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[Home](#) / [Publications](#) / Gendered impact of COVID-19

Gendered impact of COVID-19

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[Publication](#)
[Research](#)
[Gender Equality](#)
[For employees](#)
[For media](#)
[For researchers](#)

As research evolves on the impacts of COVID-19, the Agency will provide a monthly update on new and emerging data.

Updates

October 2020

For September 2020, the labour force participation rate decreased by 0.1ppts from the previous month to 64.8%, with the female participation rate at 60.1% (down 1.2ppts from February 2020) and the male participation rate at 69.6% (down 1.2ppts from February 2020).[i] After experiencing larger declines in hours worked, women saw greater increases in hours worked from May to August. In September, men saw a slightly larger increase in hours worked, at 0.6% compared to 0.4% for women.[ii] Since reaching a peak in April, there has been a greater decrease in the number of women who work fewer than their usual hours or no hours at all for economic reasons compared to men (a decrease of 500,000 from about 900,000 women and about 360,000 from 900,000 men since April).[iii]

The ABS Household Impacts of COVID-19 survey found that 31% of Australians who had a job reported that they 'worked from home most days.' This compares to 12% prior to pandemic restrictions. In addition, 35% of households with children in school or care had kept their children home because of COVID-19 during the four weeks prior to the survey. In order to care for children kept at home, individuals worked from home, changed or reduced hours, or took leave.[iv]

Research focusing on the experiences of young Australians (aged 18 to 24) during the COVID-19 pandemic finds that young women are more likely to report COVID-19 as their reason for unemployment while young men are more likely to report being unemployed for other reasons. The research suggests that this may be due to young women's representation in certain sectors affected by the pandemic and their caring responsibilities. Findings were based on 2,056 data points from the Melbourne Institute's *Taking the Pulse of the Nation* survey and from the Consumer Attitudes, Sentiments and Expectations in Australia survey.[v]

The UN report, the *World's Women 2020*, considers the impact of COVID-19 on gender equality outcomes, including how it may exacerbate disparities in the labour market and responsibilities for unpaid care and domestic work between women and men. This is

<https://www.wgea.gov.au/publications/gendered-impact-of-covid-19>

unpaid care and domestic work between women and men. This is related to the persistence of the global gender gap in the labour force participation rate prior to the pandemic as well as the pandemic's effect on unemployment levels, informal workers and certain sectors of employment.[vi]

September 2020

For August 2020, the labour force participation rate increased by 0.1ppts from the previous month to 64.8%, with the female participation rate at 60.0% (down 1.3ppts from February 2020) and the male participation rate at 69.7% (down 1.1ppts from February 2020). In addition, women experienced stronger employment growth over the period, and unemployment fell by 86,500 people of which 55,800 were women.[vii] Hours worked by women saw a small increase of 0.2% between July and August 2020, while there was no growth in hours worked by men.[viii] Since reaching a peak in April 2020, there has been a larger decline in the number of women working a reduced number of hours or no hours at all compared to men (a decrease of 481,100 from about 900,000 women and about 321,000 from 900,000 men since April).[ix]

After experiencing the greatest declines in employment and hours worked between February and May 2020, the Arts and recreation services and Accommodation and food services industries recorded the largest gains between June and August 2020.[x] Both of these industries have a gender balanced workforce composition. Of individuals who were not employed in May, almost 20% were employed in the Accommodation and food services industry in August. In contrast, Electricity, gas, water and waste services experienced an 11% decrease in employment between June and August 2020, after a large increase between February and May 2020. [xi] Its workforce composition is male-dominated.

Similarly, Community and personal service workers was the occupation that experienced the largest decline in employment and hours worked between February and May 2020, but had the largest gains between May and August 2020. Of individuals not employed in May but employed in August, 22.6% were employed as Community and personal service workers.[xii] This is a female-dominated occupational category.

However, between mid-March and early-September, payroll jobs and wages have decreased. Payroll jobs held by women saw a decrease of 4.3% and total wages paid to women decreased by 0.9%; whereas, payroll jobs held by men decreased by 5.0% and men's wages decreased by 6.7%.[xiii]

Research published by the Committee for Economic Development of Australia (CEDA) highlights the economic benefits and job creation potential for women and men due to stimulus investment in industries such as care, health and education. [xiv]

Research by the Community and Public Sector Union and researchers at CQUniversity and UNSW Canberra analysed the experience of working from home during the pandemic, based on survey responses from over 6,000 employees in the Australian Public Service. Although over one quarter of respondents reported working longer hours than usual, the majority indicated a preference to continue to work from home in some capacity in the future. This is due to personal benefits such as and having more time from not commuting and having more time for self, family and caring responsibilities, as well as professional benefits such as being able to complete more work and having more autonomy over work. In addition, over 90% of managers reported that their teams were just as productive or more productive working from home. The majority of managers voiced support for continuing work

home. The majority of managers voiced support for continuing work from home arrangements.[xv]

A study by McKinsey & Company and LeanIn.org on the state of women in corporate America reports that, due to the challenges brought on by COVID-19, a quarter of women are considering leaving the workforce, taking a leave of absence, reducing work hours, or changing to a part-time or less demanding role. At the senior levels, women are 1.5 times more likely than their male counterparts to consider these ways of leaving the workforce or changing how they participate in it because of COVID-19. The report highlights how factors, such as access to flexible work, responsibilities for care and domestic work, and burnout, affect these decisions as well as the particular impacts of the pandemic on women of colour. The research draws on data from 317 companies and 40,000 employee surveys.[xvi]

August 2020

Between June and July 2020, the labour force participation rate increased by 0.6ppts from the previous month to 64.7%, with the female participation rate at 59.9% (down 1.5ppts from February 2020) and the male participation rate at 69.6% (down 1.3ppts from February 2020). Hours worked by women and men continued to increase between June and July 2020, with hours worked by women showing a larger increase.[xvii] In addition, payroll jobs have shown signs of recovery. Of the payroll jobs lost as of mid-April, 52% of the payroll jobs held by women and 19% of the jobs held by men had been recovered as of 8 August. For women, the greatest jobs recovery was for those under age 20.[xviii]

Women may be facing more insecurity when compared to previous recessions. While previous recessions impacted mainly male-dominated industries, the current crisis is affecting industries with gender-balanced* workforce compositions.[xix]

ABS data on the household impacts of COVID-19 found that 15% of women and 11% of men participating in the survey reported receiving the Coronavirus Supplement and that 13% of women and 16% of men reported receiving the JobKeeper Payment. Both payments were most commonly used to pay household bills.[xx]

Research from the Melbourne Institute found that parents are experiencing high levels of mental distress during the COVID-19 crisis. Fathers with children aged 11 and younger and unemployed fathers are among the most distressed groups. Employed parents, particularly those whose youngest child is aged five to 11, have experienced increased mental distress which is likely linked to family-work conflict. Findings were based on survey responses from over 3,400 individuals. [xxi]

ABS data finds that Australians reported impacts on their emotional and mental wellbeing in mid-August. Women were more likely to report feeling 'nervous' and that 'everything was an effort' at least some of the time.[xxii]

Results from a survey, which took place between 7 May and 4 June 2020 and had about 3,000 responses, revealed different levels of satisfaction among women about the gendered division of labour during lockdown. The average amount of unpaid work increased by over 3.5 hours each day for women and by over 2.5 hours each day for men. Since men spent less time on caring responsibilities before lockdown, the relative increase in care work was greater for men. This reduced the gender gap in childcare, while the gender gap in responsibility for housework generally stayed the same.[xxiii]

** While the author refers to some of the most affected industries as female-dominated, these are gender-balanced according to WGEA data.*

July 2020

Between mid-March and mid-July, payroll jobs and total wages decreased. Payroll jobs held by women saw a decrease of 5.5% and total wages paid to women decreased by 2.4%; whereas, payroll jobs held by men decreased by 5.8% and men's wages decreased by 6.6%. [xxiv]

Between May and June 2020, data showed slight changes in the Australian labour force, with increases in the unemployment rate (0.4ppts) and decreases in the underemployment (1.4ppts) and underutilisation rate (1.0ppts). During this period, the overall labour force participation rate increased by 1.3ppts to 64%, with the labour force participation rate 59% for women and 69.1% for men (from 61.4% for women and 70.9% for men in February 2020). While hours worked by women and men increased between May and June 2020, there was a larger increase in hours worked by women, who had also experienced a larger decline in hours worked at the beginning of COVID-19. [xxv]

In light of the impact of COVID-19 on the female labour force, an analysis from the Australia Institute considered the number of jobs that might be created for women through stimulus spending in different industries. Using figures on the proportion of women in the labour force in different industries, the analysis found that stimulus spending in the education and health and social services sector would create the most jobs for women and spending in the construction and mining sectors would create the least number of jobs for women. [xxvi]

Global estimates highlight the importance of continued action on gender equality, especially in light of the impact of COVID-19 on issues relevant to women's labour force participation. Modelling shows that in the most negative scenario, in which women experience disproportionate unemployment during COVID-19 and no action is taken to account for this, global GDP would be \$1 trillion (USD) lower in 2030 than if COVID-19 had the same effect on men's and women's employment. However, by taking action on gender equality now and throughout the next decade, global GDP estimates at 2030 are \$13 trillion above the most negative scenario. [xxvii]

The Australian Institute of Family Studies conducted a survey from May to June 2020, finding that, of 7,306 participants, 60% were always working from home during the pandemic, compared to 7% beforehand. The majority of parents who were working from home reported balancing work with some form of childcare, and 64% of families relied on parent-only care in comparison to 30% of families before the pandemic. Families decreased use of approved care, informal care arrangements such as those with grandparents, and care services provided by nannies or baby-sitters. The division of care between mothers and fathers did not see a significant change during the pandemic, with more survey participants responding that the mother 'always or usually' cared for the children. Similarly, there was little change in the division of housework among couples. [xxviii]

The Australian Institute of Criminology presents findings about women's experiences of domestic violence by a current or former cohabiting partner during the early stages of the pandemic. Of the 15,000 Australian women surveyed, 4.6% (1 in 20) reported experiences of physical or sexual violence and 11.6% (1 in 10) reported experiencing emotionally abusive, harassing or controlling

reported experiencing emotionally abusive, harassing or controlling behaviour. Additionally, 5.8% reported experiencing coercive control,** which was often experienced alongside physical or sexual violence. These experiences of violence often began or escalated during the pandemic. Of those women experiencing physical or sexual violence, two-thirds reported experiencing violence for the first time or an escalation in violence. Of those women experiencing coercive control, over half reported that the behaviours started or escalated during the pandemic.[xxix]

** Coercive control refers to the experience of three or more forms of emotionally abusive, harassing and controlling behaviours.

June 2020

Between mid-March and mid-June 2020, payroll jobs held by women saw a decrease of 6.5% and total wages paid to women decreased by 3.4%; whereas, payroll jobs held by men decreased by 5.8% and men's wages decreased by 8.2%.[xxx]

43% of Australians who care for children have spent more time on caring responsibilities due to COVID-19 restrictions, with the majority increasing time spent on childcare while also balancing other activities such as housework and working from home. More women than men reported spending more time caring for children and adults and doing household chores.[xxxi] The majority of parents reported sending their children or intending to send their children to in-person school or childcare as of the second week of June.[xxxii]

A survey of about 1,000 Australian employees found that they reported benefits from flexible working arrangements during COVID-19 and would like to increase time spent working from home if their job can be done remotely.[xxxiii] ABS data finds that 31% of individuals have attended the workplace in-person less often or expect to attend less often when compared to their time prior to COVID-19 restrictions.[xxxiv]

An analysis of AMP clients shows the gendered impact of early withdrawal of superannuation savings. Women are withdrawing a higher proportion of their superannuation savings than men and more women are closing their superannuation accounts, widening the superannuation gap. This analysis was based on three weeks of data from AMP client applications for early release of superannuation. [xxxv]

A survey of Victorian practitioners who have responded to women experiencing violence during the pandemic found an increase in the severity and frequency of violence against women as well as an increase in the complexity of women's needs and new forms of intimate partner violence.[xxxvi]

As of end of May 2020, more men than women have died from COVID-19 in Australia.[xxxvii]

May 2020

Data shows an increase in unemployment, underemployment, and underutilisation of the Australian workforce in April 2020 due to the effects of COVID-19. Women experienced a greater reduction in hours worked than men, and women's labour force participation rate decreased 2.9 percentage points while men's labour force participation rate decreased by 1.9 percentage points.[xxxviii]

A report by the Rapid Research Information Forum highlights the impact of COVID-19 on the STEM sector. Women may be more

vulnerable to job loss due to their overrepresentation in less secure positions of employment in STEM.[xxxix]

With children at home due to COVID-19, women were more likely to care for them full-time on their own than men.[XL]

Summary

Health crises can exacerbate existing gender inequalities. As the global health pandemic caused by COVID-19 is ongoing, the impacts and effects are still being assessed and understood. However, preliminary research and emerging data show that women are likely to be affected in particular ways by this global pandemic.

Women are likely to increase time spent on caring responsibilities. They comprise the majority of the healthcare workforce, and are more likely to care for sick family members at home and take on education-related responsibilities while children are home from school. Men are also likely to increase time spent on caring and domestic responsibilities as more people are accessing flexible work arrangements, working from home, or under-employed and unemployed.

The increase in caring responsibilities can heighten feelings of stress and limit women's economic opportunities. Early evidence related to job loss and the economic impacts of COVID-19 suggest that women are facing increased economic insecurity. Financial hardship coupled with more time spent at home due to social distancing and isolation measures is placing individuals at risk of domestic violence.

Key points

- A predominantly female healthcare workforce has placed women on the frontlines of the crisis.
- The increase in caring responsibilities during the COVID-19 crisis is likely to be shouldered by women.
- As more people work from home, are under-employed or unemployed, men may take on more care and domestic work, which would affect the gendered division of labour and social norms.
- The need for workplace flexibility during the crisis may have a continuing effect on workplace policies and practices.
- While the economic impact of COVID-19 will affect all workers, it may have particular impact on women.
- Increased time at home due to social distancing and isolation measures is placing individuals at risk of violence.

Evaluation and assessment of the impact and effect of the global COVID-19 pandemic is ongoing. Preliminary research on the gendered impacts of COVID-19 is showing particular effects on women and highlights areas for continued research as we move through and beyond the crisis. The Workplace Gender Equality Agency (WGEA) is monitoring the emerging data and noting areas where more research may be required to understand more fully the impact of COVID-19 on issues related to workplace gender equality in Australia and across the world.

While data so far does not show a clear pattern as to whether women or men are more likely to be infected by COVID-19, data from official government sources as of 29 April 2020 shows that men are more likely to die from COVID-19.[1] In Australia, data is showing that generally equal numbers of women and men are confirmed to have

contracted COVID-19.[2] Beyond these immediate effects of the virus, health crises can exacerbate existing gender inequalities.[3] Among other potential gendered impacts and effects of COVID-19 are issues related to women's employment in the healthcare sector and responsibility for care work, the gendered division of labour, financial security, and domestic violence.

Women are providing care at the workplace and at home

Globally, 70% of workers in the health and social sector are female.[4] Women also make up the majority of service staff at healthcare facilities, such as cleaners, caterers and laundry workers.[5] In Australia, 75.4% of health professionals, which includes pharmacists, medical practitioners, midwives, nurses, social and welfare professionals, and medical laboratory scientists, are women.[6] Women are also 88.4% of midwifery and nursing professionals in Australia,[7] which reflects the global figure of about 85% across 104 countries.[8] There is an under-representation of women in leadership roles and senior positions in the healthcare sector despite the fact that the workforce is predominantly female.[9] Similarly, female leaders are underrepresented in the COVID-19 response, with women only 20% of the World Health Organisation (WHO) Emergency Committee on COVID-19, 16% of the WHO-China joint mission on COVID-19, and 10% of the U.S. Coronavirus Taskforce.[10]

A predominantly feminised healthcare workforce means that women are on the front-line of the COVID-19 crisis, increasing their exposure and potentially their family members to the virus. Emerging data analysed by UN Women finds that, in some countries, infection rates amongst women healthcare workers are higher than that of male healthcare workers. For instance, in Spain 71.8% of infected healthcare workers are women and 28.2% are men; and in Italy 66% are women and 34% are men.[11] Anecdotally, healthcare workers have expressed concern about spreading the virus to their families at home.[12]

In addition to women providing care through their formal employment in the healthcare sector, women are also more likely to care for sick family and community members.[13] This includes caring for those affected by COVID-19 as well as increasing support to those suffering from non-COVID-19-related illness who may now have less access to formal health and social services due to the pandemic.[14] Learning from past crises, such as the Zika virus, shows that care work continues to increase following a crisis, and women primarily take this on.[15]

Women's increased care work responsibilities during a health crisis is reflective of gender roles and norms that see women do the majority of care work. Globally, women perform 76.2% of the hours of unpaid care work, and men perform less than a quarter of the hours of unpaid care work.[16] In Australia, women spend 64.4% of their average working hours each week on unpaid work compared to 36.1% for men.[17]

Teaching responsibilities may also add to women's care work responsibilities as more children are home from school. In some contexts, schools and childcare centres are closed, and in others, parents are choosing to keep their children at home. Based on the evidence that women take on more childcare responsibilities even among dual earning couples, Alon et al. hypothesise that women are also more likely to take on the increased child care needs during the COVID-19 crisis.[18]

With more children at home, parents may be balancing work commitments with childcare and teaching responsibilities. Women have expressed feeling increased personal and professional pressure since COVID-19.[19] Newgate Research's national poll has found that women remain one of the groups most concerned about COVID-19 in Australia.[20] It has been commented that women are carrying a 'triple load' during the crisis, which includes paid work, care work, and the mental labour of worrying.[21]

Taking on educational responsibilities may also limit women's work opportunities.[22] Women who cannot work from home, such as those with service sector jobs, or who do not have paid leave, may be particularly stretched,[23] as are those in the informal sector, where the majority of women work, because they are without access to formal financial assistance.[24] There may be particular stress for single-parent households, the majority of whom are single-mother households. With schools closed and other childcare arrangements, such as assistance from family and friends, discouraged due to social distancing measures, single mothers will have less ability to work and are at greater risk of poverty.[25]

There is the opportunity to change gender and workplace norms

During the COVID-19 crisis, some employers are encouraging or requiring employees to work from home. Given this, increased workplace flexibility and greater involvement of men in care and domestic work are hypothesised to be among the potential effects of the COVID-19 crisis.[26] These effects would have important impacts on gender equality. Flexible work practices can contribute to more sharing of care and domestic work and further support women's increased labour force participation.[27]

As employees balance childcare and work commitments during the COVID-19 pandemic, employers may become more aware of the need for flexible working arrangements.[28] Dr. Ashlee Borgkvist from the Centre for Workplace Excellence at the University of South Australia has commented that the increased use of working from home arrangements during COVID-19 may see more uptake of such flexible work arrangements by fathers and support from employers following the crisis.[29] This would be a shift from current norms. Even though men, particularly in younger demographics, wish to better balance work and home commitments,[30] they are less likely to request flexible working arrangements and, when they do, are more likely to have such requests refused.[31] Data from the American Time Use Survey supports this. Among those individuals with children, married women spend more time telecommuting than married men, and married women more often cite personal reasons including childcare as the reason for telecommuting.[32]

Although women may be taking up more of the added childcare responsibilities during COVID-19, fathers who are working from home will also likely increase their caring responsibilities. In particular, men may increase time spent on care work in households where only the mother is considered a critical or essential worker.[33] The hypothesis is that this could have a continuing effect.[34] At the household level, this could affect the division of labour, resulting in outcomes similar to those from the research on men and parental leave. Men who take parental leave are more likely to continue their involvement in childcare and unpaid domestic work following the parental leave period.[35] It could also have broader effects on changing gender norms. Alon et al. support this conjecture by drawing on the example of how working women during World War II shifted social norms and

of new working women during World War II shifted social norms and encouraged women's labour force participation from the 1960s to 1990s.[36]

Recent commentary and opinion pieces in the media debate the impact of COVID-19 on the division of labour within households.[37] For instance, an opinion piece by Virginia Haussegger in *The Canberra Times* expects the increased caring and teaching responsibilities, coupled with the fact that most women earn less than their male partners in heterosexual dual-earner couples, will see women leave or reduce their participation in the labour force. The functioning of the health system, which has a predominantly female workforce, will see particular consequences from this.[38] Others have also provided commentary, which considers how the gender pay gap[39] and the undervaluing of predominantly female industries[40] may add to women's stress and economic insecurity during the current crisis.

The economic impact of COVID-19 may have more of an effect on women's financial security

Early evidence related to job loss and impacts on certain sectors of the economy suggest that women may be more affected and face economic insecurity due to COVID-19. Gender segregation in certain sectors and positions of employment, women's over-representation in more precarious employment, and the under-representation of women in positions of leadership may be contributing factors.[41] There are several other compounding factors including that women are more likely to live in poverty, they account for the majority of single-parent households, they have less access to social protections, and they have less earnings and savings.[42]

In Australia, the national gender pay gap currently stands at 13.9%.[43] The gender pay gap is the difference between women's and men's average weekly full-time earnings, expressed as a percentage of men's earnings. It is not the difference between two people being paid differently for work of the same or comparable value which refers to equal pay. The fact that women earn less than men over their working lives contributes to women having less savings in their superannuation accounts than men. Analysis of 2016-17 figures from the Australian Taxation Office (ATO) shows a gender superannuation gap across all age groups.[44] Therefore, women who draw on their superannuation savings now may face greater economic insecurity in retirement.

In the short-term, the sectors of the economy that are most impacted by COVID-19 are those that require travel and interaction with customers, such as air travel, tourism, retail, accommodation, food and beverage, and garment and manufacturing.[45] Many of these industries have a significant female workforce.[46] Evidence from the Ebola crisis shows that prevention measures, including travel restrictions, severely affected women's livelihoods and economic security.[47] There is also uncertainty because of travel restrictions for domestic workers who depend on travel for their income.[48] Results from two surveys conducted by the National Domestic Workers Alliance in the US, one involving over 12,000 domestic workers and the other over 16,000 domestic workers, has found that 72% of respondents reported having no jobs beginning the week of 6 April 2020. This was an increase of nine percentage points from the previous week. Since many of the workers are their family's primary breadwinner, this unemployment and underemployment has increased their risk of housing and food insecurity.[49]

In Australia, researchers from Macquarie University point out that

women's over-representation in more precarious employment, including casual work without access to paid leave, makes them particularly vulnerable during this current crisis.^[50] The sectors thought to be immediately affected by COVID-19, which includes hospitality, entertainment, travel, and personal care work, employ slightly more women (56%).^[51] While the JobKeeper Payment allows businesses to access a subsidy to continue to pay eligible employees,^[52] an analysis from the Bankwest Curtin Economics Centre (using various sources from the Australian Bureau of Statistics (ABS)) estimates that 950,000 casual workers may not be eligible for the JobKeeper payment. These workers are mostly employed in the accommodation and food services, retail trade, and health care and social assistance sectors, where more casual workers are women.^[53] In addition, before the Government announced that childcare would be fee-free for a period during the pandemic, families were withdrawing their children due to concerns about COVID-19, placing the childcare sector at risk of collapse.^[54] This would have had implications for women's jobs as 94.2% of child carers are women.^[55]

Data released on 5 May 2020 by the ABS shows that the accommodation and food sector has been most impacted, with about one third of jobs in the sector lost between mid-March and mid-April 2020.^[56] This was followed by the arts and recreation services sector with a decrease of 27% in employee jobs. Across sectors, jobs decreased by 7.5% and wages decreased by 8.2% between mid-March and mid-April 2020.^[57] Over this same period, jobs held by women saw a larger decrease than jobs held by men, while wages paid to men decreased more. Jobs held by women decreased by 8.1% and wages paid to women decreased by 7.0%; whereas, jobs held by men decreased by 6.2% and men's wages decreased by 8.9%.^[58]

In the US between February and March 2020, women experienced more job loss than men in most sectors of the economy. Men and women of colour experienced higher rates of unemployment than white men and women, and unemployment for part-time workers increased. Women experienced the greatest job losses in the leisure and hospitality sector.^[59]

There is also some evidence to suggest that women-led small and medium enterprises may be more impacted during COVID-19. This is because women-owned businesses are generally operating with less capital and relying more on self-financing.^[60]

Decline in incomes and financial insecurity have ongoing effects for household members.^[61] Loss or reduction of women's incomes affects families because women often invest their earnings into the household.^[62]

More time at home is placing individuals at risk of domestic violence

Due to social distancing measures or forced isolation, more people are required to stay at home. In addition, working from home arrangements means that, for many, the home is now the workplace. This increase in time spent at home is placing individuals at risk of domestic violence. Monitoring potential increases in online bullying, with more people at home and online, is also important.^[63]

Globally, 243 million women and girls (aged 15-49) have experienced sexual or physical violence by an intimate partner in the last 12 months.^[64] Emerging data is showing an increase in rates of violence against women and girls, particularly domestic violence, since the onset of COVID-19.^[65] Women's Safety NSW is seeing the impact of COVID-19 through an increase in violence, an increase in the number

of clients and an increase in the complexity of cases, among other issues,[66] and data from Google shows a 75% increase in searches about family and domestic violence.[67] There is concern that victims of domestic violence may not receive much-needed support during COVID-19 with essential services disrupted,[68] and individuals unable to make calls to helplines while in the same space as an abusive partner.[69]

The ongoing economic impact of COVID-19 may be another link to increased domestic violence. There is often an increase in domestic violence during times of economic hardship.[70] In addition, the economic impacts of COVID-19 will affect the capacity of local women's organisations, which typically provide support at the individual and institutional level to survivors of violence.[71]

Relatedly, Peterman et al. reviewed the existing literature and identified several ways that pandemics link to violence against women and children, including through economic insecurity issues, quarantines and social isolation, reduced health services, and violence against healthcare workers, among others.[72]

What is a gendered response to COVID-19?

To mitigate and understand the gendered impacts of the COVID-19 crisis, both immediately and over the long-term, the following measures have been proposed:

- collect gender disaggregated data during the pandemic[73]
- clearly communicate and strengthen resources, frameworks, and laws related to assisting victims of violence[74]
- ensure that women and vulnerable groups have access to necessary health resources[75]
- make visible the responsibilities of care work[76] and provide support for childcare[77]
- support women in pursuing economic opportunities[78] and small and medium enterprise[79]
- consult women on the response and ensure their representation in planning and responding to the pandemic[80]
- ensure and support girls' access to education[81]
- promote flexible working[82] and family-friendly policies in the workplace[83]
- promote a more gender-balanced healthcare workforce.[84]

Since the gendered impacts of COVID-19 are still being assessed and understood, WGEA aims to regularly update this document. In particular, WGEA is monitoring the emerging data that has consequences for gender equality and the workplace, both in Australia and globally, and is noting areas where more research is needed to fully understand the impact of COVID-19 on workplace gender equality.

You can download a PDF version of this paper below:

[Gendered impact of COVID19.pdf \(PDF, 210.7 KB\)](#) 

References

