

# APPLYING A GENDER LENS TO COVID-19 RESPONSE AND RECOVERY

05 AUGUST 2020



**WOMEN'S HEALTH  
IN THE NORTH**  
voice • choice • power

## INTRODUCTION

Women's Health In the North (WHIN) is the state-government funded regional women's health service for the northern metropolitan region (NMR) of Melbourne.

WHIN's mission is to eliminate gender inequities and improve outcomes in women's health, safety and wellbeing. WHIN's key health promotion focus areas are: gender equity, preventing violence against women, sexual and reproductive health, economic equality and environmental justice. WHIN's catchment comprises the municipalities of Banyule, Darebin, Hume, Moreland, Nillumbik, Whittlesea and Yarra. WHIN is also a partner in the [Gender and Disaster Pod](#).

WHIN, as the regional women's health service, aims to ensure health and wellbeing planning and associated work across the NMR of Melbourne is gender sensitive and where possible, gender

transformative and that it considers the health, safety and wellbeing of all women. The COVID-19 pandemic has added a further layer of complexity to health planning and health promotion work, highlighting and exacerbating existing inequalities between and among women, men and gender-diverse people.

**WHIN has created this resource to assist local government, health and community services to understand and raise awareness of the gendered impacts of the COVID-19 pandemic as we move through response and into recovery.**

THIS RESOURCE PROVIDES AN OUTLINE OF COVID-19 AS A GENDERED ISSUE, AN OVERVIEW OF GENDERED DATA EMERGING FROM THE PANDEMIC, AND RECOMMENDATIONS FOR LOCAL GOVERNMENT AND COMMUNITY HEALTH SERVICES IN WORKING TOWARDS A GENDER EQUAL RECOVERY.



## GENDERED DATA DURING THE COVID-19 PANDEMIC

COVID-19 is a virus that affects women and men differently. Although more women are being infected with the virus on average, gender-disaggregated data shows up to twice as many men are dying worldwide (Global Health 50/50, 2020). In Australia, the latest statistics indicate that men account for 56.11% of deaths (Global Health 50/50, 2020). Additionally, the wide-ranging impacts on women will have very significant long-term impacts on the health and wellbeing of women and families. Gender Equity Victoria (GENVIC) has compiled a number of fact sheets outlining the gendered impacts of COVID-19 across the themes of gender equity, economic security for women, women's mental health, preventing violence against women and sexual and reproductive health. Excerpts from these resources include:

### ECONOMIC SECURITY OF WOMEN



#### 55% OF JOB LOSSES

due to COVID-19 are women.

#### HIGHER RATE

Women are depleting their superannuation at a higher rate than men when withdrawing emergency COVID-19 funds.

#### NO JOBKEEPER

The majority of casual workers unable to access JobKeeper are women.

#### MORE UNPAID WORK

Women are performing far more of the unpaid labour and additional educational support in the home during lockdown.

#### LESS MONEY

The payroll impact on women has been greater than men across many industries.

#### ESSENTIAL WORKERS WITH LOWER INCOMES

The majority of essential workers have been women and are in the lowest paid jobs, including cleaners, teachers, early childcare and retail.

#### 5X HIGHER UNEMPLOYMENT

Women's unemployment has jumped five-fold since the crisis.

## FAMILY VIOLENCE

#### REDUCTION IN CALLS

Ominous reduction in calls to safe steps Family Violence Response Centre.

#### 200+ CALLS PER WEEK

There have been over 200 calls per week to Victoria Police about family violence incidents.

#### 50% INCREASE

There has been a 50% increase to magistrates' court.

#### 94% INCREASE

There has been a 94% increase in calls to men's services.

# SEXUAL AND REPRODUCTIVE HEALTH

Callers to Women's Health Victoria's 1800 My Options service have experienced:

- delays in calling, with women presenting at later gestation
- family violence, including violence of a more severe nature
- inability to pay for sexual and reproductive health services due to job loss and financial difficulties
- anxiety about the impacts of the virus on their pregnancy and fear of contracting the virus when accessing health services.



## MENTAL HEALTH

During the COVID-19 crisis, women are experiencing higher levels of depression, anxiety and stress than men.

**35%**

of women have moderate to severe levels of depression, compared to 19% of men

**27%**

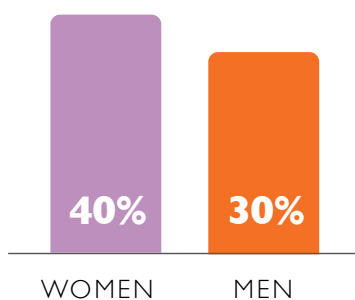
of women have moderate to severe levels of stress, compared to 10% of men

**37%**

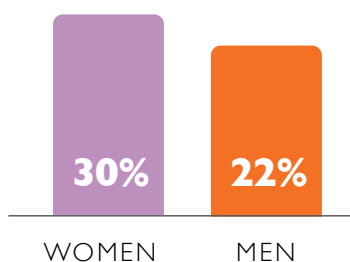
of women aged 18-24 report suicidal thoughts, compared to 17% of men

During lockdown, women are significantly more likely than men to have felt:

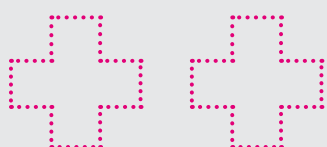
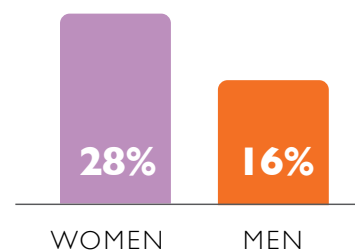
**NERVOUS**



**THAT EVERYTHING WAS AN EFFORT**



**LONELY**



**2800%**  
INCREASE IN DEMAND

to the women's mental health clinic at the Alfred Hospital in one month.





To access the suite of fact sheets, visit:

[www.genvic.org.au/resources/covid-19-resources/](http://www.genvic.org.au/resources/covid-19-resources/)

Additional data suggests that from February to May 2020, 4.6 percent of women experienced physical or sexual violence from a current or former cohabiting partner (Boxall, Morgan, & Brown, 2020). Almost six percent (5.8%) of women experienced coercive control and 11.6 percent reported experiencing at least one form of emotionally abusive, harassing or controlling behaviour (Boxall et al., 2020). For many women, the pandemic coincided with the onset or escalation of violence and abuse. Two-thirds of women who experienced physical or sexual violence by a current or former cohabiting partner since the start of the COVID-19 pandemic said the violence had started or escalated in the three months period (Boxall et al., 2020).

Data from the Australian Longitudinal Study on Women's Health suggests that young women are some of the worst affected by COVID-19, with as many as one in four women aged between 25 and 31 years reporting feeling very or extremely stressed (Loxton et al., 2020). Almost two thirds of women aged between 25 and 31 years have reported financial stress, with more than one in four saying it has been difficult or impossible to manage their available income (Loxton et al., 2020).

**With the majority of children at home learning remotely, many women continue to take on most of the unpaid care work, reducing their hours or giving up paid work. Women are also more likely to provide care for relatives or neighbours who may be older or have disabilities.**

These additional responsibilities contribute to the heightened stress and mental ill-health reported in survey data. Women with disabilities face additional barriers amid the COVID-19 period. Areas of concern include access to support workers, access to health care and NDIS support, social isolation and an increase in family and/or intimate partner violence, and complications if infected with the virus.

Throughout the pandemic, there has also been an unprecedented demand for home-birthing, with many women worrying about COVID-19 exposure in hospitals. Private homebirths come at a substantial cost to clients, leaving many families forced to choose between their finances and their health and wellbeing.

## IMPACT ON MELBOURNE'S NORTH & WEST REGIONS

Melbourne's north and west regions have experienced significant impacts of the COVID-19 pandemic. Local government areas Hume and Whittlesea rank in the tops five areas for active COVID-19 cases, and are also two of the five most disadvantaged municipalities in Melbourne. These areas are also home to many minimum wage workers, often migrants, in casual jobs and insecure workplaces.

The disproportionate impact on those experiencing varying levels of disadvantage highlights the importance of taking an intersectional gendered approach. COVID-19 recovery actions will impact on

different groups of women, men and gender-diverse people depending on their age, disability, socio-economic status, Aboriginality, ethnicity, migration status, employment status and other factors.

For further information on the connection between disadvantage, insecure work and COVID-19, [click here](#).

For further information on an intersectional view of the COVID-19 pandemic, [click here](#).

# A GENDER EQUAL RECOVERY

## AN OPPORTUNITY FOR CHANGE

The recovery from COVID-19 presents a unique opportunity for social transformation. Among the many direct and indirect effects of the pandemic has been the recognition of the informal care burden within homes, which disproportionately falls to women. Acknowledgement of the unequal distribution of domestic and care labour is one step towards challenging gender inequity and the rigid gender roles that drive violence against women.

With the gendered impacts of COVID-19 at the front of our minds, the recovery period is an opportunity to rebuild our lives and economy with gender at the heart of our efforts. The urgency to restore life back to 'normal' must not come at the expense of sidelining gender equality. This is a chance to redefine 'normal' and build a better future wherein women and gender-diverse people live in a safe, equitable and respectful environment.

Local government, health and community services are well placed to contribute to efforts towards a gender equal recovery from the COVID-19 pandemic.

**This pandemic will contribute significantly to the burden of disease and health inequalities faced by women and girls and prevention measures will need to be in place to address this threat to health and wellbeing as well as the wider determinants of health, both social and economic.**



## THE BUILDING A RESPECTFUL COMMUNITY PARTNERSHIP

**As a regional alliance committed to gender equality and preventing violence against women, the Building a Respectful Community (BRC) Partnership will continue to show strong leadership in applying a gender lens to COVID-19 recovery.**

In addressing the gendered drivers of violence against women we will continue to create change by challenging structures, practices and norms that lead to gender inequality.

These are the same structures, practices and norms that need to be addressed to ensure women and girls aren't unfairly left out of discussions and decision making about the COVID-19 recovery and to ensure that they have voice, choice and power in all aspects of their health, safety and wellbeing in the current environment.

# TOOLS AND RESOURCES

There are a range of existing resources that provide further information on a gendered approach to recovery and can support local government and community health services to apply a gendered lens to COVID-19 response:

- GEN VIC: [Joint Statement on Gender Equality and COVID-19](#)
- GEN VIC: [Towards a Gender Equal Recovery COVID-19 Fact Sheets](#)
- Gender and Disaster Pod: [COVID-19 Resources](#)
- Workplace Gender Equality Agency (WGEA): [Gendered impact of COVID-19](#)
- UN Women: [Prevention: Violence against women and girls & COVID-19](#)
- UN Women: [Policy Brief: The Impact of COVID-19 on Women](#)
- Our Watch: [Promoting gender equality as you respond to the coronavirus pandemic](#)
- Respect Victoria: [Guiding principles for primary prevention in the context of COVID-19](#)
- Rainbow Health Victoria: Tip Sheet: [LGBTIQ Inclusion for COVID-19 Remote Services](#)





# RECOMMENDATIONS FOR A GENDER TRANSFORMATIVE COVID-19 RECOVERY

The following section draws out recommendations that most relate to the local government, health and community sectors in the NMR of Melbourne, and specifically the Building a Respectful Community Partnership.

## RECOMMENDATIONS FOR THE WORKPLACE

### 1 Endorse the GEN VIC Joint Statement on Gender Equality and COVID-19.

With over 100 endorsements, the Statement calls for State and Federal Governments to recognise the gendered impacts of COVID-19. [The Statement can be found here.](#)

### 2 Apply a gender lens to all efforts to rebuild and respond to the pandemic so that women, men and gender-diverse people benefit equally throughout recovery.

Reflect and respond to the different ways that women, men and gender-diverse people are impacted in the pandemic and consider the different approaches required to produce equitable outcomes for all.

Where possible, disaggregate data to give visibility to LGBTQIA+ groups. Where possible, encourage disaggregation by other identifiers dependent on context, including age, ethnicity and disability at minimum. Support the meaningful participation and leadership of people of different genders, cultural backgrounds, ages and abilities in all levels and stages of data analysis.

### 3 Promote flexible working and family-friendly policies in the workplace.

Connect with employees working from home and reflect whether further support can be provided to them throughout the response and recovery period. Review or update of family violence policies to see if/how they extend to flexible working and working from home arrangements.

### 4 Review processes for tracking and responding to gender-based discrimination and harassment in the workplace to see if/how your sexual harassment policy extends to flexible working and working from home arrangements.

Sexual harassment and gender-based discrimination can extend to online work spaces. Reflect upon and update the policies in place to support staff experiencing sexual harassment or gender-based discrimination to see if/how they have been impacted by the change in working arrangements.

### 5 Support the meaningful participation and leadership of women and women's organisations in all levels and stages of response and recovery.

Women are on the frontlines in the fight against COVID-19, yet few are in positions of leadership. Advocate for a gender equitable workforce and recognise the contribution that women can offer across all levels and stages of response and recovery. Allocate resources for ongoing work with women's health services and other advocacy groups to support a gender-responsive recovery from COVID-19.



## RECOMMENDATIONS FOR THE WORKPLACE (CONTINUED)

- 6** Ensure that local and regional authorities make public spaces safe for women and girls throughout different stages of the pandemic.

Sexual harassment and other forms of violence against women continue to occur in public spaces, both on the streets and online. Reflect upon and update the policies in place to support women in public spaces to see if/how they have been impacted by COVID-19 restrictions.

- 7** Reach out to WHIN for guidance on applying a gender lens to response and recovery.

WHIN will continue to lead by example in applying a gender lens across response and recovery efforts and will be well placed to share our learnings with partner organisations.



## RECOMMENDATIONS FOR PREVENTING VIOLENCE AGAINST WOMEN WORK WITH COMMUNITY

- 8** Allocate additional resources to address gender equity and violence against women and girls in COVID-19 response and recovery plans.

Highlight the disproportionate burden experienced by women during COVID-19 and distribute resources accordingly to prevent and respond to gender inequity and violence.

- 9** Consult women on the response to COVID-19 and ensure their representation in planning, responding to and recovering from the crisis.

Centre women's voices across all levels and stages of planning and response to the COVID-19 pandemic. Include women and gender-diverse people from a wide range of backgrounds, situations and identities. Value and recognise women's lived experience.

- 10** Raise awareness of violence against women and promote messaging that challenges rigid gender stereotypes.

This is an opportunity to raise awareness of violence against women and children, emphasising that this is an existing phenomenon that has been exacerbated by the compounding stressors of the pandemic.

Examples of existing resources include:

- Respect Victoria's 'Call It Out' campaigns, featuring social media toolkits:

[RESPECT EACH OTHER: COVID-19](#)

[RESPECT OLDER PEOPLE](#)

- Our Watch's 'No Excuse for Abuse' campaign, featuring a social media toolkit.

- 11** Provide economic support to women and households.

Make visible the differential economic impacts on women and consider implementing financial literacy capacity building programs and employment support programs.

- 12** Collaborate with the Building a Respectful Community Partnership to work for a gender equitable, safe and inclusive community.

Prevention of violence against women work across the region will be most effective as we move through this pandemic when we take opportunities and work in collaboration to ensure efforts are



# CONCLUSION

The Health Promotion team at WHIN is here to offer guidance on applying a gender lens to response and recovery.

For further information on working towards a gender equal recovery, contact Rebecca Tipper [rebeccat@whin.org.au](mailto:rebeccat@whin.org.au)



Women's Health In the North acknowledges the support of the Victorian Government.

## REFERENCES

Boxall, H., Morgan, A., & Brown, R. (2020). The prevalence of domestic violence among women during the COVID-19 pandemic.

Department of Premier and Cabinet. (2016). *Safe and strong: Victorian gender equality strategy*. Melbourne: State of Victoria. Retrieved from: <https://www.vic.gov.au/safe-and-strong-victorian-gender-equality>

Gender Equity Victoria. (2020). *'Towards a gender equal recovery' COVID-19 factsheets*. Melbourne: Gender Equity Victoria. Retrieved from: <https://www.genvic.org.au/resources/covid-19-resources/>

Global Health 50/50. (2020). *COVID-19 sex-disaggregated data tracker [Data file]*. Retrieved from: <https://globalhealth5050.org/covid19/sex-disaggregated-data-tracker/>

Loxton, D., Forder, P., Townsend, N., Barnes, I., Byrnes, E., Mishra, G., Byles, J. (2020). *Australian longitudinal study on women's health COVID-19 survey, report 3: survey 3*. Retrieved from: [https://www.alsw.org.au/images/content/reports/ALSWH\\_COVID-19\\_Survey\\_3\\_Report1.pdf](https://www.alsw.org.au/images/content/reports/ALSWH_COVID-19_Survey_3_Report1.pdf)

Parkinson, D. (2014). *Women's experience of violence in the aftermath of the Black Saturday bushfires*. (Doctoral dissertation, Monash University).

