

COMMUNITY RECOVERY STUDY:

RECOVERY FROM THE 2019-2020 BUSHFIRES



Report for Emergency
Recovery Victoria



Community Recovery study: Recovery from the 2019-2020 bushfires
March 2023

Acknowledgements:

The University of Melbourne research team gratefully acknowledges the generosity of the research participants in sharing their time and experiences, and the support provided by community organisations and local governments for this study.

We would also like to acknowledge the enormous effort of Emergency Recovery Victoria staff involved in the governance, design and implementation of the study, in particular Dan Borg and Yvette Clarke.

Bushfire Recovery Victoria (BRV) was initially established to coordinate recovery from the 2019-2020 Victorian Bushfires, and later transitioned to Emergency Recovery Victoria as a permanent recovery coordination agency. While part of this project was undertaken before this transition, we refer to the agency as Emergency Recovery Victoria in this report.

We acknowledge the Traditional Owners of Country throughout eastern and northeastern Victoria and bordering areas of New South Wales. We recognise First Peoples continuing connection to lands, waters and community. We pay our respects to Elders past and present who carry the memories, traditions, cultures and aspirations of First Peoples, and who forge the path ahead for emerging leaders

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Report design by Gemma Tarpey-Brown and Alana Pirrone.

In partnership with



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Executive summary

Between November 2019 and February 2020, Victoria experienced a series of intense and devastating bushfires, while fires burned simultaneously across other States and Territories of Australia. This period of time is commonly referred to as 'Black Summer'.

Bushfire Recovery Victoria was initially established to coordinate recovery from the 2019-20 bushfires, and later transitioned to Emergency Recovery Victoria as a permanent recovery coordination agency.

Emergency Recovery Victoria engaged the University of Melbourne to undertake research to help better understand individual recovery progress, community perceptions of recovery progress, community satisfaction and interaction with recovery services and to identify ongoing recovery priorities. A survey was conducted in the second half of 2022 in bushfire affected communities, with 989 participants responding.

This report presents preliminary, descriptive findings of the data collected. Key findings from this initial analysis include:

Multiple disasters

Most participants have been exposed to multiple disasters. This is an important preliminary finding as there is other research (from Australia and internationally) that indicates that experiencing multiple disasters may increase risk factors for poor mental and physical health and low overall wellbeing. This is an important consideration when designing services and supports.

Satisfaction with recovery

Most participants tended to rate satisfaction with their own recovery and those in their household as higher than others in their community.

COVID-19

A large number of participants indicated that COVID-19 and the subsequent restrictions negatively impacted their recovery. Factors that were linked to negative perceived impacts of COVID-19 on recovery included experiences of financial stress, bushfire related property damage, having resided longer in the community and being younger.

Life satisfaction


Most participants reported that their life satisfaction was lower than how satisfied they recalled being before the bushfires and lower than how satisfied they anticipated they would be in the future.

Mental health

Three years after Black Summer a substantial proportion of those surveyed reported mental health symptoms. Specifically, about one quarter of respondents reported mental health impacts at a high or very high level.

Access to supports

Participants identified a range of supports as beneficial to their recovery. These included practical supports, community events and services that were simple to access. Challenges relating to accessing services included issues with red tape, understanding which supports were available, eligibility requirements, having to retell information multiple times and service capacity.



As more analysis of the data collected is undertaken, further findings will be published on the University of Melbourne Beyond Disasters website^a. In some sections of this report we have been able to draw on research findings from other studies to help contextualise the information presented from this study.

Background

Between November 2019 and February 2020, Victoria experienced a series of intense and devastating bushfires, while fires burned simultaneously across other States and Territories of Australia. This period of time is commonly referred to as 'Black Summer'.

The 2019-20 Victorian bushfires burned more than 1.5 million hectares of public and private land. The fires directly caused the loss of five lives, more than 300 homes and nearly 7000 head of stock¹². The locations of more than 1000 registered Aboriginal heritage places were affected³. The fires also had devastating and long-lasting impacts for wildlife, native vegetation and ecosystems^{4,5}. The economic impacts of these fires was significant for affected households, communities and the state^b.

Aims of the program

In 2021, Emergency Recovery Victoria commissioned the University of Melbourne to undertake research into how people in bushfire affected communities were recovering.

The aims of the study were to:

- Understand individual recovery progress.
- Understand community perceptions of recovery progress.
- Understand community satisfaction and interaction with recovery services.
- To identify ongoing recovery needs and priorities.

Three groups were formed to support the study:

- Project management team, comprised of researchers from the University of Melbourne and members of the Recovery and Strategy team from Emergency Recovery Victoria.
- Project control group, comprised of regional and central office staff from Emergency Recovery Victoria.
- Scientific advisory group comprised of researchers with expertise in public health, community recovery, mental health, rural and regional health, equity and multiple disasters from the University of Melbourne and Phoenix Australia.

The findings in this report represent an initial, descriptive analysis of the data. As more analysis is undertaken, further findings will be published on the University of Melbourne Beyond Disasters website^a. In some sections of this report we have been able to draw on research findings from other studies to help contextualise the information presented from this study.

Methods

The research team collected the data for the study through a survey^c between August – November 2022. The survey instrument was developed in partnership with Emergency Recovery Victoria.

The research team worked with a reputable data collection company^d to send invitations to participate in the study to households across the East Gippsland, Alpine and Towong Shires in Victoria and a small section of the Snowy Valleys Shire in New South Wales. The distribution of the surveys was arranged so that more invitations were sent to locations within these local government areas that had been directly fire affected. The study invitations and reminders were sent to addresses in these areas randomly, using a large property address database commonly used in research^e. During the initial mail out to 7500 addresses, there were some reports of disrupted mail service. As a result of this, a further 7,500 invitations were sent to additional addresses in these areas^f.

Participants who were randomly selected and received the invitation in the mail were also offered a \$20 gift voucher for a completed survey as a gesture of thanks for their time.

A total of 989 people participated in the study.

The survey was open to people aged 18 and older. One participant per selected household was invited to complete the survey^g.

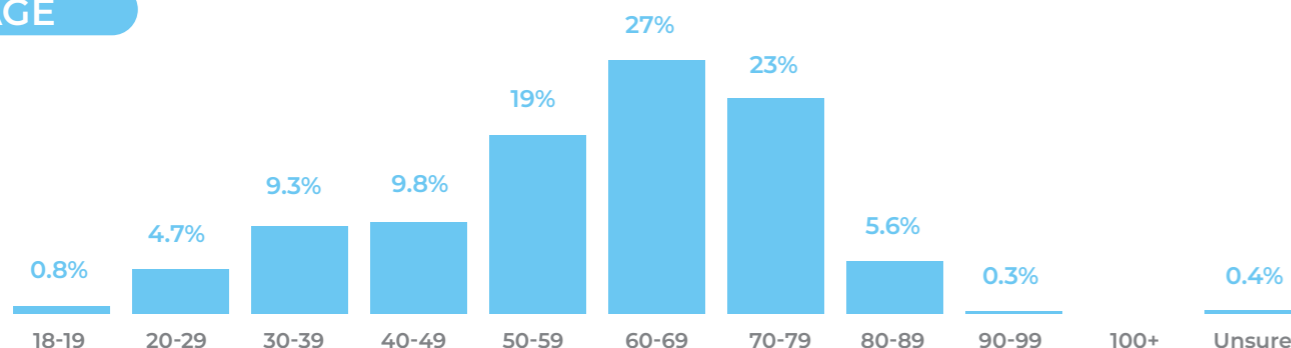
Most of the questions participants were asked were multiple choice questions or asked respondents to rank their levels of agreement or disagreement on different issues. People who participated in the online version were also able to provide more information through open-ended questions and a small number of additional questions^h.

Participants were offered the option to participate in the survey in languages other than English. No respondents requested this option.

This study received ethics approval through the University of Melbourne Human Research Ethics Committeeⁱ.

Who took part in the study?

AGE



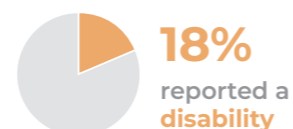
GENDER



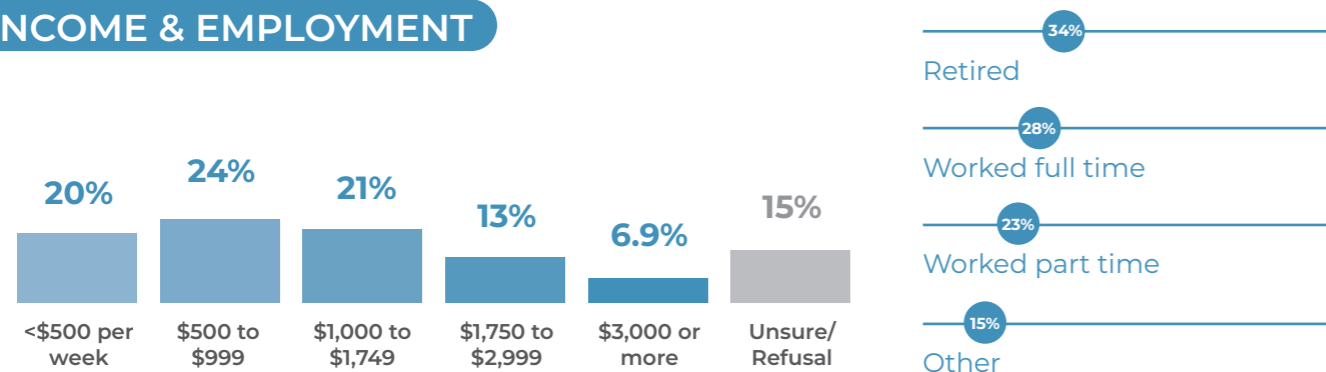
BACKGROUND



DISABILITY



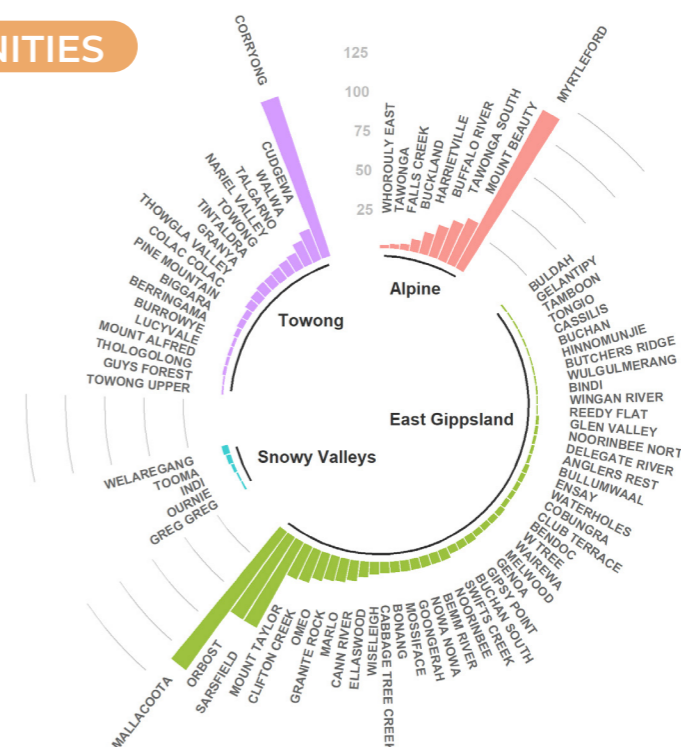
INCOME & EMPLOYMENT



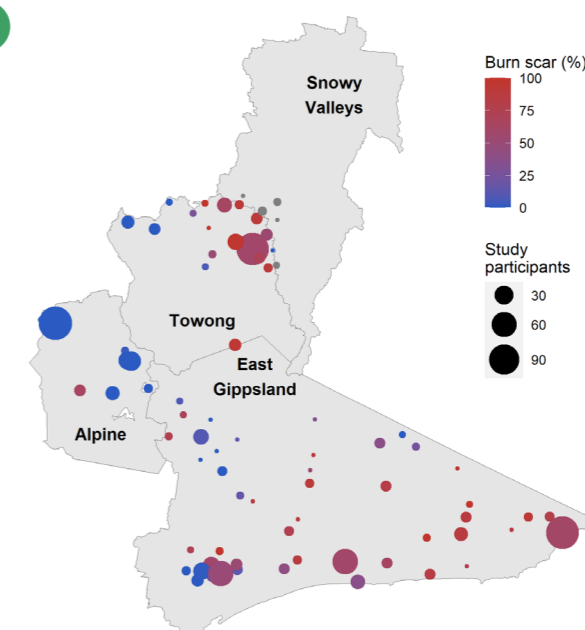
SEXUALITY



STUDY COMMUNITIES



STUDY LOCATIONS

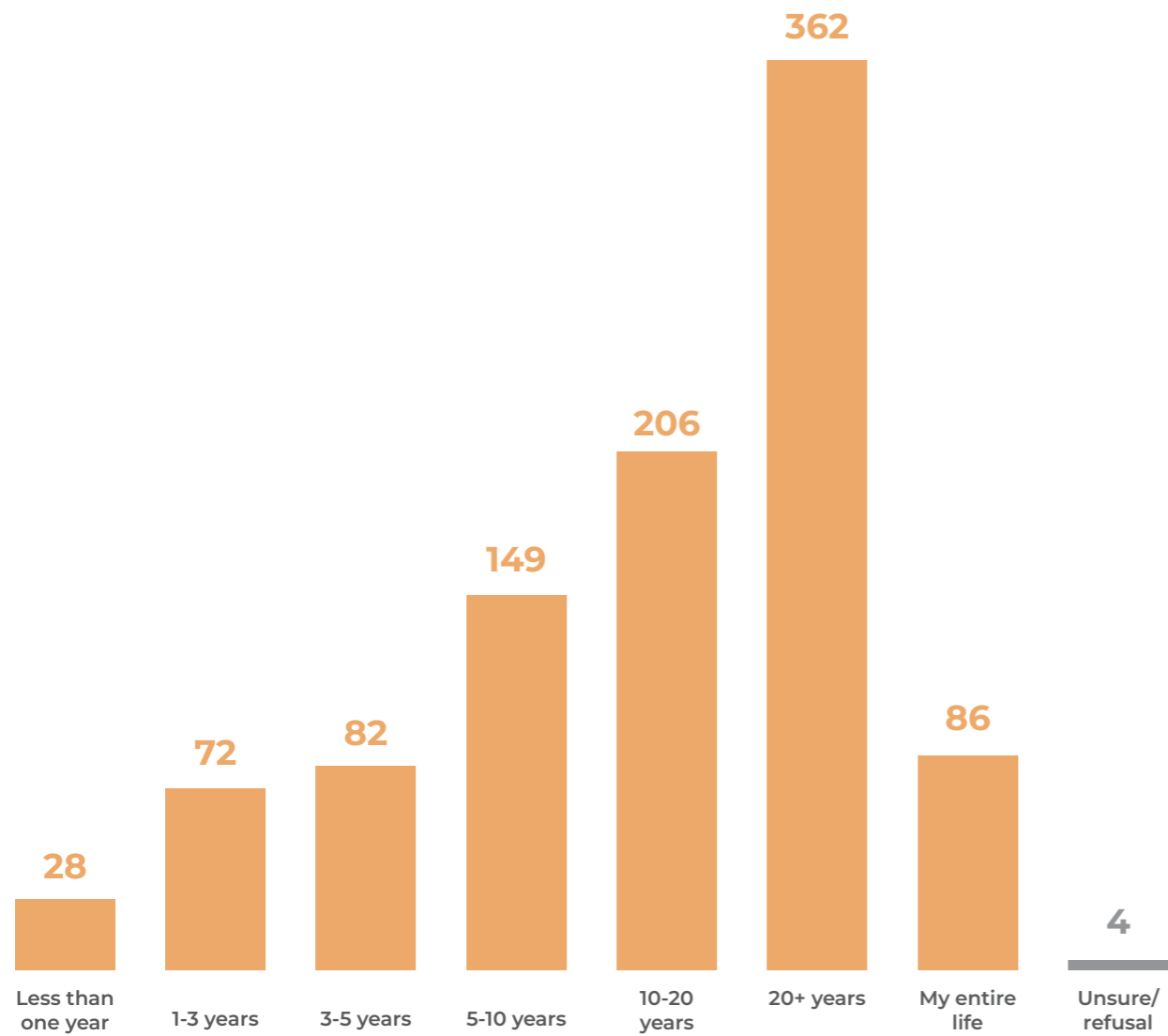


Note. Burn scar is measured within respective locations.

Note. The survey sample is a combination of higher service utilisation areas directly affected by the fires, and lower service utilisation areas in adjoining areas, with an emphasis on the former. This design was intended to balance fine-grained insight into areas directly affected, with the ability to generalise findings to the region as a whole.

Changes to housing

How long participants have lived in local community



Key stats



118
participants had **lost their home** or it was uninhabitable

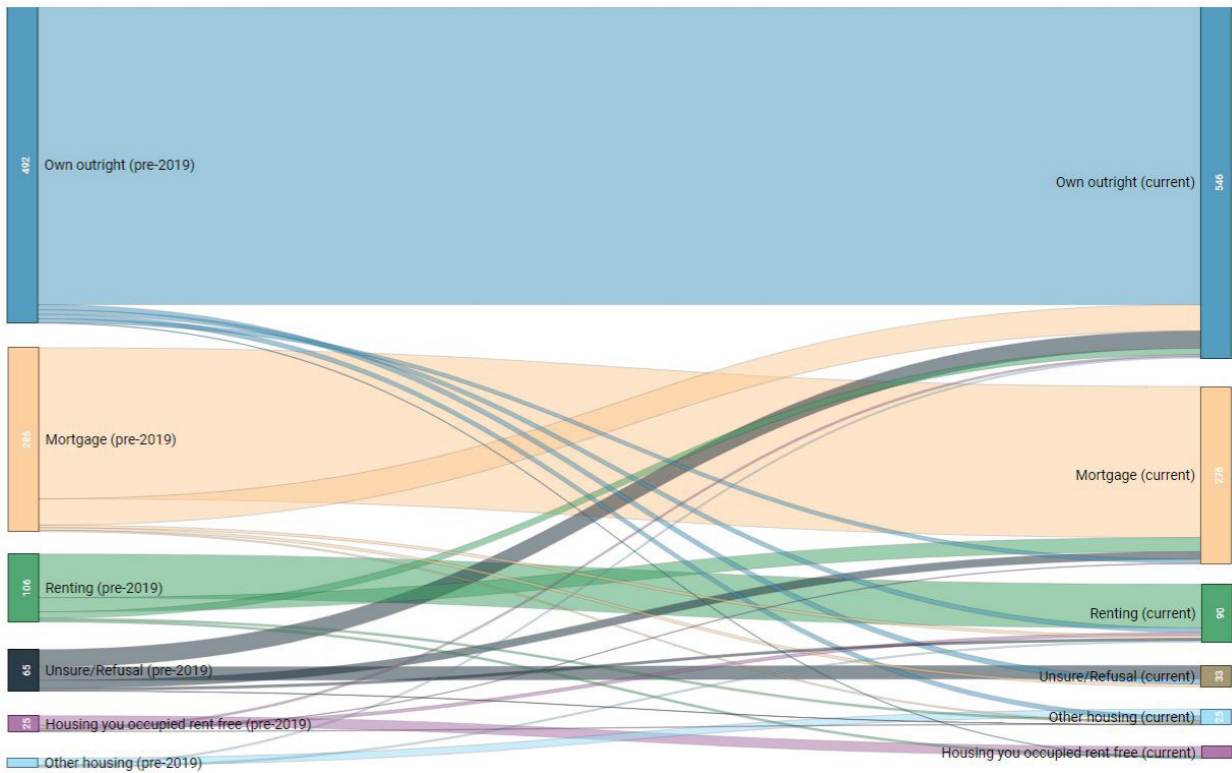
103
participants had **housing damage**

429
participants' homes were **at risk**

339
participants had **no risk** to their home

Housing changes from 2019 to present

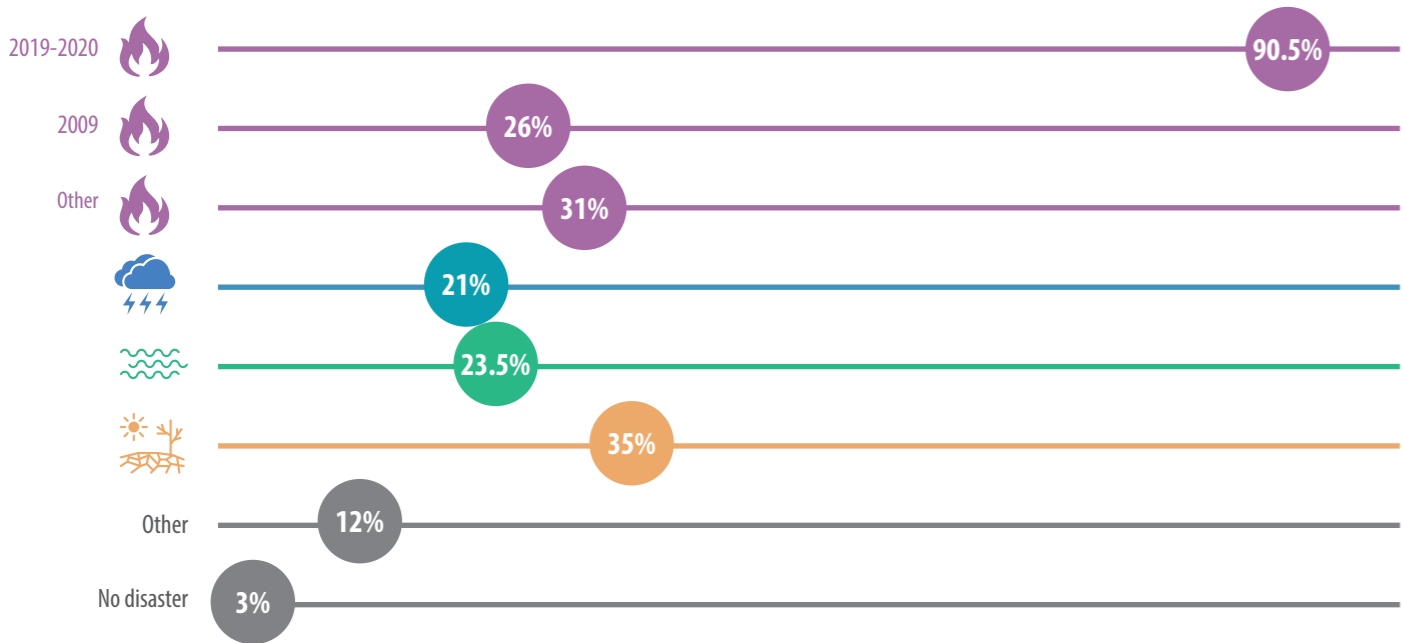
This diagram shows shifts in housing situation from immediately before the fires (left side) to the present (right side)



What other disasters had participants experienced?

There was a substantial overlap across many different types of disasters experienced by participants.

Of particular note was the proportion of those surveyed who had experienced both drought and Black Summer bushfires (36% of the sample).

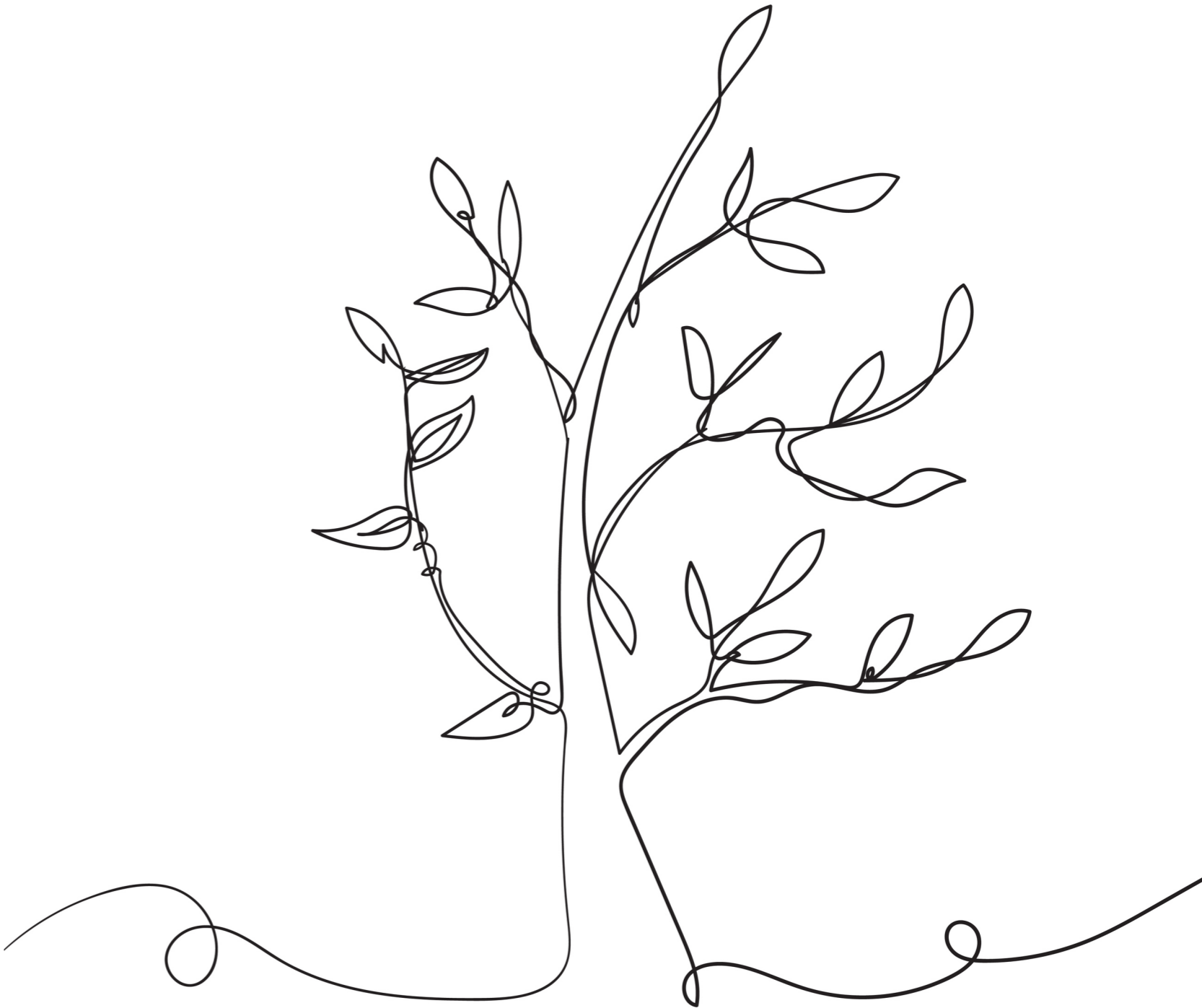


WHAT DO WE KNOW FROM OTHER RESEARCH?

Increasingly, communities in Australia and globally are affected by multiple or compounding disaster events. Historically the impacts of disasters have been researched as single events so not as much is known about how experiencing more than one disaster affects people compared to the impacts of single disasters. There is a small but growing body of research looking at the ways experiencing multiple disasters can affect people.

Compared to experiencing a single disaster, exposure to multiple disasters has been linked with higher rates of mental health disorders, and there is some indication that the mental health impacts from previous disruptions can be ‘reactivated’ following a subsequent disaster event. Experiencing multiple disasters can also have a negative impact on people’s wellbeing, coping resources and physical health⁸.

There is also some research that finds that while hope and optimism are linked to resilience in people coping with the impacts of multiple disasters, coping resources can be worn down over multiple disasters⁹.



What were the mental health impacts of experiencing disaster?

In this study, psychological distress was measured using the Kessler-10 scale, a well-known and widely used measure of general mental health.

Three years after Black Summer a substantial proportion of those surveyed reported mental health symptoms. Specifically approximately one quarter reported mental health impacts ranging from mild to severe.

These results provide an indication of people's level of psychological distress. Higher levels of psychological distress can be associated with an increased likelihood of a mental health condition, such as an anxiety or mood disorder, being present. The majority of people who participated in this study had lower levels of psychological distress and were likely to be well. Approximately 8% of the study group reported psychological distress at a severe level that could be indicative of a mental health condition.

While formal diagnosis would require assessment by a clinician, this measure can identify people with clinically significant symptoms who may require further assessment or treatment.

It is also important to recognise that while most people affected by a disaster will not develop a diagnosable mental health condition¹¹⁻¹³ there is evidence indicating that many people experience mental health related symptoms which can be disruptive.

These include sleep disturbance, low moods, concentration and memory difficulties, changes to social behaviour and physical symptoms.

It is common for people to experience stress following a disaster. However, when this stress is prolonged, ability to cope and function day to day can be impaired, and can contribute to more serious mental health concerns. This is especially the case when people are impacted by multiple disasters and multiple stressors.

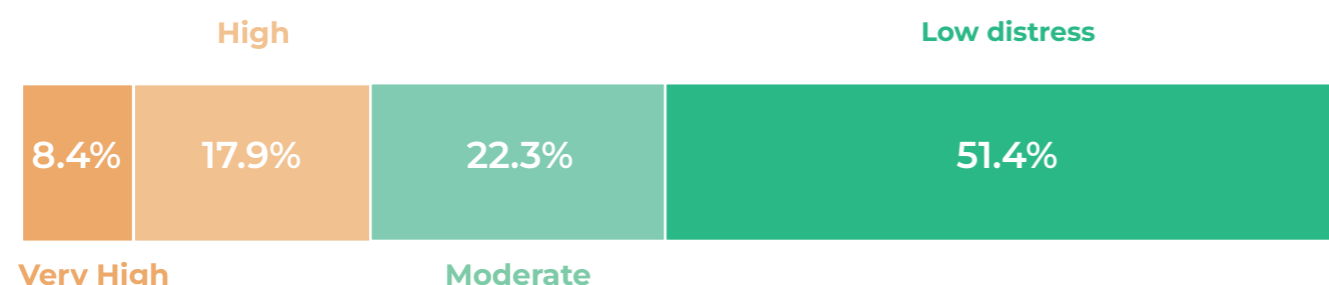
WHAT DO WE KNOW FROM OTHER RESEARCH?

There is a large body of existing research examining the mental health outcomes of people affected by disasters in Australia and internationally. While it is common for people to feel distressed after experiencing a disaster, most people do not go on to develop a serious mental health disorder such as post-traumatic stress disorder (PTSD). There are a range of known factors that influence the mental health outcomes of disaster affected people. These are sometimes referred to as 'risk' and 'protective' factors.

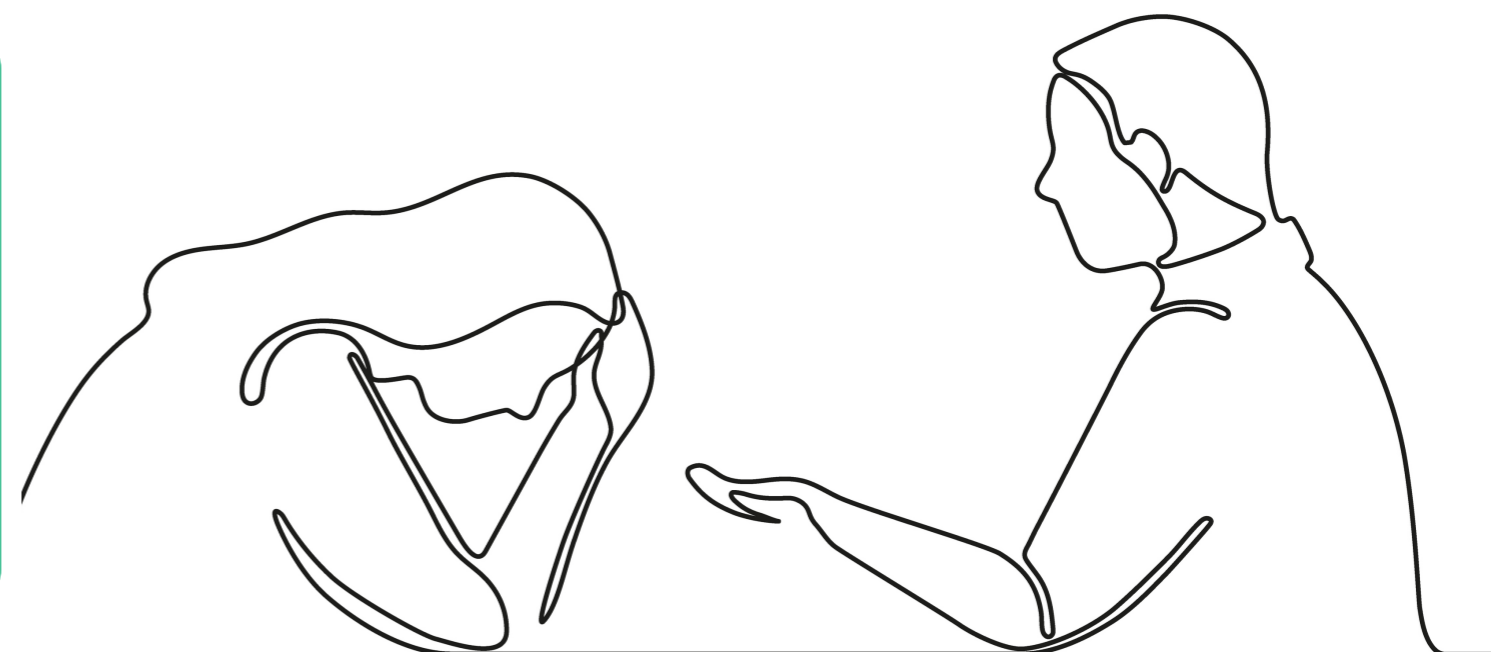
Known risk factors include proximity to the disaster, having a pre-existing mental health condition, lower socio-economic status and ethnic minority group status, those of female gender, and certain age groups (specifically children and young people, and adults of middle age), experiencing other major life stressors and experiencing financial stress¹⁰.

Known protective factors include: positive social connections, having a higher sense of control, optimism, self-efficacy and perceived support, having a sense of reconciliation and acceptance¹⁰.

PSYCHOLOGICAL DISTRESS



These scores were calculated using the same methods as used by the Australian Bureau of Statistics, and recent Victorian Population Health Surveys [Low (K10 < 16), Moderate (K10 16–21), High (K10 22–29), Very high (K10 30+)]. See ABS information paper 4817.0.55.001."

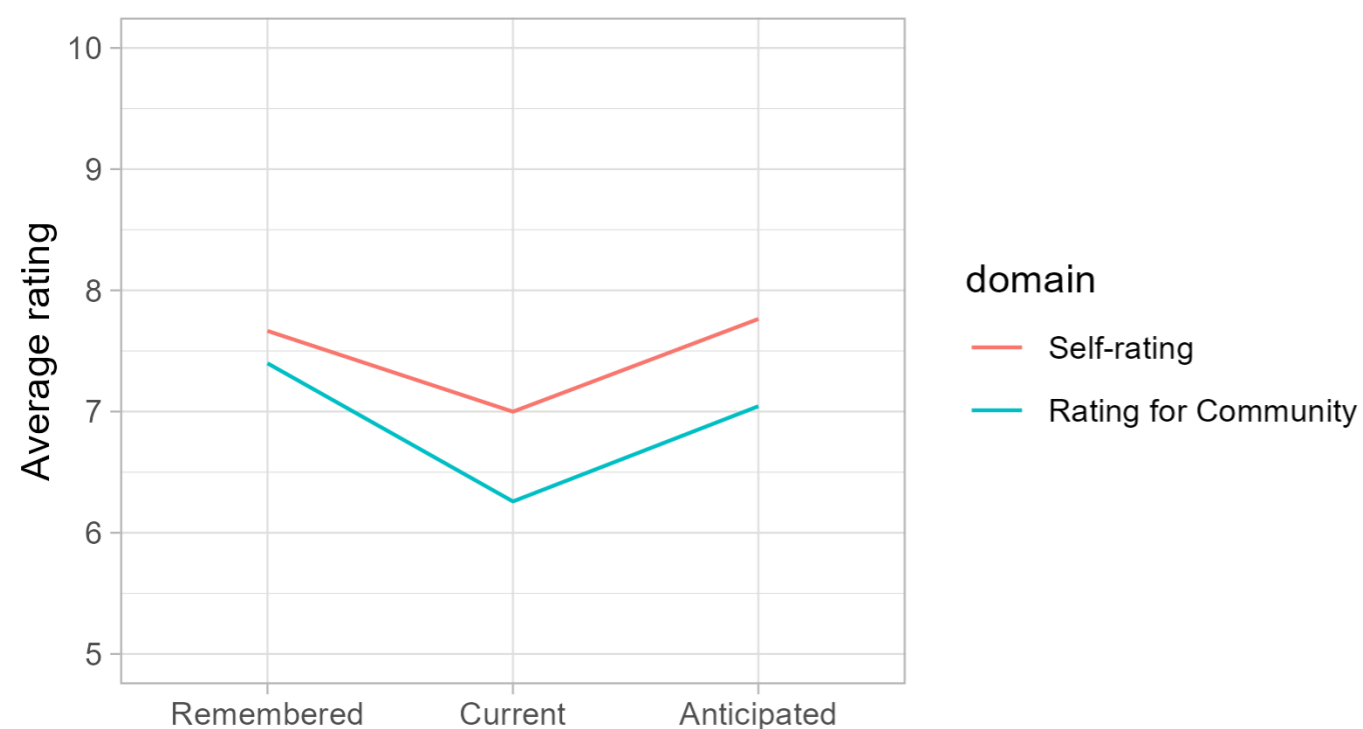


How did participants rate their life satisfaction?

On average, most study participants considered that **their life satisfaction** was currently lower than how satisfied they recalled being before the bushfires and how satisfied they anticipated they would be in the future. This indicates that while many participants considered the present to be a difficult time, on average they were optimistic about their future!

Similarly, when participants were asked about **their community**, they thought levels of satisfaction had been better in the past and would be better in the future than they currently were.

Satisfaction Ratings: Self vs Community



How satisfied were participants with recovery?

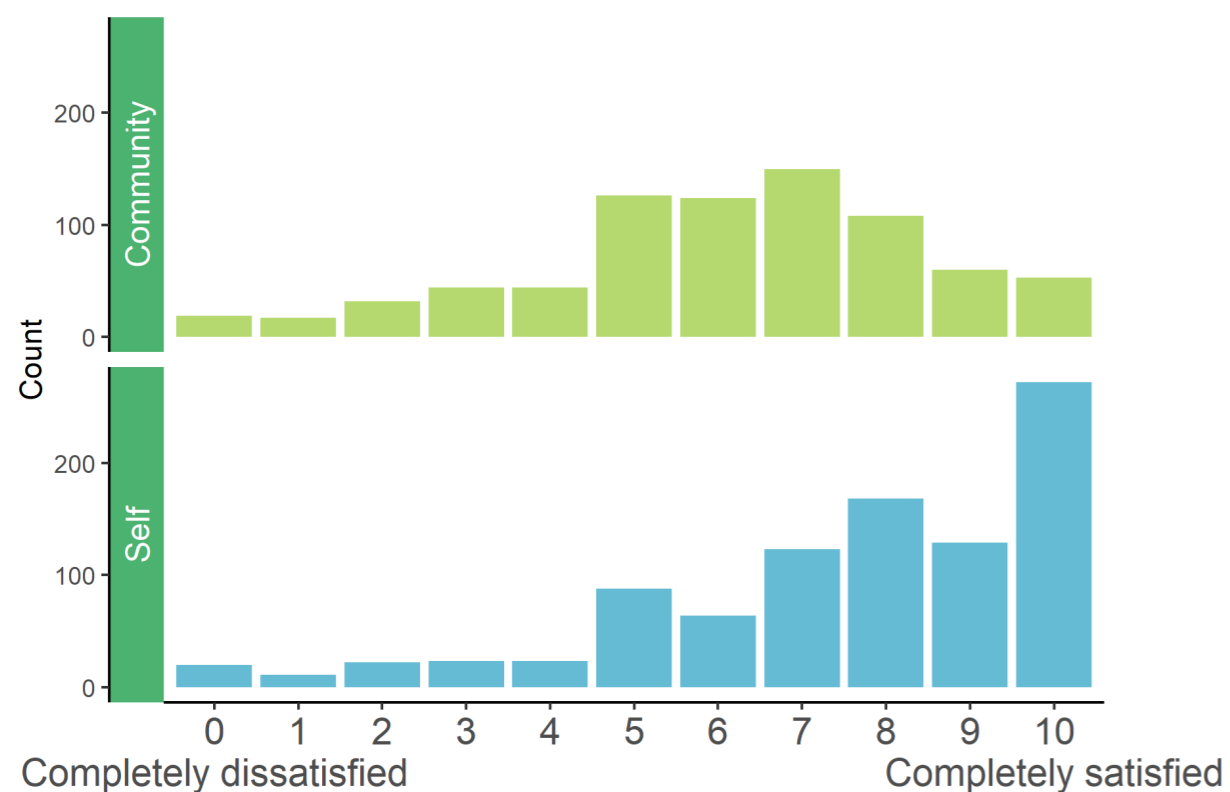
Participants were asked to rate how satisfied they were with recovery, and also how satisfied they thought members of their household and community's were with recovery.

On average, participants rated their own satisfaction with recovery as high, and similar to the rest of their household.

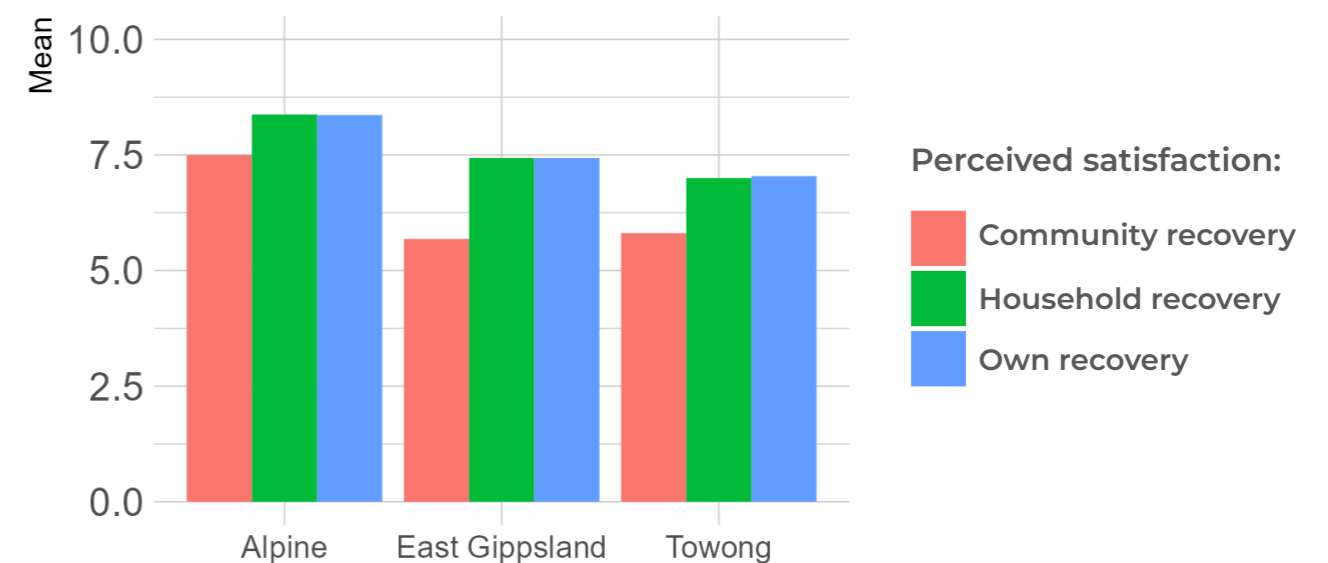
Factors that were linked to participants rating their satisfaction with recovery to be lower included experiences of financial stress, exposure to multiple disasters, experiencing bushfire related property damage, having resided longer in the community, and being younger.

Most participants considered that their community's general level of satisfaction with recovery was lower than their own.

Satisfaction with Recovery: Self vs Community Ratings

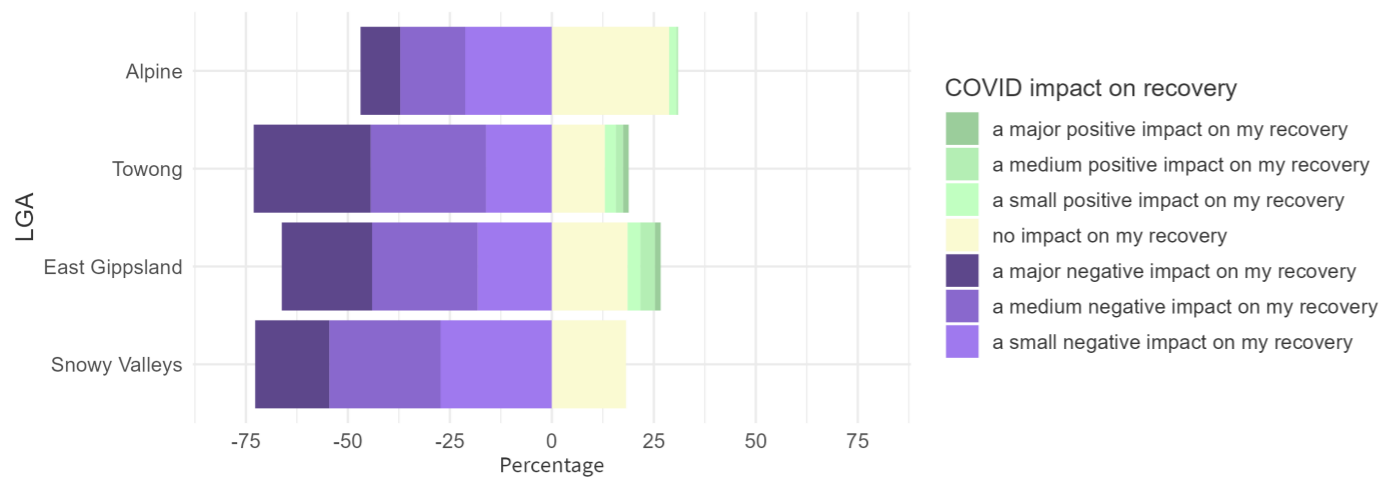


Satisfaction with Recovery by LGA



How did participants think that COVID-19 affected their recovery?

Self-reported impact of COVID on recovery



Many respondents identified that COVID-19 and the associated lockdowns presented significant challenges for recovery from the 2019-2020 bushfires.

On average, participants described COVID-19 as having a negative impact on their recovery. Participants who reported more substantial COVID-19 impacts were more likely to report lower satisfaction with recovery.

Factors that were linked to negative perceived impacts of COVID-19 on recovery included experiences of financial stress, bushfire related property damage, having resided longer in the community and being younger.

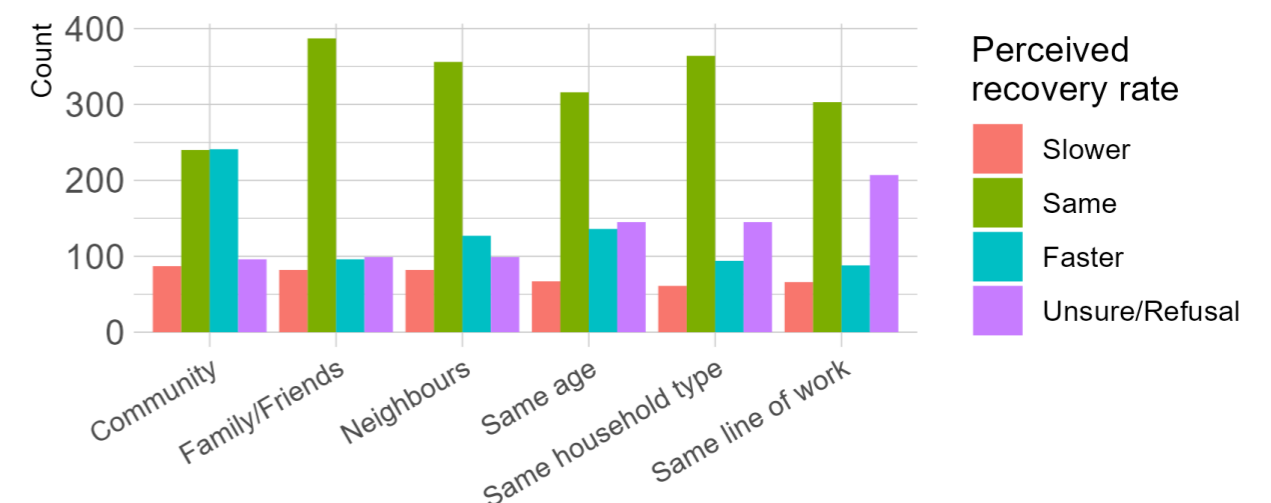
In their open-ended responses, participants identified a range of ways that COVID-19 had negatively impacted their recovery. These included severely hampered service access, not being able to draw on natural sources of support such as friends, family and social engagements, staffing issues for building and health services, dramatic increases in housing prices in regional areas, isolation being a fertile ground for rumination, increased division and tensions in communities regarding vaccination and a sense that the urgency of need related to the bushfires was diminished because the pandemic took precedence.

- “ COVID put bushfire **recovery on the backburner** to some extent.”
- “ ...not being able to get **together as a community** and process the events because of COVID”
- “ Initially there was a **disconnect from peer and community** support due to the pandemic. It felt like a massive and **very isolating** slap in the face.”
- “ Insurance **claim difficulties** and **prolonged claim management** with significant stress to finally negotiate and receive a payout given the inability of insurance supplied Melbourne based contractors to undertake works within COVID restrictions”
- “ As we were working on (bushfire) recovery **COVID-19 pandemic hit** and shut down our business again causing huge losses.”

How did participants compare their recovery to others?

Comparing the Speed of Recovery

Self versus others



Comparing oneself to...

The survey included a set of questions asking participants to compare the pace of their own recovery against others, including the community at large, friends and family, neighbours, people with the same household situation, people of the same age, and people in the same line of work. These questions assess social comparison¹⁴ - a natural human tendency to judge one's own circumstances in comparison against others^m.

Overwhelmingly, participants considered that they were recovering either at a similar or faster rate compared to others. This is a common pattern under conditions of threat¹⁶. However, there was a substantial subgroup of participants who rated themselves as recovering more slowly. This pattern was important; for example, the correlation between social comparison and satisfaction with one's own recovery was strong. People were more satisfied with their recovery overall if they saw themselves as recovering relatively more quickly than the community as a wholeⁿ.

WHAT DO WE KNOW FROM OTHER RESEARCH?

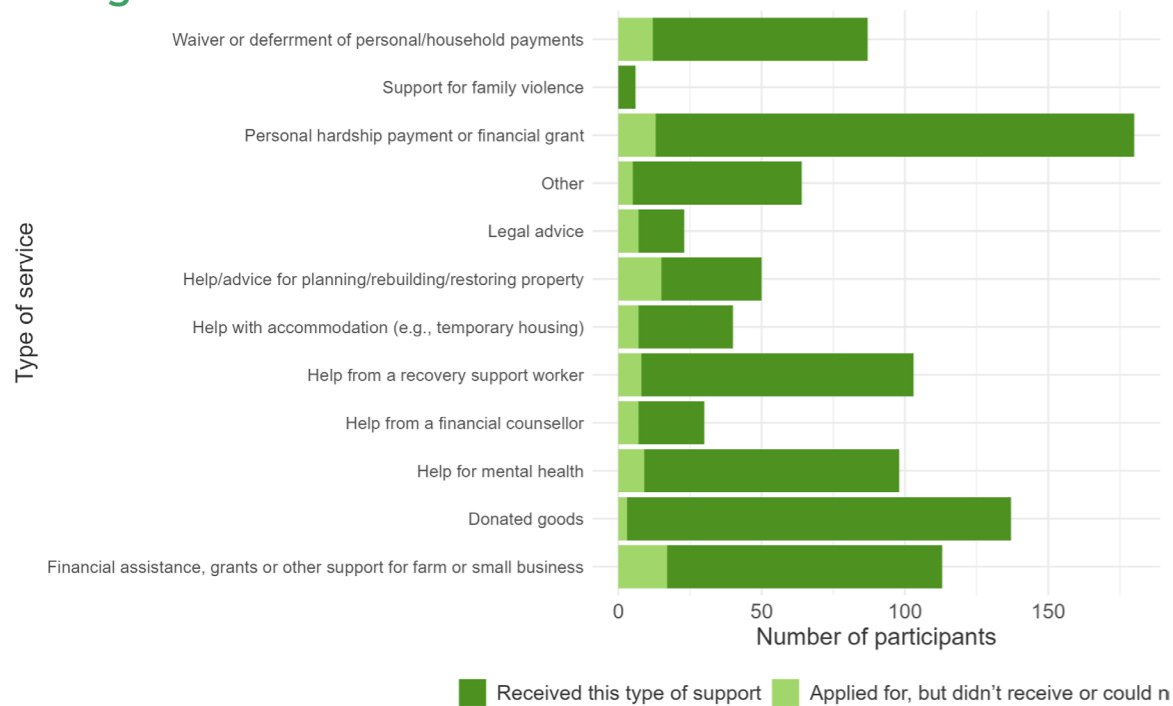
Social comparison is an important phenomenon to consider because **there is no yardstick for recovery**; instead, many people base their self-evaluation on those immediately around them. As such, even individuals who have made a lot of progress may see themselves as lagging behind others. And even individuals who face a lot of challenges may see themselves as better-off than others. Rating oneself as generally better-off than others (downward comparison) may be protective in the short term, but may not be better in the long-term. Rating oneself as worse-off than others (upward social comparison) may be deflating, but could also be a pathway to self-improvement for some.

What supports did participants access?

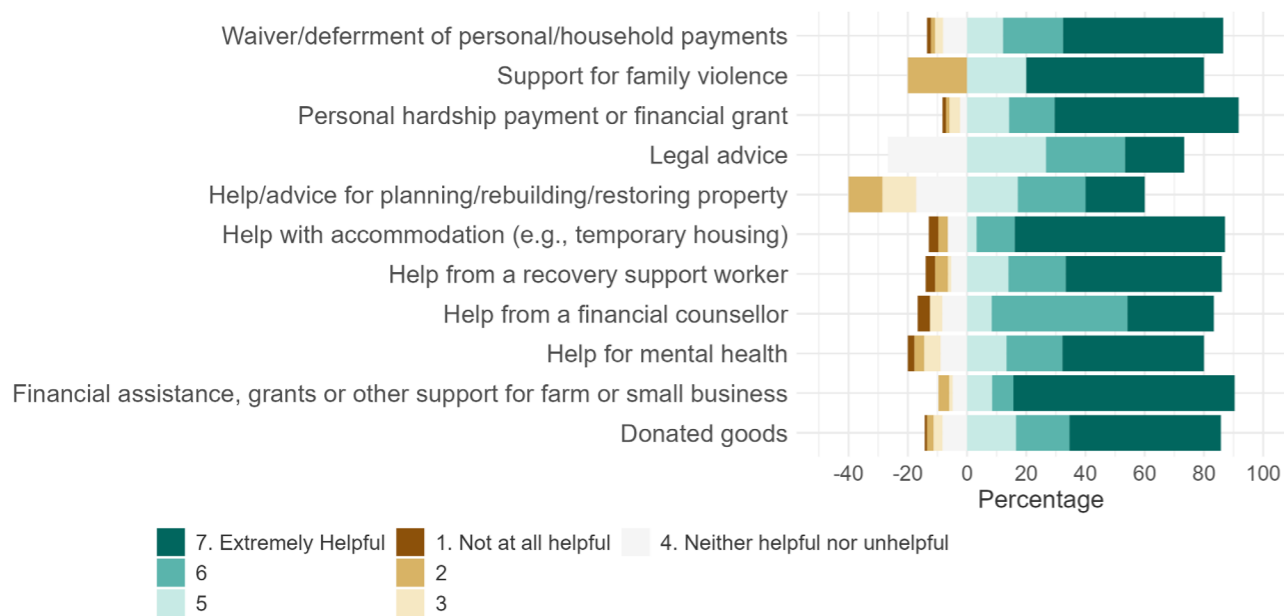
We asked participants which services they accessed and how helpful they considered them to be.

Please note that the number of people who accessed different services varied widely, with about a quarter of participants (~25%) accessing at least one type of service.

Accessing services



(Non-)Helpfulness of Services



A range of practical supports were frequently identified by participants as being beneficial. Supports identified included financial assistance, fencing, donations of food and water, debris removal and support to feed and manage stock. Other forms of practical support included extensions to tax deadlines, energy bill refunds and grants for businesses.

“ The grant money has helped enormously to pay for so many things.”

Some participants highlighted that the manner in which the support was offered was important for it to feel beneficial. This included simple processes to access assistance, kindness and empathy and options that supported autonomy.

“ They were generous and easily accessed and we were not made to feel like beggars, cap in hand. They just wanted to help and were empathetic to your situation.”

“ Anything that allows individuals to make their own choices.”

Forms of assistance that helped ease the burden of system navigation were highly regarded by a number of participants. This included case managers, services that supported referral processes, insurance agents and other assistance to complete grant and financial aid applications.

Some participants noted that it was supportive to know that others wanted to help. This included people from outside the area volunteering, local people banding together, people who tried to advocate for them and a general sense that others understood and wanted to help.

“ The local state member of parliament did all that he could to assist and to get things happening.”

“ It gave one a feeling of having all of Australia feeling your pain and helping any way they could.”

Community driven recovery processes were identified by some participants as positive aspects of assistance and support. This included both respondents who were directly involved in recovery processes, such as community recovery committees but also people who felt comforted by the knowledge this work was being done.

“ **Being part of the recovery committee – feeling that I was doing something.”**

Community events and other opportunities that allowed participants to get together, connect with others and have an opportunity to talk were identified by a number of participants as being important.

“ **Where you could just forget everything that has happened yet talk about what and where and how those in the same position were going.”**

One of the most common difficulties identified by participants regarding accessing support was knowing which services were available and identifying how to access them. Participants spoke of the time burdens and frustrations of finding the support they needed.

“ **Working out where to go to access help and resources. You’d think this would be shouted from the rooftops.”**

Participants spoke of their frustrations with red tape, unnecessarily complicated processes and disappointment at the lack of clarity regarding eligibility criteria for some supports.

“ **...the difficulty negotiating the bureaucracy and their seemingly unrelated and convoluted requirements.”**

“ **The process wasn’t simple or easy, there were many different payments and it was hard to find what I was eligible for.”**

Additionally, participants spoke of frustration that even when they had identified what support was available there could be service capacity restrictions that meant they were not able to access support.

A number of participants noted that in addition to the burden of ‘red tape’ in applying for assistance, there was a significant time burden associated with applying for support. This was difficult to manage, especially at a time where there was so much to do.

“ **Just hard to recover and be chasing things up at the same time. So the chasing for assistance was left on the back burner because we were so busy fixing the damage instead.”**

“ **The whole process. All the requirements for assistance depend on the survivor making dozens of phone calls daily. A better process would be to use a system that reverses that.”**

Some participants noted that in addition to the time burden, issues relating to telecommunications and internet made accessing non-local supports more difficult. Examples given included having to drive significant distances to get phone coverage to call services or to access service points.

“ **Driving 30km to make a phone call...”**

A common issue raised by participants in relation to accessing support was having to retell their story repeatedly. Participants noted that this was a point of stress, both because they had to repeatedly recount traumatic or stressful experiences, and also because it led to frustrations regarding service coordination.

“ **Having to repeat our experience time and time again. Reliving the trauma so frequently before you have the opportunity to process and digest and develop some coping tools was a terrible, terrible thing.”**

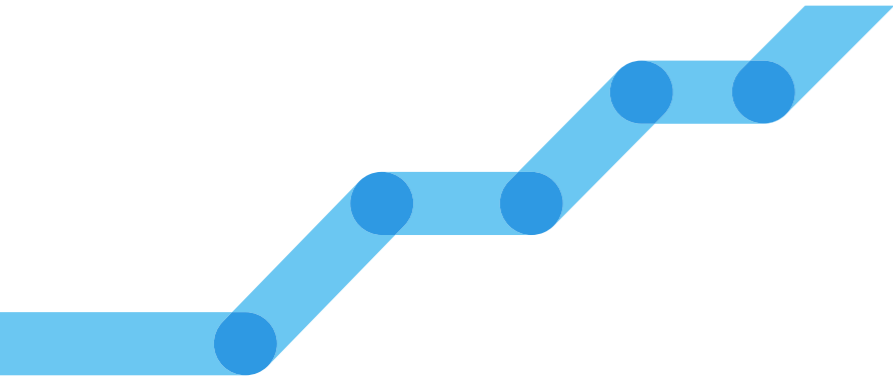
Some participants spoke of difficulty accessing support because of feelings of shame, guilt and embarrassment of having to ask for help, especially where they were made to feel as though their eligibility for support was in question.

“ **My pride was dented that I felt I needed help and felt inadequate to cope with things, financial and emotional.”**

A point of significant frustration for a number of participants was related to a perceived sense of injustice. This was mostly related to feeling as though others had received supports that they should not have been entitled to.

“ **People that did not suffer nearly as much as I did got hand over fist in financial support.”**

What did participants identify as priorities for recovery?



Participants were asked to rate the importance of a range of issues related to ongoing recovery in their community. Overall, participants rated many issues as at least somewhat important. The table to the right shows those issues rated as ‘Extremely Important’.

Priorities for Community Recovery, by LGA

Percentage of respondents who see issue as "Extremely important" (N = 989)

ISSUE	TOTAL	LOCAL GOVERNMENT AREAS			
		ALPINE	EAST GIPPSLAND	SNOWY VALLEYS	TOWONG
People and Wellbeing					
Adequate access to local health services	77.5%	73.9%	74.7%	100.0%	86.1%
Support for those facing family violence	68.9%	65.0%	68.0%	100.0%	72.6%
Appropriate health services for different needs	66.8%	55.8%	66.0%	90.9%	78.5%
Adequate access to local mental health services	65.9%	57.1%	66.0%	81.8%	73.5%
Supports for children and young people	58.8%	46.5%	58.3%	100.0%	70.4%
Support for financial hardship or legal issues	50.2%	42.5%	49.8%	81.8%	56.5%
Local events and activities	39.9%	26.1%	41.7%	63.6%	49.3%
Housing					
Quick and easy rebuilding	69.2%	54.9%	73.7%	90.9%	71.3%
Temporary accommodation while rebuilding	66.5%	56.2%	69.6%	90.9%	68.6%
Support for rebuilding	62.5%	51.8%	65.2%	81.8%	65.0%
Affordable local housing	60.6%	56.6%	62.5%	72.7%	59.2%
Environment					
Managing waterways and catchments	58.9%	57.1%	56.7%	63.6%	65.5%
Restoring and protecting the environment	55.2%	53.5%	54.7%	54.5%	57.8%
Supporting land owners to manage environment	53.4%	49.6%	49.0%	72.7%	65.9%
Restoring access to parks, forests, and catchments	45.1%	37.6%	45.8%	45.5%	49.3%
Business and Economy					
Job opportunities in the local area	50.2%	46.0%	48.4%	72.7%	57.8%
Services for local businesses	49.8%	43.8%	48.8%	72.7%	57.4%
Attracting skilled workers	47.7%	45.6%	44.1%	72.7%	57.4%
Supporting local industries	46.1%	38.9%	45.7%	72.7%	53.8%
Education and training opportunities	42.8%	39.4%	41.1%	63.6%	48.9%
Infrastructure					
Improving mobile and internet access	76.1%	67.3%	75.7%	100.0%	84.8%
Restoring public utilities	73.7%	65.0%	72.5%	90.9%	83.9%
Restoring roads, bridges and transport	73.7%	66.4%	74.1%	100.0%	78.0%

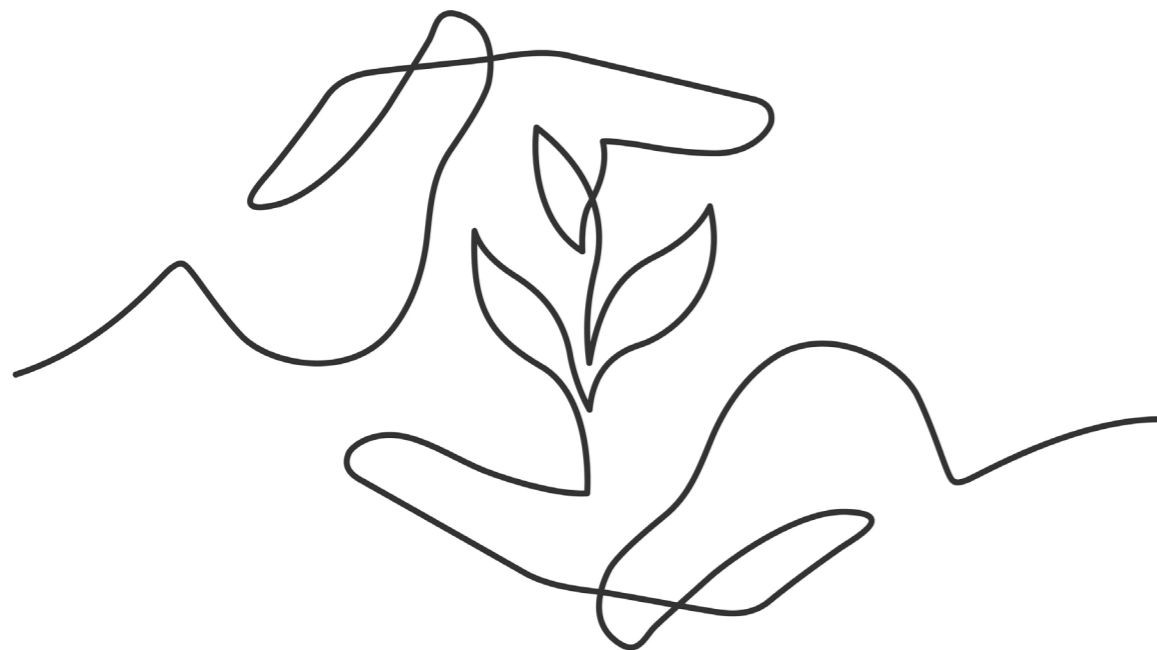
Study limitations

This study surveyed people living in communities in Victoria (and bordering areas in New South Wales) affected by the 2019-2020 'Black Summer' bushfires.

Invitations and reminders were sent to postal addresses in affected areas, as drawn randomly from a database of postal addresses. This method of recruitment favours people that remained living in these communities. People who were affected by the 2019-2020 bushfires but had moved outside the study area were not sent invitations to participate. In some areas there were reports of disrupted mail service which may have inhibited participation in some communities. These factors may partially limit the representativeness of the study sample to the population as a whole.

Special care was taken to gain a random sample that was representative of the wider population. Nevertheless, the survey was limited in some respects.

The findings presented in this report are preliminary. As further analysis is undertaken, results will be published on the University of Melbourne Beyond Disasters website^a.



Endnotes

^a<https://mbspgh.unimelb.edu.au/centres-institutes/centre-for-health-equity/research-group/beyond-disasters>

^bIn May 2020, the Insurance Council of Australia estimated that there was approximately \$2.3 billion in damage claims for the 2019-2020 bushfires and attributed approximately 8% of these to Victoria⁶. Calculations undertaken by the Victorian government estimate that the bushfires cost the state around \$2.1 billion resulting from economic impacts relating to sectors including tourism, accommodation, food services, transportation. It is important to note that these estimated losses not include broader costs relating to the environment, health and wellbeing⁶. Economic modelling from previous disasters such as the 2009 Black Saturday bushfires estimated that the social costs of disasters, including impacts to health, education and community networks could be more than 50% of the tangible impacts calculated⁷.

^cThe survey instrument was available as a paper or online version

^dThe Social Research Centre <https://srcentre.com.au/>

^eThe G-NAF, or Geocoded National Address File <https://geoscape.com.au/data/g-naf/>

^fThere was an opportunity for people who had not received an invitation through random selection to self-nominate to participate in the study. A total of five respondents participated through self-nomination. This option was advertised through community publications, posters and local social media networks. Additionally, a link was made available for people to register their interest in the study, though a high number of suspicious email addresses were registered so a decision was made by the project management team to not proceed with sending the survey to this list. Participants who self-nominated were not offered a gift card.

^gWe encouraged households to choose based on the last adult in the house to have a birthday to try and increase randomness in sampling, but this was not compulsory

^hThese questions were reduced in the paper version of the survey due to considerations of length of the printed document.

ⁱUniversity of Melbourne Human Ethics reference 2022-23373-33203-9.

^jThese numbers relate to bushfire related events from the last five years. It is highly likely that participants responded to this question only in relation to the 2019-2020 bushfires.

^kA shortened version of PCL-5 scale was used to measure probable rates of post traumatic stress disorder (PTSD). The PTSD results are not presented in this report as analysis is still being undertaken.

^lIt's important to note that the way participants recollect past satisfaction may be influenced by their current state of mind.

^mand a small area in New South Wales

Participant demographics by LGA

Sample characteristics, by LGA (% of participants)

Demographics					
CHARACTERISTIC	N	ALPINE, N = 226 ¹	EAST GIPPSLAND, N = 524 ¹	SNOWY VALLEYS, N = 11 ¹	TOWONG, N = 223 ¹
Q29. Which of the following age groups do you belong to?	984				
18-19 years		4 (1.8%)	2 (0.4%)	0 (0%)	2 (0.9%)
20-29 years		12 (5.3%)	22 (4.2%)	0 (0%)	12 (5.4%)
30-39 years		30 (13%)	51 (9.7%)	1 (9.1%)	10 (4.5%)
40-49 years		21 (9.3%)	53 (10%)	0 (0%)	23 (10%)
50-59 years		45 (20%)	91 (17%)	3 (27%)	51 (23%)
60-69 years		49 (22%)	155 (30%)	2 (18%)	63 (28%)
70-79 years		48 (21%)	118 (23%)	4 (36%)	50 (22%)
80-89 years		15 (6.6%)	28 (5.3%)	1 (9.1%)	11 (4.9%)
90-99 years		0 (0%)	2 (0.4%)	0 (0%)	1 (0.4%)
100 years and over		0 (0%)	0 (0%)	0 (0%)	0 (0%)
Unsure/Refusal		2 (0.9%)	2 (0.4%)	0 (0%)	0 (0%)
Q30. How do you describe your gender?	984				
Female		134 (59%)	306 (58%)	7 (64%)	135 (61%)
Male		89 (39%)	213 (41%)	4 (36%)	85 (38%)
Another term		2 (0.9%)	1 (0.2%)	0 (0%)	1 (0.4%)
Unsure/refusal		1 (0.4%)	4 (0.8%)	0 (0%)	2 (0.9%)
Q36. Before tax or other deductions, what is your annual household income?	984				
Less than \$500 per week		34 (15%)	115 (22%)	0 (0%)	44 (20%)
\$500 to \$999 per week		65 (29%)	125 (24%)	0 (0%)	52 (23%)
\$1,000 to \$1,749 per week		37 (16%)	128 (24%)	3 (27%)	38 (17%)
\$1,750 to \$2,999 per week		42 (19%)	56 (11%)	4 (36%)	25 (11%)
\$3,000 or more per week		23 (10%)	29 (5.5%)	1 (9.1%)	15 (6.7%)
Unsure/Refusal		25 (11%)	71 (14%)	3 (27%)	49 (22%)
Q33. Are you of Aboriginal or Torres Strait Islander origin?	984				
Indigenous		3 (1.3%)	10 (1.9%)	0 (0%)	4 (1.8%)
Not_indigenous		217 (96%)	496 (95%)	11 (100%)	210 (94%)
Unsure/refusal		6 (2.7%)	18 (3.4%)	0 (0%)	9 (4.0%)

¹ n (%)

Sample characteristics, by LGA (% of participants) continued

Demographics					
CHARACTERISTIC	N	ALPINE, N = 226 ¹	EAST GIPPSLAND, N = 524 ¹	SNOWY VALLEYS, N = 11 ¹	TOWONG, N = 223 ¹
Q41. What is the highest level of school you have completed?	984				
Did not go to school		0 (0%)	0 (0%)	0 (0%)	1 (0.4%)
Primary school		2 (0.9%)	0 (0%)	0 (0%)	0 (0%)
Year 7 to Year 9		7 (3.1%)	33 (6.3%)	1 (9.1%)	19 (8.5%)
Year 10		17 (7.5%)	46 (8.8%)	2 (18%)	25 (11%)
Year 11		21 (9.3%)	28 (5.3%)	0 (0%)	21 (9.4%)
Year 12		24 (11%)	65 (12%)	0 (0%)	27 (12%)
Trade / apprenticeship		10 (4.4%)	36 (6.9%)	0 (0%)	13 (5.8%)
Other TAFE / Technical Certificate		18 (8.0%)	49 (9.4%)	2 (18%)	22 (9.9%)
Diploma		34 (15%)	70 (13%)	3 (27%)	31 (14%)
Post-Graduate Degree		29 (13%)	83 (16%)	2 (18%)	26 (12%)
Bachelor degree		35 (15%)	61 (12%)	1 (9.1%)	19 (8.5%)
Graduate Diploma or Graduate Certificate		20 (8.8%)	35 (6.7%)	0 (0%)	16 (7.2%)
Unsure/Refusal		9 (4.0%)	18 (3.4%)	0 (0%)	3 (1.3%)
Q34. Do you speak a language other than English at home?	984				
No, English only		205 (91%)	503 (96%)	11 (100%)	215 (96%)
Unsure/Refusal		21 (9.3%)	21 (4.0%)	0 (0%)	8 (3.6%)
Q31. Regarding your sexual orientation, which of the following options best describes how you think of yourself?	984				
Straight or heterosexual		206 (91%)	479 (91%)	11 (100%)	207 (93%)
Gay or Lesbian		2 (0.9%)	5 (1.0%)	0 (0%)	1 (0.4%)
Bisexual		7 (3.1%)	8 (1.5%)	0 (0%)	3 (1.3%)
Another term		4 (1.8%)	7 (1.3%)	0 (0%)	2 (0.9%)
Unsure/Refusal		7 (3.1%)	25 (4.8%)	0 (0%)	10 (4.5%)

¹ n (%)

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