. How will taxpayers view the impost of care to the aged? Will possible resentment towards 'baby boomers' that pre-existed COVID-19 make primary prevention of older abuse even harder?

There were higher risks for migrant women in the towers through social isolation and less access to information and services, partly through lack of multilingual support – an issue many informants mentioned (Tu, 2020). Although 'risk' sits with secondary and tertiary prevention, in this same article, Reem Mussa from *Medecins Sans Frontieres* stated the shut-down resulted in public humiliation and dehumanisation of the 3000 residents. This goes directly to primary prevention.

In a previous report, MCWH (2015) encouraged primary prevention theorists to understand the harmful role of cultural assumptions. Primary prevention of elder abuse – and research such as this – must address the way our society views older migrants. Informants to this research were unlikely to be exposed to the prejudicial views expressed to increase racial discrimination from some sections of the media.

> Peta Credlin spoke on Sky News of South Sudanese communities who she said were "poorly-assimilated migrants" and had broken restrictions to have an "end-of-Ramadan feast". Credlin later apologised for her comments after receiving criticism." (Yussuf, 2020)

The disaster literature emphasises that disasters are not the great levellers and that we are really not 'all in it together' (Fordham, 2008). In the findings, Simon spoke to this in his reflection on the importance of social infrastructure in the way recovery funds are spent. Economist, Milton Friedman (2002) wrote in 1962 that disasters are a window of opportunity for change. History reveals the change is regressive for marginalised groups, such as women, LGBTIQ+ people CALD people, First Nations people, people with disabilities – and older people. Friedman (2002) also wrote that the opportunities taken in disasters depend on the ideas lying around at the time. Whether *social* or *economic* recovery is emphasised depends on the energy and resources of the disaster-affected communities – as well as their ideas. 'Lack of recovery support, before and after catastrophes', write Adams et all, 'is tied in the US to larger social structural relationships' (Adams, Kaufman, Van Hattum, Moody, 2011, p. 13).

The political and economic context within which disasters occur, and recovery is forged, is central to disaster survivors' experiences and resilience. This was the case post-Black Saturday, and is the case with the 2020 Black Summer bushfires and COVID-19. If the world is to be a better place for older people – and for everyone in society – governments, the media, decision-makers and advocates for an equitable society must use this window of opportunity to ensure a caring and fair democracy.

The specific guidelines that exist in relation to older people in disasters do not directly address the primary prevention of elder abuse and violence against older women. These research findings and recommendations have the potential to be written into the National Gender and Emergency Management (GEM) Guidelines as a new section. Prior consultation with the emergency sector will ensure they are feasible and will facilitate their take-up within the sector. The GEM Guidelines are hosted on the Australian Institute of Disaster Resilience's Knowledge Hub. (https://knowledge.aidr.org.au/resources/national-gender-and-emergency-management-guidelines/)

3.7 Conclusion

Respect Victoria (2019) writes that drivers of violence include the 'social norms, practices and structures that influence individual attitudes and behaviours'. This research provides data on the ways informants to this research responded to government policy advice and direction. Informants have offered their insight into how a sample drawn from progressive 'middle Australia' experienced the COVID-19 measures taken in Victoria by both State and Federal governments. It canvased their responses to government policies and advice, and to media coverage, and captured their lived experience of the pandemic to July 2020.

> 'I think the world's going to be a different place going forward.' (Simon, 68)

The significance of this reflection by Simon is clear, as is the challenge for us all. The UN's important and timely *Policy Brief: The impact of COVID-19 on older persons* notes:

> The voices, perspectives, and expertise of older persons in identifying problems and solutions are sometimes not sufficiently incorporated in policy-making, particularly on subjects where older persons are affected by the decisions under consideration. It is important therefore to broaden our partnership with civil society and others to bring in the voices of older persons, harness their knowledge and ensure their free, active and meaningful participation. (UN, 2020, p. 15).

This research has begun to document the voices of Victorian aged over 65 years in relation to their experiences and perceptions of disasters, in this case, COVID-19. It is an initial step towards building a knowledge base and applying these learnings to inform primary prevention of violence strategies for both the emergency and elder abuse sectors.

3.8 References

Adams, V., Kaufman, S., Van Hattum, T. & Moody, S. (2011). Aging disaster: mortality, vulnerability, and long-term recovery among Katrina survivors. *Med Anthropol*, *30*(3), 247–270.

Australian Human Rights Commission (2013). *Investing in care: recognising and valuing those who care*. Retrieved from https://humanrights.gov.au/our-work/sex-discrimination/publications/investing-care-recognising-and-valuing-those-who-care

Ayalon, L., Chasteen, A., Diehl, D., Levy, B., Neupert, S. D., Rothermund, K., Tesch-Romer, C., & Wahl, H. W. (2020). Aging in times of the COVID-19 pandemic: avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*.

Chappell, J. (2018, Summer). Aging into feminism. *Boston Review,* 95-105,125. Retrieved from https://search.proquest.com/docview/2206952100?accountid=12528

Chatzifotiou, S. (2000). Conducting qualitative research on wife abuse: dealing with the issue of anxiety. *Sociological Research Online, 5*(2). https://www.socresonline.org.uk/5/2/chatzifotiou.html

Cui, K. & Sim, T. (2017). Older people's psychosocial needs in a post-disaster rural community of China: an exploratory study. *Natural Hazards, 85*(3), 1577-1590.

Dow, B. & Brijnath, B. (2019). *Elder abuse: context, concepts and challenges. Australia's welfare in brief 2019*. Retrieved from Australian Institute of Health and Welfare website https://www.aihw.gov.au/getmedia/affc65d3-22fd-41a9-9564-6d42e948e195/Australias-Welfare-Chapter-7-summary-18Sept2019.pdf.aspx.

Dow, B. & Joosten, M. (2012). Understanding elder abuse: a social rights perspective. *International psychogeriatrics, 24*(6), 853.

DVRCV & Partners in Prevention. (n.d.). *Unpacking the gendered drivers of violence against women: Condoning of violence against women.* Retrieved from: https://www.partnersinprevention.org.au/wp-content/uploads/Condoning-Of-Violence-tipsheet-online-1.pdf

Fordham, M. (2008). The intersection of gender and social class in disaster: Balancing resilience and vulnerability. In B. D. Phillips & B. H. Morrow (Eds.), *Women and Disasters: From Theory to Practice* (pp. 75-98). USA: International Research Committee on Disasters.

Friedman, M. (2002). *Capitalism and freedom.* University of Chicago Press: London (Original work published 1962), p. xiv.

Glaser, B., & Strauss, A. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research.* Chicago: Aldine

HelpAge International (2019). *Age Inclusive Disaster Risk Reduction – A Toolkit Chiang Mai.* HelpAge International, pp. 33-34.

Humphries, B. (1997). From critical thought to emancipatory action: contradictory research goals? *Sociological Research Online 2*(1), 20–27. https://doi.org/10.5153/sro.47

ICMHD. (2020). *COVID-19: Notes on Community Quarantine.* International Centre for Migration, Health and Development Retrieved from: https://icmhd.ch/wp-content/uploads/2020/06/2020March5_-ICMHD_-CommunityQuarantine.pdf

Joosten, M., Dow, B., & Blakey, J. (2015). *Profile of elder abuse in Victoria: Analysis of data about people seeking help from Seniors Rights Victoria.* Summary report. Melbourne: Seniors Rights Victoria. Retrieved from seniorsrights.org.au/wp-content/uploads/2014/03/Summary-Report_Profile-of-Elder-Abuse-in-Victoria_Final.pdf

Keeley, G. (2020). *Corpses of the elderly found abandoned in Spanish care homes.* Al Jazeera. Retrieved from https://www.aljazeera.com/news/2020/03/corpses-elderly-abandoned-spanish-care-homes-200324141255435.html

Kelly, L. (1988). *Surviving Sexual Violence.* Cambridge: Polity.

Kwan, C. & Walsh, C. A. (2017). Seniors' disaster resilience: A scoping review of the literature. *International Journal of Disaster Risk Reduction 25*, 259-273.

Le Couteur, D., Anderson, R., Newman, A. (2020). COVID-19 through the lens of gerontology. *The Journals of Gerontology: Series A,* glaa077, https://doi-org.ezproxy.lib.monash.edu.au/10.1093/gerona/glaa077

Makaroun, L. K., Bachrach, R. L., & Rosland, A.-M. (2020). Elder Abuse in the Time of COVID-19—Increased Risks for Older Adults and Their Caregivers. *The American journal of geriatric psychiatry*, 28(8), 876-880. doi:10.1016/j.jagp.2020.05.017

Maslow, A. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-397.

McKenna, K. (2020, April 29). *Coronavirus restrictions lead to rise in elder abuse cases, advocates say.* ABC News, 29/4/2020. Retrieved from https://www.abc.net.au/news/2020-04-29/coronavirus-queensland-elder-abuse/12188668

Millen, D. (1997). Some methodological and epistemological issues raised by doing feminist research on non-feminist women. *Sociological Research Online, 2*(3). 114-128. https://doi.org/10.5153/sro.1351

Multicultural Centre for Women's Health. (2015). *Intersectionality and primary prevention of violence against women*. Paper presented at the Workshop for the PVAW Community of Practice, June 2015.

Murdolo, A. (2020). *It's time to listen to migrant women*. Retrieved from Multicultural Centre for Women's Health website: https://www.mcwh.com.au/its-time-to-listen-to-migrant-women/

Mutter, J.C. (2020). *What if? What if a natural disaster strikes amid a pandemic?* Retrieved from: http://doi.org/10.32858/temblor.082

Nouvet, E., & Strachan, P. (2020, July 8). *Triaged out of critical care in COVID-19 pandemic: What then?* [Webinar]. World Association for Disaster and Emergency Medicine. https://register.gotowebinar.com/webinarOver

Oliver-Smith A. (1996) Anthropological research on hazards and disasters. *Annual Review of Anthropology, 25*, 303–328.

Our Watch, Australia's National Research Organisation for Women's Safety (ANROWS) & VicHealth. (2015). *Change the story: a shared framework for the primary prevention of violence against women and their children in Australia*. Our Watch, Melbourne, Australia. Retrieved from https://d2bb010tdzqaq7.cloudfront.net/wp-content/uploads/sites/2/2019/05/21025429/Change-the-story-framework-prevent-violence-women-children-AA-new.pdf

Parkinson, D. (2019). Investigating the Increase in Domestic Violence Post Disaster: An Australian Case Study. *Journal of Interpersonal Violence*, 34(11), 2333–2362.

Pease, B. (2010). *Undoing privilege: Unearned advantage in a divided world*. London: Zed books.

Pfitzner, N., Fitz-Gibbon, K., & True, J. (2020). *Responding to the 'Shadow Pandemic': :Practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions (Version 1).* Monash University. https://doi.org/10.26180/5ed9d5198497c

Pikkety, T. (2014). *Capital in the twenty-first century.* Cambridge Massachusetts: The Belknap Press of Harvard University Press, 2014.

Phillipson, C. (1982). *Capitalism and the construction of old age*. Macmillan.

Respect Victoria. (2019). *Respect Victoria Strategic Plan 2019-2022*. Retrieved from https://www.respectvictoria.vic.gov.au/sites/default/files/documents/201904/Full%20version_Strategic%20Plan.pdf

Scott, S., Lloyd, M. & Florance, L. (2020, 1 April). *Retired nurses, doctors, pharmacists to be re-instated to help fight coronavirus*, ABC News 1/4/2020. Retrieved from: https://www.abc.net.au/news/2020-04-01/retired-nurses-doctors-pharmacists-recalled-to-fight-coronavirus/12109608

Thompson, E.H. (2019). *Men, Masculinities, and Aging: The Gendered Lives of Older Men*. London: Rowman & Littlefield.

Tu, J. (2020, July 7). *Call issued to urgently prioritise the voices of migrant women*. Retrieved from:

https://womensagenda.com.au/latest/call-issued-to-urgently-prioritise-the-voices-of-migrant-women%E2%80%A8/

United Nations (UN). (2020, May). *Policy Brief: the impact of COVID-19 on older persons*. Retrieved from: https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid-19_and_older_persons_1_may_2020.pdf

United Nations Office for Disaster Risk Reduction (2015*). Sendai Framework for Disaster Risk Reduction 2015-2030*, p.22. Geneva: UNISDR. Available from: https://sustainabledevelopment.un.org/frameworks/sendaiframework

Weiss, C., Parkinson, D. & Duncan, A. (2015). *Living longer on less: women, paid work, and superannuation in Victoria, Australia*. Sage Open, July-September 2015, 1-12. https://doi.org/10.1177/2158244015597966World Economic Forum (2020) We must move on from neoliberalism in the post-COVID era. Global Agenda. Retrieved from: https://www.weforum.org/agenda/2020/10/coronavirus-covid19-recovery-capitalism-environment-economics-equality/

World Health Organization (2020). *COVID-19 and violence against women: what the health sector/system can do.* Retrieved from https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf?ua=1

Wolf, J. (2010). Keynote: Unmapped spaces – gender, generation and the city. *Feminist Review, 96,* 6-19.

Yussuf, A. (2020, July 7). The Muslim Community is Taking the Utmost Caution. *SBS The Feed.* Retrieved from: https://www.sbs.com.au/news/the-feed/the-muslim-community-is-taking-the-utmost-caution-islamic-school-disappointed-with-coverage-as-two-covid-19-cases-confirmed

4.0 Appendices

Appendix 1: Explanatory Statement and Consent Form

Informant Information Sheet/Consent Form

Health/Social Science Research - *Adult providing own consent*

The National Ageing Research Institute

Title	'The Impact of the COVID-19 pandemic response on Older People'
Short Title	'The Impact of the COVID-19 pandemic response on Older People'
Protocol Number	1
Project Sponsor	Respect Victoria
Coordinating Principal Investigator/ Principal Investigator	Dr Debra Parkinson
Associate Investigator(s)	Assoc. Professor Bianca Brijnath
	Dr Kate O'Halloran
Location	National Ageing Research Institute

Part 1   What does my participation involve?

1   Introduction

You are invited to take part in this research project: '**The Impact of the COVID-19 pandemic response on Older People'**'. You have been invited because you consented to having your name on the National Ageing Research Institute's Research Volunteer Database. This Informant Information Sheet/Consent Form tells you about the research project. It explains the processes involved, and this will help you decide if you want to take part in the research.

Please read this information carefully. Ask questions about anything that you don't understand or want to know more about. You might want to talk about it with a relative, friend or local health worker. If you decide to take part in this research, you will be asked to sign the consent section. By signing it you are telling us that you:

• Understand what you have read

• Consent to take part in the research project

• Consent to be involved in the research described

• Consent to the use of your personal and health information as described.

You will be given a copy of this Informant Information and Consent Form to keep.

2   What is the purpose of this research?

This research aims to gain an insight into the impact of the COVID-19 pandemic response on older people; and to make recommendations to improve the safety, health and wellbeing of older people during disasters including pandemics such as the coronavirus. Very little is understood about the social, health and economic impacts for older people during a disaster.

In this research, informants have an opportunity to speak about their experiences relating to the response to the COVID-19 pandemic and thereby potentially improve disaster experiences for individuals and communities. The research will result in a written report, information snapshot and checklist for emergency managers and service providers to assist with the protection and wellbeing of older people in disasters.

3   What does participation in this research involve?

Participation in this project will involve you being interviewed by telephone, or if you prefer, by Skype, Facetime or Zoom, at a mutually agreed time and day for approximately one hour. Your interview will be digitally audio recorded for transcription. All information provided by you will be anonymised and you will be assigned (or may choose) a pseudonym in all published documents. Before your data is analysed you will be given the opportunity to approve your interview transcription, and it is your right at this stage to make corrections and deletions. You will also have the opportunity to check the contents of the Draft Report to ensure your own contributions are included correctly. To participate in this study, you must be:

- A resident of Victoria, Australia

- Live in the community (not in an Aged Care facility)

- Aged 65 years or over

- Be able to give informed consent by indicating that you have read and understood the form

- Have no cognitive impairment

- Have not been diagnosed with COVID-19

- Be proficient in English

- Be able to communicate by telephone or visual telecommunications as listed above.

4   Other relevant information about the research project

If you would like further information regarding any aspect of this project, you are encouraged to contact the researchers via the phone numbers or email addresses provided

5   Do I have to take part in this research project?

Participation is voluntary. If you do not wish to take part, you do not have to.

6   What are the possible benefits of taking part?

We cannot guarantee that you will receive any benefits from this research. However, possible benefits may include a sense of contributing to improvements for others. People usually participate in research like this for three reasons: to raise public awareness; to help others; and to contribute to their own wellbeing.

7   What are the possible risks and disadvantages of taking part?

There may be short-term risks in participation as it is possible that some people may be upset when thinking and speaking about the coronavirus/COVID-19 pandemic and how it affects your life. You may feel upset by talking about your situation or you may feel that some of the questions we ask are stressful. If you do not wish to answer a question, you may skip it and go to the next question, or you may stop the interview immediately. If you suffer any distress as a result of this project, you can contact Lifeline on 13 11 14 or Beyond Blue on 1300 224 636.

8   What if I withdraw from this research project?

If you decide to take part and later change your mind, you are free to withdraw from the project prior to publication of the final report (end July 2020). Your decision to withdraw will not affect your relationship with the National Ageing Research Institute. You will be asked to complete and sign a 'Withdrawal of Consent' form. The researchers will not collect additional personal information from you. You should be aware that data collected up to the time you withdraw may form part of the research project results. If you do not want your data to be included, you must tell the researchers when you withdraw from the research project.

9   Could this research project be stopped unexpectedly?

It is highly unlikely that this research project may be stopped unexpectedly.

10   What happens when the research project ends?

The de-identified research findings will be made available in a published research report available from websites such as National Ageing Research Institute and Respect Victoria. You will be advised when the report is uploaded, and if you prefer, you may request the report be emailed or posted to you. Links to the research report may be made from others' sites, e.g. the Gender & Disaster Pod, Australian Disaster Resilience Initiative Knowledge Hub. Following this initial release, conference presentations, journal articles and other methods of making the research findings accessible will be pursued.

Part 2   How is the research project being conducted?

11   What will happen to information about me?

By signing the consent, you consent to relevant research staff collecting and using personal information for the research. Any information obtained in connection with this research project that can identify you will remain confidential. The information will be held by Jigsaw Research in a locked filing cabinet, and password protected electronic files. Only this project's research staff will have access to these files. Hard copy data will be destroyed seven (7) years after the last publication of the project. Confidentiality and privacy in line with Victorian and Commonwealth Law will be respected. Your information will only be used for the purpose of this research project and it will only be disclosed with your permission, except as required by law.

It is anticipated that the results of this research project will be published and/or presented in a variety of forums. Unless you decide to be identified, your confidentiality will be protected by the de-identification of your information, and our processes which allow you the opportunity to check your transcription and amend, and the opportunity to check the draft report and amend your own information to ensure your satisfaction with the deidentification of your information.

In accordance with relevant Australian and/or Victorian privacy and other relevant laws, you have the right to request the research team to provide you with access to the information about you collected and stored by them.

12   Who is organising and funding the research?

This research project is being conducted by Dr Debra Parkinson and Jemma Dinning from Jigsaw Research, and Assoc. Professor Bianca Brijnath and Dr Kate O'Halloran from the National Ageing Research Institute. The research project is both sponsored and funded by Respect Victoria. No member of the research team will receive a personal financial benefit from your involvement in this research project (other than their ordinary wages/income). There are no declarations of interest, or conflict of interests.

13 Complaints and compensation

You will be reimbursed with a $100 voucher for your time.

Research in Australia involving humans is reviewed by an independent group of people called a Human Research Ethics Committee (HREC). The ethical aspects of this research project have been approved by the HREC delegated committee of Austin Health (HREC 64129/Austin-2020). This project will be carried out according to the *National Statement on Ethical Conduct in Human Research (2007 updated 2018).* This statement has been developed to protect the interests of people who agree to participate in human research studies.

The person you may need to contact will depend on the nature of your query. If you want any further information concerning this project or if you have any problems which may be related to your involvement in the project, you can contact the Coordinating Principal Investigator, Dr Debra Parkinson on 0423 646 930 or at space@netc.net.au or any of the following people:

Research contact person:

Name	Assoc. Prof. Bianca Brijnath
Position	Director of Social Gerontology, National Ageing Research Institute
Telephone	0433 043 708
Email	B.Brijnath@nari.edu.au

For matters relating to research at the site at which you are participating, the details of the local site complaints person are:

Name	Ms Fiona Richardson
Position	Research Governance, National Ageing Research Institute
Telephone	(03) 8387 2588
Email	f.richardson@nari.edu.au

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research informant in general, then you may contact the person below. Please quote project number: HREC/64129/Austin-2020

Reviewing HREC name	Austin Hospital Human Research Ethics Committee.
HREC Executive Officer	Ethics and Research Governance Manager
Telephone	(03) 9496 4090 or (03) 9496 4035
Email	ethics@austin.org.au

Consent Form - *Adult providing own consent*

Title	**The Impact of the COVID-19 pandemic response on Older People'**
Short Title	**The Impact of the COVID-19 pandemic response on Older People'**
Protocol Number	1
Project Sponsor	Respect Victoria
Coordinating Principal Investigator/ Principal Investigator	Dr Debra Parkinson
Associate Investigator(s)	Assoc. Professor Bianca Brijnath
Location	National Ageing Research Institute

Declaration by Informant

I have read and understand the Informant Information Sheet in English.

I understand the purposes, procedures and risks of the research described in the project.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future care.

I understand that I will be given a signed copy of this document to keep.

I consent to the following: *(Please tick)*	Yes	No
Participation in the research by telephone interview	☐	☐
Participation in the research by video call interview (e.g. Skype, Facetime, Zoom)	☐	☐
Audio recording during the interview (only for transcription purposes)	☐	☐
The opportunity to check my transcript via **email**	☐	☐
The opportunity to check my transcript via post	☐	☐
The opportunity to check the draft report via **email**		
The opportunity to check the draft report via post	☐	☐
Willingness to be contacted in relation to any questions that require clarification	☐	☐
I would like the false first name of ……………………. I would like the final report and resources: *(Please tick one)* ☐ By email ☐ By post ☐ Please email me the website address and I will download or access them ☐ I don't want to see them		

Name of Informant (please print)

Signature   Date

Declaration by Researcher[†]

I have given a verbal explanation of the research project, its procedures and risks and I believe that the informant has understood that explanation.

Name of Researcher[†] (please print)

Signature   Date

[†] An appropriately qualified member of the research team must provide the explanation of, and information concerning, the research project.

Note: All parties signing the consent section must date their own signature.

Form for Withdrawal of Participation - *Adult providing own consent*

Title	**The Impact of the COVID-19 pandemic response on Older People'**
Short Title	**The Impact of the COVID-19 pandemic response on Older People'**
Protocol Number	1
Project Sponsor	Respect Victoria
Coordinating Principal Investigator/ **Principal Investigator**	Dr Debra Parkinson
Associate Investigator(s)	Assoc. Professor Bianca Brijnath
Location	National Ageing Research Institute

Declaration by Informant

I wish to withdraw from participation in the above research project and understand that such withdrawal will not affect my routine care, or my relationships with the researchers or the National Ageing Research Institute.

Name of Informant (please print) _____
Signature _____   Date _____

In the event that the informant's decision to withdraw is communicated verbally, the Senior Researcher must provide a description of the circumstances below.

Declaration by Researcher[†]

I have given a verbal explanation of the implications of withdrawal from the research project and I believe that the informant has understood that explanation.

Name of Researcher (please print)
Signature   Date

† An appropriately qualified member of the research team must provide information concerning withdrawal from the research project.

Note: All parties signing the consent section must date their own signature.

Appendix 2: Screening and Interview Script

'Hello, my name is [full name]. I am a researcher from Jigsaw Research/National Aging Research Institute. The study we are conducting aims to gain insight into the impact of the COVID-19 pandemic response on older people; and to make recommendations to improve the safety, health and wellbeing of older people during disasters including pandemics such as the coronavirus. Very little is understood about the social, health and economic impacts for older people during a disaster.'

Screening:

- Can I confirm your name, email and phone number?
- Do you live in Victoria?
- Are you living in the community rather than an aged care facility?
- Are you aged 65 years or over? (Or 50 for Aboriginal and Torres Strait Islander people)
- Do you have any cognitive difficulties, such as significant memory loss, that might make it hard for you to engage in an interview over the phone (or video) for about one hour?
- Are you currently feeling safe at home?
- Have you been diagnosed with COVID-19?
- *Assess proficiency in spoken English [don't need to ask].*
- Would you prefer a phone call or videocall such as zoom, skype or facetime?
- Have you received and read the Explanatory Statement and Consent form?
- Do you have any questions about the research or the consent form? (We will need the signed consent form before we can proceed with the interview.)
- What days and times are you available to be contacted for the interview?
- What is it about the research that interests you?
- We are currently in the screening phase and will get back to you within two weeks to confirm your interview and the date and time. At this stage, can you please return the signed consent form.

Interview:

[If signed consent form has not been received, say] 'We will require consent before going ahead with the interview. We can record you consent verbally. Can you state verbally your responses to the consent form, which we will now read out to you? (The transcription will include the questions and the informant's responses.)

1. How are you coping with the coronavirus social distancing so far?
2. What's changed in the way you live your life?
3. Have you experienced any losses? (If so, what are they?)
4. Have there been any positives for you? What are they?
5. In what ways have your relationships with others changed?

6. In the face of COVID, people are not taking care of themselves. How has your general health been during the lockdown? How have you accessed healthcare, if you needed it?

7. How do you get your news about the coronavirus and government action?

8. What have you heard about older people in relation to this Coronavirus crisis?

9. What kind of advice have you heard about older people in relation to COVID-19?

10. What did you make of this advice?

11. What do you think about media reporting on older people and COVID-19?

12. What have you heard more broadly about older people in relation to this Coronavirus crisis? *(Can leave this fairly open, but if they need a prompt: e.g. other people in the community?)* What did you make of this?

13. Some think older people may be affected by this crisis in a different way to others in society. What are your thoughts?

14. What do you know about other groups who may also be older, like older LGBTI Australians, Australians from a CALD background, older Australians with disabilities, older women specifically? What are your thoughts on how they may be affected?

15. Who should get priority when it comes to COVID-19 assistance? (Medical, economic, social support, housing) Who should be involved in the decision-making process?

16. If there were to be any kind of disaster-related isolation in the future, what would it ideally look like for you?

Appendix : Literature review on the impact of COVID-19 pandemic response on older people

Kate O'Halloran & Bianca Brijnath

Overview

This literature review was conducted in June and July 2020 as part of Respect Victoria's rapid research of the effects of the COVID19 Pandemic, *Elder Abuse and Disaster: Prevention, Resilience and Recovery*. It is narrative review to synthesise previously published information both published and grey literature (Green, Johnson & Adams, 2006). This review has been organised thematically, beginning a discussion on older people in the context of disaster more broadly. It then covers literature explicitly on elder abuse in the context of disaster. Literature searched dated between 2014 to 2020 with varying terms relating to elder abuse and disaster. Our search method included UN and NGO publication depositories for grey literature, Google News and academic data search engines.

The narrative literature review considers the current disaster context of COVID-19, with preliminary observations on how the pandemic may have increased both risk factors for the experience of elder abuse, as well as a key driver of elder abuse in ageism. It is presented in three sections: Section 1 focusses on older people and disasters. Section 2 considers elder abuse in the context of disasters. Section 3 reviews the drivers and risk factors for older abuse in the context of the COVID-19 Pandemic before moving to the implications of the review for primary prevention.

This literature review was restrained by both time and resources. As such, it should be read as a thematic overview of the issues relevant to elder abuse in the context of disaster, but is not a comprehensive narrative review. It focused in particular on articles published within the last decade, taking into account older pieces of literature only when they were directly relevant to the question of elder abuse and disaster. It is also particularly restrained in terms of the amorphous nature of the COVID-19 pandemic, and was able to cover only that literature which was available at the time of writing in July 2020. This means much of the section on COVID-19 is derived from grey literature and could not take into account academic papers that were published soon after. The section on intersectional considerations in the context of COVID-19 was also significantly limited in terms of the availability of age disaggregated data, making some of the observations made more generally relevant to the specific marginalised groups listed, rather than to older people only.

Summary of Key findings

Older people and disaster

Older people are disproportionately affected by disaster, including in death and injury tolls, and in terms of the psychosocial impacts of disaster. These impacts extend to the medium and long-term. However, older people also show significant resilience in the face of disaster, and it is too simplistic to say that age alone makes someone vulnerable to disaster. Instead, age must be considered alongside functional capacity, physical impairments and other intersecting factors, including, but not limited to, gender, disability and race/ethnicity. Research is limited on protective factors, but support networks appear to be particularly important.

Very little research exists on elder abuse in the context of disaster, or by implication, evidence of primary prevention interventions to prevent its occurrence. Such research suggests that older people experience financial, physical and sexual abuse, as well as neglect (including abandonment) during times of disaster, but much of this evidence is anecdotal and urgent work is needed to address the gap in good quality quantitative studies on the prevalence and incidence rates of elder abuse in disaster, as well as risk factors for different kinds of abuse. The strongest evidence exists for financial abuse, suggesting that older people are at greater risk of fraud and scams during disaster.

COVID-19 increase both drivers and risk factors for elder abuse

The specific context of COVID-19 appears to have exacerbated a known driver of elder abuse in ageism, as well as several risk factors for elder abuse relevant to both older people and caregivers. 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 incidence of older people being denied live-saving medical care due to their age; the disproportionate death rate of aged care residents across the globe and, policy responses that could be considered ageist, such as that of 'herd immunity'.

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. In regard to increased reliance on technology, it should be noted that older people remain disproportionately online, even in wealthy OECD countries, and are also more likely to be targeted by online scams during disaster. Risk factors specific to caregivers have also increased, including financial hardship, as well as anxiety and stress.

Intersectional considerations in the context of COVID-19

The risk of experiencing family violence may be heightened when individual identity and societal discriminations intersect. Senior Rights Victoria suggest that the various forms of discrimination and marginalisation experienced by older people be considered in order to fully comprehend a person's experience, or vulnerability to, elder abuse. The COVID-19 pandemic has had disproportionate impacts on and poses increased risks to many marginalised groups. These include women, Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse (CALD) communities, people with disabilities, LGBTIQ+ communities and, those of lower socio-economic status. For many of these groups, however, research on the specific intersections of elder abuse and disaster is lacking, including age-disaggregated data. This necessitates further, stand-alone research that considers, for example, disability and elder abuse in the context of disaster, as a thorough consideration of each of these topics was outside the scope of this report. This will be especially important for the COVID-19 pandemic, with this report completed in the midst of Australia's "second wave".

Considerations for women in the context of COVID-19 that may also be relevant to older people include increases in violence against women, disproportionate economic and employment impacts, increases in unpaid caregiving, education and household chores and, disproportionate effects on mental health and wellbeing.

The review could not find any specific research on the primary prevention of elder abuse in the context of disaster with the exception of one study (Makaroun, Bacharach and Rosland, 2020) and the HelpAge International platform. The literature surveyed suggests that the following steps could be taken to enhance disaster mitigation and preparedness with respect to older people: further training of and/or education for relevant health workers and family/friends on the specific needs of older people in disaster; the fostering of intergenerational connection and social support networks in communities prior to disaster (as well as during, and after), and; involving older people in disaster planning processes. One specific recommendation pertaining to elder abuse and disaster found in the literature also recommended streamlining the process of reporting suspected or confirmed cases of elder abuse for emergency respondents, including providing further training and increasing capacity of staff.

Section 1: Older people and disaster

Older people are disproportionately affected by disaster (Johnson, Ling & McBee, 2015), including being over-represented in death and injury tolls during and after disaster events (Labra, Maltais, & Gingras-Lacroix, 2018). Research shows that in the midst of disaster, older people experience anxiety, stress, and fear about their own and family members' physical wellbeing (Labra et al., 2018), with similar psychosocial impacts (such as fear, sense of helplessness and disruptions to social networks) reported in the aftermath (Cui & Sim, 2017). Indeed, negative impacts associated with the experience of disaster extend to the medium and long-term, with medium-term effects including deteriorations in physical health, sleep disturbances, stress, constant fear, anxiety and anguish (Labra

et al., 2018). Older people are also more likely than those under the age of 65 to report symptoms associated with posttraumatic stress disorder in the aftermath of disaster (Labra et al., 2018; Ticehurst, Webster, Carr, & Lewin, 1996). For some older people, these impacts are so severe that they report preferring to die in a subsequent disaster than having to experience one again. For example, in the context of Australian bushfires, older Australians indicated a preference to stay and defend their homes in the case of future fires, because they preferred to risk their lives as opposed to "start[ing] all over again" (Parkinson, Duncan, & Kaur, 2018a, 2018b).

Older adults are disproportionately affected by disasters when they occur, from health, psychosocial and social perspectives. The needs of older adults are different, complex, and are often overlooked during disaster planning and response. Both the systems and older adults are, in general, poorly prepared for disaster events due to many reasons, including access to resources, social isolation, physical mobility issues and chronic health conditions (e.g. Al-Rousan et al., 2015; Aldrich and Benson, 2008; Duggan et al., 2010; Kang, 2014).

It should also be noted that women and people from minority ethnic backgrounds have elevated risk of death in most disaster situations (Chan et al., 2003; Osaki & Minowa, 2001), including black and ethnic minority communities in the context of COVID-19 (Pan et al., 2020). Women also show higher proportions of PTSD symptoms in the aftermath of disasters (Labra et al., 2018), with further intersectional considerations elaborated on later in this review.

However, older people also show significant resilience in the face of disaster (World Health Organization, 2008), including participating in high numbers in volunteer and post disaster recovery initiatives in their communities (Chung, Werrett, Easthope, & Farmer, 2004; United Nations, 2020). Some authors Johnson et al. (2015, p. 76) suggest that it is not solely age that makes someone particularly vulnerable to disaster, but rather "functional capacity, capability, or impairments," , which can increase with age, such as "impaired physical mobility, diminished sensory awareness, pre-existing health conditions, and social and economic constraints" (Fernandez, Byard, Lin, Benson, & Barbera, 2002, p. 69). This is supported by the finding that risk of death and injury following disaster is greater for those older people who live in nursing homes, or have multiple chronic conditions, disabilities, dementia and cognitive impairments (Johnson et al., 2015), and that older adults with cognitive impairments face greater risk of having their human rights violated during disaster (United Nations Human Rights - Office of the High Commissioner, 2020). Some protective factors have been identified, such as the presence of support networks, which aid recovery for disaster survivors (Kwan & Walsh, 2017) and are significantly protective for PTSD symptoms among Chinese populations (Cui & Sim, 2017).

Section 2: Elder abuse in the context of disaster

Research on elder abuse and neglect in the context of disasters is severely limited. One systematic review from 2014 found just 19 articles on the topic globally (Gutman & Yon, 2014). We re-ran the search terms used in their systematic review, updating this review with data from 2014 until 2020. We found two peer reviewed articles which explicitly addressed the subject of elder abuse and disaster and another three that indirectly mentioned abuse or neglect as part of their focus on the impacts of disaster on older people or emergency preparedness broadly. These articles are discussed and included in the summary of findings below.

While Gutman and Yon's (2014) systematic review provides accounts of older people experiencing financial, physical and sexual abuse, as well as neglect (including abandonment) during times of disaster, the vast majority of evidence is anecdotal. Just one reference contained quantitative data to support a 38% increase in the number of reports of abuse, neglect and exploitation of older persons in the Illinois, US, area who were affected by major flooding in 1993 (Oriol, Nordboe, Services, & Branch, 1999). Gutman and Yon (2014) conclude that "much work [still] needs to be done" to establish "prevalence and incidence rates as well as risk factors for the different types of mistreatment that may occur in a disaster and its aftermath" (p. 44).

Of those sources containing references to financial abuse, most were anecdotal accounts of elder abuse including contractor fraud and scammers. Some evidence was available for who this kind of abuse targeted, with a PhD dissertation noting that victims tended to be older white women with college degrees who were married (Davila, 2005). Other types of financial abuse of older people related to land tenure or documentation issues (e.g. older people being considered 'squatters' if they could not prove they own their home); corruption (e.g. asking older people for money or favours to be selected as beneficiaries of relief programs), and theft in shelters (e.g. of older people's medications, money and belongings). Overall, Gutman and Yon (2014) conclude that older people appear to be a particular risk of fraud and other scams both during and after disaster.

A related issue is that older people are under-represented among those receiving aid during times of disaster (Gutman & Yon, 2014) even in cases where programs are specifically designed to benefit them. This issue has emerged in the context of COVID-19 support in Australia. *The Guardian* reported in June 2020 that just 38 of 36,000 food boxes had been delivered under a $9.3m government scheme to provide emergency food supplies to isolating older Australians (Visontay, 2020).

Abandonment was also mentioned in at least five sources. Family abandonment (i.e. older people being abandoned by their families) was documented by HelpAge International (2001) after the 1989 Hurricane George in the Dominican Republic, in some cases resulting in suicide. Similar situations have likewise been reported in relation to the 2000 Mozambique floods (Knight, 2001), while there is some anecdotal evidence to suggest that these older people may never have been reunited with family after being separated during disaster. This is a particular issue for older women, who in the context of humanitarian crises or conflict, may be "considered a burden by family members…and left behind and abandoned when families flee" (United Nations Department of Economic and Social Affairs, 2019, p. 2). Finally, older people have been reported abandoned in hospitals and nursing homes in the context of Hurricane Katrina, a Japanese earthquake, and, more recently, COVID-19 (United Nations Human Rights - Office of the High Commissioner, 2020), including incidents of abuse and neglect in care facilities (Keeley, 2020; United Nations, 2020).

Section 3: COVID-19 increases both drivers and risk factors for elder abuse

Ageism and the COVID-19 pandemic

Ageism is widely considered to be a key driver of elder abuse (Dow & Brijnath, 2019; Dow & Joosten, 2012; Eastern Community Legal Centre, 2019; Lord, McMahon, & Nivelle, 2019; Senior Rights Victoria & Think Impact, 2019). Tackling elder abuse from a primary prevention perspective therefore requires careful attention to ageism especially in the context of COVID-19, given some have argued that the world has experienced a "parallel outbreak of ageism" alongside the pandemic (Ayalon et al., 2020). Ayalon et al. (2020), with collaborators in Israel, Canada, the US and Germany, argue that the media coverage of the coronavirus outbreak has depicted "those over the age of 70 as being all alike with regard to being helpless, frail and unable to contribute to society" (n.p.). Some international media coverage, and even political discourse in the US, appeared to suggest that the death of older people was not as important as that of younger people, or needed to be offset by "economic" considerations (Nash & Schnarrs, 2020; Rodriguez, 2020). Grzelka (2020) presents evidence that such attitudes have filtered into the community in the US, with older people talked about in comment sections under COVID-19 articles and editorials as if they were "disposable" and "expendable". Indeed, Ayalon et al. (2020) suggest that the pandemic has increased divisions between the young and old, with younger people at times directing anger and resentment about strict lockdowns to older people (United Nations, 2020), with such measures often premised on the need to "protect" the vulnerable. This was apparent in the early days of the pandemic when ageist memes such as 'boomer remover' started trending on social media in English-speaking countries such as Australia and the US (Hoffower, 2020; Sparks, 2020).

One clear manifestation of ageism during the pandemic has been the incidence of older people being denied life-saving medical care because hospitals are overwhelmed with patients suffering from

severe cases of COVID-19 (Archard & Caplan, 2020). In some countries, such as in Italy, allocation of scarce resources including ventilators and/or ICU beds, have been decided based on age, with a "cut-off age" of 65 specified (Le Couteur, Anderson, & Newman, 2020). These decisions have been criticised as "discriminatory" because they "license differential treatment" based on ageism and prejudice, in turn "send[ing] a message about the value of old[er] people" (Archard & Caplan, 2020, p. 1).

Appallingly, COVID-19 has also seen aged care facilities across the world report disproportionate rates of deaths to those living in the community. In Australia, as of 12 August 2020, the Royal Commission into Aged care heard that deaths of residents in aged care homes accounted for 68% of all COVID-19 deaths despite such residents representing just 1% of the population (Brown, 2020). Similarly, in the UK, 27% of all deaths up to 8 May 2020 occurred in care homes, while there were 2.3 times the number of deaths expected in aged care facilities between 20 March and 7 May (Public Health England, 2020).

Further, during the beginning of the pandemic some governments, such as the UK's, actively pursued or considered policy responses such as 'herd immunity', which aims for widespread contagion of the population on the presumption that those who become infected with coronavirus will then develop immunity to it. Such a strategy can be considered ageist as it would have been disproportionately "lethal" for older people, resulting in many hundreds of thousands of deaths (Hunter, 2020).

COVID-19 and risk factors for elder abuse

COVID-19 has also seen an increase in risk factors associated with elder abuse. Ironically, as Makaroun, Bachrach and Rosland (2020) argue, while older people might be at highest risk of serious illness and death from COVID-19 "they may also be at high risk for negative consequences from the measures being enacted to protect them from the viral threat" (p. 876). Below are just some that have been considered in the literature to date.

Social Isolation

COVID-19 has seen increased rates of social isolation for older people, many of whom have been instructed to self-isolate in their homes without physical contact from friends or family (Makaroun et al., 2020; Ory & Smith, 2020; Steinman, Perry, & Perissinotto, 2020). As isolation periods extend, older people are particularly vulnerable to depression, anxiety and even suicidal thoughts (Makaroun et al., 2020), while cognitive function can also decline without frequent and meaningful social interactions (Ory & Smith, 2020; Steinman et al., 2020).

The requirement to physically isolate has also limited the capacity of older people to connect with new or existing social networks, such as volunteer groups (United Nations, 2020). Some suggest that this may disproportionately affect those who were not previously classified as being socially isolated or lonely (Brooke & Jackson, 2020) but equally others, such as Makaroun et al. (2020), have argued that increasing social isolation impacts even those older people "previously well connected" (p. 877).

Physical health and access to health care

Social isolation has meant that many older people have been unable or reluctant to leave their homes for exercise (Ory & Smith, 2020). Brooke and Jackson (2020) argue that, as a result, previously active older adults may be at greater risk of becoming frail due to a reduction in physical activity, with evidence showing that "social isolation may reduce mobility and tip patients towards functional loss" (Hartmann-Boyce, Davies, Frost, Bussey, & Park, 2020).

The UN has reported denial of health care to older people for conditions unrelated to COVID-19, particularly in the context of a "surge" on hospital capacity around the world (United Nations, 2020). Older people have also faced reduced access to allied and other health care services (Makaroun et al., 2020) with some services ceasing visits to older people in their homes because of safety precautions. Limits to face-to-face contact with older people may in turn limit the capacity for others, such as external service providers, to detect elder abuse (Makaroun et al., 2020).

Increased reliance on and use of technology

Due to many countries requiring citizens to physically distance during the pandemic, people have increasingly relied on technology (including videoconferencing platforms such as Zoom and Skype) for work and to stay in contact with family and friends. Many have also turned to internet shopping to deliver essentials such as groceries and medication. This is particularly problematic for older people given many remain disproportionately offline, including in largely wealthy OECD countries, where just half of those aged 65-74 use the internet (United Nations, 2020). Those with hearing loss and cognitive impairment, or those who are unfamiliar with new technology are even more likely to be left behind (Steinman et al., 2020). As above, it is also clear that older people are more likely to be targeted by online scams during disaster (Gutman & Yon, 2014), with police in the UK confirming a rise in online shopping scams in the early days of the COVID-19 pandemic (Hill, 2020).

Financial instability

Due to increasing fluctuations in the stock market, many older adults have experienced losses to superannuation and other investments during the COVID-19 pandemic, leaving them more vulnerable to financial abuse (Makaroun et al., 2020).

Risk factors specific to family/unpaid caregivers

COVID-19 has also exacerbated a range of known risk factors for caregivers, including increased financial hardship (and likelihood of financial co-dependency with the care recipient), as well as anxiety and stress, all of which are known risk factors for the perpetration of elder abuse (Makaroun et al., 2020). Financial hardship, as well as issues with mental health, may also lead to the unhealthy use of alcohol and drugs by family caregivers, which is a further risk factor for elder abuse (Makaroun et al., 2020).

Section 4: Intersectional considerations in the context of COVID-19

The following section contains information about important intersectional considerations in the context of COVID-19. It is not, however, a comprehensive list. This information is also severely limited by the lack of age disaggregated data available for each of the following sub-groups. Indeed, the United Nations Department of Economic and Social Affairs (2019) has recognised the lack of both age and gender disaggregated data as a pertinent issue in the context of disaster, which leads to the experiences of older people, particularly older women, being rendered invisible, despite their experience of both gender and age-based discrimination. As such, the following information has addressed age whenever possible, and refers to age and gender-disaggregated data when it was available. Otherwise, the observations made should be considered applicable to all ages.

Gender

Increases in violence against women

There have been widespread reports of increased violence against women, particularly intimate partner violence, during the COVID-19 pandemic (Hegarty, 2020; United Nations - Department of Global Communications, 2020; World Health Organization, 2020). Unfortunately, data disaggregated by the age of victims is so far lacking making it difficult to determine if, and to what extent, cases of intimate partner violence have increased for older women during this time. Such cases may also be recorded as elder abuse rather than family or intimate partner violence, making the issue even more complicated to track.

As an example, an Australian Institute of Criminology online survey of 15,000 women aged 18 years and over found that many women experienced domestic violence for the first time with the commencement of the COVID-19 pandemic, while 53% of those who had previously experienced physical or sexual violence reported an increase in frequency (Australian Institute of Crimonology, Boxall, Morgan, & Brown, 2020). More than half of the same sample who experienced coercive

control similarly reported either onset or escalation of emotionally abusive, harassing and controlling behaviours during COVID-19 (Australian Institute of Criminology et al., 2020). The data, however, was not disaggregated by age (except that all the women surveyed were aged over 18).

Other Australian data likewise indicates an increase in violence against women of all ages, with family violence presentations at St Vincent's Hospital in Melbourne more than doubling between March and April 2020 (Clayton, 2020). In NSW there was a 75% increase in Google searches on domestic violence after the first recorded case of COVID-19 in the state (Olle, 2020).

What is clear is that isolation and "lockdown" periods have left women at risk across the globe. Domestic violence reports to police in some parts of China tripled during lockdown (World Health Organization, 2020). In the US the National Domestic Violence Hotline reported a spike in incidents where abusers were said to be using COVID-19 as a means of further isolating [victims] from family and friends (Godin, 2020). This includes reports of perpetrators using various tactics to ensure their victims contract COVID-19 either by restraining them in their home with someone who is infected (such as the perpetrator) or threatening to kick them out of their homes (Godin, 2020).

While not as relevant to the Australian context, the United Nations Department of Economic and Social Affairs (2019) also points out that a large proportion of those in displacement settings in emergency contexts are women. This puts older women at increased risk of sexual and gender-based violence from relief workers, caregivers and older men, including rape and sexual assault in mixed-gender communal shelters and collection centres (United Nations Department of Economic and Social Affairs, 2019).

Economic and employment impacts

Older women, compared to men, are more vulnerable to decreased income and living standards in the wake of the pandemic (United Nations, 2020). Older women have faced a lifetime of gender discrimination (Weiss, Parkinson, & Duncan, 2015) and it is well established that they are more likely to live in poverty than men (Maury, 2020). This encompasses their limited access to income (including employment, assets and/or pension provision). Globally, women represent almost 65% of people above retirement age without a regular pension (United Nations, 2020).

Both retired and employed older women are at greater risk of exposure to COVID-19. This is because older women disproportionately bear the burden of caring for older relatives as well as younger children (United Nations, 2020) while more women than men work in health and social assistance roles, aged, disability and mental health care, early childhood education, teaching, cleaning, and retail services (Gender Equity Victoria, 2020b). These are also traditionally undervalued and underpaid industries, with women in turn disproportionately affected by the economic downturn associated with COVID-19. For example, in the US, women accounted for 55% of job losses (Kurtzleben, 2020). Australian Bureau of Statistics data from April shows that reductions in hours during the pandemic were greater for women, at 11.5% compared to 7.5% for men (Australian Bureau of Statistics, 2020). Further, a majority of casual workers with less than 12 months of continuous employment are women, leaving many without access to JobKeeper support (Gender Equity Victoria, 2020a).

Unpaid caregiving, education and household chores

It has been widely acknowledged that women are performing more hours of unpaid caregiving and household chores during the pandemic, most notably with the addition of educational support to school-aged children who were kept at home during lockdowns (Gender Equity Victoria, 2020a; Mercado, Naciri, & Mishra, 2020). This is likely to impact both older and younger women, given many younger parents rely on grandparents for childcare duties.

Mental health and wellbeing

The impact of COVID-19 on mental health and wellbeing has disproportionately affected Australian women. For example, 35% of women have reported moderate to severe levels of depression during COVID-19 compared to 19% of men (Gender Equity Victoria, 2020c). A further 27% reported

moderate to severe levels of stress compared to 10% of men (Gender Equity Victoria, 2020c). Women were also more likely to report feeling nervous (40% to 30%), that everything was an effort (30% to 22%) and that they were lonely (28% to 16%) (Gender Equity Victoria, 2020c). This is further supported by data which shows a 2800% increase in demand for the women's metal health clinic at the Alfred Hospital, over just one month (Gender Equity Victoria, 2020c).

Aboriginal and Torres Strait Islander communities

COVID-19 poses an increased risk to Aboriginal and Torres Strait Islander people and communities (Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), 2020). This is, in part, due to inequitable access to health care, service provision and screening (Crooks, Casey, & Ward, 2020), as well as capacity to access public health messages in remote areas where many Aboriginal and Torres Strait Islander people live (Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), 2020). Of particular relevance to older people is the higher rates of chronic disease seen in Aboriginal and Torres Strait Islander populations, which in turn increases the risk of severe disease from COVID-19 (Crooks et al., 2020; Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), 2020).

Evidence from recent pandemics (such as H1N1 in 2009) shows that Aboriginal and Torres Strait Islander people experience poorer health outcomes in the context of pandemics than the rest of the Australian population, including higher diagnosis rates, hospitalisation and intensive care unit admissions (Flint et al., 2010; Kelly, Mercer, & Cheng, 2009; Rudge & Massey, 2010). In the case of H1N1, this was in part due to Aboriginal and Torres Strait Islander peoples being omitted from the 2009 National Action Plan targeting the pandemic (Crooks et al., 2020). Further research has since argued that it is critical that Aboriginal and Torres Strait Islander people be engaged as "active and equal participants in pandemic preparedness, responses, recovery and evaluation" to improve outcomes (Crooks et al., 2020; Massey et al., 2011; Massey et al., 2009).

Culturally and linguistically diverse communities

Racial and ethnic inequalities exacerbated by the pandemic

Racial and ethnic disparities are often amplified during times of crisis and COVID-19 is no exception. In high-income countries such as the US and UK higher rates of mortality related to COVID-19 have been reported for black and ethnic minority communities in comparison to the rest of the population (Pan et al., 2020). Similarly, in Australia, the majority of Melbourne suburbs locked down in early July, after a resurgence of COVID-19, were highly multicultural and of low socio-economic status. This includes the residents of nine public housing commission towers, who were unable to leave their homes for a minimum of five days, enduring harsher "lockdown" conditions than the rest of the Melbourne metropolitan area at that time (Weedon, 2020).

Lack of effective communication with CALD communities

The Australian population is incredibly diverse with 30% born overseas and over 20% speaking a language other than English at home (Ogie, Rho, Clarke, & Moore, 2018). This has made effective communication on COVID-19 across CALD communities critical to efforts to contain the virus in Australia. Such efforts must take into account that cultural and linguistic diversity influences how people understand and respond to government communications, where they received "trusted" information from, and how they verify that information (Howard, Agllias, Bevis, & Blakemore, 2017; Shepherd & van Vuuren, 2014; Spence, Lachlan, & Griffin, 2007). Where there is limited proficiency in English, racial and ethnic discrimination, as well as socio-economic inequalities, the challenges multiply. For these reasons the National COVID-19 Health and Research Advisory Committee (NCHRAC) has identified CALD groups as high-risk groups that require targeted attention to ensure effective communication (NCHRAC, 2020).

Unfortunately, communication associated with COVID-19 in Australia has been patchy in CALD communities. Shortcomings relate to multilingual and translated content being; difficult to find (Tu,

2020; Young, 2020), difficult to navigate government websites (Dexter, 2020), available online only and ad hoc (NCHRAC, 2020), and reactive rather than proactive (Dalzell, 2020). The government's reliance on online communication risks further alienating older CALD people given many are not online.

Political leaders and public-health officials have also been criticised for largely appearing on English-only mass media and neglecting ethnic media (Tomazin, 2020) which many older CALD people rely on. The failure of government communications to fully penetrate in CALD communities has left a void that has been filled by the non-government sector, which includes respected peak bodies and community leaders (Tomazin, 2020), but also xenophobic far-right groups and conspiracy theorists (Fowler & Bungard, 2020).

The Multicultural Centre for Women's Health in Victoria has argued that women from migrant and refugee backgrounds have been disproportionately affected. They have simultaneously taken on the lion's share of responsibility for caring, housework and family support while being shut out from services due to a lack of provision of multilingual information and support (Coggan, 2020).

People with disabilities

Globally, around 15% of the population live with some kind of disability (WHO, 2011), while more than 46% of those who are over the age of 60 have a disability (UNDESA, 2017). This percentage may well increase in the near future, with a global increase in chronic health conditions noted (HelpAge International, 2019).

A comprehensive overview of the specific issues faced by older people with disability in the context of disaster, and specifically COVID-19, is beyond the scope of this report. However, there are a range of factors that put older people with disability at greater risk of elder abuse, death, injury and other deleterious impacts in the context of disaster.

Age discrimination, combined with discrimination against those living with disabilities, means that older people with disability are already at increased risk of poverty, malnutrition and isolation. Many 'fall through the cracks' of both disability programs (which tend to focus on children and younger adults) and programs designed to benefit older people (which can exclude a disability perspective), leading to physical, communication, attitudinal and institutional barriers that prevent them from fully participating in society. Women with disabilities, as well as people from CALD communities, may face in turn faced increased levels of marginalisation and discrimination (GFDRR, 2017).

Such inequities are exacerbated in the context of disaster (GFDRR, 20117; Maltais, 2019). Evidence shows that older people with disability (such as those with chronic health problems, loss of physical or cognitive autonomy, hearing and mobility impairments) are especially vulnerable to death and injury from disaster (Labra et al., 2018). Indeed, research on older people with disabilities in the context of natural disasters shows that those with one or more chronic health conditions have an undermined capacity to prepare for, respond to and recover from such events (Maltais, 2019).

In the context of COVID-19, it is important to note that socially isolated older people with disability may have particular difficulty with physical distancing requirements, given they are often dependent on regular medication, medical treatment, care and meal deliveries that are disrupted during disaster (Fernandez et al. 2002). Indeed, the Australian Health Sector Emergency Response Plan for COVID-19 (2020) suggests that people with high and complex support needs may not be able to self-isolate in the same manner as the rest of the community, given they often rely on wide networks of informal and formal supports to meet their daily needs (Department of Health, 2020). Storey and Rogers (2020) note this as an issue of urgency for victims (or potential victims) of elder abuse who may simultaneously become more dependent on others at a time when essential services have moved online, or face decreases in funding and staffing (Storey & Rogers, 2020). From an Australian perspective, this has led some, including Storey & Rogers (2020) to argue that areas with significantly high numbers of aging people with disability and poor access to health services should be identified as part of a priority and evidence-based response to COVID-19. In addition, the UN Special

Rapporteur recommends that public health advice and information from national health authorities be made available in sign language and accessible formats, including accessible digital technology, captioning, relay services, text messages, easy-to-read and plan language (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020).

LGBTIQ+ communities

As argued by the UN High Commissioner for Human Rights, Michelle Bachelet, "LGBTI people are among the most vulnerable and marginalized in many societies, and among those most at risk from COVID-19" (United Nations - Department of Global Communications, 2020). In Australia, LGBTIQ+ people already face a range of inequalities including poorer health than the general population (Rainbow Health Victoria, Carman, Bourne, & Fairchild, 2020) which places them at greater risk of severe health consequences from contracting COVID-19 (Equality Australia, 2020). This includes higher rates of anxiety and depression and greater risk of suicide and self-harm (Rainbow Health Victoria et al., 2020), placing their mental health at particular risk from physical distancing measures, which in many cases can result in loss of community support and cultural spaces (Equality Australia, 2020). This is especially problematic for those LGBTIQ+ people who may be forced into living with families of origin who are unsupportive of their sexuality or gender identity, with connections to 'families of choice' having been shown to be an important protective factor for their health and wellbeing (Rainbow Health Victoria et al., 2020). Finally, historical and continuing discrimination may make accessing healthcare, support, services and information, as well as interacting with law enforcement, more challenging for LGBTIQ+ people, with specialised services unable to meet increased demand (Equality Australia, 2020).

Globally, particularly in countries where same-sex relations are criminalised and trans people are disproportionately targeted by violence and discrimination, LGBTIQ+ people may not seek treatment for COVID-19 for fear of being arrested or subject to further violence (United Nations - Department of Global Communications, 2020). Further, LGBTIQ+ people are more likely to be unemployed and to live in poverty than the general population, increasing their likelihood of being disproportionately impacted by the pandemic's economic downturn (United Nations - Department of Global Communications, 2020), particularly as more LGBTIQ+ people have experienced homelessness than the general population (Rainbow Health Victoria et al., 2020).

Socio-economic status

Certain factors, such as belonging to a low-status socioeconomic group, high levels of material losses and limited use of health and social services following exposure to disaster, have been identified as risk factors in the mental health impacts of disaster (Labra et al., 2018).

Section 5: Prevention of elder abuse in the context of disaster

Outside the grey literature, with contributions from organisations such as Senior Rights Victoria, we could not find any academic work specifically focused on the primary prevention of elder abuse and disaster, aside from fleeting mentions of strategies that may be adopted to better service older people in the context of disaster in the future. The most common recommendations are summarised briefly below, with the caveat that some are more appropriately defined as "early intervention" as opposed to primary prevention strategies.

Training and/or education on the specific needs of older people

Multiple articles mentioned the need for better training and/or education on the specific needs of older people and disaster. In the US, Shih et al. (2018) found that while most public health departments engage in some form of disaster preparedness or resilience activities, these are rarely tailored to older adults. In China, Cui and Sim (2017) argue that there is a lack of clear planning for taking care of and reaching older populations during emergencies despite the disproportionate effects of disaster on older people. They advocate for the creation of disaster preparedness education booklets, lists of equipment and necessities to meet the specific needs of older people, and that such training should

include families of older people as well as their neighbours, who are often the first line of support for older people when disaster strikes (Cui & Sim, 2017). Others, such as Cuadra (2018), argue for targeted training of those most likely to be caring for older people, such as care home staff. Indeed, Cuadra (2018) found that care home staff report feeling underprepared for and lacking training in emergency preparedness, despite their enthusiasm for it. Finally, Johnson et al. (2015) state that there is a need for policies and education regarding geriatric specific triage, medication principles, and physiology in the often-resource constrained environments typical of disasters, such as shelters.

In a rare recommendation specific to violence against older people, Reingle Gonzalez et al. (2016) point out limitations in training and capacity for emergency respondents to report suspected or confirmed cases of elder abuse. Their qualitative interviews with emergency medical technicians and adult protective services caseworkers in the US revealed that training and the creation of an automated reporting system or brief reporting tools could be used to enhance the capacity of emergency respondents to detect and communicate suspected cases of elder abuse in the context of disaster.

Fostering intergenerational connection and social support networks

Intergenerational programs, which foster connection across generations, have been identified as one of the few promising primary prevention interventions in the context of elder abuse (Owusu-Addo, O'Halloran, Brijnath, & Dow, 2020). It is important to note that several studies pointed to the need to foster intergenerational connections in the community prior to the onset of disaster. For example, in the context of COVID-19, Ayalon et al. (2020) states that fostering personal contact between old and young is an important means to overcome intergenerational tensions and ageism, which, in turn, addresses a key driver of elder abuse. This is echoed by Deeny et al. (2010), who argue that improving community cohesion is a "valuable way to ensure older people are not forgotten about" in crises, and may "improve the recognition that older people have life experience that can help everyone prepare for disasters" (p. 79). The importance of community cohesion, especially intergenerational connection, is also emphasised in Cui and Sim's (2017) study, which anecdotally reported that the support of younger people for older people in the aftermath of disaster (such as organising food deliveries or recovery events) improved older people's sense of wellbeing. More broadly, Cui and Sim (2017) note the importance of social support networks for older people, and that they exist prior to, are continued, and resume, post disaster as these are "important avenue or older people's psychosocial support and social interactions" (p. 1583).

Involve older people in planning, mitigation and preparedness

Finally, Kwan and Walsh (2017) have pointed out that despite the impacts of disaster on older people they are rarely involved in disaster planning, mitigation and preparedness. As Johnson et al. (2015) argue, "[older people] have skills and population-specific knowledge that would be beneficial to the disaster planning process" and as a result, "initiatives to incorporate their input and point of view need to be considered" (p. 78). Indeed, as Deeny (2010) contends, while older people may be classified as a vulnerable group in relation to disaster they are "probably the richest resource within any culture when it comes to emergency planning and/or coping with disasters" (p. 78).

Looking forward, a range of recommendations have been made when it comes to older people with disabilities in disaster that could be applied to the current pandemic and future scenarios. These include a need to include older people with disabilities in disaster mitigation, preparedness and management in a capacity beyond seeing them merely as victims of disaster (UNDRR, 2015); to help remove barriers to the full participation of persons with disabilities; increase awareness of the safety and security needs of persons with disability; to collect data on older people that is disaggregated by disability as well as gender (HelpAge International 2019) and; ensure that new construction, rehabilitation and reconstruction are accessible to persons with disabilities (GFDRR (2017).

Conclusion

Very little research exists on elder abuse and disaster, and most evidence is anecdotal. Indeed, as (Cornell, Cusack, & Arbon, 2012) argue about disaster, "the opinions and thoughts of older people… have rarely been canvassed. It has been more the case of doing things to and for older people [i.e. disseminating personal safety plans] rather than asking older people what they want [i.e. engaging with older people]" (p. 50). This indicates an urgent need for both quantitative and qualitative data that centres the experiences of older people before and during disaster, as opposed to in the aftermath alone. As Kwan and Walsh (2017) argue, many studies focus on the post-disaster context of recovery and response, and "relatively fewer on the pre-disaster context of mitigation and preparedness" (p. 269). Effective disaster management is preventative and includes planning for the conditions that best enable older people's resilience and recovery to mitigate agism, discriminations and prejudice that drive elder abuse in its many forms.

References

Archard, D., & Caplan, A. (2020). Is it wrong to prioritise younger patients with covid-19? *BMJ*. DOI:10.1136/bmj.m1509

ABS. (2020). 6202.0 - Labour Force, Australia, Apr 2020 - Insights into hours worked. Australian Bureau of Statistics. Retrieved from: https://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/6202.0Main%20Features10Apr%202020

Ayalon, L., Chasteen, A., Diehl, D., Levy, B., Neupert, S. D., Rothermund, K., Tesch-Romer, C., & Wahl, H. W. (2020). Aging in times of the COVID-19 pandemic: avoiding ageism and fostering intergenerational solidarity. *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*. DOI:10.1093/geronb/gbaa051

Boxall, H., Morgan, A., & Brown, R. (2020). The prevalence of domestic violence among women during the COVID-19 pandemic. Australian Institute of Crimonology. Retrieved from: https://www.aic.gov.au/publications/sb/sb28

Brooke, J., & Jackson, D. (2020). Older people and COVID-19: Isolation, risk and ageism. *J Clin Nurs*. DOI:10.1111/jocn.15274

Brown, M. (2020). Aged care royal commission hears how hundreds are at risk of premature death from coronavirus failings. *ABC News*. Retrieved from: https://www.abc.net.au/news/2020-08-12/aged-care-royal-commission-hears-of-coronavirus-crisis/12549196

Chan, C.C., Lin, Y.P., Chen, H.H., Chang, T.Y., Cheng, T.J., & Chen, L.S. (2003). A population-based study on the immediate and prolonged effects of the 1999 Taiwan earthquake on mortality. *Annals of Epidemiology*. DOI:10.1016/S1047-2797(03)00040-1

Chung, M. C., Werrett, J., Easthope, Y., & Farmer, S. (2004). Coping with post-traumatic stress: young, middle-aged and elderly comparisons. *International Journal of Geriatric Psychiatry*. DOI:10.1002/gps.1095

Clayton, R. (2020). Family violence campaign launched as Melbourne hospital's emergency presentations double. *ABC News*. Retrieved from: https://www.abc.net.au/news/2020-05-09/victoria-family-violence-cases-double-at-melbourne-hospital/12227594

Coggan, M. (2020). The government's talking to migrant community leaders, but where are the women? *Probono Australia*. Retrieved from: https://probonoaustralia.com.au/news/2020/07/the-governments-talking-to-migrant-community-leaders-but-where-are-the-women/

Cornell, V. J., Cusack, L., & Arbon, P. (2012). Older people and disaster preparedness: A literature review. *The Australian Journal of Emergency Management*, 27(3), 49-53.

Crooks, K., Casey, D., & Ward, J., S. (2020). First Nations people leading the way in COVID-19 pandemic planning, response and management. *The Medical Journal of Australia* (Pre-print online edition).

Cuadra, C. B. (2018). Emergency Preparedness in Elderly Care in Sweden: A Study of Staff Perspectives. *Disaster Med Public Health Prep*. DOI:10.1017/dmp.2017.41

Cui, K., & Sim, T. (2017). Older people's psychosocial needs in a post-disaster rural community of China: an exploratory study. *Natural Hazards*. DOI:10.1007/s11069-016-2649-6

Dalzell, S. (2020, Jun 24). Government warned of coronavirus 'missed opportunity' to protect migrant communities before Victorian spike. *ABC News*. Retrieved from: https://www.abc.net.au/news/2020-06-24/government-warned-failing-engage-migrant-communities-coronavirus/12384800

Davila, M. (2005). *After the flood: Fraud among the elderly after natural disasters*. In J. W. Marquart (Ed.). ProQuest Dissertations Publishing.

Deeny, P., Vitale, C. T., Spelman, R., & Duggan, S. (2010). Addressing the imbalance: empowering older people in disaster response and preparedness. *International Journal of Older People Nursing.* DOI:10.1111/j.1748-3743.2009.00204.x

Department of Health (September 2020). *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19: Management and Operational Plan for people with disability, Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19).* Publication number: 12725. Commonwealth of Australia. Retrieved from: https://www.health.gov.au/sites/default/files/documents/2020/09/management-and-operational-plan-for-people-with-disability.pdf

Dexter, R. (2020, May 17). COVID-19 information bypasses Melbourne's non-English speakers. *Sydney Morning Herald.* Retrieved from: https://www.smh.com.au/national/victoria/covid-19-information-bypasses-melbourne-s-non-english-speakers-20200517-p54tq4.html

Dow, B. & Brijnath, B. (2019). *Elder abuse: context, concepts and challenges.* Australia's welfare in brief 2019 (pp. 143-161.). Canberra: AIHW. Retrieved from: https://www.aihw.gov.au/getmedia/affc65d3-22fd-41a9-9564-6d42e948e195/Australias-Welfare-Chapter-7-summary-18Sept2019.pdf.aspx.

Dow, B., & Joosten, M. (2012). Understanding elder abuse: a social rights perspective. *International psychogeriatrics.* DOI:10.1017/S1041610211002584

DVRCV & Partners in Prevention. (n.d.). *Unpacking the gendered drivers of violence against women: Condoning of violence against women.* Retrieved from: https://www.partnersinprevention.org.au/wp-content/uploads/Condoning-Of-Violence-tipsheet-online-1.pdf

Eastern Community Legal Centre. (2019). *Older People: Equity, Respect & Ageing: Phase 1 Findings.* Retrieved from: https://apo.org.au/node/271146

Equality Australia. (2020). *LGBTIQ+ communities and Covid-19: A report on the impacts of Covid-19 on Australian LGBTIQ+ communities and building a strong response.* Retrieved from: https://equalityaustralia.org.au/covid-report/

Flint, S. M., Davis, J. S., Su, J. Y., Oliver-Landry, E. P., Rogers, B. A., Goldstein, A., . . . Tong, S. Y. C. (2010). Disproportionate impact of pandemic (H1N1) 2009 influenza on Indigenous people in the Top End of Australia's Northern Territory. *Medical Journal of Australia.* DOI:10.5694/j.1326-5377.2010.tb03654.x

Fowler, M., & Bungard, M. (2020, July 3). Health Minister raises conspiracy concern as 10,000 refuse virus test. *The Age.* Retrieved from: https://www.theage.com.au/national/victoria/health-minister-raises-conspiracy-concern-as-10-000-refuse-virus-test-20200703-p558va.html

Fernandez, L., Byard, D., Lin, C., Benson, S., & Barbera, J. (2002). Frail elderly as disaster victims: emergency management strategies. *Prehospital Disaster Medicine*, DOI:10.1017/S1049023X0000020017

Gender Equity Victoria. (2020a). Factsheet: economic security for women. Retrieved from: https://www.genvic.org.au/wp-content/uploads/2020/06/Economic-Security-for-Women_FA-1.pdf

Gender Equity Victoria. (2020b). Factsheet: Gender Equity and COVID-19. Retrieved from: https://www.genvic.org.au/resources/covid-19-resources/

Gender Equity Victoria. (2020c). Factsheet: Women's mental health in the context of Covid-19. Retrieved from: https://www.genvic.org.au/resources/covid-19-resources/

GFDRR (2017). Disability Inclusion in Disaster Risk Management: Promising Practices and Opportunities or Enhanced Engagement. Global Facility for Disaster Reduction and Recovery. Retrieved from: https://www.gfdrr.org/en/global-facility-disaster-reduction-and-recovery

Godin, M. (2020). As Cities Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out. *Time*. Retrieved from: https://time.com/5803887/coronavirus-domestic-violence-victims/

Grzelka, M. (2020). Attitudes toward Vulnerable Populations in the Time of Covid-19: Critical Discourse Analysis of Gazeta.Pl Online Comment Sections. *Society Register.* DOI:10.14746/sr.2020.4.2.09

Gutman, G. M., & Yon, Y. (2014). Elder abuse and neglect in disasters: Types, prevalence and research gaps. *International Journal of Disaster Risk Reduction.* DOI:10.1016/j.ijdrr.2014.06.002

Hartmann-Boyce, J., Davies, N., Frost, R., Bussey, J., & Park, S. (2020). Maximising mobility in older people when isolated with COVID-19. Retrieved from: https://www.cebm.net/covid-19/maximising-mobility-in-the-older-people-when-isolated-with-covid-19/

Hegarty, K. (2020). Domestic violence, isolation and COVID-19. *Pursuit*. Retrieved from: https://pursuit.unimelb.edu.au/articles/domestic-violence-isolation-and-covid-19

HelpAge International. (2001). *Equal treatment, equal rights: Ten action points to end age discrimination.* Retrieved from: https://www.helpage.org/silo/files/equal-treatment-equal-rights-ten-actions-to-end-age-discrimination.pdf

HelpAge International (2019). *Age Inclusive Disaster Risk Reduction – A Toolkit Chiang Mai.* HelpAge International. Retrieved from: https://www.helpage.org

Hill, A. (2020). Coronavirus scammers targeting vulnerable older people, say police. *The Guardian*. Retrieved from: https://www.theguardian.com/society/2020/mar/21/coronavirus-scammers-targeting-vulnerable-older-people-say-police

Hoffower, H. (2020). A certain horrible subset of the internet is calling the coronavirus 'boomer remover'. *Business Insider Australia*. Retrieved from: https://www.businessinsider.com.au/millennials-gen-z-calling-coronavirus-boomer-remover-reddit-2020-3

Howard, A., Agllias, K., Bevis, M., & Blakemore, T. (2017). "They'll tell us when to evacuate": The experiences and expectations of disaster-related communication in vulnerable groups. *International Journal of Disaster Risk Reduction.* DOI: 10.1016/j.ijdrr.2017.03.002

Hunter, D. J. (2020). Covid-19 and the Stiff Upper Lip - The Pandemic Response in the United Kingdom. *The New England journal of medicine.* DOI:10.1056/NEJMp2005755

ICMHD. (2020). *COVID-19: Notes on Community Quarantine*. International Centre for Migration, Health and Development. Retrieved from: https://icmhd.ch/wp-content/uploads/2020/06/2020March5_-ICMHD_-CommunityQuarantine.pdf

Johnson, H., Ling, C., & McBee, E. (2015). Multi-disciplinary Care for the Elderly in Disasters: An Integrative Review. *Prehospital and Disaster Medicine*. DOI:10.1017/S1049023X14001241

Joosten, M., Dow, B., & Blakey, J. (2015). *Profile of elder abuse in Victoria: Analysis of data about people seeking help from Seniors Rights Victoria*. Summary report. Seniors Rights Victoria. Melbourne. Retrieved from: www.seniorsrights.org.au/wp-content/uploads/2014/03/Summary-Report_Profile-of-Elder-Abuse-in-Victoria_Final.pdf

Keeley, G. (2020). Corpses of the elderly found abandoned in Spanish care homes. *Al Jazeera*. Retrieved from: https://www.aljazeera.com/news/2020/03/corpses-elderly-abandoned-spanish-care-homes-200324141255435.html

Kelly, H., Mercer, G., & Cheng, A. (2009). Quantifying the risk of pandemic influenza in pregnancy and indigenous people in Australia in 2009. *Euro surveillance : bulletin Europeen sur les maladies transmissibles = European communicable disease bulletin, 14*(50).

Kelly, L. (1988). *Surviving Sexual Violence.* Cambridge: Polity.

Knight, L..A. (2001). New Guidelines Aim to Support Older People in Emergencies. *The Australian Journal of Emergency Management, 15*(4), 37-42.

Kurtzleben, D. (2020). Women Bear the Brunt of Coronavirus Job Losses. *NPR.* Retrieved from: https://www.npr.org/2020/05/09/853073274/women-bear-the-brunt-of-coronavirus-job-losses

Kwan, C. & Walsh, C. A. (2017). Seniors' disaster resilience: A scoping review of the literature. *International Journal of Disaster Risk Reduction 25*, 259-273.

Labra, O., Maltais, D., & Gingras-Lacroix, G. (2018). Medium-Term Health of Seniors Following Exposure to a Natural Disaster. *Inquiry.* DOI:10.1177/0046958018766667

Le Couteur, D. G., Anderson, R. M., & Newman, A. B. (2020). COVID-19 Through the Lens of Gerontology. *The journals of gerontology. Series A, Biological sciences and medical sciences.* DOI:10.1093/gerona/glaa080

Lord, M., McMahon, K., & Nivelle, S. (2019). Preventing elder abuse: A literature review for the Southern Metropolitan Primary Care Partnership Elder Abuse Prevention Network. Retrieved from: https://respectingseniorsnetwork.org.au/wpcontent/uploads/2019/05/SMPCP_Elder_Abuse_Literature_Review_FINAL.pdf

Massey, P., Miller, A., Saggers, S., Durrheim, D., Speare, R., Taylor, K., . . . Clough, A. (2011). Australian Aboriginal and Torres Strait Islander communities and the development of pandemic influenza containment strategies: community voices and community control. *Health policy.* DOI:10.1016/j.healthpol.2011.07.004

Massey, P. D., Miller, A., Durrheim, D. N., Speare, R., Saggers, S., & Eastwood, K. (2009). Pandemic influenza containment and the cultural and social context of Indigenous communities. *Rural and remote health.* DOI:10.22605/RRH1179

Maury, S. (2020, 21 February). *Poverty in Australia 2020: what does a gendered analysis reveal?* Retrieved from: http://www.powertopersuade.org.au/blog/poverty-in-australia-2020-what-does-a-gendered-analysis-reveal/19/2/2020

Mercado, L., Naciri, M., & Mishra, Y. (2020). *Women's Unpaid and Underpaid Work in the Times of Covid-19.* Retrieved from: https://www.amnesty.org/en/latest/campaigns/2020/06/womens-unpaid-and-underpaid-work-in-times-of-covid19/

Makaroun, L. K., Bachrach, R. L., & Rosland, A.-M. (2020). Elder Abuse in the Time of COVID-19—Increased Risks for Older Adults and Their Caregivers. *The American journal of geriatric psychiatry*, DOI:10.1016/j.jagp.2020.05.017

Maltais, D. (2019). Elderly People with Disabilities and Natural Disasters: Vulnerability of Seniors and Post Trauma. *Journal of Gerontology & Geriatric Medicine.* DOI:10.24966/GGM-8662/100041

Multicultural Centre for Women's Health. (2015). *Intersectionality and primary prevention of violence against women.* Paper presented at the Workshop for the PVAW Community of Practice, June 2015.

Nash, P., & Schnarrs, P., W. (2020). Coronavirus shows how ageism is harmful to health of older adults. *The Conversation.* Retrieved from: https://theconversation.com/coronavirus-shows-how-ageism-is-harmful-to-health-of-older-adults-138249

NCHRAC. (2020, 21 May). Risks of resurgence of COVID-19 in Australia. Retrieved from: https://www.nhmrc.gov.au/about-us/leadership-and-governance/committees/national-covid-19-health-and-research-advisory-committee

Ogie, R., Rho, J. C., Clarke, R. J., & Moore, A. (2018). *Disaster Risk Communication in Culturally and Linguistically Diverse Communities: The Role of Technology.* Paper presented at the Multidisciplinary Digital Publishing Institute Proceedings.

OHCHR. (2020). *"Unacceptable" – UN expert urges better protection of older persons facing the highest risk of the COVID-19 pandemic.* United Nations Human Rights - Office of the High Commissioner. Retrieved from: https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25748&LangID=E

Olle, E. (2020). Coronavirus lockdown results in 75 per cent increase in domestic violence. *7News.* Retrieved from: https://7news.com.au/lifestyle/health-wellbeing/coronavirus-lockdown-results-in-75-per-cent-increase-in-domestic-violence-google-searches-c-901273

Oriol, W. E., Nordboe, D. (1999). *Psychosocial Issues for Older Adults in Disasters.* U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

Ory, M. G., & Smith, M. L. (2020). Social isolation: The COVID-19 pandemic's hidden health risk for older adults, and how to manage it. *The Conversation.* Retrieved from: https://theconversation.com/social-isolation-the-covid-19-pandemics-hidden-health-risk-for-older-adults-and-how-to-manage-it-141277

Osaki, Y., & Minowa, M. (2001). Factors Associated with Earthquake Deaths in the Great Hanshin-Awaji Earthquake, 1995. *American Journal of Epidemiology,* DOI:10.1093/aje/153.2.153

Owusu-Addo, E., O'Halloran, K., Brijnath, B., & Dow, B. (2020). *Primary prevention interventions for elder abuse: Results from a systematic review.* Respect Victoria. Melbourne, Victoria.

Pan, D., Sze, S., Minhas, J. S., Bangash, M. N., Pareek, N., Divall, P., . . . Pareek, M. (2020). The impact of ethnicity on clinical outcomes in COVID-19: A systematic review. *EClinicalMedicine.* DOI:10.1016/j.eclinm.2020.100404

Parkinson, D., Duncan, A., & Kaur, J. (2018b). *Long-term disaster resilience: full report.* Wangaratta. Retrieved from: https://www.genderanddisaster.com.au/info-hub/research-resources/long-term-disaster-recovery/

Public Health England. (2020). Disparities in the risk and outcomes of COVID-19. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892085/disparities_review.pdf

Rainbow Health Victoria, Carman, M., Bourne, A., & Fairchild, J. (2020). COVID-19: impacts for LGBTIQ communities and implications for services. Retrieved from: https://www.rainbowhealthvic.org.au/news/research-briefing-paper-covid-19-impacts-for-lgbtiq-communities-and-implications-for-services

RANZCOG. (2020). *COVID-19 and Aboriginal and Torres Strait Islander populations* [Press release]. Royal Australian and New Zealand College of Obstetricians and Gynaecologists. Retrieved from: https://ranzcog.edu.au/news/covid-19-and-aboriginal-and-torres-strait-islander

Reingle Gonzalez, J. M., Cannell, M. B., Jetelina, K. K., & Radpour, S. (2016). Barriers in detecting elder abuse among emergency medical technicians. *BMC Emerg Med.* DOI:10.1186/s12873-016-0100-7

Rodriguez, A. (2020). Texas' lieutenant governor suggests grandparents are willing to die for US economy. *USA Today.* Retrieved from https://www.usatoday.com/story/news/nation/2020/03/24/covid-19-texas-official-suggests-elderly-willing-die-economy/2905990001/

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disabilty. (2020). *Statement of Concern - The response to the COVID-19 pandemic for people with disability.* Retrieved from: https://disability.royalcommission.gov.au/publications/statement-concern-response-covid-19-pandemic-people-disability

Rudge, S., & Massey, P. D. (2010). Responding to pandemic (H1N1) 2009 influenza in Aboriginal communities in NSW through collaboration between NSW Health and the Aboriginal community-controlled health sector. *N S W Public Health Bull.* DOI: 10.1071/nb09040

Senior Rights Victoria, & Think Impact. (2019). *Older, Better, Together: The primary prevention of elder abuse by prevention networks.* Melbourne, Australia. Retrieved from: https://seniorsrights.org.au/wp-content/uploads/2019/08/2019-06-28-Older-Better-Together-full-report.pdf

Shepherd, J., & van Vuuren, K. (2014). The Brisbane flood: CALD gatekeepers' risk communication role. *Disaster prevention and management, 23*(4), 469-483. https://doi.org/10.1108/DPM-   08-2013-0133

Shih, R. A., Acosta, J. D., Chen, E. K., Carbone, E. G., Xenakis, L., Adamson, D. M., & Chandra, A. (2018). Improving Disaster Resilience Among Older Adults: Insights from Public Health Departments and Aging-in-Place Efforts. *Rand health quarterly, 8*(1), 3-3.

Sparks, H. (2020). Morbid 'boomer remover' coronavirus meme only makes millennials seem more awful. *New York Post.* Retrieved from: https://nypost.com/2020/03/19/morbid-boomer-remover-coronavirus-meme-only-makes-millennials-seem-more-awful/

Spence, P. R., Lachlan, K. A., & Griffin, J. A. (2007). Crisis Communication, Race, and Natural Disasters. *Journal of Black Studies.* DOI:10.1177/0021934706296192

Steinman, M. A., Perry, L., & Perissinotto, C. M. (2020). Meeting the Care Needs of Older Adults Isolated at Home During the COVID-19 Pandemic. *JAMA internal medicine.* DOI:10.1001/jamainternmed.2020.1661

Storey, J, & Rogers, M. (May 11, 2020). Coronavirus lockdown measures may be placing older adults at greater risk of abuse*. The Conversation.* Retrieved from: https://theconversation.com/coronavirus-lockdown-measures-may-be-putting-older-adults-at-greater-risk-of-abuse-137430

Ticehurst, S., Webster, R. A., Carr, V. J., & Lewin, T. J. (1996). The psychosocial impact of an earthquake on the elderly. *International Journal of Geriatric Psychiatry,* DOI:10.1002/(SICI)1099-1166(199611)11:11<943::AID-GPS412>3.0.CO2-B

Tomazin, F. (2020, June 25). Ethnic groups move to plug gaps in COVID messaging. *The Age.* Retrieved from: https://www.theage.com.au/national/victoria/ethnic-groups-move-to-plug-gaps-in-covid-messaging-20200625-p55691.html

Tu, J. (2020, July 7). *Call issued to urgently prioritise the voices of migrant women.* Retrieved from: https://womensagenda.com.au/latest/call-issued-to-urgently-prioritise-the-voices-of-migrantwomen%E2%80%A8/

UNDGC. (2020). UN supports LGBTI community during COVID-19 pandemic. United Nations - Department of Global Communications. Retrieved from: https://www.un.org/en/coronavirus/un-supports-lgbti-community-during-covid-19-pandemic

UN. (2020). *Policy Brief: The Impact of COVID-19 on older persons.* United Nations. Retrieved from: https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_covid19_and_older_persons_1_may_2020.pdf

UNDESA. (2019). *Older Women in Emergency Crises: Vulnerabilities, Capacities and Opportunities.* United Nations Department of Economic and Social Affairs. Retrieved from: https://www.un.org/development/desa/family/wp-content/uploads/sites/23/2019/06/UNDESA-note_Bela-Kapur_9-May-2019.pdf

UNDRR. (2015). *Sendai Framework for Disaster Risk Reduction 2015-2030.* Geneva: United Nations Office for Disaster Risk Reduction. Retrieved from: https://www.undrr.org/

UNDESA. (2017) *Division for Social Policy and Development Disability, Ageing and disability.* Department of Economic and Social Affairs. Retrieved from: http://bit.ly/2BtLg4I

Visontay, E. (2020). Government scheme delivers just 38 of predicted 36,000 Covid food boxes to older Australians. *The Guardian.* Retrieved from: https://www.theguardian.com/australia-

news/2020/jun/05/government-scheme-delivers-just-38-of-predicted-36000-covid-food-boxes-to-older-australians

Weedon, A. (2020). *Melbourne's public housing coronavirus lockdown tells a story of two cities.* ABC News. Retrieved from: https://www.abc.net.au/news/2020-07-09/flemington-north-melbourne-public-housing-lockdown-two-cities/12431898

Weiss, C., Parkinson, D. & Duncan, A. (2015*). Living longer on less: women, paid work, and superannuation in Victoria, Australia.* Sage Open, July-September 1-12. https://doi.org/10.1177/2158244015597966

WHO. (2008). *Older persons in emergencies: an active ageing perspective.* World Health Organization. Retrieved from: https://www.who.int/ageing/publications/EmergenciesEnglish13August.pdf

WHO & The World Bank. (2011) *World report on disability.* WHO*,* Geneva. Retrieved from: http://bit.ly/2jFpXDh

Young, E. (2020, Jun 24). As coronavirus surges in Victoria, governments are being urged to overhaul multicultural outreach. *SBS News.* Retrieved from: https://www.sbs.com.au/news/as-coronavirus-surges-in-victoria-governments-are-being-urged-to-overhaul-multicultural-outreach

Appendix 4: Data Management Plan

Respect Victoria has commissioned this research, to be delivered by Jigsaw Research and National Ageing Research Institute. Respect Victoria will provide $49,994 inc. GST in funding to resource this project. Respect Victoria will own the Project Intellectual Property, exclusive ownership of all Project Intellectual Property vests in Respect Victoria. The Principal Investigator, Dr Debra Parkinson, Director of Jigsaw Research is responsible for data management.

The data to be collected comprises transcripts of digital recording of in-depth interviews with 11 research informants. The data will be deidentified and informants will be given the opportunity to check their transcripts and amend them to ensure they are sufficiently deidentified.

The only identifiable data will be an excel spreadsheet of contact and interview details and eligibility compliance. It will be password protected, with only the four members of the research team having access to this password and the excel spreadsheet.

Tapes will be deleted once transcripts are received. The deidentified transcripts will be stored in an electronic folder accessible only to the research team. Any hard copies will be stored in a locked cabinet at Jigsaw Research for seven (7) years and then hard copies securely destroyed. Password protected electronic files will also be kept for seven (7) years and then securely deleted.

As a low-risk research project, the risk of ethical issues has been minimised by the methodology which ensures informants have are able to give fully informed consent, e.g. by ensuring no cognitive issues are present. The chance of ethical issues emerging is minimised by the experience of the research team, and their familiarity with the National Statement on Ethical Conduct in Human Research 2007 (updated 2018). The research team and the research design is informed by these sections in particular: Values and Principles of Ethical Conduct; Ethical Considerations in the Design, Development, Review and Conduct of Research; and Ethical Considerations Specific to Informants. The research team will abide by relevant privacy legislation as outlined in the Protocol and PICF. If ethical issues require review, this will follow the process outlined in the PICF whereby it will first be handled by the local site complaints person:

Name   Ms Fiona Richardson
Position Research Governance, National Ageing Research Institute
Telephone   (03) 8387 2588
Email   f.richardson@nari.edu.au

Informants who have complaints about any aspect of the project, the way it is being conducted or any questions about being a research informant in general, will be advised in the PICT that they may contact the Austin Hospital Human Research Ethics Committee, quoting project number: HREC/64129/Austin-2020 HREC/64129/Austin-2020.

Reviewing HREC name Austin Hospital Human Research Ethics Committee.
HREC Executive Officer Ethics and Research Governance Manager
Telephone   (03) 9496 4090 or (03) 9496 4035
Email   ethics@austin.org.au