

COVIDSafe

Perceptions and Practices

Summary Report October 2020



COVIDSafe: Perceptions and Practices Summary Report

RMIT University October 2020

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The Summary Report incorporates feedback gathered in an online survey. We are grateful to our survey respondents for generously sharing their knowledge and experiences.

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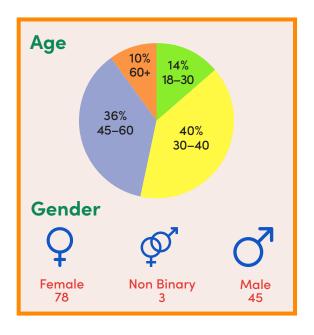
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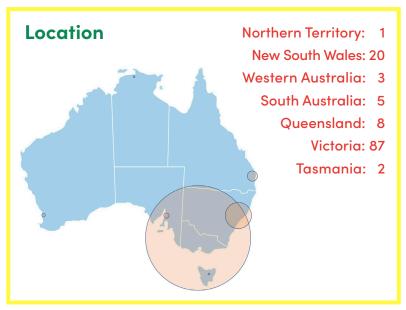
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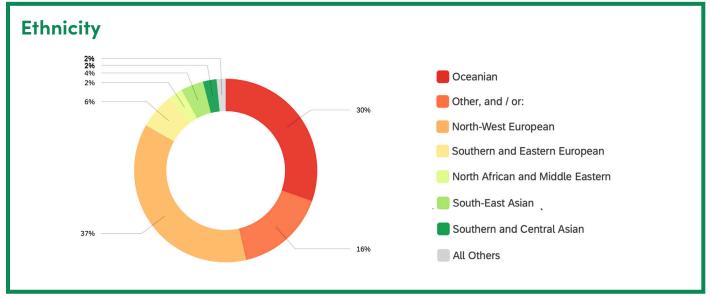
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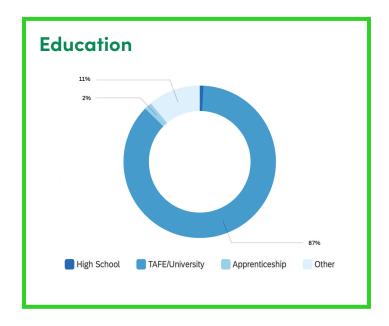
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Survey Participants



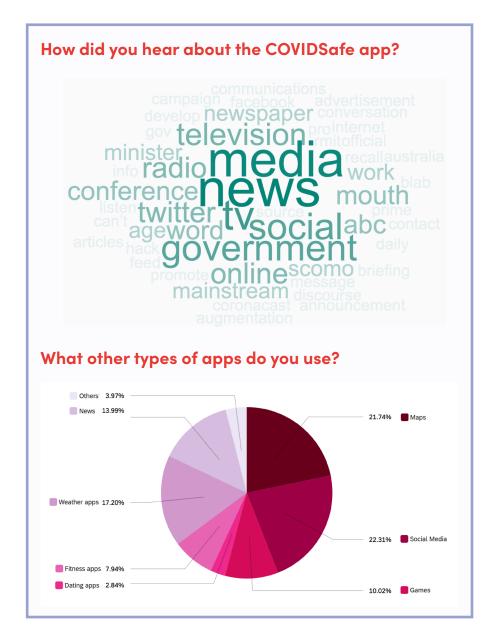


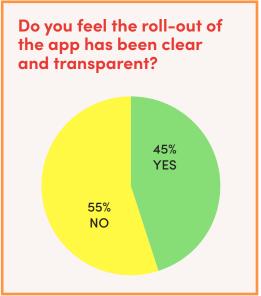




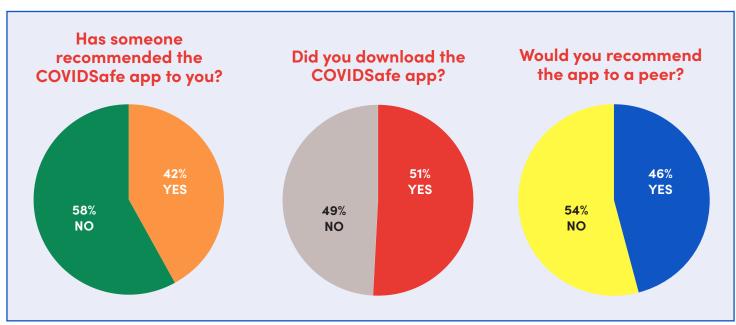


Survey Responses









Survey Responses

Why did you download the app?

I was initially reluctant due to lack of trust in current government but was convinced by community leaders who noted the importance of looking after others.

To assist health dept minimize COVID-19 spread so we can reduce deaths and increase jobs

It's a very small ask for potentially a large community benefit.

Because I want to do my share. I'm not a citizen, so I feel like I go the extra mile to support my community however I am able.

To help fast track society out of the restrictions.

Peer pressure on social media.

Why didn't you download the app?

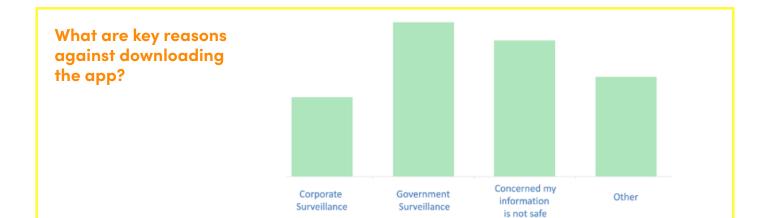
We are tracked enough online in this day and age. Also, I know of someone that got the virus, he had the app, and still they were not able to tell where the source of infection was!

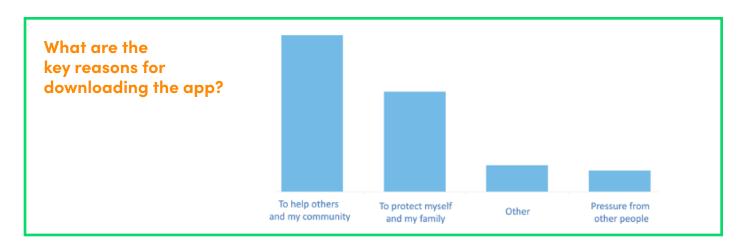
I don't trust them not to misuse the data or keep it going for some other purpose.

Privacy. I do not trust the government to keep my data secure nor to misuse it.

As a member of a minoritised community (LGBTQIA+), and as a young person, and vaguely anarchist politically, I distrust the police and the state to respect my rights to privacy

Unable to: "device not compatible"



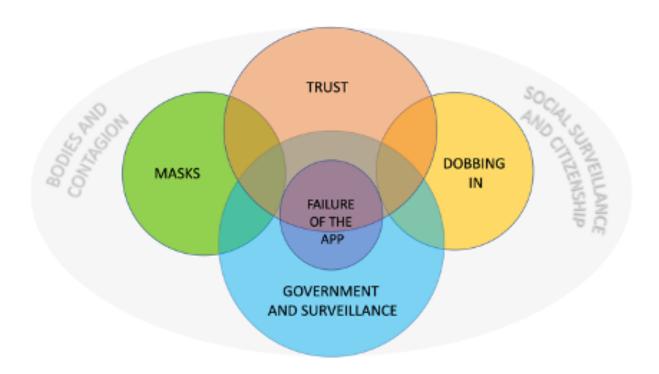


Interviews

Through the surveys It became clear that the COVIDSafe App was not being downloaded by a sufficient number of people, that it was more-or-less a failure in terms of what it sought to achieve, and that its importance or relevance had largely receded (in people's perceptions, in the media and government rhetoric) as an effective tracking strategy.

Shifting the research to an interview phase, we sought to more broadly explore practices of self-surveillance and surveillance of others in relation to the coronavirus, i.e. through their own attitudes and behaviours, and in their observation and "policing" of the practices of "familiar strangers"; How are we co-opting governmental and institutional guidelines into our practices of self-monitoring and watching others (both intimate and non-intimate), and how is this affecting our co-locational interactions in private and public spaces? How do we internalise "scientific" advice and protocols as a form of responsibilisation?

Following 13 interviews, we began collecting, anonymising and analysing all of the research data, we compiled a number of themes that emerged during the interview process.



Theme subjects were differently addressed by participants. The themes of *Masks, Trust, Failure of the App, Government and Surveillance*, and *Dobbing In* were directly discussed – largely owing to the questions asked. In contrast, the subjects of *Social Surveillance*, *Citizenship*, *Bodies and Contagion* were rarely directly mentioned but were a tacit background to all of the interviews. These latter two themes overlap entirely.

Interviews Themes and Sub Themes

THE FAILURE OF THE APP

- Those who liked/used the app versus those who didn't like/ use it
- Changed Minds or in-between

Summary

Most participants felt the app had failed either from the outset or during its role out. Multiple reasons were given including ineffectiveness, poor communication, and inept technology. One participant (Linda) was more forgiving of the app recognising an iterative app development process. Another participant (David) was very supportive of the app.

SOCIAL SURVEILLANCE AND CITIZENSHIP

- Civil obligations in crisis
- Peer to peer responsibility and policing

Summary

Participants were all supportive of civil responsibility in the COVID crisis but differed in their interest and confidence in policing and calling out other people. Some chose to "lead by example" (Catherine) while others felt compelled to call out behaviours or people in public (Chloe).

TRUST

- Trust/distrust in community /public
- Trust/distrust in government

Summary

Almost all of the participants expressed a sense of trust in "the community" as a whole but expressed less trust in people at an individual level. Meanwhile there was a general sense of distrust of the government, of their abilities to manage and even of their intentions with the exception of David who felt distrust of the government was paranoia.

MASKS

- Telling people to wear masks
- Cultural Politics / Racial Coding of masks
- Communication through masks

Summary

All participants were supportive of mask wearing but expressed differing perceptions of masks in terms of meaning, comfort, and social policing. Most participants were quite damning of those that did not wear masks describing them as idiots (Marie) or zombies (Andrew).

BODIES AND CONTAGION

- Personal Cleanliness Habits and Rituals
- Public Contagion

Summary

All participants expressed an awareness of bodies and proximities in personal and public space with many sharing anecdotes of wariness and even disgust (Alison) of perceived contagiousness in public space.

DOBBING IN

- Reporting others to the police
- Watching other people

Summary

Most participants shared anecdotes that were highly critical of other people's behaviour, but expressed reluctance to dob people in. However, Catherine told us she "encouraged a colleague to dob someone in" and Veronica confessed to "be more prone to dob them in rather than speak to them myself."

Next Steps

In the interviews, work concerning "intimate care" and "intimate surveillance" has emerged as of key relevance. We are interested in the phenomenological aspects - i.e. how these perceptions and practices have become part of certain "techniques of the body" and "collective bodily discipline" (Mauss, Foucault, Merleau-Ponty and others). Ruth's existing work focuses on the emergence of subtle kinds of governmental regulation, where normalising strategies around 'lifestyle' have developed in tandem with the new public health and risk discourses (Petersen & Lupton, 1996). That is, self-regulation through the internalisation of scientific knowledges and medical technologies and the corresponding modification of behaviour have become central to a type of ideal neoliberal subjectivity variously identified as the healthy citizen (Petersen & Lupton, 1996), the active consumer (Fox, Heffernan, & Nicolson, 2009) and the reflexive project of the self (Giddens, 1991).

Recognising the majority of our interview participants are of Western European background and are between the ages of 20 and 55, we have amended our ethics application in an effort to focus on groups outside the demographics to achieve greater diversity in our interview cohort. We are now interviewing participants of diverse backgrounds.

