Gendered aspects of long-term disaster resilience in Victoria, Australia

Peer Reviewed

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Introduction

Long-term resilience is influenced by a multitude of factors associated with emergencies and disasters and the long and pressured aftermath. Previous traumatic life events and mental and physical ill-health contribute. While class, race, sexuality and ability all affect capacity for resilience, this paper focuses on gender. Of the 56 people interviewed in this study, 30 identified as women and 26 as men, with none indicating gender/sexual diversity. The findings centre on traditional gendered expectations of men and women, noting their salience particularly in times of disaster, so gendered analysis based on 'women' and 'men' is used.[1] This paper draws on the gendered aspects of qualitative research conducted in 2018 (Parkinson, Duncan & Kaur 2018) and contributes to an identified dearth of long-term disaster resilience research (Spencer, Majeed & McArdle 2018). The 56 study participants remembered disasters from the 1983 Ash Wednesday fires to the 2009 Black Saturday bushfires and even earlier fires and floods in Victoria back to the 1943 Tarrawingee fire. To a person, they remembered the day of the disaster as if it was yesterday. Unexpectedly, critical issues that are often identified as important to survivors in the first few years following a disaster—such as drug and alcohol abuse, temporary housing and frustration with the bureaucracy associated with rebuilding—were only briefly mentioned, if at all, by participants. In the long-term, what stayed with survivors were the effects of the experience on themselves, their family and community. Their reflections and insights shaped by gendered expectations, over a decade or over half a century, informs the understanding of resilience and what helps and hinders it. Researchers, policymakers and responders alike can benefit from these insights to improve all stages of emergency and disaster management.

Abstract

Research conducted in 2018 documented the disaster experiences of 56 women and men in Australia aged between 18 and 93 years. This paper draws out the gendered factors that affected their resilience, and in so doing, begins to address the dearth of research related to gendered aspects of long-term disaster resilience. It is unique in capturing the voices of survivors who spoke of events 9 years after the 2009 Black Saturday fires and of earlier fires and floods in Victoria more than 50 years ago, including the 1983 Ash Wednesday fires. Over decades, gendered expectations of men and women significantly hindered resilience. Men spoke of the long-term cost to them of demands to 'be strong' in the worst of disasters and reasons they were reluctant to seek help afterwards. Women spoke of their contributions holding a lesser value and of discrimination. Discussions of violence against women and children after disaster, and suicide ideation in anticipation of future disasters offered critical insights. Protective factors identified by informants were not wholly intrinsic to their character but were also physical, such as essential resources provided in the immediate aftermath, and psychological and community support offered in the long-term. Factors that helped resilience departed from the 'masculine' model of coping post-disaster by moving away from a refusal to admit trauma and suffering, to community-wide resilience bolstered by widespread emotional, social and psychological support. Genuine community planning for disasters before they strike builds trust and offers insights for emergency management planners.

1. The focus of much of the Gender and Disaster Pod's research is on people with diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC). See for example Parkinson & Duncan 2018, Parkinson *et al.* 2018.

Literature review

This long-term resilience research confirms other research findings (conducted soon after events) that gendered expectations are significant to the disaster experience (Parkinson & Zara 2012, Zara & Parkinson 2013, Enarson & Pease 2016). However, little is known about the role of gender in long-term recovery.

A literature review accompanied this research and aimed to identify protective factors using a gender lens (Spencer *et al.* 2018). The conclusion reads (in part):

> The MUDRI review team conducted a comprehensive, systematised literature search of peer reviewed, grey and secondary literature. The result was a dearth of relevant literature, and particularly a notable lack of gender focused literature. (p.40)

While a growing body of gender and disaster research on both slow- and rapid-onset disasters has existed since the 1980s (e.g. Harms & Alston 2018, Enarson & Pease 2016, Eriksen 2010, Fordham 2011, Pacholok 2013) it is exceedingly rare for the research reports to have a long-term focus. Consequently, most were excluded. Only 7 papers were included that had both a long-term and gendered focus (Spencer *et al.* 2018).

Methodology

Ethics approval was granted through the Monash University Human Research Ethics Committee, #10486, and an Advisory Group was established. The research question underpinning the broader research from which this paper is drawn was: 'What factors increase or hinder long-term individual and community disaster resilience?'

Specific aims included documenting the insights and experiences of men, women and children of resilience in the aftermath of disaster events. The sample of 56 comprised 30 women and 26 men aged between 18 and 93 years. Fifteen were children at the time of the disaster. One in 4 were emergency services volunteers. The 56 informants were consulted through in-depth, semi-structured interviews (32), 3 couple interviews and 3 small focus groups. Ten of the interviews were by telephone. Disaster experiences included fires and floods from 1943 to 2011 in rural, remote and urban areas. Seven informants had experiences of more than one disaster. The time since experiencing the disaster ranged from 8 to over 70 years. A unique feature of this research was the development of a Resilience Scale, which asked informants to rate their resilience on a scale of 1 to 10. Its value lay in drawing forth reflections on each time period from the day of the disaster until 30 years after. Modified Grounded Theory (Glaser & Strauss 1967) guided analysis and NVivo 12 assisted coding. Validity was enhanced by 2 researchers coding and developing nodes and by participant checks on their transcripts.

Concept and definition of resilience

The ambiguous nature of the term 'resilience' was a challenge throughout this project. The concept of resilience is highly contested because it can suggest that the responsibility for

resilience lies with survivors, justifying reduced services to them (Derickson 2016, p.162). Additionally, no agreed definition of resilience exists (Ostadtaghizadeh *et al.* 2015). Consequently, this research was guided by the United Nations Office for Disaster Risk Reduction (UNISDR) definition:

> The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions. (UNISDR 2009)

Findings

Men

> I internalised that I could handle this, that I was the head of the family and therefore I had to remain strong, and I couldn't show any weakness. So all emotion went inside. (Mike)[2]

In this research, several men indicated they shared this feeling, specifically stating they were expected to be the protector and to fulfil this role unstintingly. Their destiny on the day was to protect the family or the family home as if this was proof of their manhood. Eric referred to Black Saturday as 'the greatest test anybody could ever have'. Often, the dimensions of the disaster were beyond human capacity and survival frequently came down to a change in conditions, such as a wind change. The endurance of those caught up in the 2009 fires is astounding. Alex saved his son and grandson, and his own life, in a place and in circumstances where others died. When the steel shed where they were sheltering in melted around them, they lay on the road and survived against the odds. They survived because of Alex's knowledge and skill. Alex reflected on the long-lasting impact on him.

> My second eldest son was with me, and grandson … They don't talk about the fire. I often think, why didn't it affect them as it has affected me. I come back to the family unit where I was the father figure and they had me to lean on, or felt I was their protector. So they didn't have the fear that I had … I was at the apex, and I was the one … at the forefront. (Alex)

The expectation that men don't cry is perhaps stronger for emergency services personnel. In the aftermath, some men spoke of not being asked how they were going. Our society seems to assume men are self-sufficient. One middle-aged informant was surprised to be asked about himself by community counsellors after bushfire affected his farm.

> It was the first time in my life I'd ever had anyone ask me actually, 'How are you going'? I've never had that before. (Peter)

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2. Pseudonyms used throughout.

Traditional masculine values mean it is less likely that men will access health services because they feel uncomfortable discussing problems or feelings and do not want to be considered weak. Men's reluctance to seek help was affirmed in this research and the reason interviewees gave was linked to workplace consequences. It appeared that organisations assumed men who asked for psychological help were less capable at work than others. Warren observed the reaction from workplace supervisors, 'If there's a perceived weakness, bang, go for it. Get rid of them'. The assumption was that men *not* expressing emotion were stable. As Luke put it, 'I was not shouting—but inside I was'. The world, as described by informants, is one where men are judged as not resilient, not man enough and incapable of doing their job if they ask for psychological help or express emotion (apart from anger).

In relationships, too, men withdraw and relationships wither. Men struggled to maintain the stoicism they felt was demanded of them in intimate relationships and within the home. Their silence and absence, so as not to cry, meant that partners or adult children frequently stepped in to persuade men to seek help. Asking for help became impossible for one man:

> *I often think, you know how you've got those deep-sea fish that are so many fathoms underwater with all that pressure? You take them out of the water and they explode because they've got nothing to hold them together. I sometimes feel like I'm like that.* (Murray)

Like Murray, many men throw themselves into long hours of physical or stressful work. Murray was reluctant to take up the informal support available to him through colleagues at the local brigade:

> *If I tell someone in the brigade that I'm feeling a certain way, they might likely take me off the rescue. So it's like, that holds me back.* (Murray)

Not wanting to risk his volunteer roles, he tried calling an online support service on one occasion. He said he won't do it again, as his confidentiality was breached when they acted on 'duty of care' responsibilities, calling in emergency services to check that he was not going to harm himself. Like Murray, Mike also felt alone with his suffering:

> *Absolutely bottle it up … it's just lack of communication, there's no conversation, there's no description … [The Vietnam War] was my learned experience and so that's how I handled Ash Wednesday.* (Mike)

A strong theme was of men 'keeping busy' to keep emotions at bay. Yet Mike went on to say, 'Probably my proudest achievement is recognising who I had been and doing something about it … Understanding why I was angry'. Aaron reiterated this, reinterpreting strength as being able to recognise fragility and defy society's expectations: 'I knew I was in a bad place, and I had to get help. Some people aren't strong enough to admit it'.

Women

While women and girls can cry without the career penalties or social censure men face, they are expected not to be angry.

> *In Grade 4 … the teacher told mum that he thought I was an angry girl. So I got to go off to some counsellor to assess whether I was angry … There was a massive divide in the boys in our school and the boys could be loud, they could be obnoxious, they could do whatever.* (Hannah)

In comparison to men, women were responsible for the emotional health of the family in the aftermath, sometimes at great cost to their own autonomy, health and wellbeing. Their contributions were often invisible. One male respondent summed up the masculine and feminine roles he observed:

> *I know this is stereotyping. 'Men are protectors' kind of thing. It's what we get brought up to be … 'The provider, the protector'. So we go rushing out, brains switched off, just go rushing out. Where women are more the nurturer, they're looking after the kids.* (Murray)

Women experienced further discrimination in the lower valuing of their contribution and lack of regard for the emotional support they offered to family, friends and communities. A disparaging comment from one male participant after devastating floods exemplified this: 'We're solving problems and you're just worrying about your girlfriend or whatever'. Yet, this emotional work supported the resilience of the family. Women felt discrimination against them in other ways. Josie owned her property and cattle before meeting her partner, yet when assessors came, their discussions were solely with her male partner.

> *They separated [us] and they spoke to him … A woman dragged me over there and then they took [my partner] aside and they said, 'What are going to feed [the cattle], how are you going to get water for them, what are you going to do with them?'.* (Josie)
> Interviewer: *How much involvement did he have with the cattle?*
> Josie: *None.*

Within emergency management job roles, gender discrimination was equally apparent. Some discrimination related to social conditioning and people's belief in a gender schema where women provide the majority of unpaid care and are therefore less employable.

> *The CFA average member is a 57-year-old white male so they've got quite a lot that they've got to do there in encouraging more recruits. It is a very responsible job to be a captain or lieutenant, so you need to be on call 24/7 and a lot of women may carry the majority of caring responsibilities in their family … therefore the vast majority of captains and lieutenants are male.* (Ruth)

Career limitations for women are considered acceptable due to the generalisation—often unfounded—that they are looked after by a partner who has an uninterrupted career. This gender schema is outdated where women have no partner, no children, are single, where divorce runs at one in 2 marriages and when couples share unpaid work. It is critical to every woman, and particularly relevant to long-term disaster resilience, that women do not face this gender discrimination, especially as government policy increasingly leans towards self-funding in ever longer retirements (Parkinson *et al.* 2013).

Domestic violence

Domestic violence was not a focus of this research, but it emerged in participant narratives. Men's violence against women and children added immensely to the stress of the post-disaster period. Four informants spoke of violence against them or their children. One woman was on the cusp of leaving her husband 10 years after their disaster experience. She unequivocally linked the marriage breakdown to the disaster, reflecting that she couldn't keep on trying. Other informants knew of domestic violence in their communities linked to the disaster experience through their observations or professional roles. Informants spoke about violence against their children that had not been present before the fires. There were longstanding consequences in the form of family rifts from witnessing or being the brunt of a father's abuse.

Dying as a preferred option

A particularly gendered aspect of some informant narratives was that of men regarding what amounts to suicide as the logical option in a future disaster. Interpretations of this were checked with the research participants. Self-assessments of resilience were sometimes premised on their ability to either avoid or deal with another disaster. Some spoke of not wanting to survive if it happened again. It was too much to think of going through the experience a decade or more later in their lives, or of having to replace belongings, homes and farms or indeed, not being able to replace things of great significance to them.

Balancing quality of life against simply surviving had both women and men questioning the wisdom of doing it all again. At what point does resilience become living without sufficient resources while tormented by memories of the disaster or the physical and mental consequences of it? When is it resilience without purpose? Yet, it was only men who spoke directly about choosing to die in a future fire as a feasible option. The responsibility of society is to ensure the cause is not a lack of caring and the role of government is to provide sufficient information and resources for planning and recovery. Beyond this, individual choice remains a value held strongly in society.

While hard work and persistence was evident in people demonstrating resilience, it was equally evident in others who could not 'bounce back'. In addition, a person's resilience (as judged by others) can be a reason to condemn or blame them for their situation. For some, enough is enough. Without a viable and enjoyable future, it can be a rational decision to choose the possibility of death.

I'm 75 now and I'm going to stay again if a fire comes … They can hold a gun to my head. I'm not going … If it's going to take me 5 years to recover and that will make me 80, I'd rather go now. I don't want 5 years of recovery. (Luke)

This dilemma is central to disaster prevention and recovery planning. With individual choice a value in society, a person's decision to stay in the face of imminent disaster threat must be respected. The caveat is that others must not be implicated, for example, by putting themselves in danger to try to 'rescue' someone who has made an informed decision to stay in a life-threatening situation.

Discussion

What helps long-term disaster resilience?

It is clear from the accounts for participants in this research that stereotypes of masculinity and femininity in response to disaster remain persistent, defying progress in gender equality. Men are understood as protectors and women as nurturers. Men are frequently unable to admit to experiencing trauma or a sense of failure. They are reluctant to seek help, instead suffering alone, while the responsibility for holding families together is accepted by (or imposed on) women.

Going through my catalogue of my observations of men and my observations of women, their roles are very, very different, post disaster. (Kate)

Moving away from this outdated model, factors identified by informants as helping resilience related to effective emotional, social and psychological support in a community-wide setting. This has the potential to reduce the stigma felt by men in seeking help and to reduce the imperative of caring felt by women.

Emotional, social and psychological support

The importance of appropriate emotional support in the recovery process was acknowledged by many informants as key to resilience. This support would include services through a medical model (e.g. prescriptions of antidepressants) and psychological model (e.g. therapy) and would extend to workplace counselling, professional guidance, group support, community-based support and self-help. Others found helping others assisted in their own feelings of resilience.

The safety of being in a group of people who have experienced the same set of circumstances leads to a freedom of speaking that may not necessarily be there if you're a one-out, talking about something that's happened to you that no one else has got any concept of. (Mike)

There are times when you try to talk about it and then you actually get into a group, express your feelings and literally be… a sounding board for others. (Graeme)

One informant drew on her professional life to advise it is not helpful to pathologise behaviours and instead 'acknowledging that trauma as part of who you are'. The techniques that people used to alleviate stress or help resilience were diverse, emphasising the individuality of those interviewed. For example, people were helped by breathing exercises, yoga, reiki, tai chi, neurolinguistics, compartmentalising, focusing and meditation. They benefited from therapies including music, gardening and dog or horse therapy. They used their hands to make mandalas. They healed through making art, writing and poetry.

Another informant pointed out that the context, post-disaster, for individuals trying to achieve psychological wellbeing is, in fact, community-wide struggling. Encouragingly, there were some examples of professionals in the mental health field supporting social interventions and community-strengthening initiatives to prevent and address mental health difficulties. This recognises the effects of disasters on entire communities and regions. For many, anniversaries allowed community-wide remembrance of shared experiences, grieving for loss and finding some solace in individual and community resilience.

Protective factors identified by informants were not wholly intrinsic to their character, but were also physical, such as essential resources provided in the immediate aftermath and psychological and community support offered in the long-term. Informants identified that genuine community engagement and documented community planning before an event relieves pressure in a community in the aftermath. Such planning can prevent community factions and reduce the tendency to blame community leaders in the aftermath when stages of cohesion and fracture are known to follow disasters. Trust was built by authentically involving significant numbers of the community. This model could be widely adopted and adapted.[3] The impact on individuals' relationships with institutions in disaster response recovery and reconstruction, characterised here as institutional trust, is central to these findings and a key insight for emergency management policy and practice.

Limitations

Although a broad sample was sought, this study does not include people who stated they have diverse gender and sexual identities, nor Indigenous people or culturally and linguistically diverse people. This is largely due to the demographics of the communities affected by the mostly rural disasters (except Canberra).

Future research

As guilt and resentment both inhibit resilience, 2 Australia-wide discussions are needed: (1) on the imperative for those choosing to stay in disaster zones to do so only without implicating others, and (2) on safeguarding children in disasters – given the high rates of child deaths in bushfires and in light of Australia's support of the United Nations Convention on the Rights of the Child. The Resilience Scale offers a valuable tool for the endeavours of future researchers to hear informant reflections on how well they self-assessed their resilience at various time points from 'during a disaster' to '30 years plus'.

Conclusion

This long-term resilience research confirms that gendered expectations are significant to disaster experience and resilience. The informant narratives indicated no consistent path to resilience, no pattern in how survivors experienced their recovery, and no common self-assessment of how resilient they were as time passed. Other publications from this research discussed the damage we do in asking disaster survivors, 'Aren't you over it yet?' Frequently, people demand 'resilience' in the aftermath of disaster events, erroneously seeing it as a marker of character. Protective factors identified by informants were not wholly intrinsic to their character but relied on the human and material resources they had before the event and the speed of government to re-establish essential services in the immediate aftermath. In the longer term, psychological and community support was important. It is equally important to understand the harm that emerges from expectations of men to be protectors and providers and women to be selfless.

References

Derickson KD 2016, *Resilience is not enough, City, vol. 20, no. 1, pp.161–166.*

Elinder M & Erixson O 2012, *Gender, social norms and survival in maritime disasters. Proceedings of the National Academy of Sciences, vol. 109, pp.13220–24.*

Enarson E & Pease B 2016, *Men, masculinities and disaster. London, New York: Routledge.*

Eriksen C, Gill N & Head L 2010, *The gendered dimensions of bushfire in changing rural landscapes in Australia, Journal of Rural Studies, vol. 26, no. 4, pp.332–342.*

Fordham M 2011, *Gender and Disasters. In J. O. Nriagu (Ed.), Encyclopedia of Environmental Health, pp.834–838. Burlington: Elsevier.*

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

Harms L & Alston M 2018, *Postdisaster Social Work, Australian Social Work, vol. 71, no. 4, pp.386–391. doi:10.1080/031240 7X.2018.1495241*

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3. This model is detailed in the original report (Parkinson, Duncan & Kaur 2018).

Ostadtaghizadeh A, Ardalan A, Paton D, Jabbari H & Khankeh HR 2015, *Community Disaster Resilience, a Systematic Review on Assessment Models and Tools, PLOS Currents Disasters, vol. 8, no. 1.*

Pacholok S 2013, *Into the Fire: Disaster and the Remaking of Gender. Toronto: University of Toronto Press.* doi:10.3138/9781442666849

Parkinson D & Zara C 2012, *'The way he tells it…' Relationships after Black Saturday. Wangaratta: WHGNE. At: www. genderanddisaster.com.au/wp-content/uploads/2015/06/Doc-005-The-Way-He-Tells-it.pdf.*

Parkinson D, Duncan A & Kaur J 2018, *Long-term disaster resilience, vol. 2, Full report. Wangaratta: WHGNE. At: www. genderanddisaster.com.au/wp-content/uploads/2018/10/Vol-2-Long-term-disaster-resilience-report-FINAL.pdf.*

Parkinson DF, Duncan A, Kaur J, Spencer C & Archer F 2020, *The role of community in long-term disaster resilience in Australia. Radical Community Work Journal, vol. 4, no. 2. At: www. rcwjournal.org/ojs/index.php/radcw/article/view/82.*

Parkinson D, Leonard L, Duncan A & Jeffrey J 2018, *Identifying the experiences and needs of LGBTI communities before, during and after emergencies. Wangaratta, Gender and Disaster Pod, WHGNE. At: www.genderanddisaster.com.au/wp-content/ uploads/2018/06/Identifying-the-experiences-and-needs-of-LGBTI-emergencies-FINAL.pdf.*

Parkinson D, Weiss C, Zara C, Duncan A & Judd K 2013, *Living longer on less: Women speak on superannuation and retirement. Melbourne, Australia: Women's Health in the North. At: www. whin.org.au/wp-content/uploads/sites/2/2021/03/living-longer-on-less.pdf.*

Spencer C, Majeed S & McArdle D 2018, *Long-term disaster resilience, vol. 3, Literature Review. Wangaratta, Gender and Disaster Pod, WHGNE. At: www.genderanddisaster.com.au/wp-content/uploads/2018/10/Vol-3-Literature-Review.pdf.*

United Nations International Strategy for Disaster Reduction (UNISDR) 2009, *2009 UNISDR Terminology on Disaster Risk Reduction. At: www.unisdr.org/files/7817_ UNISDRTerminologyEnglish.pdf.*

Zara C & Parkinson D 2013, *Men on Black Saturday: risks and opportunities for change. Wangaratta, WHGNE. At: www. genderanddisaster.com.au/wp-content/uploads/2015/06/Doc-011-Men-on-Black-Saturday-Vols-1-and-2.pdf.*

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