Australian women's mental health and wellbeing in the context of the COVID-19 pandemic in 2020

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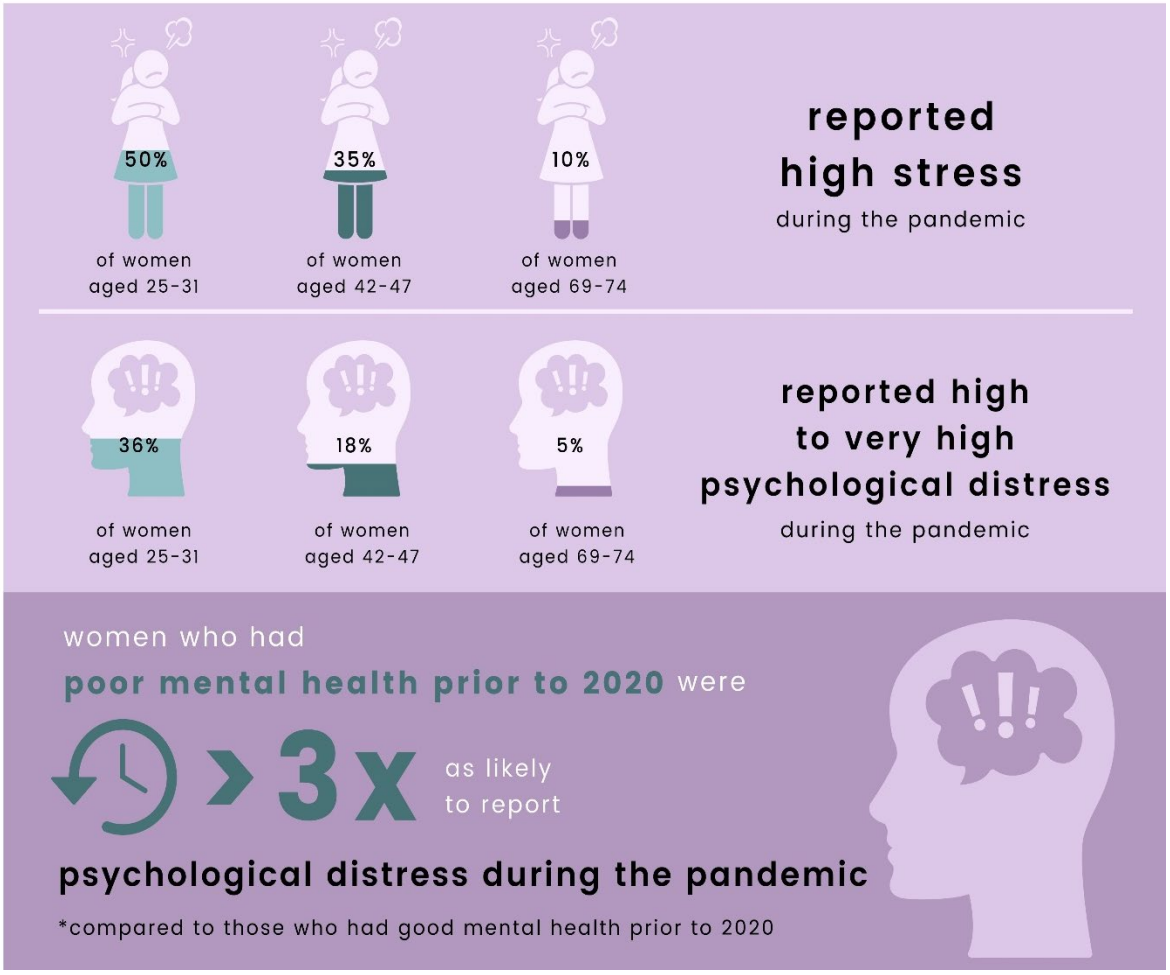
Executive summary

The purpose of this report is to highlight the impact of the COVID-19 pandemic and related policies on the mental health of women in Australia, including the impact of economic factors and women's safety. Data collected fortnightly by the Australian Longitudinal Study on Women's Health (ALSWH) for a six-month period in 2020, linked with existing ALSWH data, were analysed. Results were from three age cohorts of women who were 25-31, 42-47, and 69-74 in 2020. This summary includes the key findings of the research, and priority areas identified in the report that may provide opportunities for policy development.

Australian women's experiences during 2020

A focus on Australian women's mental health during 2020

- High levels of stress and psychological distress were reported by women during the pandemic in 2020.
- Relative to women who had good mental health prior to the pandemic, those who had poor mental health prior to the pandemic had over three times the risk of psychological distress during the pandemic.



Risk and protective factors

Risk factors for psychological distress

A third of women aged 25-31, one in six women in their forties, and 5% of women aged 69-74 reported high or very high levels of psychological distress during 2020, with some women

being more at risk of psychological distress than others. With some differences by age, the risk factors for psychological distress or very high to extreme stress in 2020 included:

- poor mental health (women aged 25-31, 42-47, and 69-74),
- high stress (women aged 25-31, 42-47, and 69-74),
- experiences of violence (women aged 25-31, 42-47, and 69-74),
- poor general health (women aged 25-31 and 69-74), or
- financial difficulty (women aged 25-31 and 42-47),

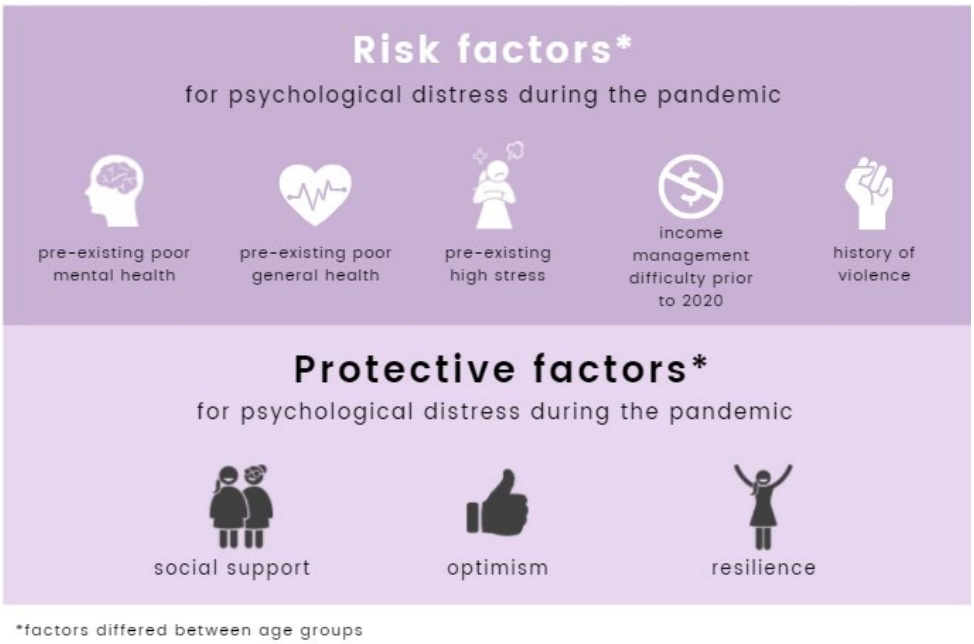
prior to the pandemic in 2020. In addition, financial stress and financial poverty occurring during 2020 were risk factors for psychological distress for all three age groups.

Protective factors for mental health

With some differences by age, factors identified as protective of mental health in 2020 included:

- optimism (women aged 25-31 and 42-47),
- social support (women aged 42-47), or
- resilience (women aged 69-74),

prior to the pandemic in 2020. Paid employment during 2020 was also protective of mental health for women aged 42-47, but not those aged 25-31.



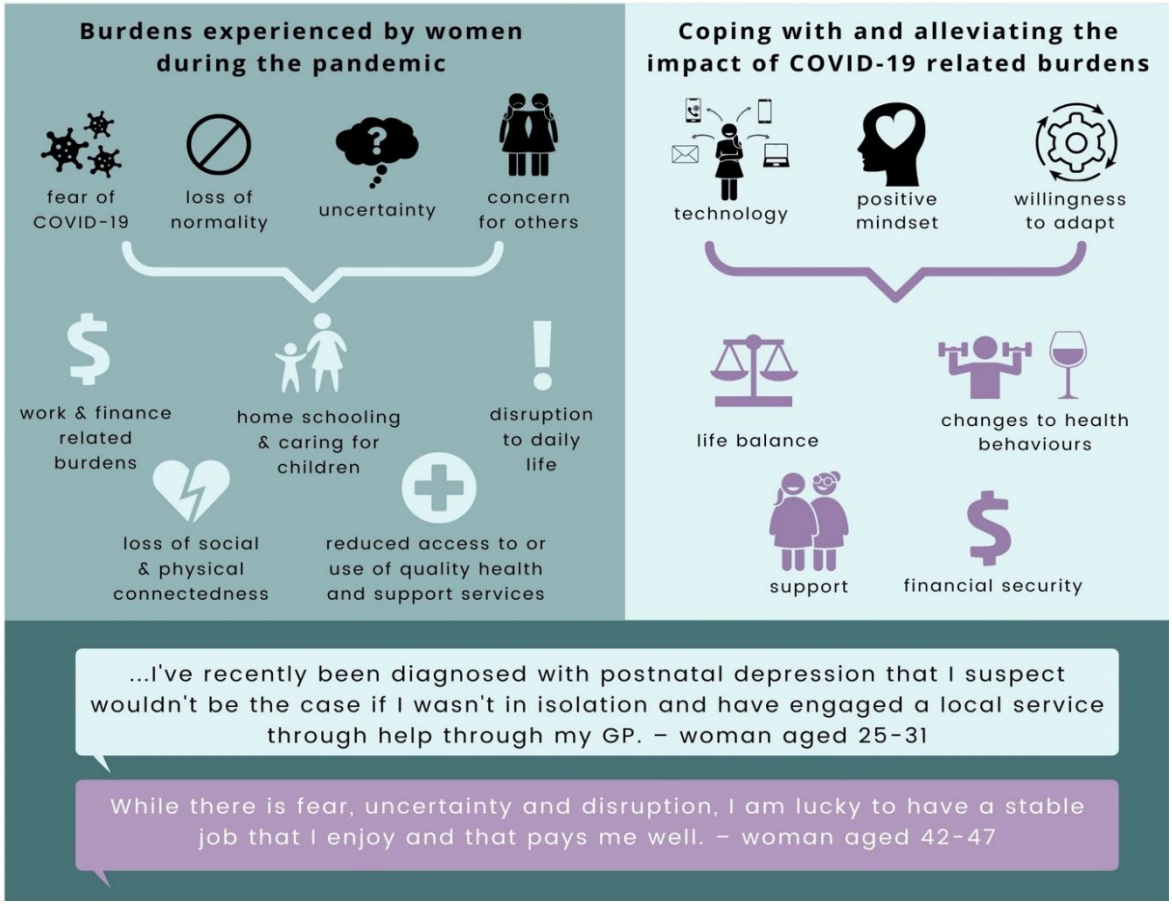
The lived experience of the COVID-19 pandemic

The burdens women described experiencing during the pandemic in 2020 included:

- The overarching burdens of fear of COVID-19, loss of normality, uncertainty, and concern for others were apparent within each theme identified in the data.
- The themes included work and finance related burdens, home schooling and caring for children, loss of social and physical connectedness, disruption to daily life, and reduced access to or use of quality health and support services.

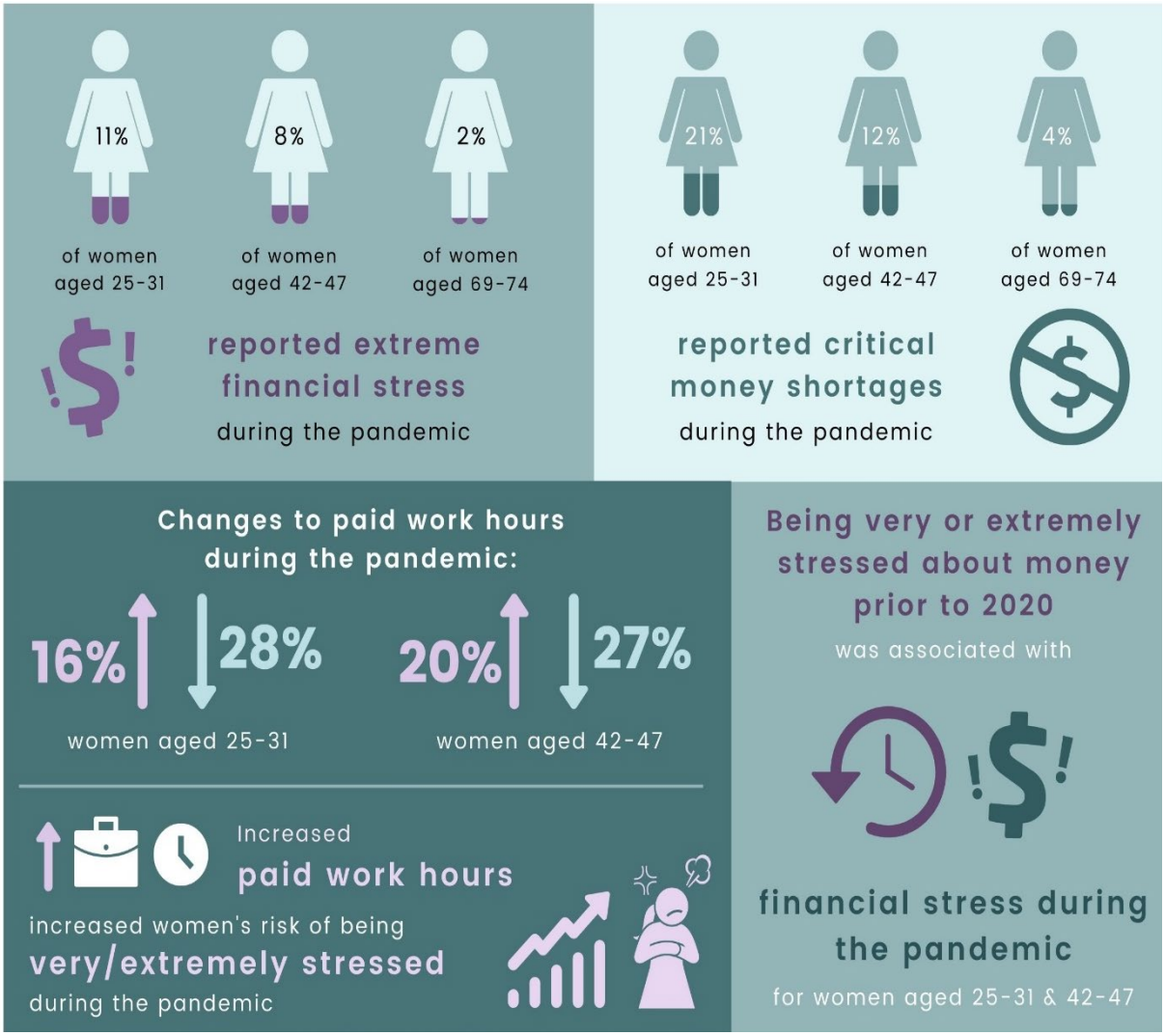
The coping factors women described using to alleviate COVID-19 related burdens included:

- The overarching coping strategies of the value and importance of technology, maintaining a positive mindset throughout the pandemic, and having a willingness to adapt were apparent within each theme identified in the data.
- The themes included life balance, changes to health behaviours, financial security, and support throughout the COVID-19 pandemic.



Economic security among women in Australia in 2020

- Extreme financial stress was reported by 11% of women aged 25-31, 8% of women aged 42-47, and 2% of women aged 69-74.
- Being very or extremely stressed about money prior to the pandemic was associated with financial stress during 2020 for women aged 25-31 and 42-47.
- Critical money shortages during 2020 were experienced by 21% of women aged 25-31, 12% of women aged 42-47, and 4% of women aged 69-74.
- Changes in paid work hours were common during 2020 for women aged 25-31 and 42-47.
- Increases in hours of paid work involved an increased risk of being very or extremely stressed for women aged 25-31 and 42-47.



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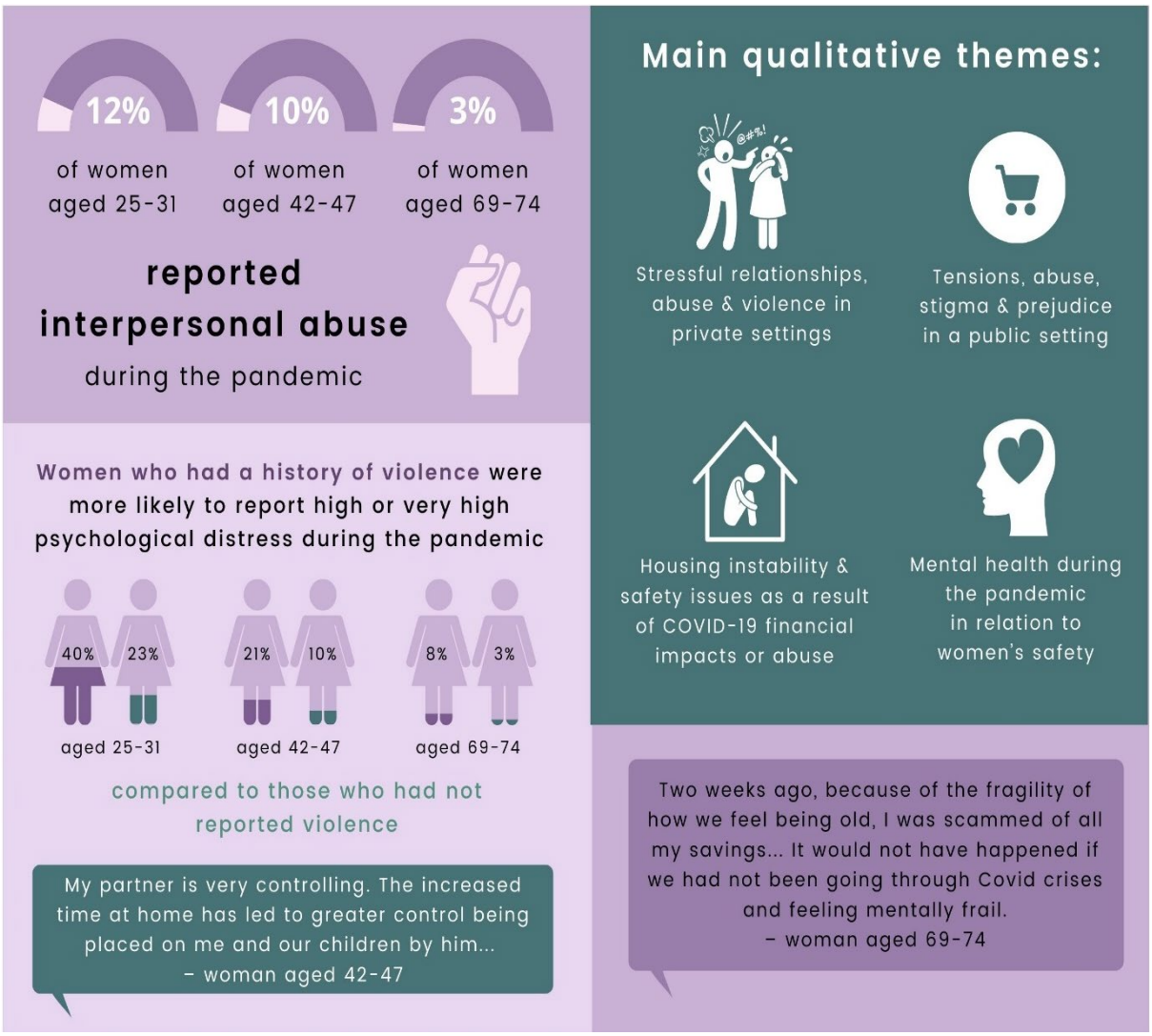
Women's safety and the COVID-19 pandemic

- During the pandemic in 2020, interpersonal abuse was experienced by 12% of women aged 25-31, 10% of women aged 42-47, and 3% of women aged 69-74.
- Women who had experienced historical violence were more likely to report high or very high psychological distress during 2020, compared to those who had not reported violence (40% versus 23% of women aged 25-31, 21% versus 10% of women aged 42-47, and 8% versus 3% of women aged 69-74).
- A history of violence by a partner, physical violence, sexual violence, and child abuse were all risk factors for high to very high psychological distress during the pandemic in 2020, across all cohorts.



Priority areas

The Priority areas chapter of the report specifies seven key areas that offer opportunities for policy development. These include:

Priority area 1: Women's safety

A history of violence was a risk factor for psychological distress in the pandemic. Potential solutions include:

- Development of an effective recovery strategy for women who have experienced violence.
- Long term recovery programs included as a priority area in the next National Plan. These should be evidence based and evaluated for efficacy.

Priority area 2: Holistic mental health models

Women are faced with a multitude of risk factors for experiencing psychological distress, which have been exacerbated during the pandemic. To be effectively addressed, these complex factors require targeted, multi-level approaches. Potential solutions include:

- A multidisciplinary, intersectoral approach to women's mental health care that addresses histories of violence and other complex trauma, physical health issues, and financial and economic capacity.
- Consideration of a strengths-based perspective that enables women to leverage their existing capacities.

Priority area 3: Transitions to motherhood and perinatal mental health

Women in their late twenties and early thirties were the most at risk of mental health issues during 2020. Women in this age group are likely to be starting families. The best predictor of mental health in the perinatal period is previous mental health, suggesting a high risk of poor mental health among women who will become pregnant and have children over the next decade. Potential solutions include:

- Promotion of help seeking behaviours to alleviate fears around disclosing mental health issues in the perinatal period.

- Increased training and support for the perinatal health workforce to increase capacity for both identification of mental health problems and provision of mental healthcare.
- Increased outreach support for this age group of women via the health system during pregnancy and after birth.
- Increased access to prevention and mental health literacy programs for this age group.

Priority area 4: Social connectedness

Social support and connectedness are protective of mental health, but women who lived alone, had recently given birth, or were experiencing lockdowns were at risk of isolation and loneliness. Potential solutions include:

- Fostering the development of social networks by access to programs similar to the Men's Shed initiative.
- Facilitating greater access to appropriate technology to assist with human social contact during lockdowns, especially for people who live alone or have recently given birth. This includes training in the use of technology for those who need it. For example, Australian government grants were given to local community organisations to provide at-risk seniors with digital devices such as mobile phones and laptops during the 2020 lockdown period.

Priority area 5: Women's economic security

Economic security is a key issue impacting on women's mental health, with the pandemic being a key stressor that impacts both mental and financial wellbeing. Potential solutions include:

- Facilitating participation in stable, secure employment through access to flexible conditions, addressing the gender pay gap and childcare affordability, and enforcing equitable maternity and paternity leave policies.
- Creation of accessible, flexible education pathways to paid employment.
- Increasing social connectedness.

- Introduction of financial support schemes for women with psychological distress.
- Prioritisation of these initiatives for women at high risk for economic security, particularly those aged in their twenties to early thirties.

Priority area 6: Access to services

The pandemic limits women's ability to seek safety from domestic violence, and to seek healthcare more generally. Delays in accessing healthcare and domestic violence services threaten women's lives, health, and wellbeing. Potential solutions include:

- Increasing the availability of telehealth during lockdowns by developing workforce capacity, including high-volume crisis strategies.
- Investigating innovative ways for support services to reach women experiencing violence while in isolation with an abusive partner.
- Drawing on the National Mental Health and Wellbeing Pandemic Response Plan, increasing effective messaging so that those who need support and healthcare feel able to safely access services.

Priority area 7: Increased burdens of lockdowns and outbreaks

Women who were home schooling, undertaking paid work (or both), and those who were essential workers reported high levels of stress during lockdowns and outbreaks. Stress is related to psychological distress and mental health issues. Potential solutions include:

- Employers could implement strategies to assist with the burden of home schooling while undertaking paid work, for all parents (e.g. flexible work hours).
- Implementation of plans and activities in line with the National Mental Health and Wellbeing Pandemic Response Plan and the forthcoming National Disasters Mental Health and Wellbeing Framework to address the increased levels of stress experienced during pandemics.

Introduction

The COVID-19 pandemic has had a noticeable impact on mental health and mental health services, with uptake showing an increase of 14.5% from 2019 to 2020. Crisis line contact was also 15% higher during 2020, compared to 2019 [1]. The Australian Longitudinal Study on Women's Health reported high levels of general stress and psychological distress among women in their twenties and forties during 2020 [2]. The purpose of the current report is to highlight the impact of the COVID-19 pandemic and related policies on the mental health of women in Australia, including the impact of economic factors and women's safety.

The aims of the research are to:

1. Report physical and mental health of women in Australia during 2020 and relative to health prior to 2020.

2. Describe economic security among women in Australia during 2020 and examine economic security in relation to stress and mental health, including consideration of:
    a. financial stress and poverty, and
    b. employment status including hours in paid work.

3. Investigate women's safety in private and public spaces, including:
    a. experiences of abuse that occurred during the pandemic, and
    b. experiences of abuse that occurred prior to the pandemic.

4. Qualitatively explore and identify the emotional and social burdens carried by women as a result of the pandemic.

The Australian Longitudinal Study on Women's Health

To meet these aims, data from the Australian Longitudinal Study on Women's Health (ALSWH) COVID-19 surveys will be analysed. ALSWH regularly collects data from over 57,000 women from across Australia. Women born 1973-78, 1946-51, and 1921-26 first provided data in 1996, and women born 1989-95 first participated in 2012-13. This report includes analyses of quantitative and qualitative data collected on a fortnightly basis from women born 1989-95, 1973-78, and 1946-51 during a six-month period, from 29 April to 10 November 2020. Across the 14 surveys, women were asked about their health and wellbeing, stress, employment and living arrangements, economic status, health services access, and time use. The survey schedule and response rates can be found in Table 1 and an assessment of the representativeness of the sample are included in Appendix 1. Briefly, compared with census data, women aged 25-31 who completed the 2020 surveys were demographically similar in terms of area of residence and relationship status, and more likely to have a tertiary education, and less likely to be born overseas; women aged 42-47 and 69-74 were more likely to live in an inner regional area and less likely to live in major cities, more likely to have a tertiary education, to be partnered, and to have been born in Australia.

Table 1 Surveys of ALSWH cohorts born 1989-95, 1973-78, and 1946-51 completed from April to November 2020

			Number of survey respondents by cohort			
Survey	**Date**	**Survey topics**	**1989-95**	**1973-78**	**1946-51**	**Total**
1	29 April	Income management, financial stress	3,408	2,965	2,589	8,962
2	13 May	Time use (paid work, home schooling)	2,897	2,987	3,028	8,912
3	27 May	Living arrangements	2,630	2,753	2,433	7,816
4	10 June	Health service use/access	2,403	2,879	2,918	8,200
5	24 June	Psychological distress (K10)	2,246	2,538	2,659	7,443
6	8 July	Alcohol consumption, sleep	2,035	2,473	2,497	7,005
7	22 July	Weight, eating habits	2,091	2,594	2,884	7,569
8	5 Aug	Smoking, personal safety	2,120	2,652	2,619	7,391
9	19 Aug	Physical activity, exercise	2,057	2,575	2,859	7,491
10	2 Sept	Pregnancy intentions, contraception	1,972	2,253	2,161	6,386
11	16 Sept	COVID-19 knowledge, behaviours	1,982	2,172	2,163	6,317
12	30 Sept	Health screening, service use	1,911	2,383	2,755	7,049
13	14 Oct	Income management, poverty	1,843	2,296	2,702	6,841
14	28 Oct	Qualitative only	1,862	2,358	2,695	6,915

ALSWH survey data provide an opportunity to examine existing factors that might leave women at risk of poor mental health or protected from mental health issues. Quantitative data collected from the most recent main surveys of the three cohorts born 1989-95, 1973-78, and 1946-51 will be used as baseline data to examine factors associated with mental health outcomes experienced during 2020[1]. The cohorts born 1989-95 and 1946-51 completed their previous ALSWH main survey in 2019, and the cohort born 1973-78 completed their last main survey in 2018.

The mental health impact of the pandemic was noticeable across the COVID-19 survey data collection period. The number of women who provided free text comments that indicated they were in need of help or were at imminent risk due to mental health problems necessitated the development of a new ALSWH screening and intervention program[2]. Each ALSWH main survey generally involves none to one or two participants reporting psychological distress to such an extent that the ALSWH operations team intervene, usually in the form of an email with appropriate information (e.g. Lifeline). Prior to 2020, only twice in the history of the study had participants been contacted by telephone due to a high level of personal risk indicated by their statements. By contrast, during the COVID-19 study period, 356 participants were emailed appropriate information, 37 participants were contacted by telephone, 24 were contacted by both telephone and email, and there was one incident where outside assistance was sought due to an assessment of imminent danger.

The need for mental health support was also reflected in the ALSWH COVID-19 survey data, with 40% of women aged 25-31 and 19% of those aged 42-47 reporting that they had sought mental health information during the pandemic. Far fewer women aged 69-74 had sought such information (3%), reflecting their comparatively better mental health, as shown in Chapter 1. Among those women who sought actual mental health services, 47% to 68% responded that their access had been impacted by the pandemic, with appointments being delayed, cancelled, or changed to a telehealth format. These preliminary findings, along

[1] Completed main surveys received after 31/12/2019 were excluded to avoid potential overlap with the onset of COVID-19.
[2] Previously, assistance in line with ethical protocols had been provided on a case-by-case basis.

with reports of disproportionate burdens being placed on women by the pandemic, underscore the need for an in-depth analysis of women's mental health.

This research was conducted using principles of co-production [3]. Briefly, the original topics to be investigated were defined through discussions between the research team and the National Mental Health Commission, with regular contact between the parties throughout the process. The lived experience of women during the COVID-19 pandemic in 2020 was incorporated into the research by taking into account the free text information provided by ALSWH participants (see Chapter 4: Women's safety and experiences of interpersonal abuse during 2020 and Chapter 6: Mental health and social burdens of the COVID-19 pandemic), as well as the feedback received as part of the data collection process, as noted above. Once the research aims were met, the research team and the National Mental Health Commission discussed areas identified by the research that might provide opportunities for future policy development (reported in the next chapter: Priority areas).

The research undertaken to meet the aims of this report are addressed in Chapters 1 to 6. Each research chapter describes the specific research questions addressed, the results and interpretations of these analyses, and a summary of key points. Methodological details are included in the appendices. The final chapter includes a summary of key findings. Priority areas that can potentially be addressed by policy development are discussed in the following chapter.

Priority areas

This chapter highlights seven priority areas that offer opportunities for policy development.

Priority area 1: Women's safety

Who is impacted?

All women who have experienced violence, both recent and historical.

What is the core problem?

Women who experienced violence or a history of interpersonal violence were more likely to report psychological distress during 2020, compared to those who had not reported violence (see Chapter 5: Previous experiences of violence and mental health during 2020).

Why is this a problem?

Between one in three and one in five women experience some form of violence in their lifetime [4]. This means that approximately one in four women in Australia are likely to experience high or very high levels of psychological distress during a pandemic. Experiencing violence is also a risk factor for experiencing long term mental distress [5].

Potential solutions

- Development of an effective recovery strategy for women who have experienced violence.
- Long term recovery programs included as a priority area in the next National Plan. These should be evidence based and evaluated for efficacy.

Priority area 2: Holistic mental health models

Who is impacted?

Women with poor mental health, poor general health, high stress, income management difficulty, and history of violence prior to the pandemic.

What is the core problem?

Poor mental health, poor general health, high stress, income management difficulty, and history of violence prior to the pandemic were risk factors for experiencing psychological distress during the pandemic in 2020 (see Chapter 1: General and mental health prior to and during the COVID-19 pandemic in 2020 and Chapter 5: Previous experiences of violence and mental health during 2020).

Why is this a problem?

Women are faced with a multitude of risk factors for experiencing psychological distress, which are exacerbated during a pandemic. To be effectively addressed, these complex factors require targeted, multi-level approaches.

Potential solutions

- Introduction of a multidisciplinary, intersectoral approach to women's mental health care that addresses histories of violence and other complex trauma, physical health issues, and financial and economic capacity (including financial stress, paid employment, and housing).
- Consider the implementation of an intersectoral approach from a strengths-based perspective which enables women to leverage their existing capacities.

Priority area 3: Transitions to motherhood and perinatal mental health

Who is impacted?

Women aged 25 to 31 years.

What is the core problem?

Women aged 25 to 31 were most at risk of poor mental health during the pandemic in 2020 (see Chapter 1: General and mental health prior to and during the COVID-19 pandemic in 2020).

Why is this a problem?

Women in this age group are likely to be starting families. The best predictor of mental health in the perinatal period is previous mental health [6], suggesting a high risk of poor mental health among women who will become pregnant and have children over the next decade.

Potential solutions

- Promotion of help seeking behaviours to alleviate fears around disclosing mental health issues in the perinatal period [7].
- Increased training and support for the perinatal health workforce to increase capacity for both identification of mental health problems and provision of mental healthcare.
- Increased outreach support for this age group women via the health system during pregnancy and after birth.
- Increased access to prevention and mental health literacy programs for this age group of women.

Priority area 4: Social connectedness

Who is impacted?

Women at risk of loneliness and/or with limited social supports (in particular, people who live alone, have recently given birth, or are experiencing prolonged lockdowns).

What is the core problem?

The loss of social and physical connectedness during lockdowns led to loneliness and sadness, particularly for those who lived alone, had recently given birth, or lived in Victoria during the pandemic in 2020 (see Chapter 6: Mental health and social burdens of the COVID-19 pandemic). Higher levels of social support, such as relationships with family, friends and colleagues (i.e. having people to confide in or do enjoyable things with, or feeling loved and wanted by people) protected against psychological distress (see Chapter 1: General and mental health prior to and during the COVID-19 pandemic in 2020).

Why is this a problem?

Social and physical connectedness are protective factors that support good mental health and wellbeing. During the pandemic, social and physical connectedness were disrupted, with many people unable to visit family and friends in person, due to COVID-19-related restrictions. This situation is ongoing.

Potential solutions

- Fostering the development of social networks by providing access to programs similar to the Men's Shed initiative to increase connectedness and prevent isolation and loneliness.
- Facilitating greater access to appropriate technology to assist with human social contact during lockdowns, especially for people who live alone or have recently given birth. This includes training in the use of the technology for those who need it. For example, Australian government grants were given to local community organisations to provide at-risk seniors with digital devices, such as mobile phones and laptops, during the 2020 lockdown period.

Priority area 5: Women's economic security

Who is impacted?

Women experiencing financial stress, which during 2020, was more common among women in their twenties and forties than women aged 69-74 (see Chapter 1: General and mental health prior to and during the COVID-19 pandemic in 2020).

What is the core problem?

Lower education levels, not being in paid work, having a health care card, and low levels of social support before the pandemic were related to financial stress during the pandemic for younger women (see Chapter 2: Economic security and mental health). High or very high psychological distress and high stress prior to 2020 were also associated with an increased risk of financial stress during the pandemic (see Chapter 2: Economic security and mental health). In turn, financial stress during the pandemic was associated with psychological distress (see Chapter 2: Economic security and mental health).

Why is it a problem?

Economic insecurity is a key issue impacting on women's mental health, which will continue until addressed.

Potential solutions

- Facilitating participation in stable, secure employment though access to flexible conditions, addressing the gender pay gap and childcare affordability, and enforcing equitable maternity and paternity leave policies.
- Creation of accessible, flexible education pathways to paid employment.
- Increasing social connectedness (see Potential solutions for priority area 4).
- Introduction of financial support schemes for women experiencing high levels of psychological distress.
- Prioritisation of these initiatives for women at high risk for economic security, particularly those aged in their twenties to early thirties.

Priority area 6: Access to services

Who is impacted?

All women are potentially impacted by service access.

What is the core problem?

The COVID-19 pandemic and associated restrictions have led to reduced access to or use of mental health services, maternity, and other health services (see Chapter 4: Women's safety and experiences of interpersonal abuse during 2020 and Chapter 6: Mental health and social burdens of the COVID-19 pandemic). Issues included appointments being delayed, cancelled, or changed to a telehealth format, service delays and/or lack of responsiveness, and fears of catching or spreading COVID-19.

The pandemic has exacerbated stress within relationships, with reports of increased domestic conflicts between partners and the onset of domestic violence [8, 9]. The pandemic has limited women's ability to seek safety from abusive relationships due to a lack, or limited availability, of appropriate supports and a lack of privacy while in isolation with an abusive partner (see Chapter 4: Women's safety and experiences of interpersonal abuse during 2020).

Why is this a problem?

The pandemic limits women's ability to seek safety from domestic violence, and to seek healthcare more generally. Delays in accessing healthcare and domestic violence services threaten women's lives, health, and wellbeing.

Potential solutions

- Increasing the availability of telehealth during lockdowns, by developing workforce capacity, including high-volume crisis strategies.
- Investigating innovative ways for support services to reach women experiencing violence while in isolation with an abusive partner.
- Drawing on the National Mental Health and Wellbeing Pandemic Response Plan, increasing effective messaging so that those who need support and healthcare feel able to safely access services.

Priority area 7: Increased burdens of lockdowns and outbreaks

Who is impacted?

Women living through lockdowns and outbreaks of COVID-19, particularly those home schooling and undertaking paid work, and essential workers.

What is the core problem?

Multiple roles and increased burdens due to lockdowns and outbreaks resulting in increased stress (see Chapter 3: Paid work, time use, and mental health and Chapter 6: Mental health and social burdens of the COVID-19 pandemic). Women who were home schooling children, and those with the combined burden of paid work while home schooling, reported higher rates of stress (see Chapter 3: Paid work, time use, and mental health). Essential workers experienced increased burdens during outbreaks due to increased workloads, longer shifts and added pressures and role complexity, which impacted on mental health (see Chapter 6: Mental health and social burdens of the COVID-19 pandemic).

Why is this a problem?

Increased burdens lead to stress, which leads to an increased risk of psychological distress and mental health issues (see Chapter 1: General and mental health prior to and during the COVID-19 pandemic in 2020). It is also noteworthy that women are more likely to be essential workers than men [10].

Potential solutions

- Employers could implement strategies to assist with the burden of home schooling while undertaking paid work, for all parents (e.g. flexible hours, extended deadlines).
- Implementation of plans and activities in line with the National Mental Health and Wellbeing Pandemic Response Plan and the forthcoming National Disasters Mental Health and Wellbeing Framework to address the increased levels of stress experienced during pandemics.

Chapter 1: General and mental health prior to and during the COVID-19 pandemic in 2020

The COVID-19 pandemic has been associated with a marked increase in mental health issues [11], which has been reflected in increased mental health service use [1]. The purpose of the current chapter is to describe women's general and mental health prior to and during the COVID-19 pandemic in 2020.

This chapter addresses Aim 1 by answering the following research questions:

1. What was the stress level of women during the COVID-19 pandemic in 2020, relative to stress prior to the pandemic?

2. What was the physical health of women during the COVID-19 pandemic in 2020, relative to their physical health prior to the pandemic?

3. What was the mental health status of women during the COVID-19 pandemic in 2020, relative to their mental health prior to the pandemic?

4. During the COVID-19 pandemic in 2020, did women with poorer physical health also have poorer mental health?

5. What were the pre-existing risk and protective factors for mental health outcomes during 2020?

The methods used for this chapter are outlined in Appendix 2: Methods

Stress prior to and during the COVID-19 pandemic in 2020

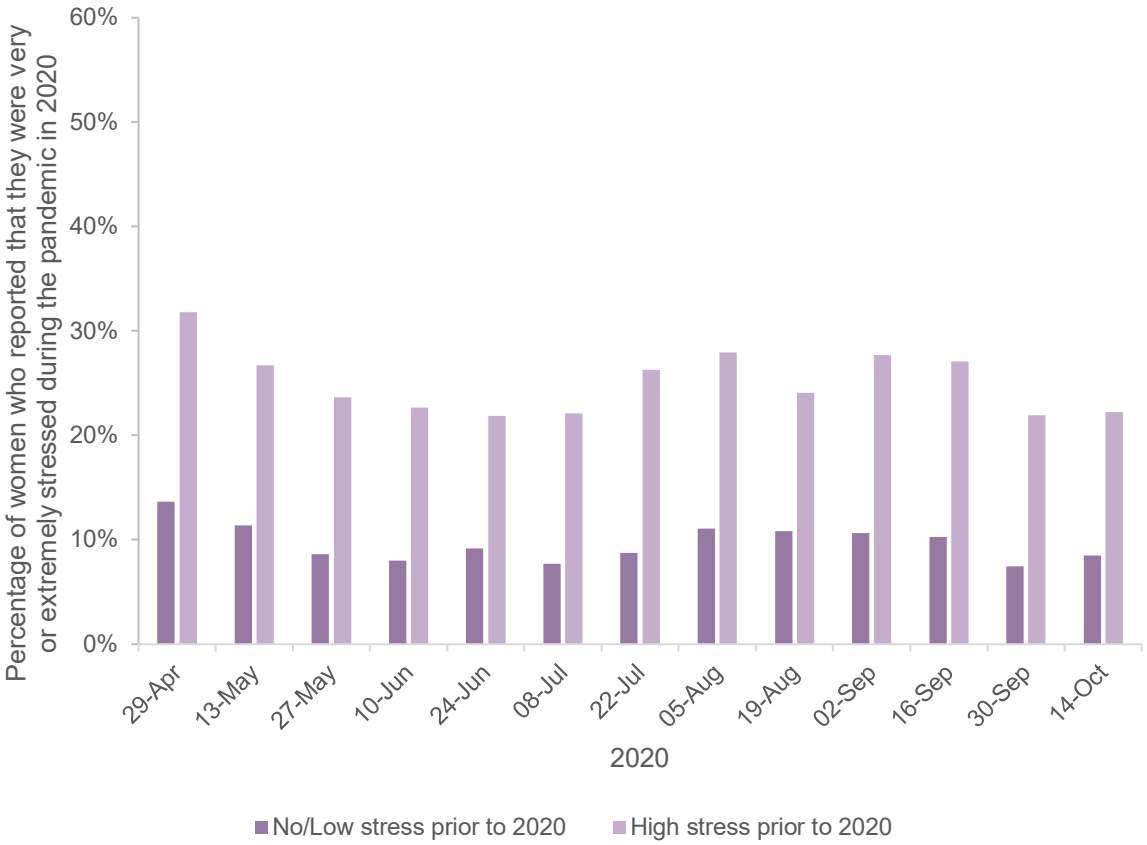
Overall, women aged 25-31 were the most likely to report that they were very or extremely stressed at least once during the pandemic in 2020, with 50% of this age group reporting that they were very or extremely stressed. Around one in three women aged 42-47 (35%) and one in ten women aged 69-74 (10%) reported they were very or extremely stressed at least once during the pandemic in 2020. In the following graphs, the data show that high stress prior to the pandemic was related to being very or extremely stressed during the pandemic. However, there was also a noticeable change among women, with many who were not stressed prior to the pandemic reporting very or extreme levels of stress during 2020 (Figure 4).

The probability that a woman was very or extremely stressed was strongly related to her level of stress pre-COVID. Over 40% of women aged 25-31 who had high stress at the most recent ALSWH main survey reported that they were very or extremely stressed during the pandemic in 2020. In contrast, 17-20% of women aged 25-31 who did not have high stress prior to 2020 reported being very or extremely stressed during the pandemic in 2020 (Figure 1).

Figure 1 Percentage of women aged 25-31 who reported high stress during the COVID-19 pandemic in 2020, according to stress reported prior to 2020

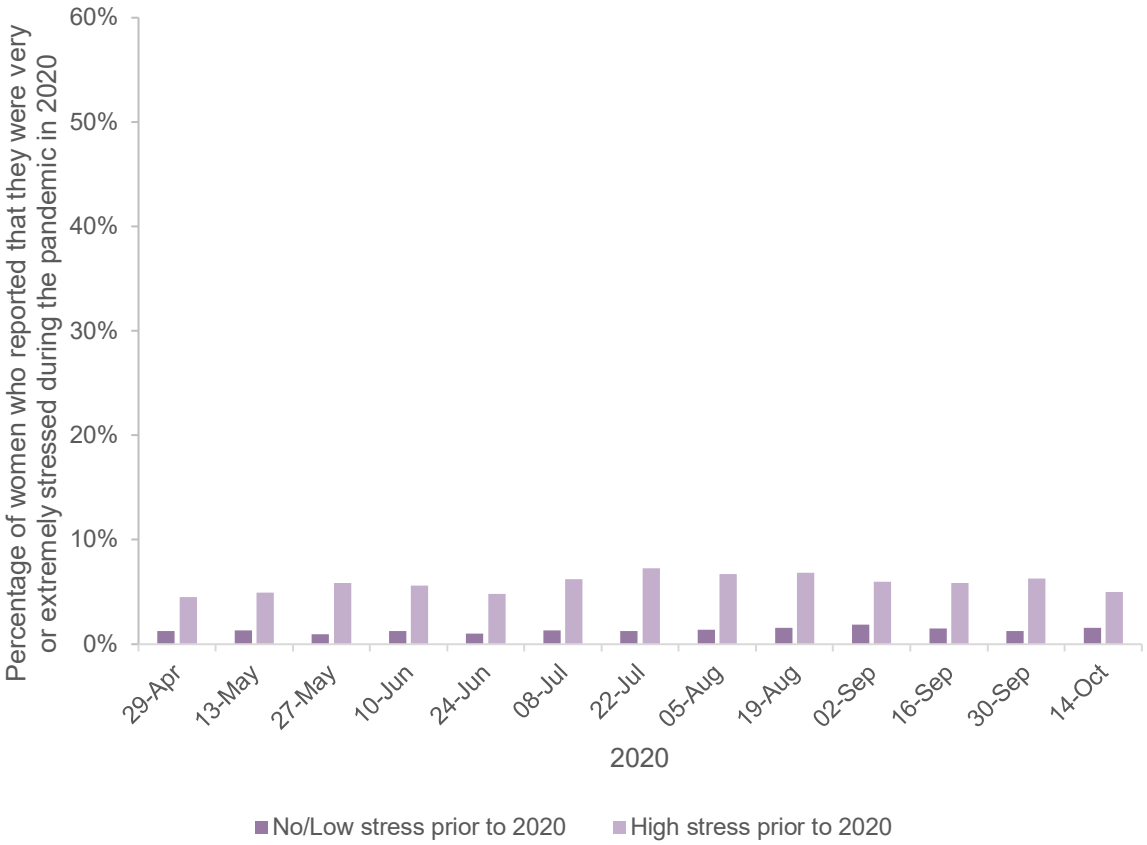
Around 20-30% of women aged 42-47 who had high stress prior to 2020 reported that they were very or extremely stressed during the COVID-19 pandemic in 2020 (Figure 2). Around 10% of women who did not have high stress prior 2020 reported they were very or extremely stressed during the COVID-19 pandemic in 2020.

Figure 2 Percentage of women aged 42-47 who reported high stress during the COVID-19 pandemic in 2020, according to stress reported prior to 2020



Women aged 69-74 reported the lowest stress levels during the COVID-19 pandemic in 2020 (Figure 3). Around 5% of women in this age group who had high stress prior to 2020 reported they were very or extremely stressed during the pandemic in 2020. Very few (1-2%) women aged 69-74 who did not report high stress prior to 2020 reported that they were very or extremely stressed during the pandemic in 2020. It should be noted that these older women tended to have lower stress levels prior to the pandemic, compared to the younger age groups.

Figure 3 Percentage of women aged 69-74 who reported high stress during the COVID-19 pandemic in 2020, according to stress reported prior to 2020.

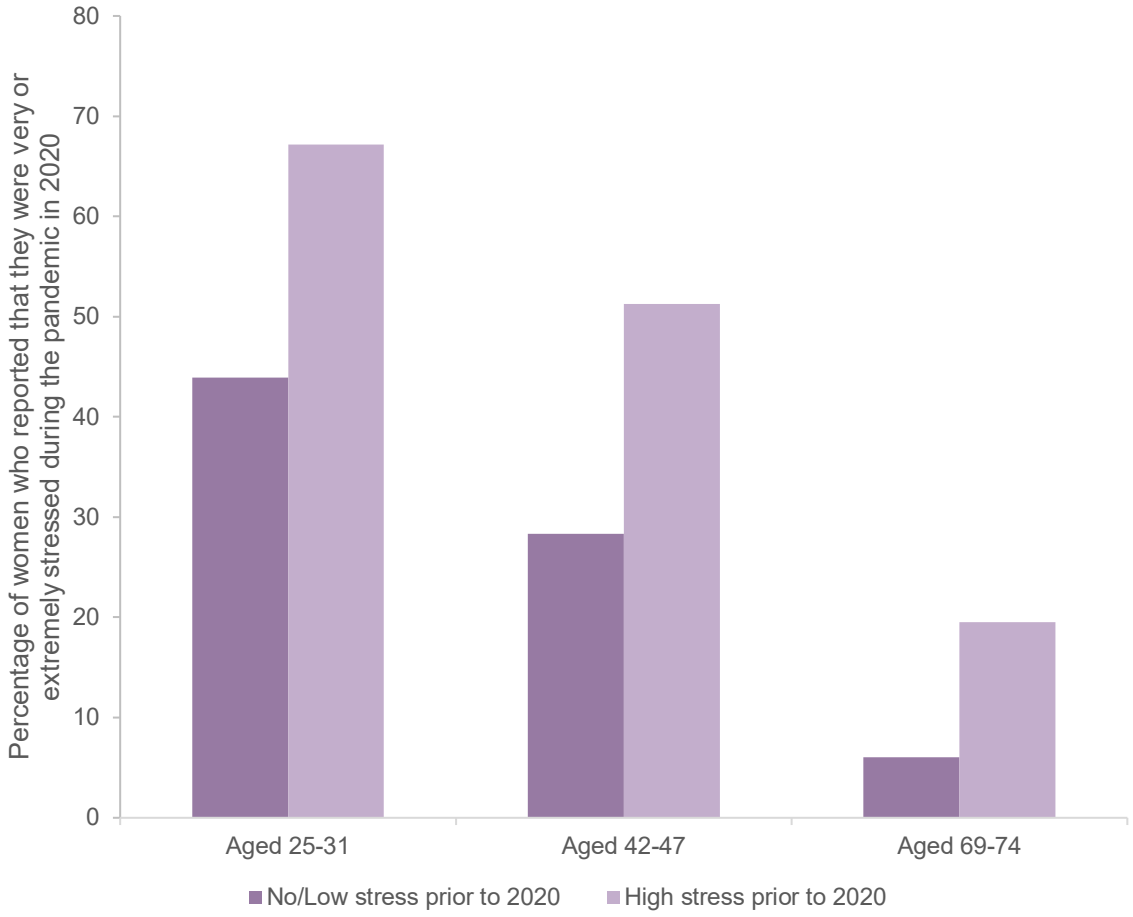


Across all age groups, women who reported high stress prior to the pandemic were far more likely to report being very or extremely stressed on any one or more surveys during the COVID-19 pandemic in 2020 (Figure 4). Two thirds (37%) of women aged 25-31 who reported high stress prior to the pandemic reported that they were very or extremely stressed on at least one survey during the pandemic. Around half (51%) of women aged 42-47 who reported high stress prior to the pandemic reported that they were very or extremely stressed during the pandemic. One in five (20%) women aged 69-74 who reported high stress prior to the pandemic reported that they were very or extremely stressed during the pandemic.

However, it should be noted that many women aged 25-31 and 42-47 who did not report high stress prior to 2020 still reported that they were very or extremely stressed during the COVID-19 pandemic in 2020, with over 40% of women aged

42-47 reporting that they were very or extremely stressed during 2020, even though they reported low or no stress prior to 2020.

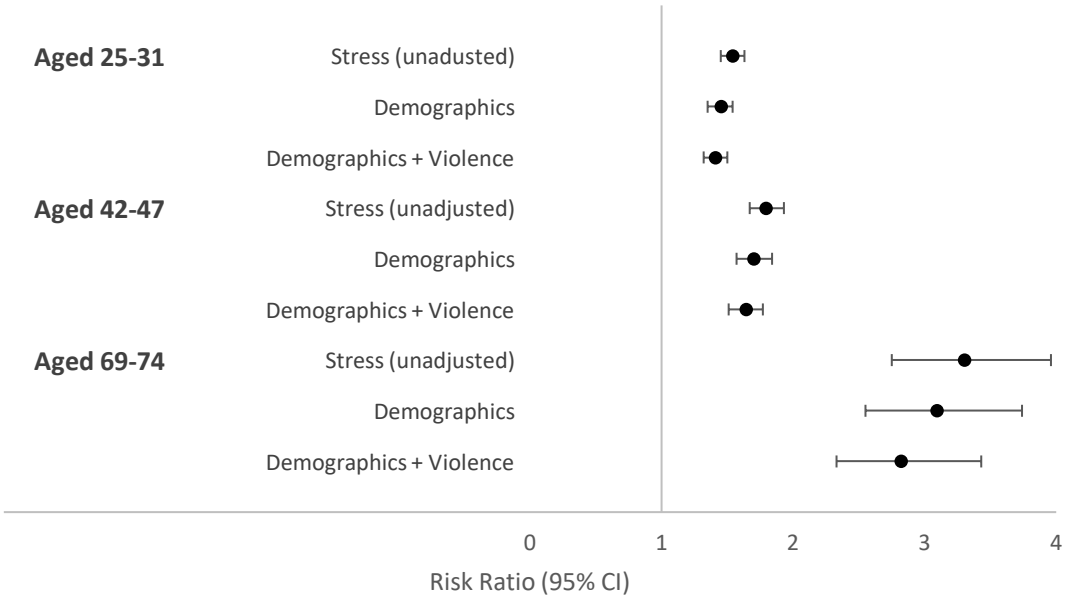
Figure 4 Percentage of women who reported they were very or extremely stressed at least once during the COVID-19 pandemic in 2020, according to stress reported prior to 2020



Women in all age groups who reported high stress prior to 2020 had significantly increased risk of reporting that they were very or extremely stressed during 2020. After adjusting for demographics and history of violence, women aged 25-31 with high stress prior to 2020 were 40% more likely to report being very or extremely stressed during the pandemic, compared to women who did not have high stress prior to 2020 (RR=1.41, 95% CI=1.32, 1.50). Similarly, women aged 42-47 with high stress prior to 2020 were 60% more likely to report being very or extremely stressed during the pandemic in 2020 (RR=1.64, 95% CI=1.51, 1.77), compared to women who did not have high stress prior to 2020. Even though absolute percentages were lower for women aged 69-74, those who had high stress prior to 2020 were nearly three times more likely to report that they were very or extremely

stressed during the pandemic in 2020 (RR=2.82, 95% CI=2.33, 3.43), compared to women who did not report high stress prior to 2020 (Figure 5).

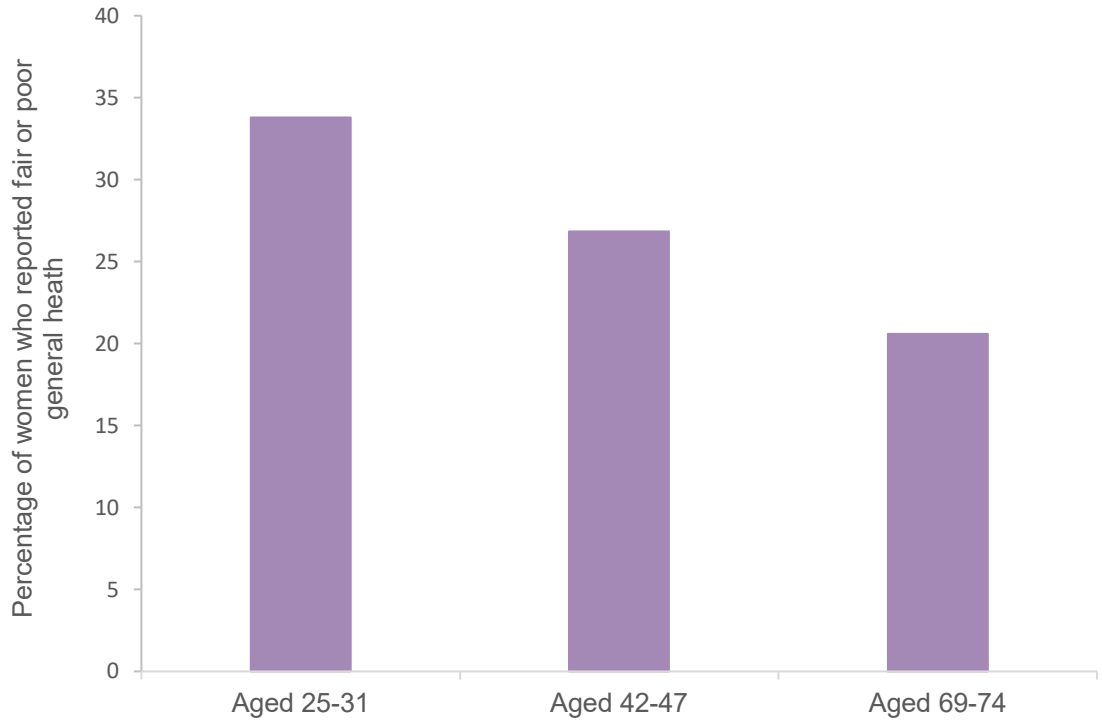
Figure 5 The effect of reporting high stress prior to 2020 on reporting being very or extremely stressed at least once during the COVID-19 pandemic during 2020



General health prior to and during the COVID-19 pandemic in 2020

Around one in three (34%) women aged 25-31 reported fair or poor health at least once during the COVID-19 pandemic in 2020 (Figure 6). Around one in four (27%) women aged 42-47 and one in five (21%) women aged 69-74 reported fair or poor health at some stage during the COVID-19 pandemic in 2020. By comparison, 14% of women aged 25-31 in 2020 reported fair or poor health in 2019, 11% of women aged 42-47 in 2020 reported fair or poor health in 2018, and 12% of women aged 69-74 on 2020 reported fair or poor health in 2019. However, it must be noted that these figures are not directly comparable since the COVID-19 surveys offered 13 opportunities for women to report fair to poor health compared to the one opportunity provided by the main surveys. It is therefore, important to examine the relationship between previous general health and general health reported over the study period (see Figure 7, Figure 8, Figure 9).

Figure 6 Percentage of women who reported fair or poor general health during the COVID-19 pandemic in 2020, across three generations of women in Australia



Women who had reported fair or poor general health in their most recent ALSWH main survey consistently reported much higher levels of fair or poor general health during the COVID-19 pandemic in 2020, when compared to women who reported good health prior to the pandemic. This was consistent across surveys and age groups. Among women who had reported fair or poor general health in the last survey prior to 2020, fair or poor general health was reported during the pandemic in 2020 for around 35-50% of women aged 25-31 (Figure 7), 26-41% of women aged 42-47 (Figure 8), and 32-42% for women aged 69-74 (Figure 9). In contrast, if women reported better health prior to 2020, they were much less likely to report poor health during the COVID-19 pandemic in 2020 (8-13% of women aged 25-31, 5-9% of women aged 42-47, and 4-5% of women aged 69-74).

Figure 7 Women aged 25-31 who reported fair or poor general health during the COVID-19 pandemic in 2020, according to their general health prior to 2020.

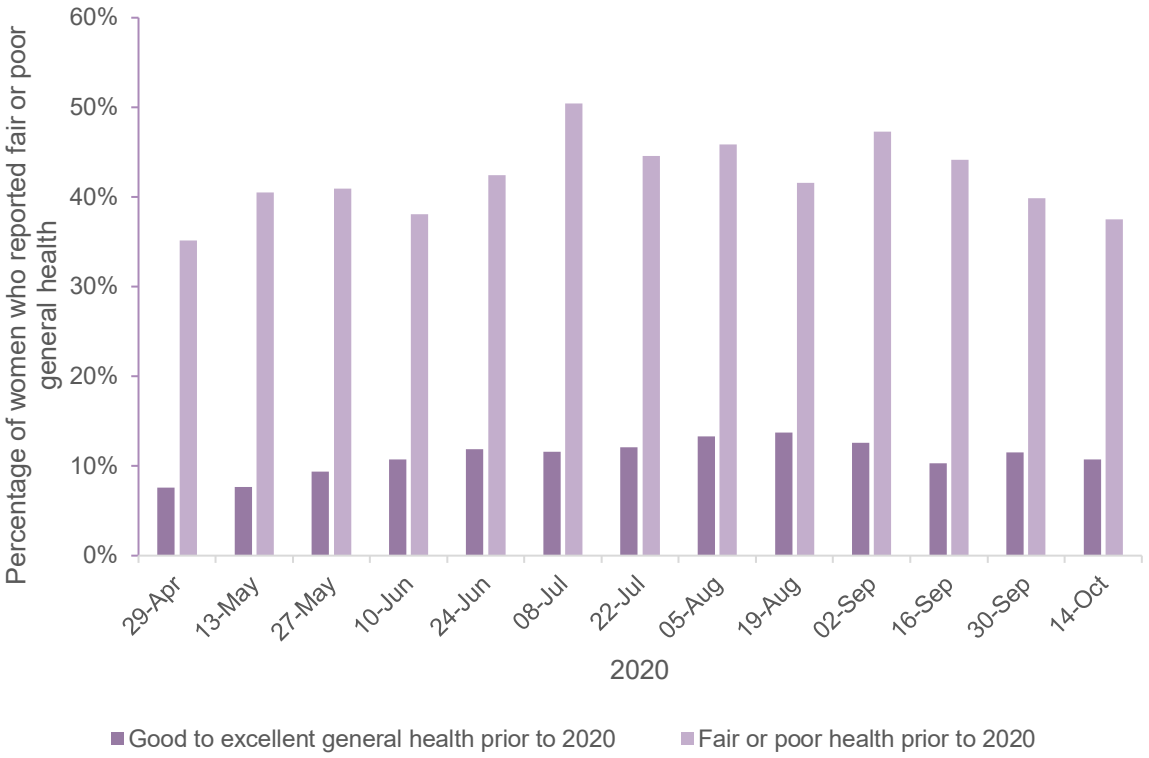


Figure 8 Women aged 42-47 who reported fair or poor general health during the COVID-19 pandemic in 2020, according to their general health prior to 2020.

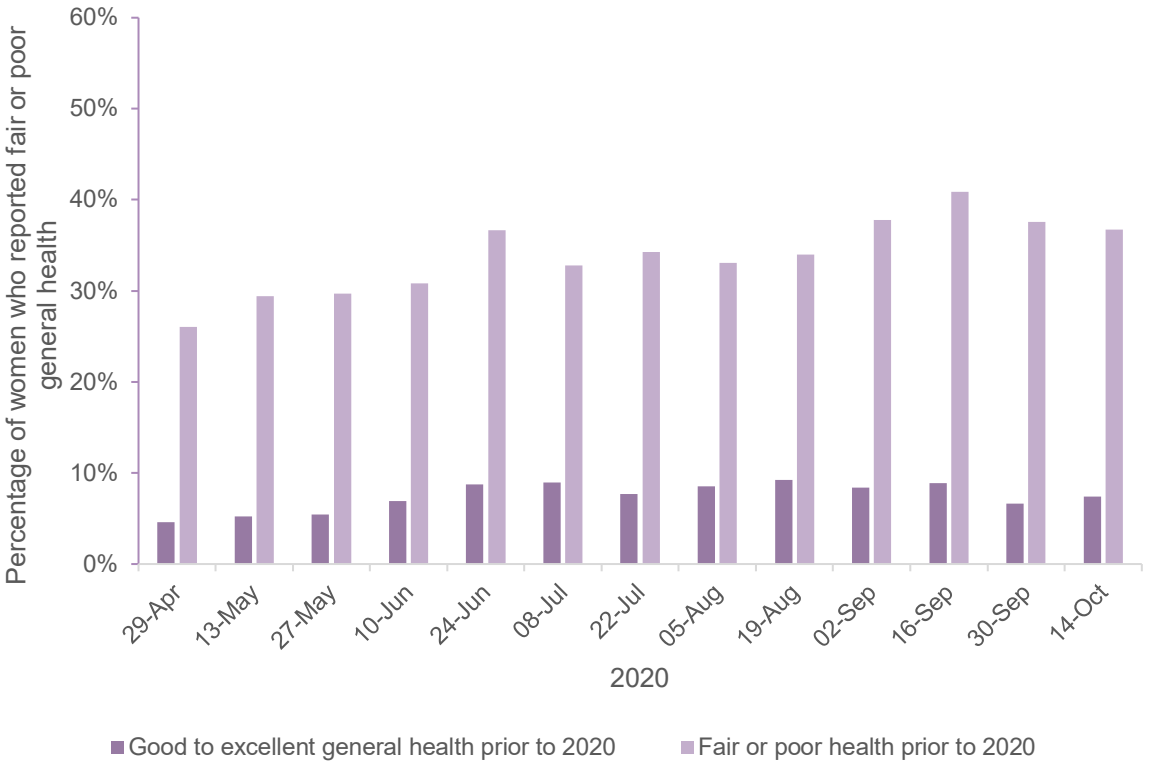
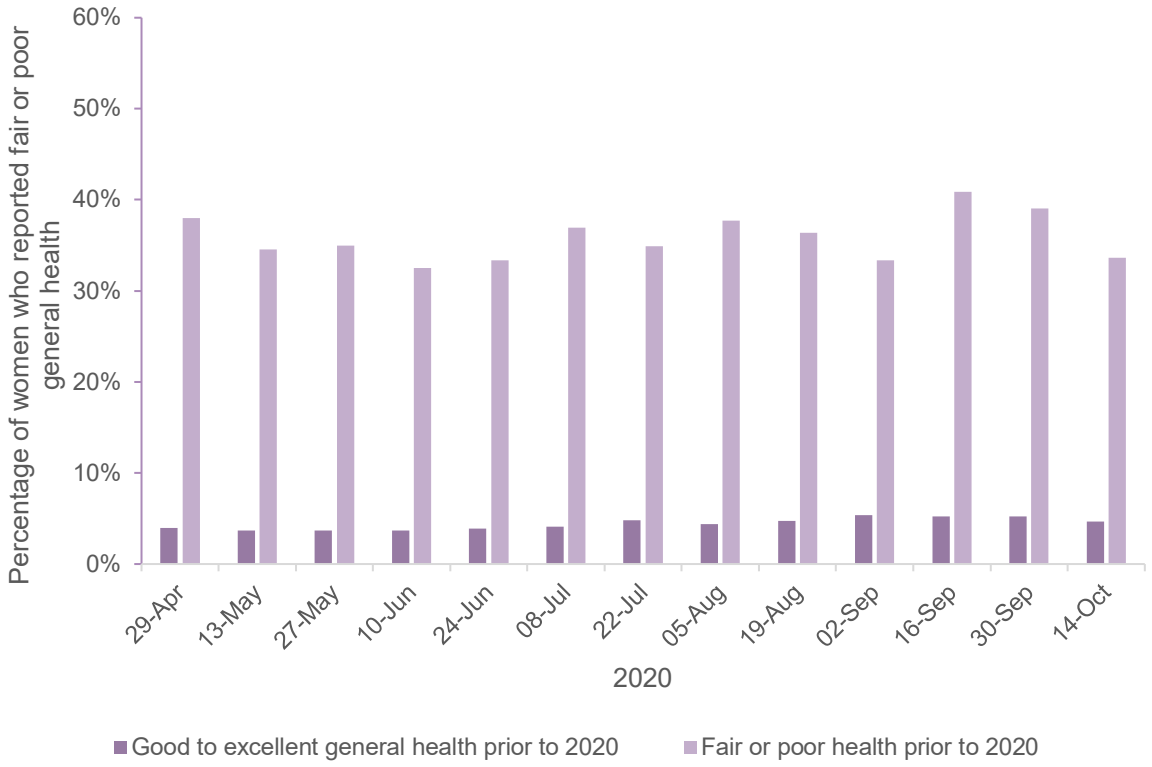
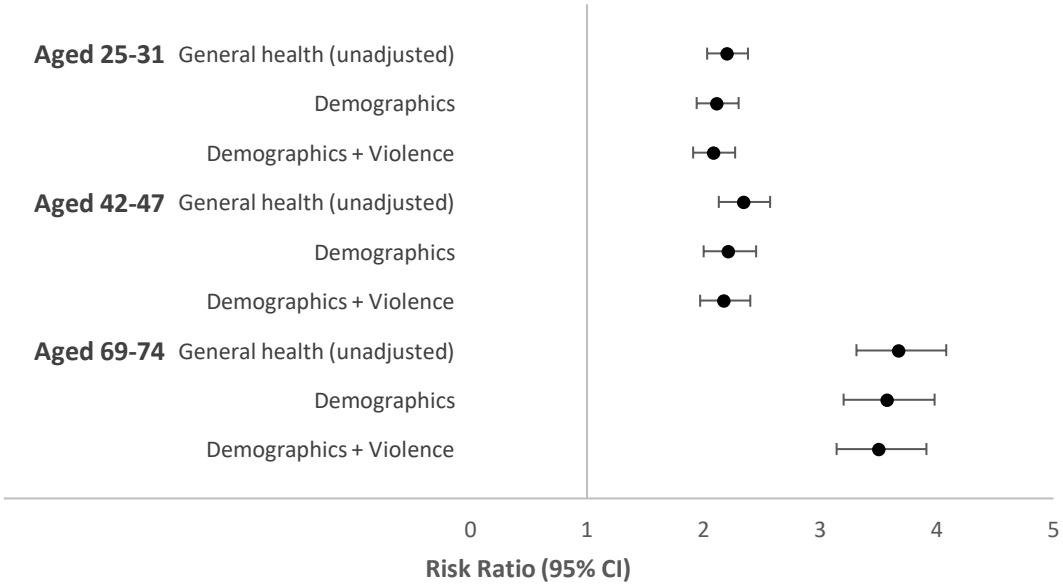


Figure 9 Women aged 69-74 who reported fair or poor general health during the COVID-19 pandemic in 2020, according to their general health prior to 2020.



Across all age groups, general health prior to 2020 was a significant predictor of general health during the COVID-19 pandemic (Figure 10). For women aged 25-31, 65% of those with poor general health prior to 2020 had poor general health during the pandemic, compared with 29% of those who did not have poor general health prior to 2020. Results were similar for women aged 42-47 (55% v. 23%) and 69-74 (58% v. 16%). In all three age groups, controlling for demographic factors and historical violence did not significantly diminish the association between general health prior to 2020 and general health during the pandemic in 2020. Even after accounting for demographic factors and historical violence, women aged 25-31 who reported poorer general health before the pandemic were twice as likely to report fair or poor general health during the pandemic in 2020, when compared to women who reported better health prior to the pandemic (RR=2.08, 95% CI=1.91, 2.27). This was similar for women aged 42-47 (RR=2.17, 95% CI=1.97, 2.4), while the risk was more than three times greater for women aged 69-74 who reported fair or poor general health before 2020 (RR=3.50, 95% CI=3.14, 3.91).

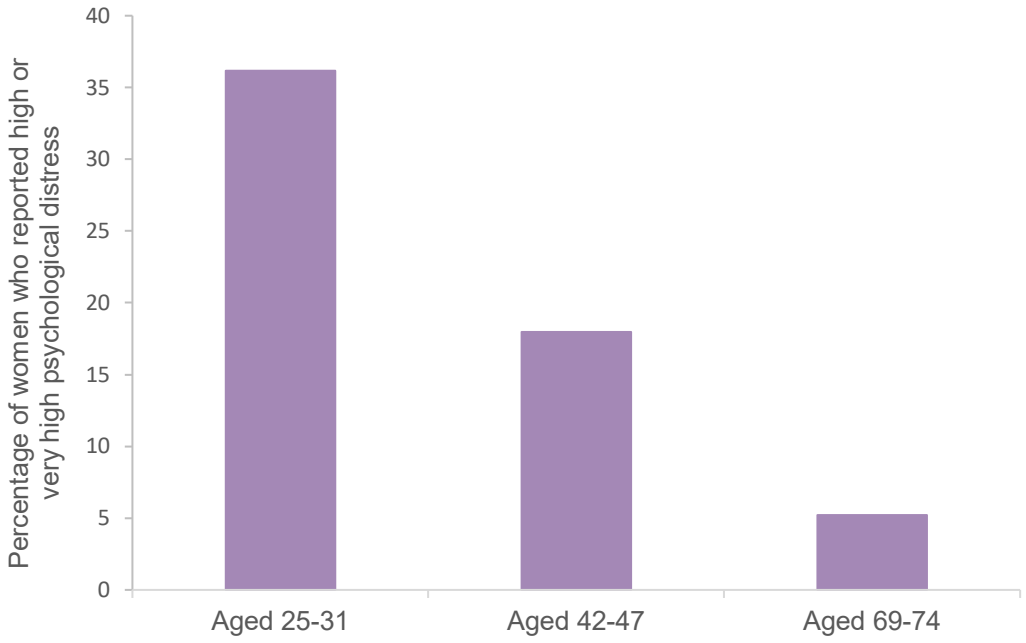
Figure 10 The effect of having fair or poor general health prior to 2020 on reporting fair or poor general health during the pandemic in 2020, across three generations of women in Australia



Mental health prior to and during the COVID-19 pandemic in 2020

During the COVID-19 pandemic in 2020, high to very high psychological distress scores were reported by more than a third of women aged 25-31 (36%), nearly one in six women aged 42-47 (18%), and 5% of women aged 69-74 (Figure 11). Similar results were apparent for the youngest cohort in their previous survey: 34% of women aged 25-31 in 2020 reported high to very high psychological distress scores in 2020.

Figure 11 Prevalence of high to very high psychological distress during the COVID-19 pandemic in 2020, across three generations of women in Australia



Across all age groups, women who had poor mental health prior to the pandemic (indicated by a SF-36 mental health index score of <52 (ages 42-47 and 69-74) or a K10 score ≥22 (ages 25-31), see Appendix 3) were much more likely to report poor mental health during the pandemic, although the magnitude differed across the three generations (Table 2). For women aged 25-31, 69% of those who had poor mental health prior to the pandemic and 18% of those who had good mental health prior to the pandemic experienced psychological distress during the pandemic. For women aged 42-47, half of those who had poor mental health prior to the pandemic and 12% of those who had good mental health prior to the pandemic experienced psychological distress during the pandemic. Among women aged 69-74, 30% of those who had poor mental health prior to the pandemic and 4% of those who had good mental health prior to the pandemic experienced psychological distress.

Table 2 Percentage of women who reported high to very high psychological distress during the COVID-19 pandemic in 2020, according to mental health prior to 2020, across three generations of women in Australia

Age	Mental health prior to 2020[3]	Percentage of women with poor mental health during the COVID-19 pandemic in 2020[4]
25-31	Good mental health	18.2
	Poor mental health	68.7
42-47	Good mental health	12.1
	Poor mental health	50.4
69-74	Good mental health	3.5
	Poor mental health	30.5

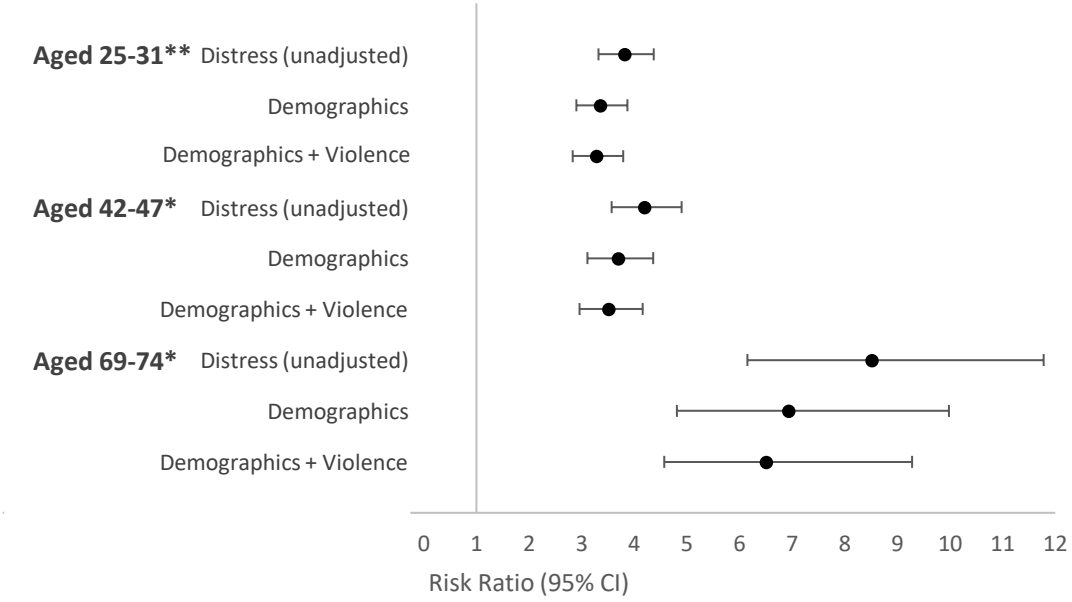
Across all three age groups, women who reported poor mental health before the pandemic were at much higher risk of significant psychological distress during the pandemic, even after accounting for demographic factors and prior abuse. Women aged 25-31 who reported poor mental health before the pandemic had more than three times the risk of high or very high psychological distress during COVID-19, compared to women who reported good mental health prior to the pandemic (RR=3.28, 95% CI=2.83, 3.79). Women aged 42-47 who were classified as having poor mental health prior to 2020 also had more than three times the risk of high or very high psychological distress during COVID-19, compared to women who reported good mental health prior to the pandemic (RR=3.51 95%CI=2.96, 4.16). However, relative to women aged 69-74 who had good mental health before 2020, women aged 69-74 who reported poor mental health before 2020 were six times more likely to

[3] Note: In women aged 25-31, those who were classified as having low or medium psychological distress were considered to have good mental health and those classified as having high or very high psychological distress were considered to have poor mental health. In women aged 42-47 and 69-74, those who were classified as being unlikely to have clinical depression were considered to have good mental health and those who were classified as likely to have clinical depression were considered to have poor mental health

[4] Women who were classified as having low or medium psychological distress were considered to have good mental health and those classified as having high or very high psychological distress were considered to have poor mental health.

experience high or very high psychological distress during COVID-19 (RR=6.51, 95%CI=4.57, 9.28), even after accounting for demographic factors and prior abuse (Figure 12).

Figure 12 The effect of poor mental health prior to 2020 on reporting high or very high psychological distress during the COVID-19 pandemic in 2020, across three generations of women in Australia.



***K10 was used to measure mental health prior to the pandemic*
**SF-36 mental health subscale was used to measure mental health prior to the pandemic*

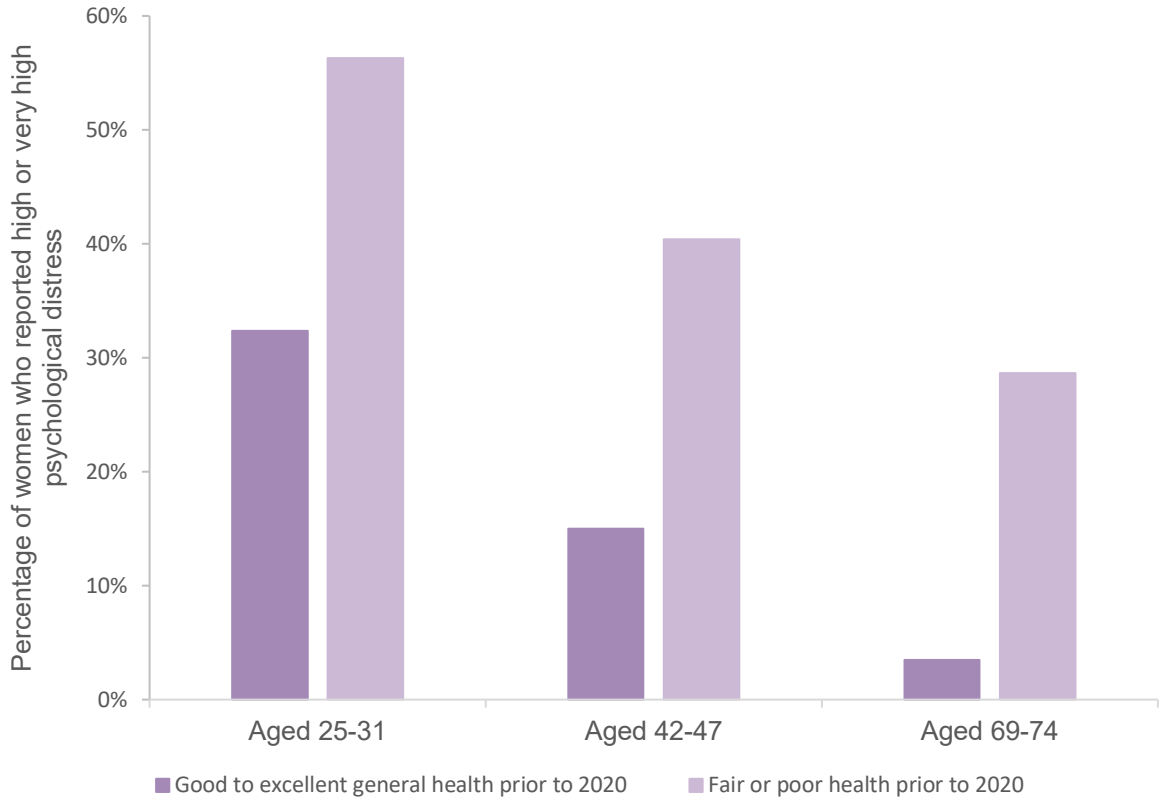
Poor physical health and mental health during the COVID-19 pandemic in 2020

Across all three age groups during the pandemic in 2020, women who reported fair or poor general health were more likely than those who had good to excellent general health to report high or very high psychological distress (Figure 13). Over half (56%) of women aged 25-31 who had fair or poor general health reported high or very high psychological distress. Around 40% of women aged 42-47 who had fair or poor general reported high or very high psychological distress. Almost a third (29%) of women aged 69-74 who had fair or poor general health reported high or very high psychological distress.

However, it should be noted that some women aged 25-31 and 42-47 who did not have fair or poor health still reported high or very high psychological distress, with 32% of women

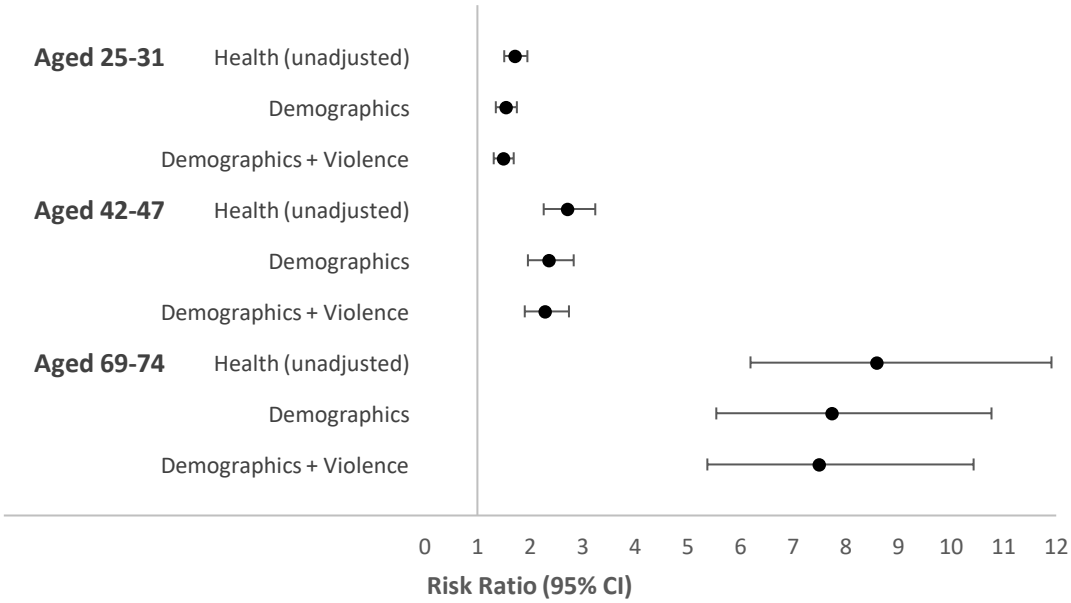
aged 25-31 and 15% of women aged 42-47 reporting psychological distress during the pandemic in 2020.

Figure 13 Percentage of women who had high to very high psychological distress during the COVID-19 pandemic in 2020, according to self-reported general health in 2020, across three generations of women in Australia



Across all three age groups, general health had a significant association with psychological distress (Figure 14). Women who reported poor general health were more likely to report substantial psychological distress than those who reported good general health. After adjusting for demographic factors and history of violence, women aged 25-31 who had poor general health were 50% more likely to report high or very high psychological distress, when compared to women who reported good general health (RR=1.49, 95% CI=1.31, 1.69). Among women aged 42-47, those who reported poor general health were more than twice as likely to also report high psychological distress (RR=2.28, 95% CI=1.9, 2.74) than those who reported good general health. Women aged 69-74 who reported poor general health were more than seven times more likely to report high psychological distress (RR=7.49, 95% CI=5.37, 10.43), when compared to women who reported good general health.

Figure 14 The association between fair or poor general health on reporting poor mental health during the COVID-19 pandemic in 2020, across three generations of women in Australia.



Pre-existing risk and protective factors for poor mental health outcomes in 2020

Mental health during the pandemic was measured in June 2020 using the K10 score (Appendix 3: Measures), with psychological distress defined as a K10 score of 22 or more. A variety of demographic, social, life event, and general health factors were investigated to examine their potential association with the mental health of women during the COVID-19 pandemic in 2020. All potential risk and protective factors were obtained from the most recent ALSWH main surveys prior to 2020. Due to different surveys being administered to women of different ages, not all factors are available for all age ranges, as illustrated in Table 3.

All available factors listed were initially modelled together as predictors of mental health during the COVID-19 pandemic in 2020, separately for each age group. All factors from the initial model that were found to have a potentially significant relationship with mental health during the pandemic in 2020 were retained for the final model. The final model shows the statistically significant predictors of mental health during COVID-19 using pre-pandemic factors.

Table 3 Demographic, social, life event and health factors collected prior to the COVID-19 pandemic in 2020 for inclusion in analysis of mental health during the COVID-19 pandemic in 2020

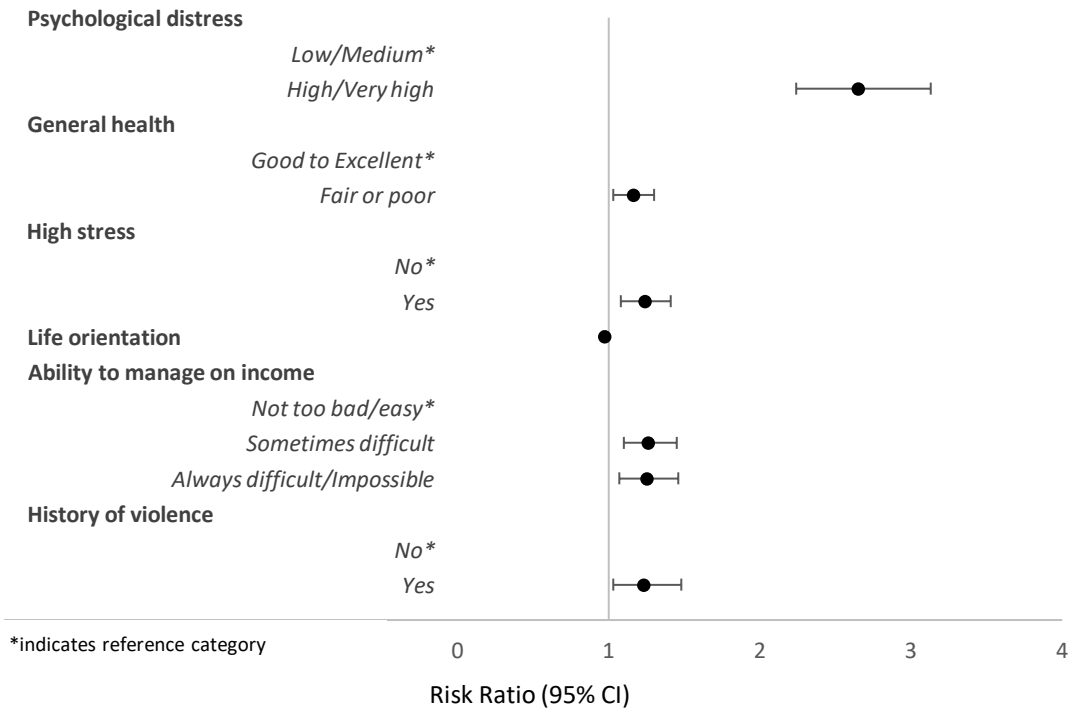
Factor	Aged 25-31	Aged 42-47	Aged 69-74
Psychological distress	✓	×	×
Mental health	×	✓	✓
General health	✓	✓	✓
Stress	✓	✓	✓
Life orientation [12]	✓	✓	✓
Social support [13]	✓	✓	✓
Perceived (life) control [14]	×	×	✓
Life satisfaction [15]	×	✓	✓
Resilience [16]	×	×	✓
COVID-19 comorbidity (i.e. diabetes, hypertension, heart disease or asthma)	✓	✓	✓
Disability	✓	✓	✓
Health care concession card	✓	✓	✓
Has children	✓	✓	✓
Area of residence	✓	✓	✓
Education	✓	✓	✓
Relationship status	✓	✓	✓
Ability to manage on available income	✓	✓	✓
Country of birth	✓	✓	✓
Previous history of violence	✓	✓	✓

Note. Details on measures used can be found in Appendix 3: Measures

In all age groups, women who reported poor mental health prior to 2020 were more likely to have high or very high psychological distress during the pandemic in 2020.

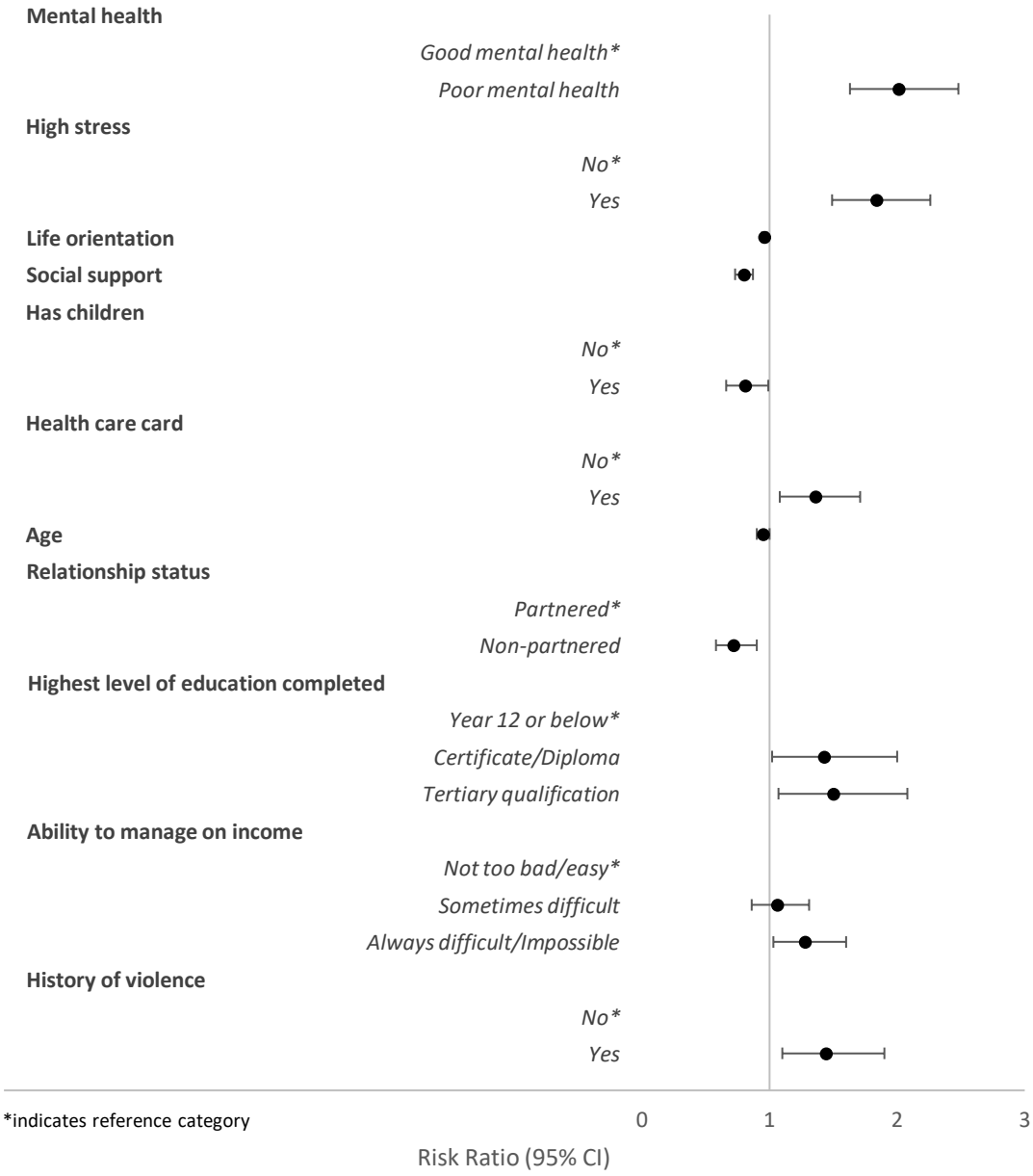
In addition to previous poor mental health, women aged 25-31 were more likely to report high or very high psychological distress during the pandemic in 2020 if they had poor general health, were highly stressed, had difficulty managing on their available income, or had previously reported violence prior to 2020 (Figure 15). Optimism prior to the pandemic had a significant but slight association with a decreased risk of psychological distress during the pandemic. No other potential risk or protective factors were significantly associated with psychological distress.

Figure 15 Pre-pandemic risk factors associated with high or very high psychological distress during the COVID-19 pandemic in 2020, for women aged 25-31.



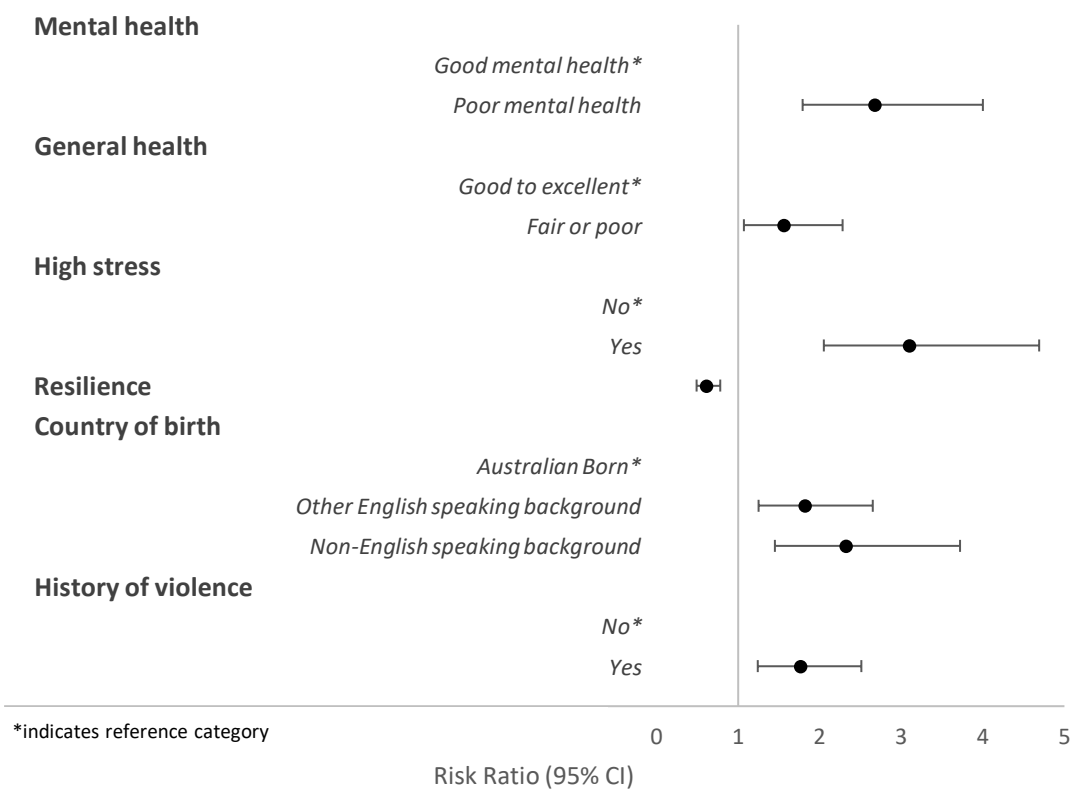
In addition to previous poor mental health, women aged 42-47 were more likely to report high or very high psychological distress during the pandemic in 2020 if they were highly stressed, had a health care card, had a certificate/diploma or tertiary qualification, found it always difficult/impossible to manage on their available income, or had previously reported violence prior to 2020 (Figure 16). These women were less likely to report high or very high psychological distress during the pandemic in 2020 if they were more optimistic, had higher levels of social support or had children.

Figure 16 Pre-pandemic risk factors associated with high or very high psychological distress during the COVID-19 pandemic in 2020, for women aged 42-47



In addition to previous poor mental health, women aged 69-74 were more likely to report high or very high psychological distress during the pandemic in 2020 if they had poor general health, had high stress, were born outside Australia, and had previously reported violence prior to 2020 (Figure 17). These women were less likely to report high to very high psychological distress if they had higher self-reported resilience.

Figure 17 Pre-pandemic risk factors associated with high or very high psychological distress during the COVID-19 pandemic in 2020, for women aged 69-74.



Key points

- High stress during the pandemic in 2020 was reported by a significant proportion of women during COVID-19, with half of women aged 25-31, 35% of those aged 42-47, and 10% of women aged 69-74 reporting high stress.
- Women were up to three times more likely to report high stress during the pandemic in 2020 if they had previously reported high stress levels, compared to women who had not reported high stress prior to the pandemic. Nevertheless, a significant proportion of women who did not have high stress prior to 2020 still reported being very or extremely stressed during the pandemic in 2020.
- Between 20-30% of women reported poor general health at some point during the pandemic in 2020.
- Women aged 25-31 and 42-47 were twice as likely, and women aged 69-71 were more than three times as likely, to experience poor general health during 2020 if they reported poor general health before 2020, relative to women who had previously reported good general health.
- High to very high psychological distress was reported by more than a third of women aged 25-31 (36%), nearly one in six women aged 42-47 (18%), and 5% of women aged 69-74 during 2020.
- Relative to women who had good mental health prior to the pandemic, those aged 25-31 and 42-47 who had poor mental health prior to the pandemic had over three times the risk of psychological distress during the pandemic.
- Although less likely than younger women to report psychological distress during 2020, women aged 69-74 who had poor mental health prior to the pandemic had over six times the risk of psychological distress during the pandemic, relative to women the same age who had good mental health prior to 2020.
- Psychological distress, high stress, poor general health, income management difficulty, and experience of violence prior to 2020 were risk factors for psychological

distress during the pandemic in 2020 for women aged 25-31. The only significant protective factor (of low strength) was optimism.

- Poor mental health, high stress, having a heath care card, income management difficulty, and experience of violence prior to 2020 were risk factors for psychological distress during the pandemic in 2020 for women aged 42-47. Optimism, social support, and having children were factors that protected against psychological distress for women aged 42-47.
- Poor mental health, high stress, poor general health, being born outside of Australia, and experience of violence prior to 2020 were risk factors for psychological distress during the pandemic in 2020 for women aged 69-74. The only significant protective factor was resilience.

Chapter 2: Economic security and mental health

The COVID-19 pandemic is a stressor that has been associated with a marked increase in mental health issues [11], as discussed in Chapter 1. The COVID-19 pandemic also presents a challenge to economic security, which itself impacts mental health [17]. Chapter 1 identified difficulty managing on income prior to 2020 as a risk factor for psychological distress among women aged 25-31 and 42-47. The purpose of the current chapter is to examine economic security and mental health among women during the COVID-19 pandemic in more detail. Specifically, the research questions addressed in this chapter are:

1. a) What was the prevalence of financial stress among women prior to and during the COVID-19 pandemic in 2020 across three generations?

   b) What was the prevalence of poverty among women during the COVID-19 pandemic in 2020 across three generations?

   c) What was the association between employment type prior to the pandemic and financial stress or financial poverty during the COVID-19 pandemic in 2020?

   d) What other factors might have had an effect on being defined as living in financial stress or financial poverty during the COVID-19 pandemic in 2020?

2. What was the relationship between financial stress and financial poverty with stress and psychological distress among women during 2020?

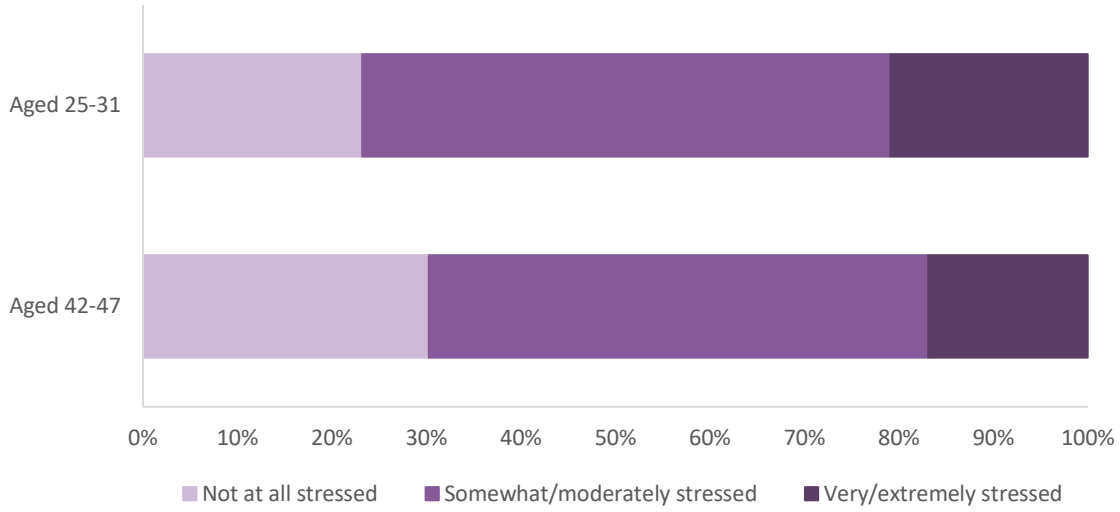
The methods used for this chapter are outlined in Appendix 2: Methods

Economic security during the COVID-19 pandemic in 2020

Prevalence of financial stress prior to and during the COVID-19 pandemic

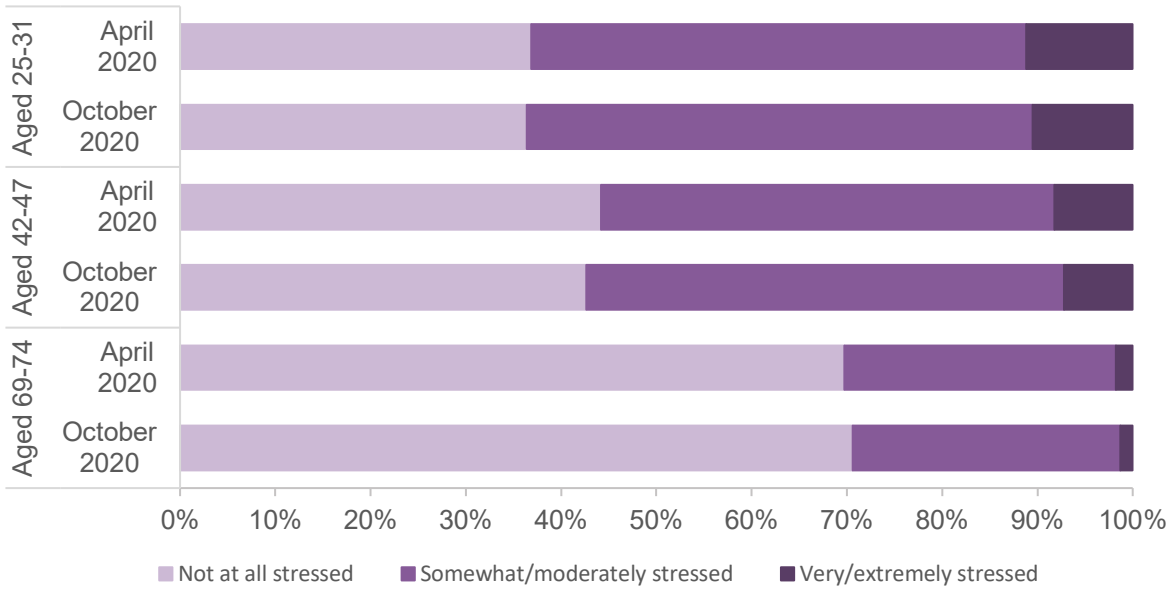
Prior to the pandemic (in 2019), 21% of women aged 25-31 were very or extremely stressed about money, while nearly one-quarter (23%) of women aged 25-31 indicated that they were not stressed about money (Figure 18). For women aged 42-47, around one in six (17%) were very or extremely stressed about money, while almost a third (30%) of women aged 42-47 indicated that they were not stressed about money.

Figure 18 Financial stress prior to the COVID-19 pandemic, for women aged 25-31 and 42-47



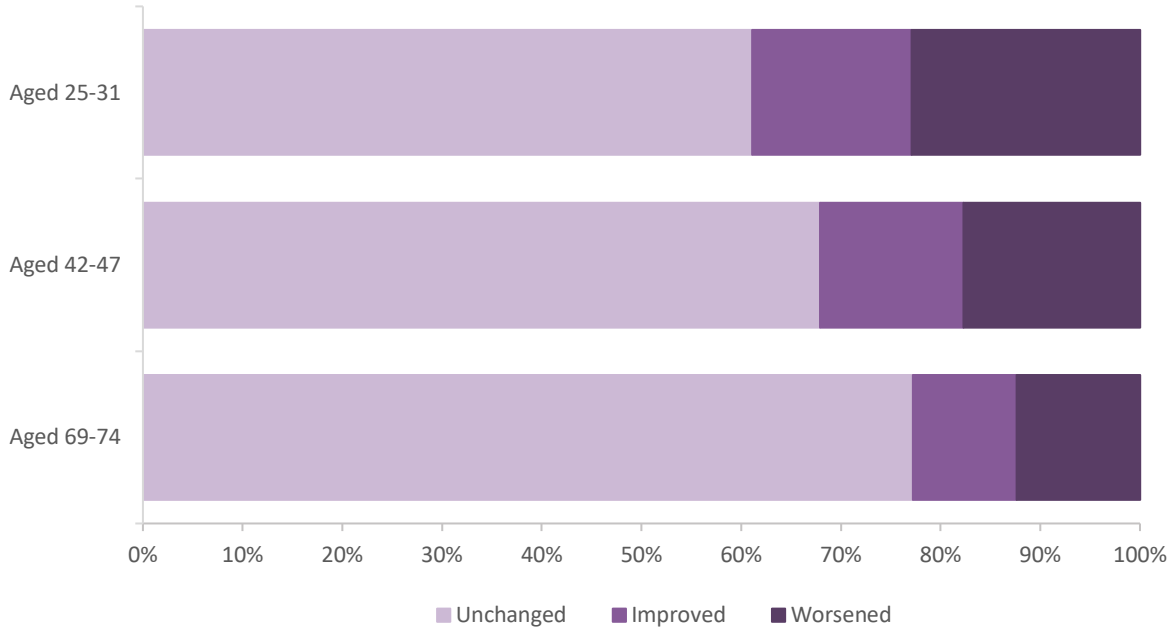
At the beginning of the COVID-19 crisis in Australia, when most states were in some form of lockdown (i.e. children were not attending school, non-essential services and businesses were shut down, and people were encouraged to stay home as much as possible), 11% of women aged 25-31 reported that they were extremely or very stressed about money, with 8% of women aged 42-47 years reporting this level of stress about their finances. By contrast, less than 2% of women aged 69-74 reported that they were extremely or very stressed about money. The proportions of women experiencing different levels of financial stress did not appear to change considerably when women were again asked how stressed they felt about money six months later (Figure 19).

Figure 19 Financial stress during the COVID-19 crisis in 2020, across three generations of women in Australia



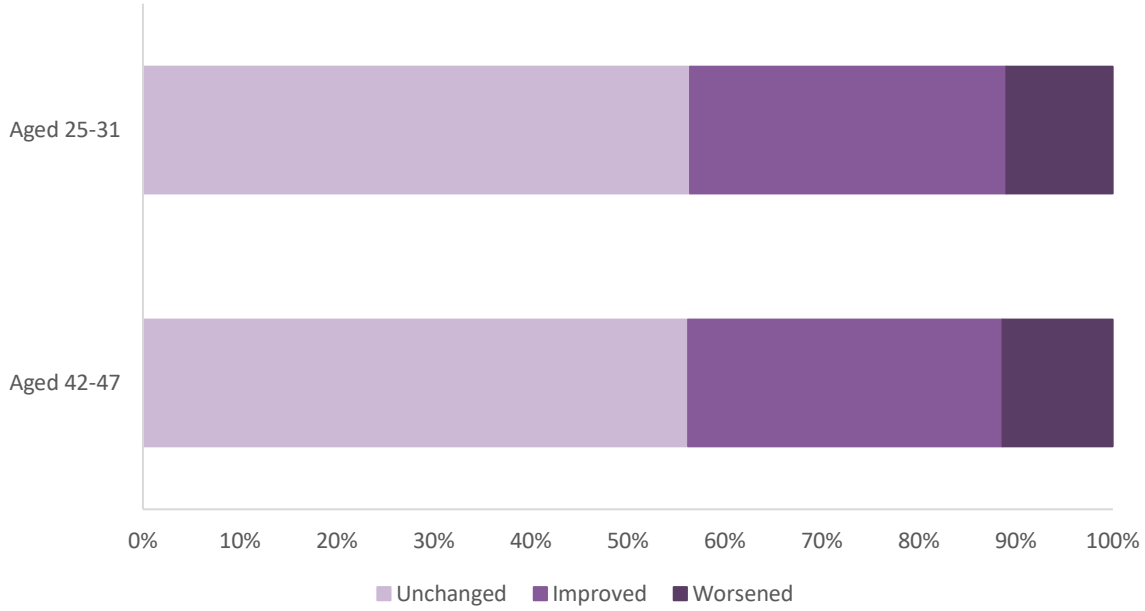
Financial stress was reasonably stable across the two time points when looking at the cross-sectional survey data. However, when restricted to women who completed both surveys, there was a noticeable change for some women over the study period. The largest change in responses was observed among women aged 25-31, with 39% reporting a different status for financial stress in October, compared to their response in April (16% improved, 23% worsened) (Figure 20). Women aged 42-47 were similar, in that 32% reported a change in financial stress (14% improved, 18% worsened). Women aged 69-74 were less likely to change their responses between surveys, however 23% still reported a change in financial stress (10% improved, 13% worsened).

Figure 20 Changes in financial stress from April to October 2020, for three generations of women in Australia



Compared to financial stress reported prior to the COVID-19 pandemic, around one-third of women (32%) aged 25-31 and 42-47 reported that their stress had improved by October 2020, while one in nine women (11%) reported that their financial stress had worsened.

Figure 21 Change in financial stress from before the pandemic to October 2020, for women aged 25-31 and 42-47



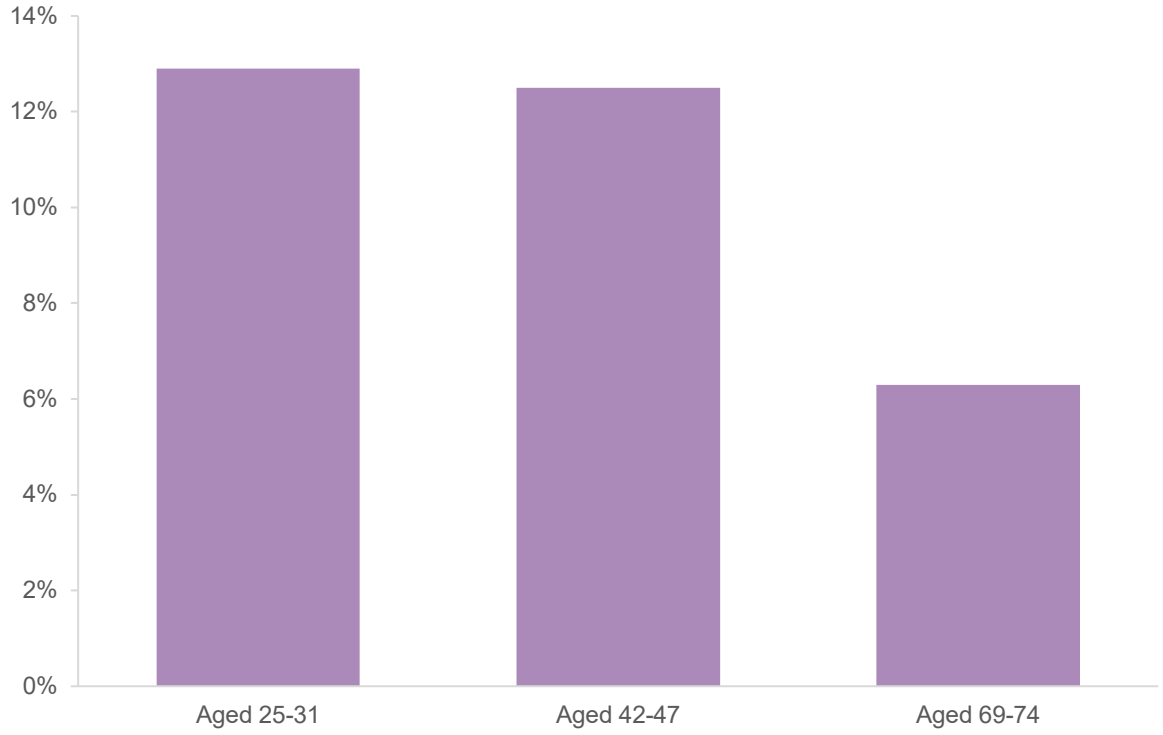
Prevalence of financial poverty

Measures of financial poverty were captured in October 2020 and encompassed the ability to access funds urgently ($2,000) and indicators of critical money shortages.

Ability to access $2,000 urgently

More than one in ten women aged 25-31 and 42-47 indicated that they would not be able to obtain $2,000 within a week if needed (13% and 12%, respectively), compared to 6% of women aged 69-74 (Figure 22).

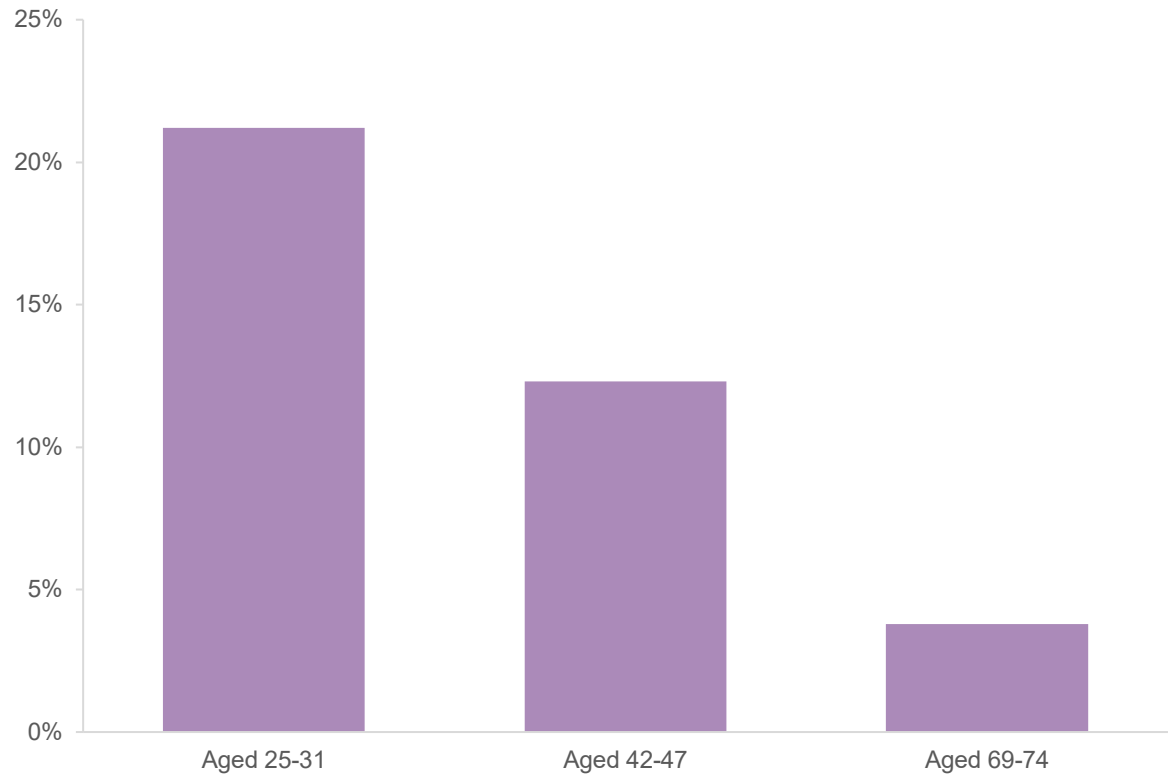
Figure 22 Percentage of women who would be unable to access $2,000 urgently during the COVID-19 pandemic in 2020, across three generations of women in Australia



Critical money shortages

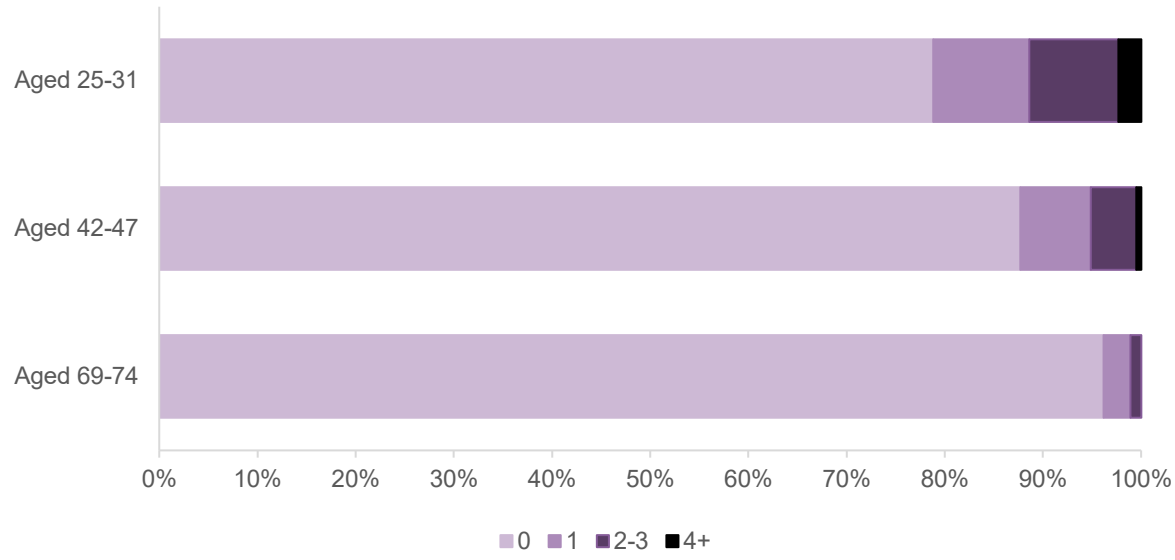
Instances of critical money shortages included not being able to pay for essential services, such as utilities or food, or having to seek financial assistance (see Appendix 3: Measures for a full list of instances of critical money shortages). Around one in five women aged 25-31 indicated that they had experienced at least one instance of a critical money shortage during 2020 (Figure 23), compared to one in eight women aged 42-47 and one in twenty-five women aged 69-74.

Figure 23 Percentage of women who indicated at least one instance of a critical money shortage during the COVID-19 crisis in 2020, across three generations of women in Australia.



For women aged 25-31, 10% reported one type of critical money shortage, with a further 11% of women reporting two or more different types of critical money shortages (Figure 24). By contrast, 3% of women aged 69-74 reported one type of a critical money shortage during the COVID-19 crisis in 2020 and 1% reported two or more examples.

Figure 24 Number of types of critical money shortage experienced during COVID-19 crisis in 2020, across three generations of women in Australia



Among women aged 25-31, the three most common critical money shortages experienced were seeking financial help from friends or family (13%) (Table 4), seeking assistance from welfare/community groups (7%), and pawning/selling something (6%). For women aged 42-47, the three most common critical money shortages experienced were being unable to pay a bill on time (5%), seeking financial help from friends or family (5%), and pawning/selling something (3%).

Table 4 Types of critical money shortages during the COVID-19 crisis in 2020, among three generations of women in Australia

Critical money shortages	Aged 25-31 N=1,833		Aged 42-47 N=2,283		Aged 69-74 N=2,675	
	N	%	N	%	N	%
Could not pay electricity, gas or telephone bills on time	84	4.6	114	5.0	22	0.8
Could not pay for car registration or insurance on time	76	4.1	65	2.8	14	0.5
Pawned or sold something	109	5.9	65	2.8	26	1.0
Went without meals	90	4.9	32	1.4	17	0.6
Unable to heat home	35	1.9	22	1.0	12	0.4
Sought assistance from welfare/community organisations	120	6.5	51	2.2	6	0.2
Sought financial help from friends or family	244	13.3	110	4.8	42	1.6

Employment prior to the pandemic and financial stress during the pandemic in 2020

Women aged 25-31 who were not in paid work prior to the pandemic were nearly twice as likely to indicate that they were very or extremely stressed about money during the pandemic when compared to women who were in full-time employment prior to the pandemic (RR=1.96, 95%CI=1.34, 2.88; Table 5). Women aged 25-31 who were employed part-time prior to the pandemic were 39% more likely to report high financial stress during the pandemic, compared to women in full-time employment prior to the pandemic (RR=1.39, 95%CI=1.02, 1.88). Women aged 25-31 who were actively seeking work prior to the pandemic were 85% more likely to report being very or extremely stressed about money during the pandemic (RR=1.89, 95%CI=1.37, 2.48) compared to those who were not actively seeking work prior to the pandemic. Among women aged 42-47, the strongest association was observed for women experiencing job insecurity prior to the pandemic, with the risk of financial stress during the pandemic being 2.5 times higher for women with job insecurity

prior to the pandemic compared to those with secure employment prior to the pandemic (RR=2.54, 95%CI=1.80, 3.59).

Table 5 Unadjusted associations between employment factors prior to the pandemic and financial stress experienced during the pandemic in 2020, for women aged 25-31 and 42-47

	Aged 25-31		Aged 42-47	
Employment factors	**RR**	**(95%CI)**	**RR**	**(95%CI)**
Employment type				
Full-time (35+ hours)	1		1	
Part-time (1-34 hours)	1.39	(1.02, 1.88)	0.69	(0.48, 1.00)
Not in paid work	1.96	(1.34, 2.88)	1.43	(0.97, 2.11)
Unemployed & seeking work				
No				
Yes	n/a		n/a	
Actively seeking work				
No	1		–	
Yes	1.85	(1.37, 2.48)	–	
Short-term contract work				
No	1			
Yes	0.99	(0.63, 1.55)	n/a	
Shift work				
No	1			
Yes	1.14	(0.82, 1.59)	n/a	
Irregular hours				
No	1		1	
Yes	1.27	(0.92, 1.75)	1.28	(0.79, 2.07)
Feeling insecure in job(s)				
No	–		1	
Yes	–		2.54	(1.80, 3.59)

– not asked this question at last survey before pandemic
n/a: not investigated due to low cell counts

Employment prior to the pandemic and financial poverty during the pandemic in 2020

Compared to women aged 25-31 in full-time employment prior to the pandemic, the risk of experiencing financial poverty during the pandemic was 2.5 times greater for those who were not in paid work prior to the pandemic (RR=2.53, 95%CI=2.06, 3.12; Table 6) and nearly doubled for women in part-time employment prior to the pandemic (RR=1.83,

9%%CI=1.53, 2.19). Women aged 25-31 who were unemployed and looking for work prior to the pandemic had more than double the risk of financial poverty during the pandemic (RR=2.65, 95%CI=2.10, 3.34) than those who were not unemployed and seeking work prior to the pandemic. Among women aged 42-47, those who reported job insecurity prior to the pandemic were 63% more likely to report financial poverty during the pandemic (RR=1.63, 95%CI=1.32, 2.01), with a similar increase in risk observed for women who were unemployed and looking for employment prior to the pandemic (RR=1.65, 95%CI=1.21, 2.25). Women aged 42-47 who were not in paid work prior to the pandemic were 42% more likely to report financial poverty during the pandemic in 2020, compared to women who were in paid employment prior to the pandemic.

Table 6 Unadjusted associations between employment factors prior to the pandemic and financial poverty experienced during the pandemic in 2020, for women aged 25-31 and 42-47

	Aged 25-31		Aged 42-47	
Employment factors	**RR**	**(95%CI)**	**RR**	**(95%CI)**
Employment type				
Full-time (35+ hours)	1		1	
Part-time (1-34 hours)	1.83	(1.53, 2.19)	0.88	(0.72, 1.08)
Not in paid work	2.53	(2.06, 3.12)	1.42	(1.12, 1.79)
Unemployed & seeking work				
No	1		1	
Yes	2.65	(2.10, 3.34)	1.65	(1.21, 2.25)
Actively seeking work				
No	1		–	
Yes	1.89	(1.60, 2.26)	–	
Short-term contract work				
No	1		1	
Yes	1.16	(0.89, 1.49)	0.98	(0.64, 1.51)
Shift work				
No	1		1	
Yes	1.03	(0.83, 1.26)	0.92	(0.64, 1.32)
Irregular hours				
No	1		1	
Yes	1.21	(1.00, 1.47)	1.11	(0.88, 1.56)
Feeling insecure in job(s)				
No	–		1	
Yes	–		1.63	(1.32, 2.01)

– not asked this question at last survey before pandemic
n/a: not investigated due to low cell counts

Factors associated with financial stress and financial poverty in 2020

Methodological notes

A variety of economic, demographic, and social factors were investigated to examine their potential association with financial stress and financial poverty experienced by women during the COVID-19 pandemic in 2020. All potential risk and protective factors were obtained from the most recent ALSWH main surveys prior to 2020. Due to different surveys being administered to women of different ages, not all factors are available for all age ranges (as illustrated in Table 7).

Table 7 Economic, demographic, and social factors collected prior to the COVID-19 pandemic in 2020 for inclusion in analysis of financial stress and financial poverty during the COVID-19 pandemic in 2020

Factor	Aged 25-31	Aged 42-47
Employment type	✓	✓
Unemployed and actively seeking work	✓	✓
Actively seeking work	✓	×
Education	✓	✓
Health care concession card	✓	✓
Housing	✓	✓
Psychological distress	✓	×
Mental health	×	✓
Stress	✓	✓
Social support [13]	✓	✓
Has children	✓	✓
Relationship status	✓	✓
Previous history of violence	✓	✓
Age	✓	✓

Note: Details on measures used can be found in Appendix 3: Measures

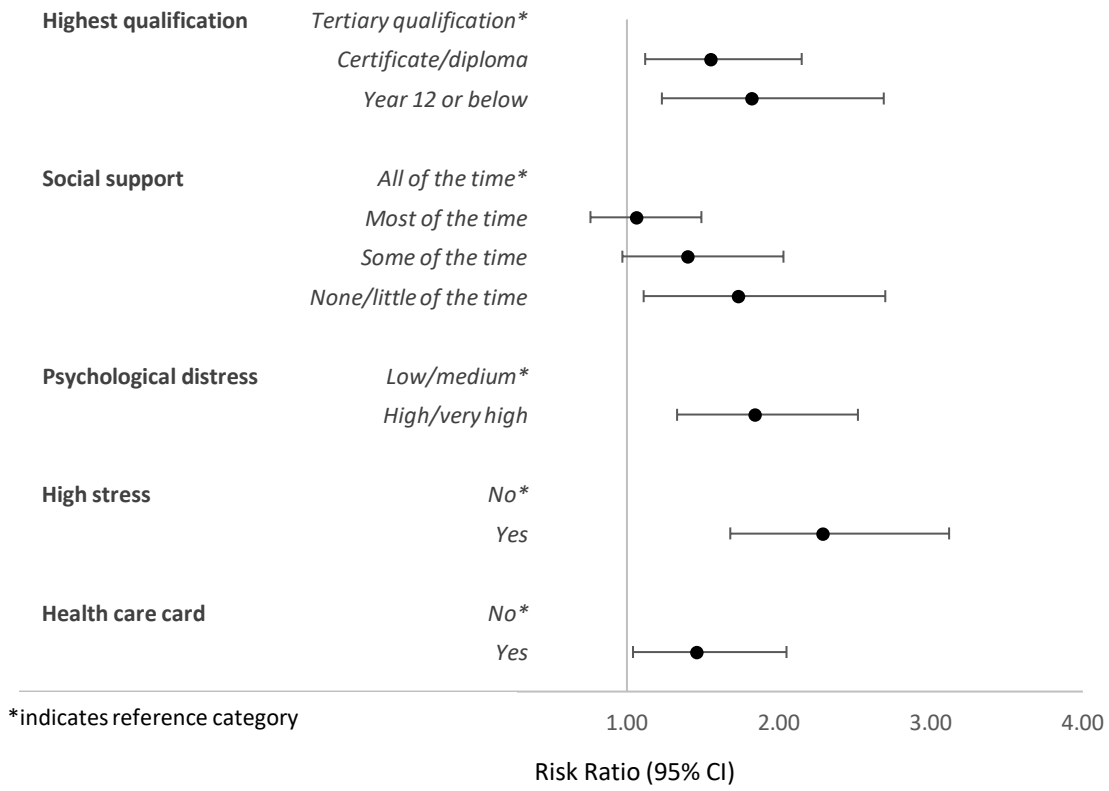
All available factors listed were initially modelled together as predictors of two outcomes during the COVID-19 pandemic in 2020: (i) financial stress, and (ii) financial poverty. These were modelled separately for women aged 25-31 and 42-47. Factors from the initial model that were found to have a potentially significant relationship with financial stress or financial poverty during the pandemic in 2020 were reserved for the final models. The final models retained the statistically significant predictors of mental health during COVID-19 using pre-pandemic factors.

Factors associated with financial stress during the COVID-19 pandemic

The risk of being very or extremely stressed about money during the pandemic was increased if women aged 25-31 did not have university qualifications, more so if they had only completed Year 12 or less (Figure 25). Women aged 25-31 with little social support prior to 2020 were also more likely to be very or extremely stressed about money during the pandemic, as were women with a health care card. High or very high psychological distress

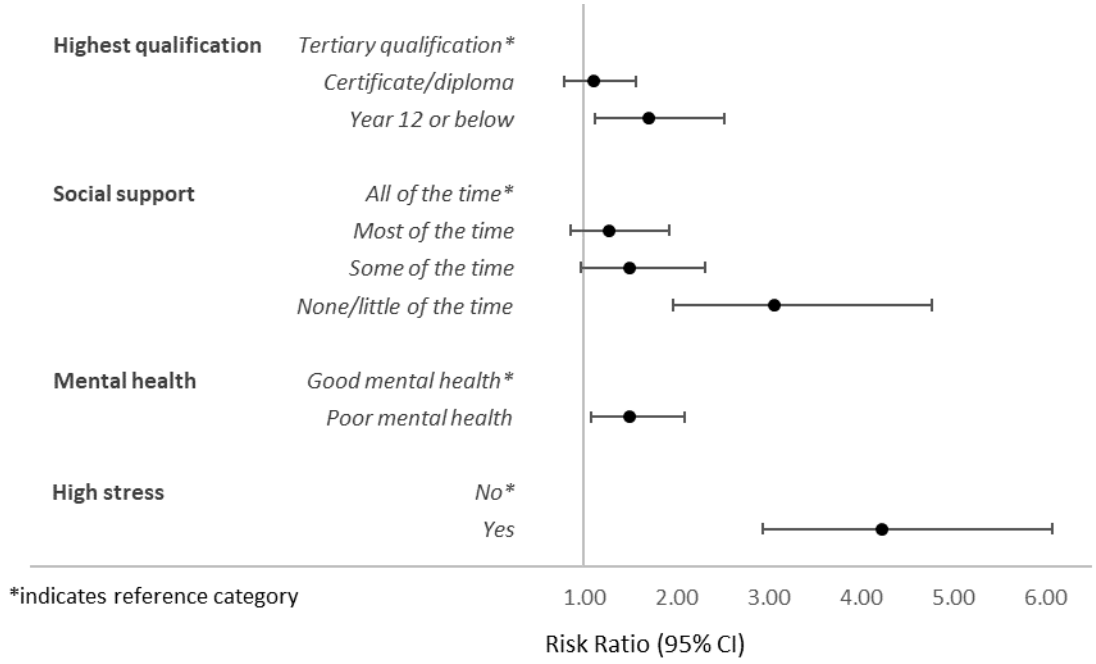
and high stress prior to 2020 were both associated with increased risk of financial stress during the pandemic.

Figure 25 Pre-pandemic risk factors associated with financial stress during the COVID-19 pandemic in 2020, for women aged 25-31.



Among women aged 42-47, being very or extremely stressed about money during the pandemic was more likely if women did not have tertiary qualifications or had little social support prior to 2020. Having poor mental health or high stress prior to the pandemic was also associated with increased risk of financial stress during the pandemic.

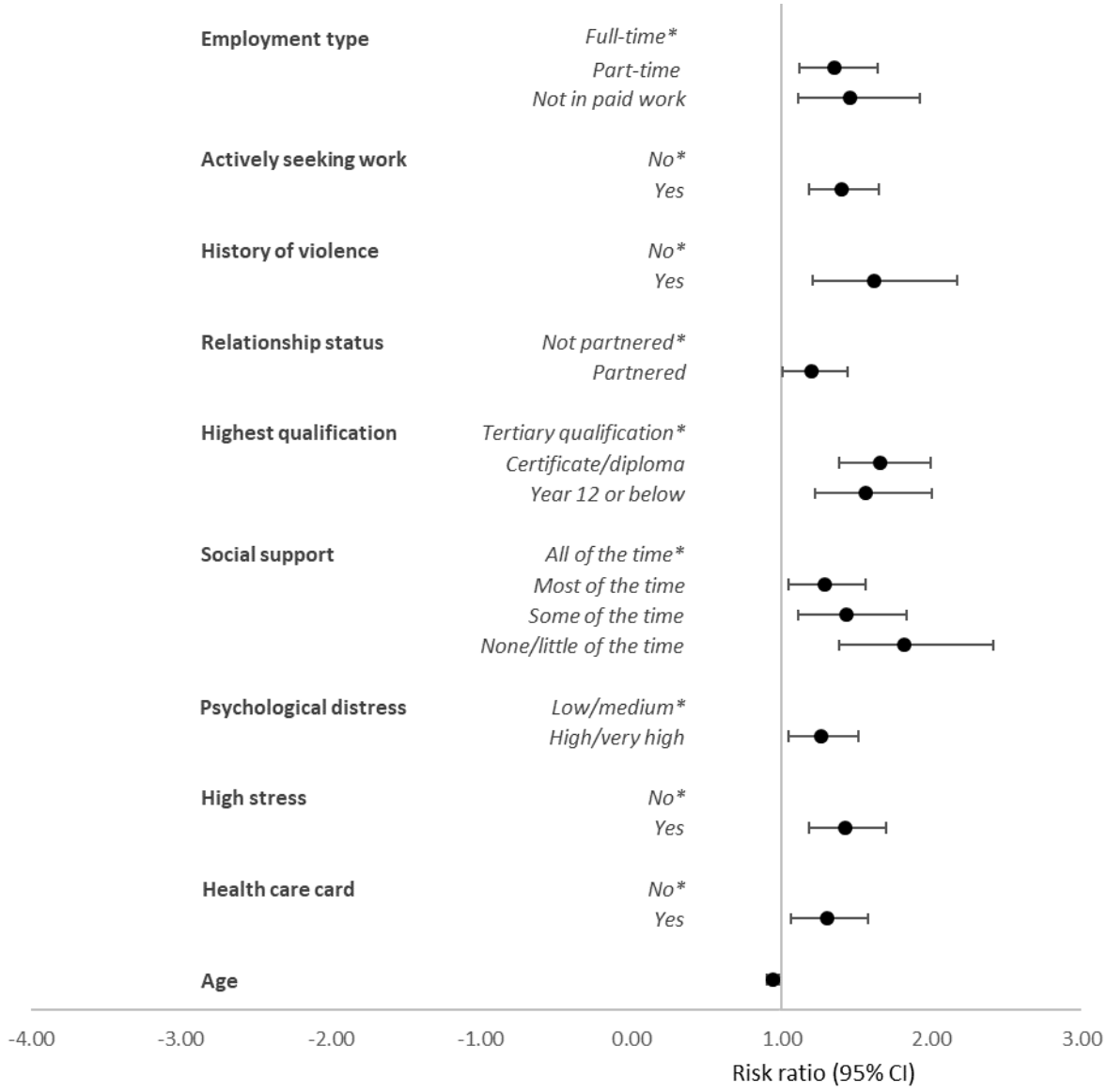
Figure 26 Pre-pandemic risk factors associated with financial stress during the COVID-19 pandemic in 2020, for women aged 42-47.



Factors associated with financial poverty during the COVID-19 pandemic

Women aged 25-31 were more likely to experience financial poverty during the pandemic if they were not in full-time paid work prior to the pandemic or if they had been actively seeking work prior to the pandemic (Figure 27). The risk of financial poverty during the pandemic was also increased if women had a health care card prior to 2020, had a history of experiencing violence or abuse, did not have tertiary qualifications, had high stress, reduced social support, or had high or very high psychological distress prior to 2020.

Figure 27 Pre-pandemic risk factors associated with financial poverty during the COVID-19 pandemic in 2020, for women aged 25-31.

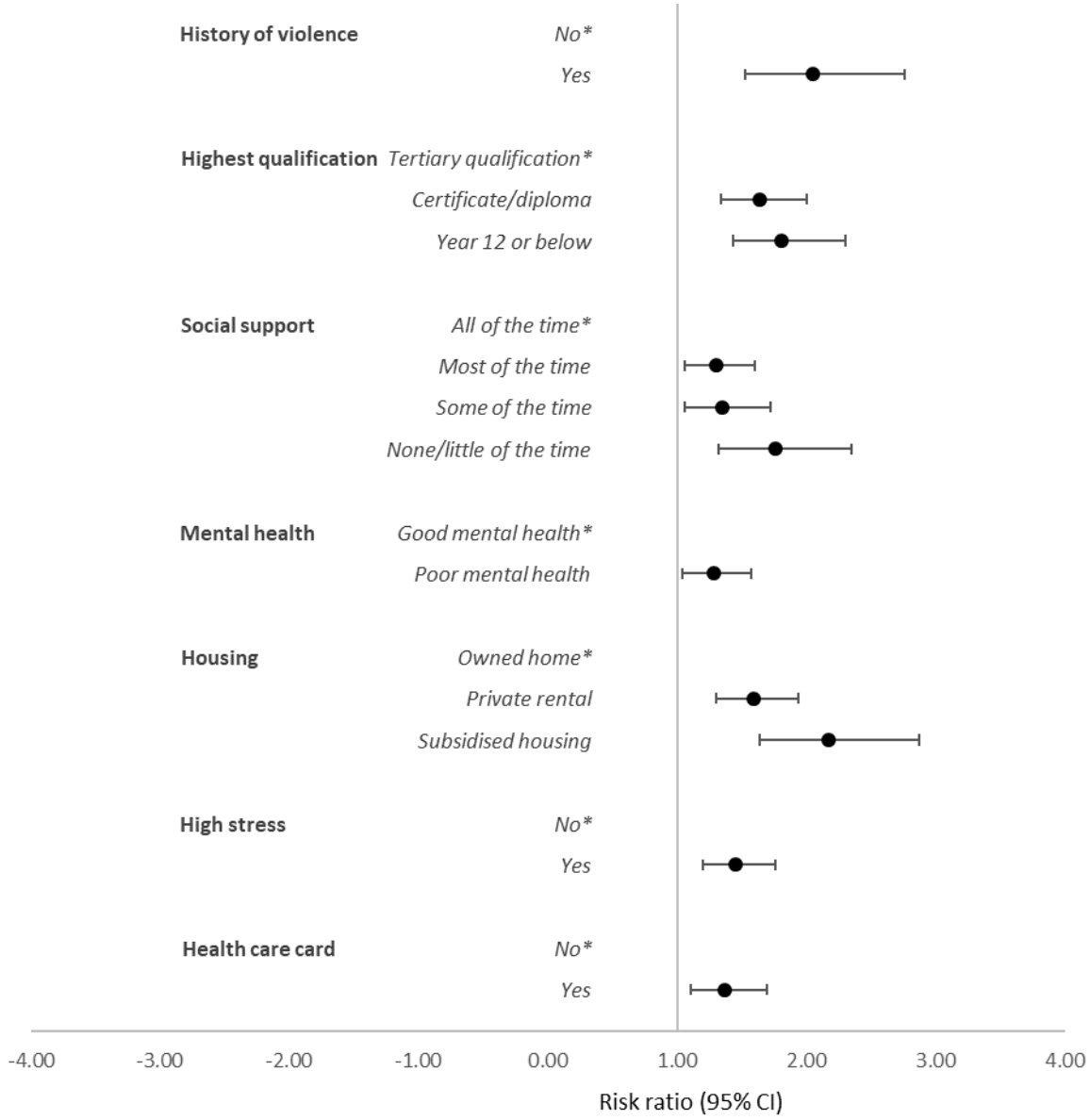


Similarly, the risk of financial poverty during the pandemic for women aged 42-47 was increased if women did not have tertiary qualifications or did not have adequate social support prior to 2020 (Figure 28). In addition, the risk of financial poverty during the pandemic was increased if women rented privately or were in subsidised housing[5] prior to the pandemic. Other pre-pandemic factors which increased the risk of financial poverty

[5] Subsidised housing included public/government housing, employer provided accommodation or living with parents

during the pandemic for women aged 42-47 included having a health care card, a history of violence or abuse, high stress, or poor mental health.

Figure 28 Pre-pandemic risk factors associated with financial poverty during the COVID-19 pandemic in 2020, for women aged 42-47.

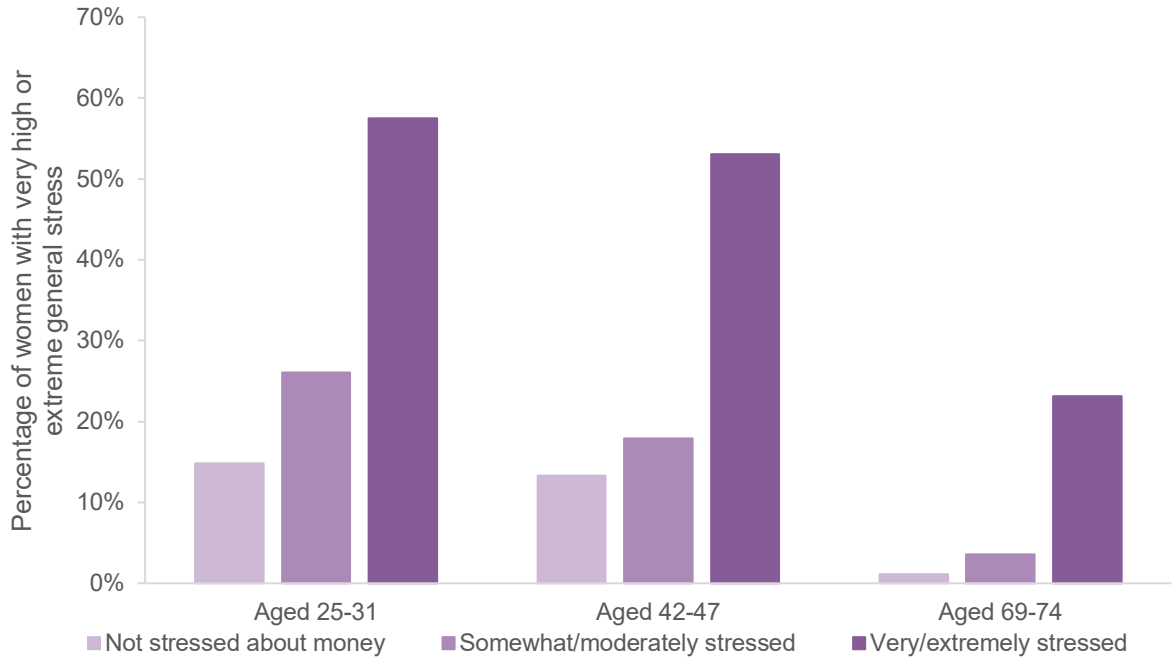


Economic security and mental health during the COVID-19 pandemic in 2020

Financial stress and general stress

In April 2020, women who reported being very or extremely stressed about money also reported the highest rates of general stress, observed across all three age groups, with the proportion of women reporting high general stress being much higher for women aged 25-31 and 42-47 than those aged 69-74 (Figure 29). Women who reported high or extreme financial stress reported the highest rates of very high or extreme general stress. More than half of women aged 25-31 and 42-47 (58% and 53%, respectively) and more than one in five (23%) women aged 69-74 who reported high or extreme financial stress reported very high or extreme general stress.

Figure 29 Adjusted prevalence of very or extreme stress in April 2020, according to financial stress, for three generations of women in Australia



Any level of financial stress was associated with a higher likelihood of experiencing high or extreme general stress levels, even after controlling for sociodemographic factors (Table 8). Among women aged 25-31, women with high financial stress were nearly four times more likely to report very high or extreme general stress, compared to women who reported no money stress (RR=3.74, 95%CI=3.15, 4.44). Very high or extreme general stress was four

times more likely in women aged 42-47 who reported high financial stress, compared to women who reported no financial stress (RR=4.10, 95% CI=3.37, 4.98). Even having moderate money stress was associated with increased risk of very high or extreme general stress, particularly among women aged 69-74, where the risk was more than tripled (RR=3.22, 95% CI=1.78, 5.83).

Table 8 Association of financial stress with general stress, for three generations of women in Australia in April 2020

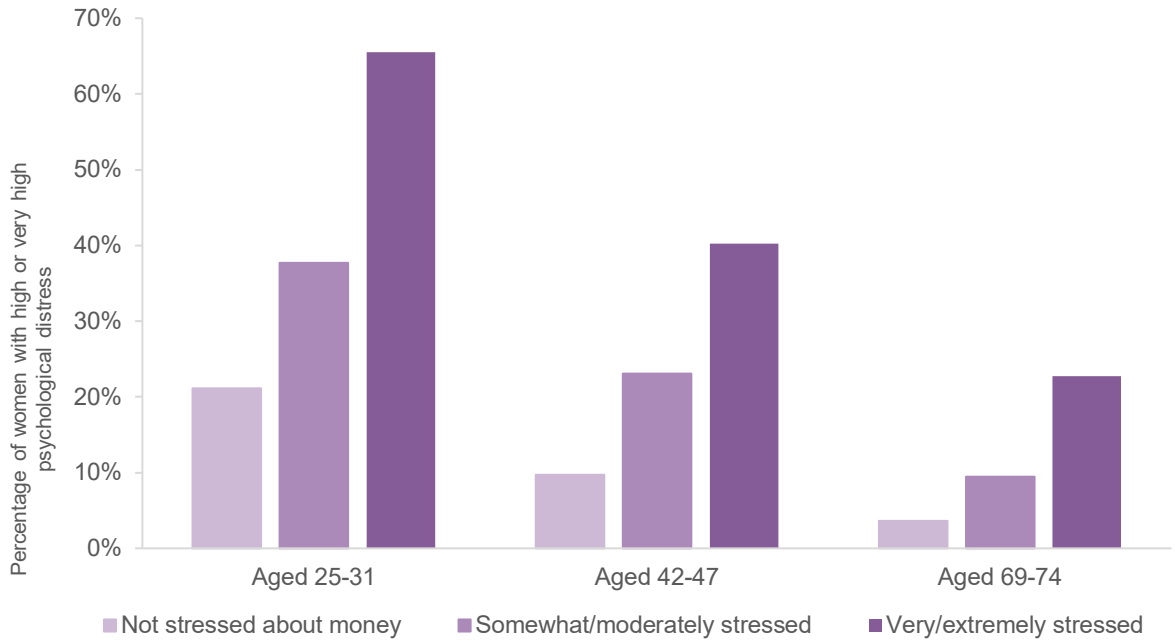
Financial stress (April 2020)	Outcome = very or extremely stressed RR (95% CI)		
	Aged 25-31	**Aged 42-47**	**Aged 69-74**
Not at all stressed	1	1	1
Somewhat/moderately stressed	1.74 (1.47, 2.04)	1.37 (1.13, 1.65)	3.22 (1.78, 5.83)
Very or extremely stressed	3.74 (3.15, 4.44)	4.10 (3.37, 4.98)	n/a

Note. Adjusted for age, area of residence, highest qualification, relationship status, country of birth from survey prior to 2020; n/a: not applicable due to very low numbers.

Financial stress and psychological distress

Similar associations were observed when examining the influence of financial stress as measured in April (Survey 1) on high or very high psychological distress captured eight weeks later in June (Survey 5) (Figure 30). Women who reported financial stress in April reported the highest rates of psychological distress in June (66%, 40%, and 23% for women aged 25-31, 42-47, and 69-74, respectively). However, among women aged 25-31, even those who did not report financial stress in April reported noticeable psychological distress in June (21% and 10% for women aged 25-31 and 42-47, respectively).

Figure 30 Prevalence of high or very high psychological distress (June 2020) according to stress about money (April 2020), for three generations of women in Australia



After adjusting for demographic factors and relative to women who were not financially stressed, women who reported being very or extremely stressed about money in April were more than twice (women aged 25-31) or four times (women aged 42-47) as likely to experience psychological distress in October (Table 9). Even women who reported being somewhat or moderately stressed about money in April were at significantly increased risk of psychological distress in October, relative to women who were not stressed about their finances.

Table 9 Risk associated with financial stress in April of high or very high psychological distress in June, among three generations of women in Australia in 2020

	Outcome = high or very high psychological distress RR (95% CI)		
Financial stress factors	**Aged 25-31**	**Aged 42-47**	**Aged 69-74**
Stress about money[a]			
Not at all stressed	1	1	1
Somewhat/moderately stressed	1.72 (1.42,2.08)	2.35 (1.80,3.06)	2.63 (1.74,3.96)
Very or extremely stressed	2.82 (2.28,3.49)	4.16 (2.97,5.83)	n/a

Note. Adjusted for age, area of residence, highest qualification, relationship status, country of birth from survey prior to 2020; n/a: not applicable due to very low numbers.
[a] Factors measured in April 2020, outcome measured in June 2020

Financial poverty and general stress

Financial poverty was indicated by an inability to access money urgently when required or the presence of a critical money shortage. Women who reported financial poverty were more likely than those who did not report financial poverty to report they were very or extremely stressed (Table 10), with 32%, 18%, and 6% of women in this position aged 25-31, 42-47, and 69-74, respectively, indicating high or extreme stress levels.

Table 10 Prevalence of being very or extremely stressed across three generations of women in Australia according to financial poverty indicators.

	% reporting they were very or extremely stressed		
	Aged 25-31	**Aged 42-47**	**Aged 69-74**
Financial poverty			
No	21.5	11.0	2.4
Yes	31.7	18.3	5.5

For women who experienced financial poverty during the COVID-19 pandemic in 2020, the risk of being very or extremely stressed was around 36% higher for women aged 25-31, 65% greater for women aged 42-47, and more than doubled for women aged 69-74, compared to those who did not experience financial poverty during the pandemic (Table 11).

Table 11 Risk associated with financial poverty of being very or extremely stressed, among three generations of women in Australia in 2020

	Outcome = very or extremely stressed RR (95% CI)		
	Aged 25-31	**Aged 42-47**	**Aged 69-74**
Financial poverty			
No	1	1	1
Yes	1.36 (1.12, 1.64)	1.65 (1.27, 2.14)	2.52 (1.33, 4.76)

Note. Adjusted for age, area of residence, highest qualification, relationship status, country of birth from survey prior to 2020;

Key points

- Extreme financial stress was more frequently reported by younger women aged 25-31 during the COVID-19 pandemic in 2020 than older women aged 69-74 (11% versus 2%). Women aged 42-47 reported a slightly lower rate of extreme financial stress (8%) than women aged 25-31.

- While financial stress levels remained stable for the majority of women over the study period, 39% of women aged 25-31 reported improved (16%) or worsening (23%) levels of financial stress. Of women aged 42-47, 14% reported improved and 18% reported worsening financial stress, and 10% of women aged 69-74 reported improved and 13% worsening levels of financial stress.

- Having less than a tertiary level of education, little or no social support, or poor mental health prior to the pandemic was associated with both financial stress and financial poverty during the pandemic in 2020 for women aged 25-31 and 42-47.

- Being very or extremely stressed about money prior to the pandemic was associated with financial stress during the pandemic in 2020 for women aged 25-31 and 42-47.

- For women aged 25-31, not being in full-time paid work or actively seeking work prior to the pandemic were risk factors for financial poverty during the pandemic in 2020.

- For women aged 42-47, living in rental accommodation or subsidised housing prior to the pandemic were risk factors for financial poverty during the pandemic.

- More than half of women aged 25-31 and 42-47 (58% and 53%, respectively) and more than one in five (23%) women aged 69-74 who reported high or extreme financial stress reported they were very or extremely stressed.

- Relative to women who were not stressed about finances, women who reported being very or extremely stressed about money in April were more than twice (women aged 25-31) or four times (women aged 42-47) likely to report psychological distress in October, and women from all cohorts who reported being somewhat or moderately stressed

about money in April were at significantly increased risk of psychological distress in October.

- Financial poverty was defined as being unable to obtain cash urgently or critical money shortages. More than one in ten women aged 25-31 and 42-47 indicated that they would not be able to obtain $2,000 within a week if needed (13% and 12%, respectively), compared to 6% of women aged 69-74. Critical money shortages were experienced by 21% of women aged 25-31, 12% of women aged 42-47, and 4% of women aged 69-74 during the pandemic in 2020.

- The risk of being very or extremely stressed was around 36% higher for women aged 25-31, 65% greater for women aged 42-47, and more than doubled for women aged 69-74 for those who experienced financial poverty compared to those who did not.

- Although women aged 69-74 were the least likely to report financial poverty, the risk of very high levels of stress associated with financial poverty was far higher for women in this age group than for younger women.

Chapter 3: Paid work, time use, and mental health

The disproportionate number of activities that are shouldered by women was highlighted on International Women's Day [18]. Throughout the ALSWH COVID-19 study period, participants wrote about the extra burdens the COVID-19 pandemic had placed upon them (Chapter 6: Mental health and social burdens of the COVID-19 pandemic). The current chapter examines the quantitative data collected during 2020 in order to address the following research questions:

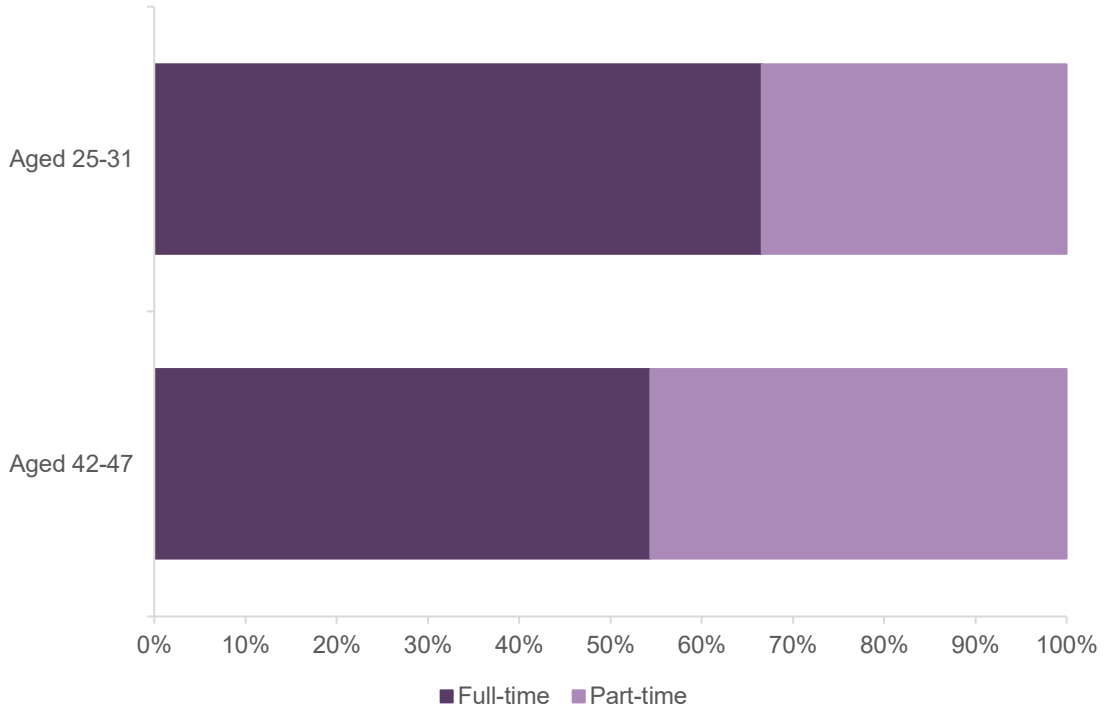
1. What was the nature of any associations between paid employment and psychological distress among women during 2020?
2. What was the relationship between time use (e.g. time spent home schooling) and psychological distress among women during 2020?

The methods used for this chapter are outlined in Appendix 2: Methods.

Paid work

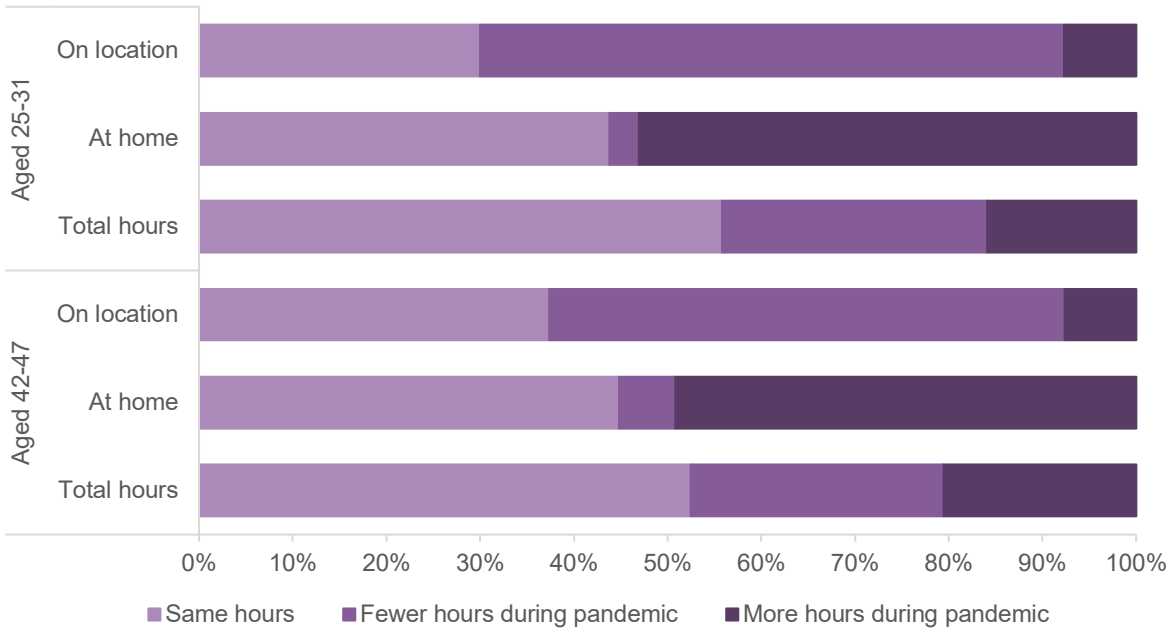
In May 2020, 78% of women aged 25-31 and 80% of women aged 42-47 indicated that they were undertaking paid work, compared with 9% of women aged 69-74. For women who were in paid work, two-thirds of women aged 25-31 were engaged in full-time paid work, with just over half of women aged 42-47 in full-time paid employment (Figure 31). Due to low numbers, data collected from women aged 69-74 were excluded from further analyses.

Figure 31 Full-time versus part-time work for women aged 25-31 and 42-47 who were undertaking paid work during May 2020



For women in paid work during the pandemic in 2020, 56% of women aged 25-31 and 52% of women aged 42-47 were working the same number of hours as they had been working prior to the pandemic, and almost a third (28% of women aged 25-31 and 27% of women aged 42-47) were working fewer hours (Figure 32). However, 16% of women aged 25-31 and 20% of women aged 42-47 indicated they were undertaking more hours of paid work during the pandemic than prior to 2020, and paid work hours undertaken at home increased substantially during the pandemic.

Figure 32 Paid work hours per week during the pandemic in 2020 compared to paid work hours before the pandemic, for women aged 25-31 and 42-47



Paid work and stress

Women who were undertaking paid work had similar rates of being very or extremely stressed as women who were not undertaking paid work (24% versus 27% in women aged 25-31 and 16% versus 17% in women aged 42-47) (Table 12). However, women who experienced an increase in paid work hours experienced a higher risk of being highly or extremely stressed relative to those who experienced no change in paid work hours (RR=1.63, 95% CI 1.34, 1.96 for women aged 25-31; RR=1.83, 95% CI 1.46, 2.29 for women aged 42-47). Women aged 25-31 who experienced a reduction in paid work hours were also at increased risk of being highly or extremely stressed relative to those who did not experience a change in paid work hours, but there was no association between a reduction in paid work hours and stress for women aged 42-47.

Table 12 Association of paid work and hours worked with being highly or extremely stressed, for women aged 25-31 and 42-47

	Aged 25-31			Aged 42-47		
Explanatory factor of interest	**N**	**%***	**RR (95% CI)**	**N**	**%***	**RR (95% CI)**
In paid work						
No	605	26.5	1	594	17.0	1
Yes	2,289	23.7	1.00 (0.84, 1.18)	2,388	16.1	0.94 (0.75, 1.17)
COVID-19 working hours[a]						
Fewer hours during pandemic	649	25.6	1.30 (1.09, 1.56)	645	15.4	1.21 (0.95, 1.55)
Same hours	1,276	20.0	1	1,252	13.1	1
More hours during pandemic	364	33.0	1.63 (1.34, 1.96)	491	24.6	1.83 (1.46, 2.29)

Adjusted for age, area of residence, highest qualification, relationship status from survey prior to 2020.
* percent of women with the outcome (row percent)
[a] restricted to women who indicated they were in paid work
[b] K10 psychological distress score measured at Survey 5 (24 June 2020), sample restricted to women who completed both Survey 2 and Survey 5

Paid work and psychological distress

Women aged 25-31 who were undertaking paid work in May 2020 had an equivalent risk of psychological distress in June 2020 as those who were not undertaking paid work in May 2020 (Table 13). For women aged 42-47, however, being in paid work in May 2020 was protective of psychological distress in June 2020 (RR 0.68, 95% CI 0.54, 0.85). Changes in paid work hours associated with the pandemic that were recorded in May 2020 involved only one significant risk of psychological distress six weeks later in June 2020, with women aged 25-31 being at risk of psychological distress where they experienced an increase in paid work hours, relative to women whose paid work hours had not changed.

Table 13 Association of paid work and hours worked with reporting high or very high psychological distress[a], for women aged 25-31 and 42-47

	Aged 25-31			Aged 42-47		
Explanatory factor of interest	**N**	**%***	**RR (95% CI)**	**N**	**%***	**RR (95% CI)**
In paid work						
No	273	42.1	1	363	23.4	1
Yes	1,179	34.1	0.90 (0.76, 1.06)	1,372	16.5	0.68 (0.54, 0.85)
COVID-19 working hours[b]						
Fewer hours during pandemic	343	35.6	1.13 (0.94, 1.36)	371	19.1	1.29 (0.97, 1.72)
Same hours	646	31.3	1	719	15.0	1
More hours during pandemic	190	41.1	1.29 (1.05, 1.59)	282	16.7	1.17 (0.85, 1.61)

Adjusted for age, area of residence, highest qualification, relationship status from survey prior to 2020.
* percent of women with the outcome (row percent)
[a]10 psychological distress score measured at Survey 5 (24 June 2020), sample restricted to women who completed both Survey 2 and Survey 5
[b] Restricted to women who indicated they were in paid work

Home schooling

Time spent home schooling was more frequently reported by women aged 42-47, with 52% responding that they had spent time home schooling, compared with 5% of women aged 25-31, and 7% of women aged 69-74. Among women who reported time spent home schooling, the average time spent home schooling in a seven day period was 15 hours for women aged 25-31 and 42-47, and 10 hours for women aged 69-74. A quarter (24-25%) of women aged 25-31 and 42-47 reported home schooling for more than 21 hours, compared to 10% of women aged 69-74.

Home schooling and stress

Women who home schooled were at higher risk of being highly or extremely stressed (Due to low cell counts, data collected from women aged 69-74 were excluded from further analyses.

Table 14). Among those aged 25-31, 39% of women who home schooled indicated being very or extremely stressed compared to 24% of women who did not home school, showing more than a 50% increase in the risk of stress (RR=1.54, 95% CI = 1.21, 1.97). Similarly, for women aged 42-47, the risk of being highly or extremely stressed was more than 50% higher (RR=1.58, 95% CI 1.31, 1.90) among women who had home schooled (20%) versus women

who had not home schooled (13%). Due to low cell counts, data collected from women aged 69-74 were excluded from further analyses.

Table 14 Association of time spent home schooling with being very or extremely stressed, for women aged 25-31 and 42-47

	Aged 25-31			Aged 42-47		
Explanatory factor of interest	**N**	**%***	**RR (95% CI)**	**N**	**%***	**RR (95% CI)**
Home schooled in the last 7 days						
No	2,738	23.5	1	1,442	12.6	1
Yes	156	38.5	1.54 (1.21, 1.97)	1,540	19.7	1.58 (1.31, 1.90)

Adjusted for age, area of residence, highest qualification, relationship status from survey prior to 2020.
* Percent of women with the outcome (row percent)

Home schooling and psychological distress

Results for psychological distress were not significant (Table 15). However, home schooling data were captured in May when home schooling was common. By 24 June, when psychological distress data were captured, most children had returned to school.

Table 15 Association of time spent home schooling with reporting high or very high psychological distress[a], for women aged 25-31 and 42-47

	Aged 25-31			Aged 42-47		
Explanatory factor of interest	**N**	**%***	**RR (95% CI)**	**N**	**%***	**RR (95% CI)**
Home schooled in the last 7 days						
No	1,393	35.3	1	847	18.4	1
Yes	59	42.4	n/a	888	17.5	1.06 (0.85, 1.32)

Adjusted for age, area of residence, highest qualification, relationship status from survey prior to 2020.
* Percent of women with the outcome (row percent)
[a] K10 psychological distress score measured at Survey 5 (June 2020), sample restricted to women who completed both Survey 2 and Survey 5

Paid work, home schooling and stress

Combining the total hours spent in paid work with hours spent home schooling, 17% of women aged 42-47 and 5% of women aged 25-31 indicated that had spent more than 50 hours a week undertaking these activities. Women who spent more than 50 hours a week in paid work and home schooling reported higher rates of being very or extremely stressed when compared to women who did not do more than 50 hours a week in paid work and home schooling (42% versus 23% respectively in women aged 25-31, 30% versus 13% in women aged 42-47) (Table 16). The risk of being very or extremely stressed was doubled for

women who were spending more than 50 hours a week undertaking paid work and home schooling (aged 25-31: RR=1.97, 95% CI = 1.56, 2.49; aged 42-47: RR=2.26, 95% CI=1.85, 2.77).

Table 16 Association of spending more than 50 hours a week in paid work and home schooling with reporting being highly or extremely stressed, for women aged 25-31 and 42-47

	Aged 25-31			Aged 42-47		
Explanatory factor of interest	**N**	**%***	**RR (95% CI)**	**N**	**%***	**RR (95% CI)**
Hours in paid work and home schooling > 50 hours per week						
No	2,177	22.7	1	1,976	13.3	1
Yes	112	42.0	1.97 (1.56, 2.49)	412	29.6	2.26 (1.85, 2.77)

Adjusted for age, area of residence, highest qualification, relationship status from survey prior to 2020.
* Percent of women with the outcome (row percent)

Key points

- 28% of women aged 25-31 and 27% of women aged 42-47 were undertaking fewer hours and 16% of women aged 25-31 and 20% of women aged 42-47 were undertaking more hours of paid work during the pandemic than prior to 2020.

- Paid work was not associated with being very or extremely stressed for women aged 25-31 and 42-47, however, increases in hours of paid work involved an increased risk of being very or extremely stressed for both groups of women. Decreased hours of paid work involved an increased risk of being very or extremely stressed for women aged 25-31.

- Having paid work in May 2020 was protective of psychological distress in June 2020 for women aged 42-47 years, but not those aged 25-31, where paid work status in May was not associated with psychological distress in June. Increased paid work hours were associated with increased risk of later psychological distress among women aged 25-31.

- Home schooling was associated with a more than 50% increased risk of high and extreme levels of stress for women aged 25-31 and 42-47.

- The risk of being very or extremely stressed was doubled for women who were spending more than 50 hours a week in paid work and who were also home schooling, relative to those who were undertaking the same activities but for less than 50 hours per week.

Chapter 4: Women's safety and experiences of interpersonal abuse during 2020

UNFPA and UN Women report that national and international disasters can leave women vulnerable to experiences of violence. As Peterman et al. [19] point out, "Pandemics are no exception" to this observation. The purpose of the current chapter is to describe women's experiences of interpersonal abuse during 2020.

Specifically, the research questions explored in this chapter are:

1. How did women view their personal safety and autonomy throughout the COVID-19 pandemic in 2020?

2. In what spheres of life did women report being at risk of, or vulnerable to, experiences of abuse?

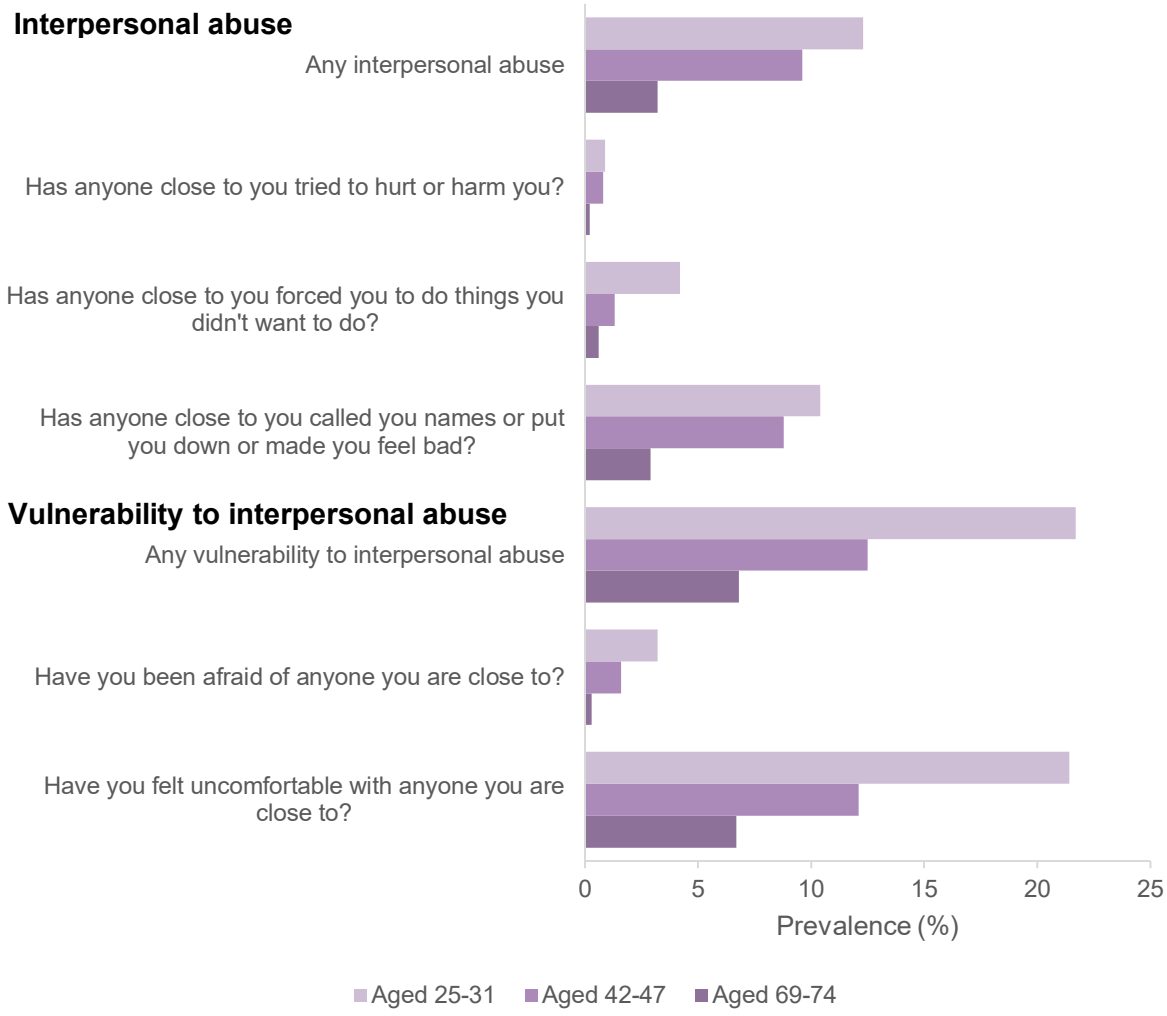
The methods used for this chapter are outlined in Appendix 2: Methods.

Interpersonal abuse during 2020

Overall, 8% of women indicated that they had experienced at least one form of interpersonal abuse, and 13% indicated that they had experienced at least one form of vulnerability to interpersonal abuse (Figure 33). Younger women were more likely to report these experiences than older women, with one in eight (12%) women aged 25-31, 10% of women aged 42-47, and 3% of women aged 69-74 reporting interpersonal abuse. Vulnerability to interpersonal abuse was more common, with one in five (22%) women aged 25-31, 13% of women aged 42-47, and 7% of women aged 69-74 reporting vulnerability to interpersonal abuse.

The most common experience reported by women was feeling uncomfortable with someone they were close to, followed by being called names, being put down, or being made to feel bad by someone they were close to. Women aged 25-31 were more likely to report all experiences of abuse and vulnerability to abuse than women aged 42-47 and those aged 69-74.

Figure 33: Interpersonal abuse and vulnerability to interpersonal abuse during the pandemic in 2020, across three generations of women in Australia



Women's safety during the pandemic

Risks to women's safety during the COVID-19 pandemic were apparent as women described a wide range of experiences of abuse, or vulnerability to abuse, occurring in both private and public settings. The COVID-19 pandemic and related policies and restrictions were perceived among these women as being a direct contributor to, or an exasperating factor of,

their experiences of abuse or vulnerability. Women's safety was also impacted during the COVID-19 pandemic by housing instability and the possibility of homelessness. These threats to women's safety had detrimental effects on women's mental health. Unfortunately, the COVID-19 pandemic and related policies were most often seen to have a negative impact on accessing help for safety concerns in all spheres of women's lives, whether through women's avoidance of services or delays in support provision.

Experiences of stressful relationships, abuse and violence in private settings

Tension in relationships and households, including relationship breakdowns

Women's relationships with family members were seen to be strained throughout the COVID-19 pandemic. In particular, women aged 25-31 and 42-47 discussed the tensions among family members in relation to the disruption to normal working and/or schooling routines due to the COVID-19 pandemic and stay-at-home policies.

> *My children have been out of whack, causing irritability, anxiety, fatigue, and aggressive responses towards myself mainly and my husband but this causes my emotions and stability to fall. The unknown and uncertainty if we were to fall sick or be forced into isolation as our jobs are essential we would both be looking at prorata annual leave, causing future stress and exhaustion.* – woman aged 25-31

> *My levels of stress since the COVID-19 issues began have increased immensely and remain at a high level, rather than fluctuating. While it has been positive to have more time with my kids while at home for online learning, the stress that my autistic son has been under with all the changes and anxiety has led to a huge increase in meltdowns and aggressive behaviour. This has set everyone on edge.* – woman aged 25-31

> *Home schooling is extremely difficult when trying to work from home also - causing a fair bit of tension in the household.* – woman aged 42-47

A few women also mentioned an increase in substance use among family members in response to the COVID-19 pandemic, which added further stress on their relationships.

The level of conflict in the family has been ridiculous…My father drinks a lot, but covid has increased that. Everyone is sick of everyone else. – woman aged 25-31

The main impact on my household is that my husband started up smoking dope after quitting for nearly 10 years, he has also started drinking earlier and earlier in the day, this got a bit better when he went back to work but it hasn't stopped. – woman aged 42-47

Women in all three age groups discussed the additional stress and tensions that occurred with their intimate partners as a result of the COVID-19 pandemic and related policies and restrictions. Isolation, financial stress, media coverage of the pandemic, and not being able to have additional social outlets were seen to increase this friction within intimate partner relationships.

Most of the stress in the last few weeks has been from relationship issues that I believe stem from Covid isolation and general stress of the pandemic. – woman aged 25-31

While in a loving relationship, tensions have been so so high, all because of finances, and we've had fights where we are not ourselves and shout and don't listen and apportion blame etc. – woman aged 42-47

Partner has been more stressed and frustrated about the controls put into place, sometimes he is angry about the misinformation generated by media. This impacts our household and relationship because his mood is unpleasant. – woman aged 42-47

Adjusting to another person's moods can be stressful when you are used to usually spending time apart as well as sharing time together. – woman aged 69-74

In some situations, the additional stress on intimate partner relationships due to the COVID-19 pandemic and related policies led to relationship breakdowns.

However covid has made my life more difficult, and I do think (as I reflect) it is why work has been so stressful, causing a flow on effect that ended my 9 year

relationship. Evidently covid isn't the reason WHY we broke up, but it put more strain on us when normally we would have been able to communicate more efficiently. – woman aged 25-31

…My husband has chronic anxiety and depression and Covid-19 has exacerbated this which has caused me to become slightly stressed and uncomfortable at times being at home… Added stress contributing to marriage breakdown. – woman aged 42-47

I think the lockdown has put an enormous strain on our relationship. I will now be living separately. – woman aged 69-74

Violence by a partner, ramifications, and calls for help during the COVID-19 pandemic

During the COVID-19 pandemic, women described how they experienced violence by current partners and ex-partners. Many women mentioned the controlling behaviour exhibited by these partners. Women wrote about increases in violence by a partner during the pandemic, and the difficulties of living with abusive partners.

The isolation due to covid 19 stressed out my partner who manifested this in physical outbursts and abusive behaviour; I note that I have recently left the household and these events are the cause of my extreme feelings of stress at this time… Main negative was domestic violence during and after lockdown. – woman aged 25-31

My partner is very controlling. The increased time at home has led to greater control being placed on me and our children by him. I thought he would be happier because we were always at home. But nothing we do is good enough. – woman aged 42-47

I'm a single mother of 4 kids and the post separation family abuse which I've experienced for the 8 years since I left the relationship has also escalated. I run my own business and it's been difficult to manage schooling from home for all 4 of them, as well as my work team and client base, and to manage the stress, particularly when the abuse against me has escalated. – woman aged 42-47

Living with a partner who is difficult has been a big negative. I have had to seek advice on how to adapt to a controlling, bullying old man. – woman aged 69-74

A number of women felt trapped in relationships that they wished to leave due to the impacts of the COVID-19 pandemic, such as financial insecurity and stay-at-home policies.

> *Worried for future job prospects, how long effect will last & housing shortage on [location] keeps us living with [volatile] ex-husband.* – woman aged 42-47

> *Currently separated with my ex-partner but still under the one roof due to Covid-19 and unable to sell home and move out. I'm in a very toxic environment emotionally and we have had many aggressive confrontations.* – woman aged 42-47

> *Forced to delay separation [7 months] from husband who is coercive controlling… I felt isolated and trapped at home when the pandemic hit due to the fact that he was in control of the finances and I had no ability to get an income or that even other people knew of the separation until he eventually moved out.* – woman aged 42-47

> *My husband is stressed and is getting angry that then produces concern within me and I feel I want to just escape!!* – woman aged 69-74

In some situations, women's ability to remove themselves from a violent partner was hindered by delays or unresponsiveness by support services. In addition to service delays, some women described the increased difficulty of accessing support services while being in isolation with an abusive partner. Women's lack of privacy, in conjunction with limited telehealth services, created a very challenging system to navigate.

> *My ex-husband is very controlling and his controlling behaviour has increased noticeably since [month] 2019. I started a mediation process so that my daughter [child's age] and I are no longer isolated the way we have been. COVID-19 has had an impact on this process because I was at the very start of the mediation process, it feels like it is now on pause… It has been stressful trying to get help and support for Protection Orders.*– woman aged 42-47

> *My biggest difficulty with the telehealth appt was that I needed to discuss issues re my controlling partner... And the inky way I could do that was to leave the house and drive somewhere, sit in the car for privacy. It didn't feel especially private as people*

walked by and it was really hard getting a chance to leave the house alone to do it. I did get a referral to a counselor/psychologist but it was the height of lockdown and they could only do phone [appointments] which I just couldn't manage for the above reasons. – woman aged 42-47

I've been involved in family court proceedings since 2018 and our trial date on [date] 2020 was vacated as our matter was too complex to hear remotely. The new trial is now [month] 2021... That has massive financial implications for me by stretching out legal fees across another 8 months and the emotional toll of not having any resolution. I also have an application to extend a Family violence intervention order which has been adjourned at every hearing this year. So it is currently only an interim protection order which is less safe for me and my son than a full order. – woman aged 42-47

A couple of women mentioned that they had been able to access violence support services during the pandemic to help them address their abusive situations.

But am getting help from domestic violence support group which is great. – woman aged 42-47

Main impacts have been an increase in family violence leading to me needing to leave my marriage and stay in a women's shelter. – woman aged 42-47

Experiences of tensions, abuse, stigma, and prejudice in a public setting

Tensions in the workplace and infringements on workers' rights and safety

Throughout the COVID-19 pandemic, women aged 25-31 and 42-47 wrote about heightened stress or tensions in their working relationships. They described additional pressures and strains in the workplace with co-workers or managers.

I'm finding that my colleagues are more agitated these days and work has become an unpleasant place to be at times. – woman aged 42-47

The stress has related to work and the increased pressure due to poor communications via email (inundation of unnecessary emails) and unrealistic

deadlines due to the difficulty of getting people to check their emails/answer phone calls. – woman aged 42-47

During the COVID-19 pandemic, women were exposed to unsafe working environments. Some women wrote of unjust and illegal behaviours of their employers, which infringed on their rights and safety. Women described being asked to take pay cuts and increase their work hours. Other women wrote about their employers not providing COVID-19 safe work spaces. A few women wrote about being fired under false pretences.

…I feel my work isn't taking COVID-19 seriously since returning, the government has offered little guidance and support also… I am extremely stressed and anxious. I am a special needs teacher and don't understand why we have been sent back to work in an unsafe environment. – woman aged 25-31

COVID-19 has affected by working life massively as not only have I been working from home for 7 weeks, but I lost half of my team to redundancies as well as two of my main clients [industry]. We'd had to take a 15% pay cut, yet are being asked to work longer hours with more pressure than ever. I've had quite bad anxiety over this period. – woman aged 25-31

I lost my job in a Pharmacy… the boss used the excuse of covid and reduced patient numbers to employ a junior. this was definitely not true do to the number of scripts we were doing actually going up! I believe it was me requesting/insisting the pharmacy provide us with masks - not us having to purchase masks at price gauged retail price of [dollar amount]/mask, from the boss each day. This boss has now told all of the pharmacies within 50km of my home that I am difficult. – woman aged 42-47

Women's safety was impeded by customers, clients, and patients in their places of work. Women, particularly essential workers, wrote about the physical and verbal abuse they experienced and described feeling unsafe in their workplaces.

I as a nurse had to take time off due to being on immunotherapy, when I was at work I was physically assaulted, which although is always a risk as a nurse, I believe

the stress that everyone was feeling during the beginning of COVID19 was one of the causes of the assault. – woman aged 25-31

…Increase in abuse from parents of the students in my class. Lack of support from my management team in dealing with abusive parents… I'm quitting my full-time teacher job due to unfair pressure from parents and leadership… Quitting my job due to ongoing bullying. – woman aged 25-31

I work in retail …At work our "threatening situation" (customer who become overly angry) rose by 40% compared to this time last [year] (April 2019 and April 2020). – woman aged 25-31

I manage a neighbourhood centre that delivers crisis and targeted earlier intervention services including emergency relief…We have experienced a great deal of stress and anxiety on a daily basis due to our clients and visitors exhibiting distress over the COVID crisis. Some have been aggressive and dissatisfied with services during this time. Some have abused us verbally. I experience stress around creating a safe environment for my staff on a daily basis and this takes its toll. – woman aged 42-47

The COVID-19 pandemic and related policies introduced new issues in relation to women's safety in the workplace. Work-related abuse entered some women's private spaces due to stay-at-home orders and working from home polices. A couple of women wrote about their experiences with seeking support for violations to their worker's rights. In both cases, there was no proper support or resolution when the women reached out for help. Another woman wrote about her use of mental health support services due to work-related violence, and having a lack of privacy in her own home to access this support.

When attempting to negotiate for my legal rights in the workplace I was very nervous about speaking in person with my boss and Fair Work's mediation assistance was not available due to being suspended during COVID, so I had to negotiate alone with not much support. I was then fired in direct response to my negotiations, but the workplace used the "downturn in business due to COVID" as an excuse in my written

termination...So, although the job loss was not a direct response to COVID loss of income, COVID has been an undeniable influence in my loss of employment and the protection of my workplace rights… I've begun the process of a general protections claim against my employer. Turns out they were stealing my wages and my superannuation but they are using COVID-19 as an excuse as to why they haven't sorted it all out, and it is affecting the wait times on when my case will be heard by the ombudsman. – woman aged 25-31

My employer has requested that they set up an all day zoom meeting to monitor working hours. I don't want to do this, it's putting a lot of pressure on me and I feel my privacy in my own home is being breeched… When I have called the Fair work ombudsman which was no help. I am stressed…Btw I am using my own personal computer, mobile phone and email. This must be a breech of human rights. – woman aged 42-47

Stigma, abuse, and prejudice within the community

During the COVID-19 pandemic, many essential health employees experienced stigma and prejudice. Women wrote of experiences of abuse by strangers and stigma associated with wearing their uniform in a public setting. In some instances, women hid their uniform when they were out in the community to protect themselves and limit the harassment. Other women wrote about the stigma they experienced from friends and family in relation to the fear of being exposed to COVID-19.

I am a healthcare worker. Initially, family and friends were scared of my profession so I was disinvited from events out of fear. There was stigma attached to my job, and my partner was kept away from his workplace due to concerns about the risk of my position. Although I have not been called names, I am unable to wear my uniform outside of work as other colleagues have been abused and refused service on hospitality settings. I hide my uniform at home (eg when washing) because neighbours make comments to me. – woman aged 25-31

Being a nurse and wearing scrubs to the shops I have had abusive members of the public approach me. I have found it very stressful and have felt very flat some days. – woman aged 25-31

Two of the people I work with have been spat at by random members of the public when they were wearing their QLD health tags walking to their car to go home. Apparently the man who did that stated that staff were 'giving it to people'. Interesting the differences you hear about overseas: people clapping for health workers, here you can be assaulted for the same. – woman aged 25-31

Some women described the stigma they experienced when being unwell during the pandemic. A few women aged 25-31 commented that were denied health care as they presented with COVID-19 symptoms and were genuinely fearful for their lives.

A negative impact covid-19 has had on me is the fact I developed a sore throat after contracting a bad kidney infection and because of the sore throat I wasn't allowed to go to doctor meaning I was turned away from help and my symptoms such as vomiting and fever got so bad I had to go to hospital where even there they at first refused me. After I begged they let me in and kept me in hospital overnight. – woman aged 25-31

I have also been denied access to essential health care, including hospital care, for my breathing and asthma, and I have been called a liar about the cause of my respiratory distress. I am now scared of having a life threatening attack, and being denied health care and consequently dying from my asthma. – woman aged 25-31

Women's comments also revealed experiences of racism and hatred throughout the COVID-19 pandemic.

There's been more racism. Nothing violent, just the passing "Where you from?", "You look Chinese:, "You don't look Australian", "I had a great assistant from Hong Kong, well, she's Australian now" – woman aged 25-31

I've recently been the target of a racially based verbal attack at work. Working in healthcare is exhausting and scary enough without that.– woman aged 25-31

Housing instability and safety issues as a result of COVID-19 financial impacts or abuse

Insecure housing situations and the threat of homelessness

Women's safety was often put in jeopardy when the financial impacts of the COVID-19 pandemic, or abusive situations during the pandemic, led to insecure housing situations. Some women feared they would end up homeless.

While I have not had covid19 I'm still heavily effected by it. There's a very high chance I'll end up homeless next month bc I can't find a new flat mate & my current lease ends next month & I can't afford the full rent on my own… It's left me with someone controlling everything I do and my money and has made me want to die several times. – woman aged 25-31

We've had no response at all from our rental management. Lease ends in 12 weeks and now our income is reduced we are fearful of securing another property in the inner city that can safely house 4 adults & one adolescent without overcrowding…Job insecurity (& competition for those of us who are looking for a job) means our adult children cannot secure a rental of their own. – woman aged 42-47

I am very concerned that my superannuation has lost so much money since [date] 2020. At this rate I will not have enough income to pay rent at my current address by end of 2021. I'm not sure how to plan and actively protect myself from homelessness. I have been applying for jobs at schools, without success. – woman aged 69-74

Safety concerns in housing due to actions of neighbours and housemates

Unsafe housing was also an issue for women who experienced abusive behaviours from housemates or neighbours, which were often attributed to the stress caused by the COVID-19 pandemic and related policies and restrictions.

I have found strain put on the friendships between my five housemates and I. Some housemates had a low risk tolerance and asked for housemates to ask for consensus

before they do outside things (I.e. go to the shops, visit people's houses, etc). That level of control by others on my life stressed me out. – woman aged 25-31

Significant conflict with a neighbour has been very distressing, and made being stuck at home (here in Melbourne) ever harder. – woman aged 42-47

In the last 24 hours I have been impacted by the behaviour of a neighbour. He spat at me. He verbally abused me. He threatened to hurt me. He threatened to kill my son. Death threats are shocking… This may be related to long-term drug use and jail term and Covid19 lockdown restrictions. It's a nightmare, and it's in plain sight. – woman aged 69-74

The man upstairs goes onto his balcony and shouts profanities at anyone unfortunate enough to be out there . I am scared of him… Breathing in smoke filled air , from the Ice smoking men living in the flat upstairs , and downstairs, is disgusting. We have shared wall cavities her . The 3-story building is old , with many holes in the floors , so it is impossible to get away from the neighbour's filthy habits. Have asked for help for 16 months and keep trying to plug the holes, but the smoke always gets in. Every morning now I wake with pains in my chest from the smoke filling the bedroom , but can clear my chest and lungs by walking, whatever the weather. – woman aged 69-74

One woman explained the lack of support from government services as she sought help for her unsafe public housing situation.

Nobody at the Housing Ministry will even come here and see the extent of the problem. This is neglect , and cruel during this pandemic isolation. – woman aged 69-74

Mental health during the COVID-19 pandemic in relation to women's safety

Women wrote about their mental health or their partner's mental health worsening during the COVID-19 pandemic, and how that was a precipitating factor in tensions within their relationships.

I have found tensions with my partner have risen and we both have been more depressed than usual without being able to attend social events. – woman aged 25-31

The mental and physical load has been extreme. I am stressed and not getting a break. My husband has provided limited support which has also put extra strain on me and put pressure on our relationship. I am also not managing stress well and am drinking too much. – woman aged 42-47

My husband is getting impossible to live with as he has a mental illness and is verbally abusive...also my husband's physical health isn't good, therefor he is putting more and more on to me to cope with. I'm feeling very tired and miserable right now. – woman aged 69-74

Many women discussed the strain on their mental health from living in an unsafe relationship or separating from an abusive partner. The lack of social connection with family and friends for support was seen to intensify their mental health concerns.

It has been taxing on my mental health, though, with less opportunity to see friends and family, and living with my partner who is an alcoholic, and has consumed more alcohol since being in lockdown. – woman aged 25-31

Realised I was dangerously close to the edge of a downward depression spiral - something I've managed to avoid for 4 or 5 years now…I realised that COVID is impacting me more this fortnight, simply because my tried and true coping mechanisms for warding off depression are unavailable to me (dance classes, playing soccer, immersing myself in volunteer work etc). The stupid thing is that these things are unavailable to me regardless of the COVID restrictions thanks to the issues with a controlling partner, but the fact that before I could think "If I can get him out of our lives this week, then I can go and do x, y & z" was keeping me kind of balanced. – woman aged 42-47

I separated from my husband of 22 years just as we moved into the first stage of Covid. Going through this and ongoing family violence during a pandemic has been

difficult. It has impacted my ability to reach out to and be supported by friends and intensified feelings of isolation. – woman aged 42-47

I'm currently going through a divorce and COVID has added to the stress which has made things much more difficult. I'm a single mum and work full time, add home schooling to that... things couldn't get anymore stressful. My ex partner is non communicative and emotionally abusive, the bright side is that I don't live with him. – woman aged 42-47

Women's mental wellbeing was impacted by other's experiences of violence. In particular, the main concern women had was for their children being exposed to abuse, regardless of their age.

We felt extremely trapped living with my volatile ex husband while not allowed to leave the house. My daughter really struggled that we had no place we could go to feel safe and relax. Being in the constant state of 'on guard' has been exhausting. – woman aged 42-47

The breakdown of a daughter's marriage due to domestic violence has caused her and her family of three children to be required to live temporarily with me. The impact of home isolation restrictions along with the ongoing verbal violence from the husband has added to the tensions within the house. – woman aged 69-74

what really distressed me was when my young… Chinese born piano teacher messaged me about her trip to the local Post office…customers turned to see her and immediately started screaming and yelling at her to: go back home and take her "Chinese Virus" home with her and various obscenities…I see her as my surrogate daughter...Pretty scary experience for [Name of piano teacher] and distressing for me to hear from her.– woman aged 69-74

Women who experienced unsafe work environments often wrote about their mental health.

It's been lonely. It's been hard. There's been a lot of time to reflect on myself and my mental health and that's been incredibly challenging. I've been lucky enough to have

been able to work the whole time but there's been immense challenges and disappointments. People haven't been as kind or compassionate as I would have hoped them to be and that's been rough. Dealing with a. Tense general public whilst also battling my own loneliness demons has been heartbreaking. – woman aged 25-31

Working in retail as an essential worker, people are a lot meaner and take things out on you and it really adds up and it's a big mental struggle to not just keep breaking down all the time. – woman aged 25-31

I have started treatment for anxiety and depression resulting from cumulative work stress which is due to the way my workplace has reacted to covid 19 this year...I have taken the step to resign from work as my workplace has not been accommodating to support me and my health. – woman aged 42-47

Some women who experienced violence identified the return of unhealthy coping mechanisms, which they used to manage their stress.

I have anxiety and depression, when schools were shut my depression was so bad I wanted to kill myself. I was having multiple panic attacks a day because of my abusive nephew and struggled immensely and started drinking to deal with it. – woman aged 25-31

My sister has started to become toxic and verbally abusive towards me now, so I have had to cut ties for now, in order to protect myself. I have the full support of my side of the family, but it still hurts. I turned back to excessive alcohol consumption, on most nights of the week, so my physical health is definitely suffering. – woman aged 42-47

I have never experienced such a sustained period of stress, hyper-vigilance, fearfulness and anxiousness in my life. I sought to self-medicate with marijuana (which I haven't done in 20 years) - and had to really fight to avoid alcohol on account of a history of alcoholism. TOUGH TIME. Having kids made it worse…It's not the COVID so much as the racism getting me down to be honest – woman aged 42-47

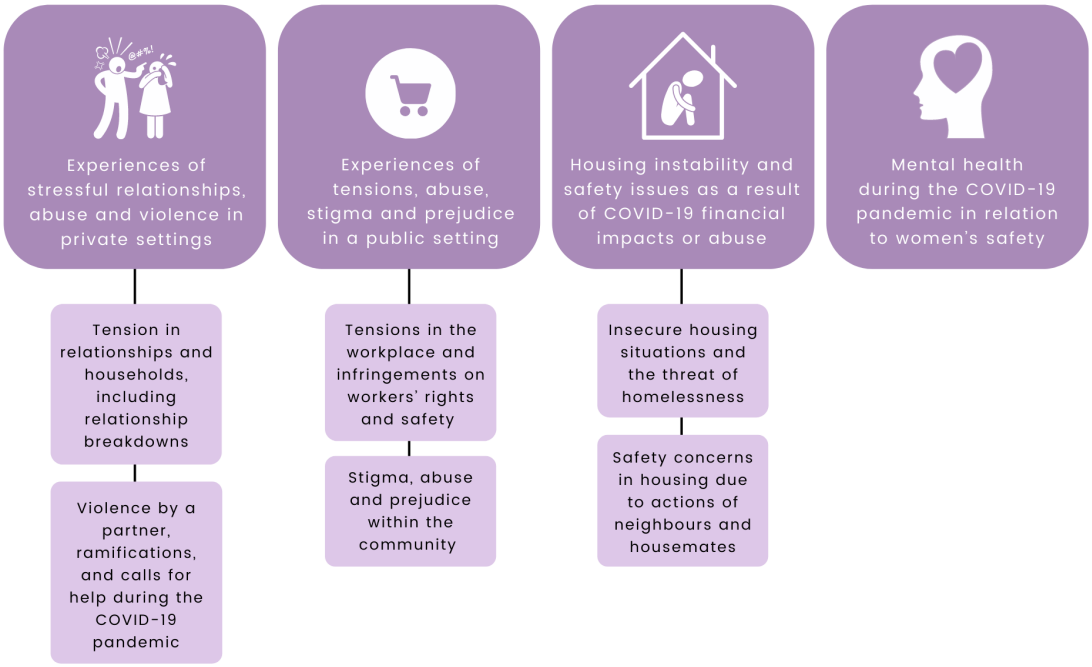
One women described feeling more vulnerable to abuse because of her exhausted mental state.

> *Two weeks ago, because of the fragility of how we feel being old, I was scammed of all my savings. I believed the man when he said he had stopped our Visa being compromised of two large payments and wanted my help in catching the internal thief. We had to buy cards to help him id the thief and our money would be safe…We have reported it to all the relevant authorities but nothing can be done as it was a voluntary purchase... It would not have happened if we had not been going through Covid crises and feeling mentally frail.* – woman aged 69-74

Key points

The analyses described in this chapter have shown that the pandemic can create situations in which women are vulnerable to abuse and violence, in line with Peterman et al. [19]. Interpersonal abuse and vulnerability to such abuse was experienced by women in all three age groups during 2020. Although a higher proportion of younger women reported these experiences than older women, between 3% and 12% of women overall had experienced interpersonal abuse during the study period. These quantitative data provide some idea of the scope of the problem, although the measure itself is limited in its ability to capture context, the full breadth of potentially violent situations, and the many nuances of women's experiences of violence. The qualitative information provided the opportunity to address some of these limitations (Figure 34). Abusive events occurred within personal relationships and in public locations, at home, at work, and in working from home settings. The COVID-19 pandemic both exacerbated stress within relationships and limited women's access to services and their ability to seek safety. Women's mental health was negatively impacted when exposed to unsafe experiences in both public and private settings during the COVID-19 pandemic.

Figure 34 Summary of findings from the qualitative analysis on women's safety



Chapter 5: Previous experiences of violence and mental health during 2020

Women's safety has been on the national agenda for many years and in recent times has been the subject of four national action plans to reduce violence against women and their children [20]. The experience of violence leaves women more vulnerable to mental health problems than women who do not experience violence. For example, previous research with ALSWH data has shown a stable and long-term association between experiences of violence and poor mental health [21]. Chapter 1 noted that violence experienced prior to 2020 was a risk factor for psychological distress during 2020 for women in all three of the cohorts. Analyses in the current chapter examine this finding in more detail. The purpose of the current chapter is to assess the impact of recent and historical experiences of violence on women's risk of psychological distress in the context of the COVID-19 pandemic in 2020.

Specifically, the research questions addressed in this chapter are:

1. What was the association between recent violence experienced prior to COVID-19 and mental health outcomes during the pandemic in 2020?

2. What was the association between historical experiences of different types of abuse (child abuse, domestic violence, physical violence, sexual violence) and mental health during the COVID-19 pandemic?

The methods used for this chapter are outlined in Appendix 2: Methods.

Recent violence

Women aged 25-31 and 42-47 were more likely to report at least one recent experience of violence, compared to women aged 69-74 (13% and 14% versus 1%, respectively) (Table 17). Women aged 42-47 were slightly more likely to have reported recent experiences of violence by a partner (12%) compared to women aged 25-31 (8%). Conversely, the prevalence of recent physical violence and sexual violence by an unspecified perpetrator was higher among women aged 25-31 (7% and 2%, respectively), compared to women aged 42-47 (4% and 1%, respectively). Less than 1% of women aged 69-74 reported recent experiences of physical violence or sexual violence by an unspecified perpetrator.

Table 17: Frequency of recent violence among women who completed the ALSWH COVID-19 Survey 5 (June 2020)

	Age 25-31 N=1,808		Age 42-47 N=2,421		Age 69-74 N=2,507	
Characteristic	**n**	**%**	**n**	**%**	**n**	**%**
Any recent violence*	228	12.6	340	14.0	16	0.6
Recent violence by a partner*	140	7.7	285	11.8	–	–
Recent physical violence by an unspecified perpetrator*	118	6.5	100	4.1	12	0.5
Recent sexual violence by an unspecified perpetrator*	44	2.4	24	1.0	4	0.2

* Violence experienced in the last 12 months at most recent ALSWH main survey

Historical violence

Overall, 4,365 out of 6,736 women reported that they had experienced at least one type of violence in their life (65%), but there were marked differences between the cohorts. There was a distinct difference in prevalence between the younger two cohorts and the oldest cohort, with 79% of women aged 25-31, 73% of women aged 42-47, and 47% of women aged 69-74 reporting at least one type of violence in their lifetimes (Table 18). More than half of women aged 25-31 and 42-47 reported historical violence by a partner (53% and 55%, respectively), compared to one in five (20%) women aged 69-74. More than half (56%) of women aged 25-31 reported historical physical violence by an unspecified perpetrator, almost half (44%) of women aged 42-47 also reported this experience, and 28% of women aged 69-74 reported historical physical violence by an unspecified perpetrator. Almost half

(44%) of women aged 25-31 reported historical sexual violence by an unspecified perpetrator, compared to one in four (25%) women aged 42-47 and one in five (21%) women aged 69-74. Around one in four women reported having experienced child abuse, which was consistent across all three age groups.

Table 18: Frequency of historical violence among women who completed the ALSWH COVID-19 Survey 5 (June 2020)

	Aged 25-31 N=1,808		Aged 42-47 N=2,421		Aged 69-74 N=2,507	
Characteristic	**n**	**%**	**n**	**%**	**n**	**%**
Any historical violence*	1,423	78.7	1,754	72.5	1,188	47.4
Historical violence by a partner*	956	52.9	1,337	55.2	494	19.7
Historical physical violence by an unspecified perpetrator*	1,019	56.4	1,059	43.7	713	28.4
Historical sexual violence by an unspecified perpetrator*	801	44.3	608	25.1	523	20.9
Historical child abuse*	455	25.2	590	24.4	630	25.1

* Violence ever reported at any ALSWH main survey

Violence experienced prior to 2020 and mental health during the pandemic in 2020

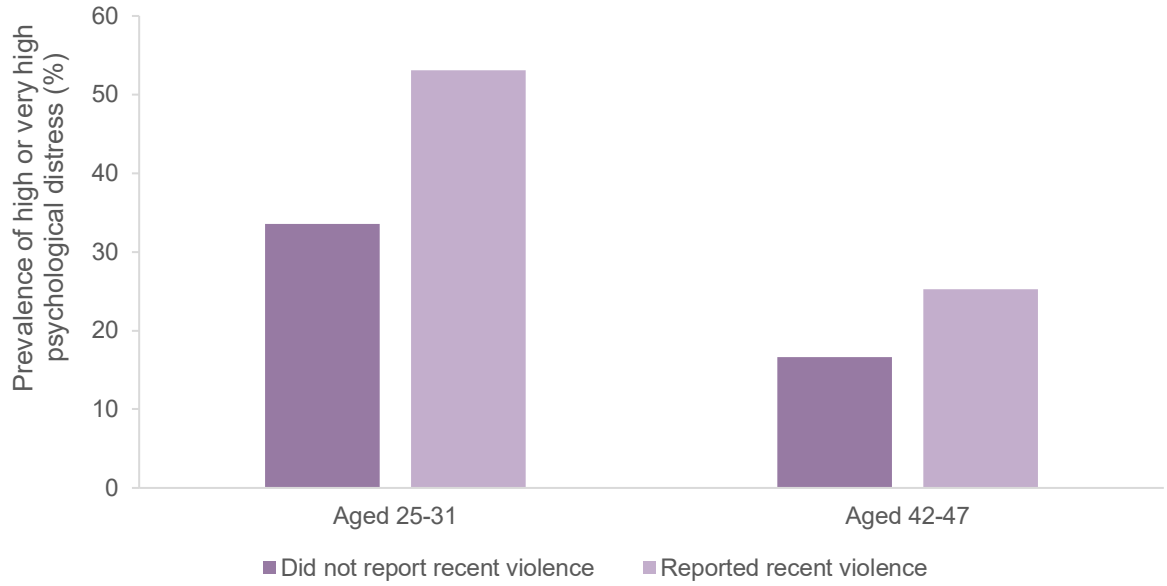
Recent violence and psychological distress during the pandemic

Women aged 25-31 who reported recent experiences of violence prior to the COVID-19 pandemic were 33% more likely to report experiencing high or very high psychological distress during the pandemic in 2020 (RR=1.33, 95%CI=1.16, 1.52, P<0.001), relative to women who did not report recent experiences of violence and after adjusting for key demographic variables[6]. Women aged 42-47 who reported recent experiences of violence prior to the COVID-19 pandemic were 28% more likely to report experiencing high or very high psychological distress during the pandemic in 2020 (RR=1.28, 95%CI=1.03, 1.58, P=0.023), relative to women who did not report recent experiences of violence and after

[6] Analyses for the 1989-95 and 1973-78 cohorts, women aged 25-31 and 42-47 during 2020, respectively, were adjusted for age, area of residence, country of birth, relationship status, education, and ability to manage on income.

adjusting for key demographic variables. This association could not be examined for women aged 69-74 due to low numbers of women reporting violence.

Figure 35: Prevalence of high or very high psychological distress during the pandemic in 2020, according to recent experience of violence

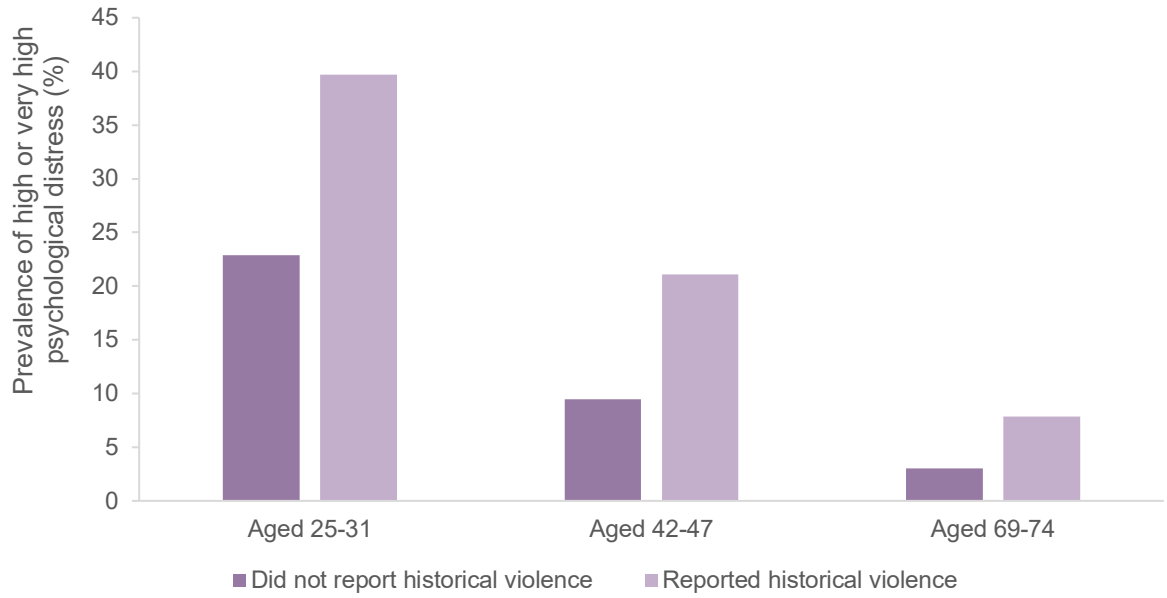


Note: Due to low numbers, women aged 69-74 were not included in this graph.

Historical violence and psychological distress during the pandemic

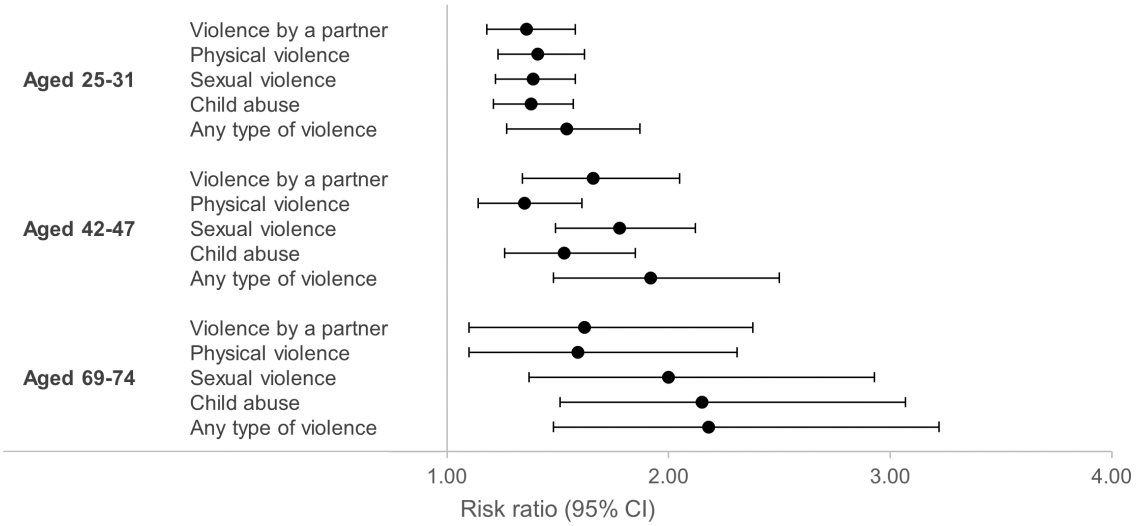
Across all age groups, and in line with findings reported in Chapter 1, women who had reported historical violence were more likely to report high or very high psychological distress during the COVID-19 pandemic than those who had not experienced violence (Figure 36). Among women aged 25-31, 40% of those who had experienced violence reported high or very high psychological distress, compared to 23% of women who had not reported violence. Similarly, 21% of women aged 42-47 who reported experiencing violence reported high or very high psychological distress, compared to 10% of those who had not reported violence. Among women aged 69-74, 8% of those who reported experiencing violence reported high or very high psychological distress, compared to 3% of women who had not reported violence.

Figure 36: Prevalence of high or very high psychological distress during the pandemic in 2020, according to historical violence



After adjusting for demographic variables (age, area of residence, country of birth, relationship status, education, and availability to manage on income), women who had ever experienced any type of historical violence were at higher risk of reporting high or very high psychological distress during the COVID-19 pandemic in 2020 compared with women who had not experienced violence (Figure 37). The strongest effect was observed among women aged 69-74 who had experienced any type of historical violence (RR=2.18, 95%CI=1.48, 3.22, P<0.001), but there was strong evidence for the effect of all types of historical violence among women across all three age groups.

Figure 37: Effect of historical violence on the risk of high or very high psychological distress during the pandemic in 2020, across three generations of women in Australia



Key points

- Women aged 25-31 who reported recent experiences of violence prior to the COVID-19 pandemic were 33% more likely to report experiencing high or very high psychological distress during the pandemic, relative to women who did not report recent experiences of violence.

- Women aged 42-47 who reported recent experiences of violence prior to the COVID-19 pandemic were 28% more likely to report experiencing high or very high psychological distress during the pandemic, relative to women who did not report recent experiences of violence.

- Historical violence showed similar results: among women aged 25-31, 40% of those who had experienced violence reported high or very high psychological distress, compared to 23% of women who had not reported violence. Similarly, 21% of women aged 42-47 who reported experiencing violence reported high or very high psychological distress, compared to 10% of those who had not reported violence. Among women aged 69-74, 8% of those who reported experiencing violence reported high or very high psychological distress, compared to 3% of women who had not reported violence.

- A history of violence by a partner, physical violence, sexual violence, and child abuse were all risk factors for high to very high psychological distress during the pandemic in 2020, across all cohorts.

Chapter 6: Mental health and social burdens of the COVID-19 pandemic

This chapter takes a qualitative approach to examining the mental health and social burdens carried by women as a result of the pandemic and policies implemented to manage the pandemic. An in-depth examination of experiences captured as events unfolded during 2020 helped to identify the nature of these burdens and the ways in which women have managed their impact. The research questions addressed in this chapter are:

1. What were the main burdens for women during the COVID-19 pandemic in 2020?
2. How did women cope with these burdens?
3. What external factors helped to alleviate the impact of stressors on women's mental wellbeing?

The methods used for this chapter are outlined in Appendix 2: Methods.

Burdens experienced by women during the 2020 pandemic

This section examines the main burdens experienced for women during 2020, and as such addresses this chapter's first research question. Results of the analysis highlighted the negative impact of the pandemic and related policies and restrictions on women's mental health, and the main social and emotional burdens associated with this. This analysis identified a number of overarching burdens. A *fear of COVID-19, loss of normality, uncertainty, and concern for others* were apparent within every theme described in this section. The *fear of COVID-19* had implications for women's financial decisions, day-to-day activities, and service use. Similarly, the *loss of normality* associated with the pandemic created disruptions to daily routines and systems and a lack of autonomy, all of which took a toll on women's mental wellbeing. The *uncertainty* surrounding the COVID-19 virus created

an element of 'not knowing' how long the pandemic would last, and an inability to plan for the future, which also impacted women's mental health. Women were burdened by a deep sense of *concern for others* in relation to family, friends, and acquaintances, as well as the greater societal, economic, and global impacts of the pandemic. Women's mental health burdens during this time were evident as they described a range of mental health implications from the COVID-19 pandemic including severe stress, heightened anxiety, and prolonged periods of depression, and even suicidal ideation among some women.

Themes

The overarching burdens included above are explored further throughout the themes described below. These themes captured the social and emotional burdens apparent in many aspects of women's lives, and included: *work-related burdens, home schooling and caring for children, loss of social and physical connectedness, disruption to daily life,* and *reduced access to or use of quality health and support services*.

Work and finance related burdens

Financial insecurity

Women's comments revealed the significant burden of financial insecurity faced during the COVID-19 pandemic. Many women described changes to their paid employment status and income as a result of restrictions affecting particular industries (e.g. travel), the implementation of physical distancing rules, and the closure of non-essential businesses and venues. Some women reported being stood down from their positions indefinitely, while others faced reduced income or limited work opportunities. Women described feelings of stress and vulnerability due to these changes.

> *It's impacted on my employment status, my income and mental health…Covid has impacted me in a way that I no longer work and have been stood down indefinitely. I work in travel.* – woman aged 25-31

> *Being entertainers we lost all paid work with the restrictions. We're slowly managing to put a couple of pieces online but this is incredibly difficult.* – woman aged 42-47

> *Stressed as my contract has ended and I now need to navigate job seeking and interviews under quarantine conditions.* – woman aged 42-47

Many women who lost some or all paid employment discussed their ineligibility for government financial support, as well as the impact of the cessation or reduction of some schemes. The lack of government financial support was described as causing substantial stress among these women.

> *I have felt a sense of lack of direction with my industries shut down and my inability to work properly. The government has now cut jobseeker which has been stressful when I have to pay rent and bills at full price still.* – woman aged 25-31

> *Reduced income…Stress is mainly due to the financial impact of COVID 19 & the uncertainty in my job. Also paying all the bills on our reduced income & not being eligible for any govt assistance.* – woman aged 42-47

> *I usually work three days…and get topped up with Aged Pension from Centrelink. Because I'm 70 I've taken Leave Without Pay to stay home which means I'm getting the full aged pension of $860pf after tax… I've taken quite a drop in weekly income…almost half my usual income. However there is no place for me in the jobsaver scheme but the Govt said for us "oldies" to stay home. Bit of an anomaly there… The income situation is where my stress is coming from as I have next to nothing in Super and still have a mortgage.* – woman aged 69-74

Concerns about job security were also expressed, with some women explaining that they were worried about future job prospects within their current industry. Others indicated concern about upcoming contract expirations during the uncertain economic climate. These women described feelings of anxiety and stress regarding their job security.

> *lack of certainty regarding job security was biggest stress, caused anxiety and reduction in appetite.* – woman aged 25-31

My employer has also paused ongoing recruitment processes (I had applied for some permanent roles just before COVID-19 impacted) which has me somewhat concerned as my contract ends at the end of the year. – woman aged 25-31

I have not coped well at all. Not only worried about my family being in contact and getting Covid but also work and if my workplace will survive. – woman aged 42-47

A number of women aged 69-74 also expressed concern about the impact of the pandemic on their superannuation funds and investment income.

My concerns have mainly centred around financial aspects of my future… Like many in my age group, my main concerns have centred around the impact on Covid 19 on my superannuation. – woman aged 69-74

My investment income has been severely impacted by COVID-19. I had been looking forward to retiring very comfortably in the near future. I will now be faced with a "depression" retirement income and I will now have to work much longer than planned. – woman aged 69-74

While some women's jobs and incomes were not affected by the COVID-19 crisis, it was clear that many were burdened by the economic impacts on their loved ones. A deep concern for family and friends experiencing financial hardship, job loss, and financial insecurity was evident.

…I guess the main impact has been the collapse of Virgin Australia. My dad is a Virgin pilot and this is impacting him very badly - he's almost sixty and I doubt he'll be able to find another job as a pilot so I'm devastated that his career is probably over…. – woman aged 25-31

I feel upset for my children and grandchildren who are trying to make ends meet and keep themselves employed. – woman aged 69-74

Changing working conditions

Policies implemented during the COVID-19 pandemic brought about changes to women's working conditions. Organisational shutdowns and stay-at-home recommendations saw a

large number of women, mainly aged 25-31 and 42-47, undertake remote work from home. Women's comments highlighted the difficulties associated with this transition.

> *I have found it hard to get the balance right at home re work; either working a lot and struggling to switch off, or trying to step back a bit and then feeling disengaged and apathetic.* – woman aged 25-31

> *The transition from those people working at the office to working at home was very stressful as it increased workloads, there were changes in staff members, stress of making sure none of our patients got lost in the process, changes in workplace practices and access to our work sites, etc… The change is welcomed now but at the beginning it was rough, stressful and exhausted us all* – woman aged 25-31

> *I'm also anxious about the extra pressure on employees - being expected to THRIVE in lockdown, when some days it's hard to just get up*. – woman aged 25-31

> *Working from home has reduced my incidental exercise and my exposure to sunlight and fresh air as I tend to spend much longer periods sitting at my desk and some days don't get outside at all.* – woman aged 42-47

Several women also commented on the lack of social connectedness to colleagues while working from home. For some, this was considered a significant loss, with many women explaining the importance of their workplace relationships as a 'normal' source of social support.

> *Very grateful and thankful I am able to do this and keep working but miss greatly the daily incidental interactions with my colleagues - virtual isn't quite the same as a workroom of people.* – woman aged 25-31

> *Not having a normal workplace to return to I found it harder to deal with family illness even though it has been a constant in my life. This is the first time in my entire life I didn't have somewhere to return to every day. I found my mental health really couldn't cope with being away from normal social circles* – woman aged 25-31

there has been a definite impact on connections with others, especially the workplace relationships lost due to working from home. – woman aged 42-47

Essential worker burdens

Women's comments highlighted specific burdens experienced by essential workers during the COVID-19 pandemic. Essential workers included anyone who was not subject to lockdowns, for example, healthcare workers, teachers, retail and factory workers, and emergency and some infrastructure and logistics services. Many women who were essential workers reported an increased workload as a result of the pandemic, with some experiencing longer shifts and others an added degree of complexity to and demands of their roles. This significantly impacted mental health and energy levels for many women.

As I am an essential worker I have worked 12 hour shifts during these times. Work has been tedious working around implementing restrictions in a prison. We have had no breaks, no down time. if anything work has doubled. – woman aged 25-31

Covid-19 has made my work life extremely busy and is causing me severe stress and anxiety. I feel depleted when I get home from work and have little energy for my husband and children. I am very easily brought to tears and often feel physically sick. – woman aged 42-47

The amount of work/ pressure being placed on employees to deliver government social and economic recovery planning programs in addition to attempting any BAU [Business As Usual] work, will result in burnout and implementation issues as things are being so rushed, I should be grateful for a job however the workload and being Bullied by management is adding to already stressful situations. – woman aged 42-47

Working at the frontline of the pandemic, health care workers' comments revealed the intense pressure placed on them during this time. In addition to an increased workload, the burden of working in an environment with increased risk of transmission was also evident.

As a nurse I worry for everyone's health, but also my own. Everyone has forgotten that their actions and this virus is putting healthcare workers at risk - not only of the virus itself but also we are SO exhausted and overworked. I worry about our mental

health and our career stamina. Lockdown fatigue? Try nurses with compassion fatigue. Come to hospital with covid and get treated by nurses who have no kindness left because we are exhausted. – woman aged 25-31

I work in health so Covid was very scary for me, and my family initially. – woman aged 42-47

As a nurse working in aged care, the rule regarding care workers not able to work across sites is putting all staff under enormous pressure, having to work extended or double shifts to cover staff short falls, its beginning to take a toll and with no end in site, not sure how it will end up. But not well is my guess. – woman aged 69-74

The COVID-19 pandemic also introduced particular challenges for those working in education. Primary and high school teachers highlighted the difficulty of transitioning to remote learning and the disruptions associated with this. Comments from women who were teachers indicated increased stress and cognitive burden, alongside concern for their own health and wellbeing.

I'm a teacher and the government wants students to return to school. I'm stressed as I feel that there little or no consideration for health of teachers - we are being asked too much… Realised that I've had sleepless periods in the night and feel I can attribute it to stress caused by COVID. – woman aged 42-47

…Workload has been out of control and has not settled down now that students have returned to school due to pressure to make up for the time lost Kids are back at school full time for face to face teaching which has been mixed – woman aged 42-47

The greatest impact of COVID-19 has been the massive increase in 'cognitive load' that I must carry as a full-time teacher, wife and mother. This includes working from home - off my dining room table with borrowed devices that I set up and take down each day - during which I prepare and delivery and monitor and document etc multiple on-line lessons for year 11 and 12 students... In between doing that, I have to monitor and support my son who is in Year 6 with his school work (also at the dining table) whilst checking in with my daughter (year 8) to make sure she is

keeping on top of her work too. There are three timetables I need to be aware of and manage, including scheduling Zooms etc. – woman aged 42-47

Health care workers and teaching staff were also faced with challenges in implementing COVID-19 safe procedures. For some, this was associated with a further increase in workload. Others described shortfalls in the protection of staff and insufficient workplace supplies of personal protective equipment or hand sanitiser. Many teachers' comments about the return to face-to-face teaching also underscored the difficulties in implementing physical distancing measures with young children.

While so many people were losing their jobs, ours essentially doubled with the government announcing we would provide learning for children at home as well as at school. Our school was also not well stocked with hand sanitiser which added concern to our general safety. – woman aged 25-31

As a Classroom teacher of young children Social distancing is impossible. Throughout the Covid 'journey' it has seemed ludicrous to expect social distancing to occur and then keep schools open. – woman aged 42-47

As a registered nurse working in acute impatient mental health settling I believe that protective measures for staff could be improved. Due to 'least restrictive practice' our patients are not effectively adhering to personal distancing practice from the staff. Staff have not been assisted by having screens erected at high patient contact points, like the staff station desk, as you see in all other public interactive areas in society and business premises. – woman aged 69-74

The impact on essential workers' concern for their patients and students during the pandemic was also evident. In particular, teachers described being worried about the impact of the sudden transition to remote learning on their students' education, in addition to their general wellbeing.

I am a secondary school teacher so much of the way I do things every day has changed dramatically…I have really struggled not seeing my students every day and being able to tell if they are understanding what I am teaching. It is impossible to

authenticate their work and although I would like to I can't really ascertain if they are okay each day like I would if I could see them in class and know they weren't themselves. – woman aged 25-31

Home schooling and caring for children

Women's comments highlighted the burden of school closures and government recommendations of remote learning for children of non-essential workers. These policies saw caregivers, largely mothers and grandmothers, take on home schooling and assisting their children with distance education. Many women described this as being difficult and stressful.

Have had a difficult period through the school holidays managing my teenagers (teenage daughter particularly) in limiting her time out of the home with friends. During remote learning the last three weeks of the term managing siblings in the house in close quarters caused stress. It has been like a pressure cooker. Although I completely support the government's course of action, I'm looking forward to the time when high school can return and community sport can provide an outlet again for socialisation and exercise for children. – woman aged 42-47

Home learning with 3 children, limited resources and initial lack of work/structure from the kids' school has been one of the most testing things I have ever undertaken. I was close to having a breakdown with stressful days and surviving on only a few hours sleep a night preparing for the next day of learning around one device. – woman aged 42-47

Many women, particularly aged 42-47, also described the added stress of balancing work responsibilities while supervising and assisting their school-aged children.

Trying to juggle working with the home schooling was impossible. – woman aged 42-47

Home schooling and working full time is extremely stressful and my wellbeing is definitely suffering. – woman aged 42-47

I'm very worried about the possibility of returning to home schooling and the stress that will place on my son. I also found this extremely difficult to manage - trying to find enough time to support his studies, full time work and study was nearly impossible and certainly not sustainable – woman aged 42-47

Similar restrictions on the operation of childcare facilities also had an impact on women in paid employment. Women described feeling pushed beyond capacity with these competing priorities.

Work from home is enjoyable when my son is able to be at school however it is extremely difficult when my son is at home. (Also, I decided to stop sending him to oshc even though it is difficult.)… Stress from trying to work from home while parenting my son who has adhd and anxiety, while his father won't take any leave from work to provide additional support. I don't feel like this is fair. – woman aged 42-47

So much more time off work is required now I cannot attend work or have my son attend childcare with a simple cough and no other symptoms. In the past I would always attend work unless I was actually feeling unwell. – woman aged 42-47

Mothers in paid employment described feeling guilty, as they perceived an inability to adequately perform in the competing roles of mother and worker during the COVID-19 pandemic in 2020.

Home schooling has been very difficult when working from home, I am torn between helping the children (6 and 10) and actually getting any work done. The home schooling magnifies my guilt of working, when I want to be helping the children. – woman aged 42-47

At the same time, my own children were forced to go to school because I was expected at school. I found this very difficult and felt very guilty that while their friends were having a lovely "extended holiday" at home, my children were catching public transport and sitting in classrooms, not protected. – woman aged 42-47

The impact of school interruptions and the difficulties of remote learning on children's education was also a major concern for mothers.

> *We've just entered stage 4 restrictions, and the whole family are showing signs of stress. I worry about the kids, who are increasingly struggling with emotional regulation and motivation to do anything.* – woman aged 42-47

> *I worry about my daughter who is a primary school teacher in NSW and a sole parent to my grandchildren. I worry about her being face to face with a classroom of pupils with no PPE.* – woman aged 69-74

Several women also noted the impact of the pandemic on home duties. Women described an increased domestic workload as there was a need for more cleaning, cooking, and grocery shopping, as a result of more family members in the home for extended periods of time.

> *The mental load of making sure my two kids are organised for school, along with continuing to work and maintain the home is tiring. One of my kids has ASD and needs a lot of support to get through the school work* – woman aged 42-47

> *Kids at home has meant more housework, but less time to do it. Grocery bills have increased.* – woman aged 42-47

> *Maintenance of depression and anxiety suffered due to increased workload of housework (more time at home), caring for child and working from home.* – woman aged 42-47

> *A lot of extra stress trying to juggle 3 young children & their school work… Trying to fit in daily chores is difficult as I have to do them after the kids go to bed so I'm sleeping a lot less…Only myself to home school 3 children which took from 6am till around 4pm each day…Eating quick crappy food cause I didn't have the time to prepare food.* – woman aged 42-47

Loss of social and physical connectedness

The implementation of restrictions on travel and gatherings saw many women disconnected from their family and friends during the COVID-19 pandemic. Some women explained that their mental health had suffered greatly, as a result of long-term separation from their loved ones and a lack of social support. Similarly, being unable to visit and support family members through hard times, such as terminal illness, had a detrimental impact on women's mental health.

> *I was caring for my mother who had lung cancer until about 4 weeks ago. She went into hospital for treatment but was found to have profound breathlessness and due to Covid requirements was tested and isolated (although logic had it the cancer was causing the issue). Her result came back negative on night 2 of her isolated hospital stay and she passed away suddenly on the early Morning of her 3rd day. She had been separated from all her friends and family for over 48hours before her death so in this was I have been profoundly impacted by the covid situation although Like so many of us, through no direct illness associated with the virus* – woman aged 25-31

> *Less time with my friends has been dreadful. I have a group of women friends who are genuinely supportive of one another, and who always have each others back. Not having frequent face to face interactions and a quick chat about anything small to large means I'm in my own head too much* – woman aged 42-47

> *Inability to see grandchildren has been a huge mental problem for me. They are my lifeline.* – woman aged 69-74

> *Loss of companionship in social groups , family, and connection with volunteer work colleagues.* – woman aged 69-74

A number of women acknowledged an absence of physical touch during the pandemic, as a result of restrictions and COVID-safe guidelines.

> *Social distancing and lack of social contact e.g. hugs from close friends has a negative impact on my emotional wellbeing.* – woman aged 42-47

Difficulty on an emotional level when given a diagnosis of breast cancer and maintaining distancing when all you want is a hug. – woman aged 69-74

Travel restrictions and limitations on the number of people allowed at social gatherings had an impact on life events and celebrations. Women's comments revealed the social and emotional burdens of being unable to attend birthday celebrations, weddings, and the birth of new family members.

We are due to get married on 27 November. This has been the most stressful process. My fiance's immediate family, groomsmen and 95% of his guests are all in Brisbane. I have never been so anxious, and we get the border announcement tomorrow, 4 weeks out from our wedding which we may not be able to have. I can't sleep, I'm getting sick, and feel like I cannot function. – woman aged 25-31

I love being home but this is so hard on my mental state.....just want to be able to celebrate being cancer free for now.....but find my health is not doing so well.....mental health as well....just miss people will be glad when it is all over... – woman aged 69-74

This year was supposed to be a year of milestones, i.e. 70th birthday, 20+wedding anniversary, the long awaited trip of a life time etc etc, The year was supposed to be filled with merriment not the opposite. It will take a long time to get over. time can never be replaced. – woman aged 69-74

The inability to hold or attend funerals and end of life celebrations was particularly burdensome. Some women explained that the pain of losing a loved one was worsened by the lack of a ceremony to mourn and the inability to support others in person. Other women who were able to travel for these purposes were still impacted by COVID-19 safe measures, such as having to self-isolate or quarantine on either side of their trip.

Had to travel for my brothers funeral, quarantine on the way home has been an incredibly stressful part of the trip – woman aged 25-31

One of my best friends passed away from cancer on 29 March. We could not have a funeral to grieve nor assist her husband and three kids. They live one street away from us... This is the worst part of COVID for us - the inability to grieve and support our loved ones. – woman aged 42-47

I have been quite stressed. My 93 year old Aunt passed away and she lived up on the NSW border. Due to being totally locked down in (name of place) I was not able to go see her or my cousins nor attend her funeral. This was a very sad and stressful time for me. – woman aged 69-74

Comments regarding shutdown policies which limited women's movements and gatherings outside of their household underscored the burden of isolation. There were some groups of women identified as being particularly affected by isolation during the COVID-19 crisis: those living alone, new mothers, and women living in Victoria.

Isolation presented difficulties for those living alone, due to the lack of social contact while confined to the home. These women described intense feelings of loneliness and disconnectedness.

I don't think that people living alone were thought of enough during lockdown. And that there wasn't a big enough focus on mental health, and the effect that having our lives taken away from us had!! – woman aged 42-47

The isolation has been soul destroying. Living alone, with no family has caused long lonely days made worse by emergency spinal surgery. So looking forward to reconnecting with friends and returning to regular activities – woman aged 69-74

Deep anxiety… Managing the emotional roller coaster of being in Melbourne has been very difficult, especially as I live alone… Like everyone I am feeling the lack of human contact. – woman aged 69-74

Similarly, periods of isolation were particularly difficult for new mothers. The COVID-19 pandemic and policies exasperated an already stressful and vulnerable time in women's lives. Stay-at-home orders, lock downs, lack of face-to-face health services or support

groups, and restrictions on visitors to hospital left these women feeling unsupported and disconnected from others.

> *I have been diagnosed with post natal depression which I feel was heightened due to covid and being isolated from family and friends and everyday normal life* – woman aged 25-31

> *I have felt lack of support, social isolation and difficulty accessing medical assistance due to Telehealth restrictions and phone visits instead of face to face appointments. Visiting hours were restricted in hospital to 1 visitor for 1 hr twice a day. This included my partner which was quiet isolating.* – woman aged 25-31

> *…Isolated with a new baby has been extremely difficult and taxing on my mental health. Living a few hours from any family has made the days alone with a baby hard, especially as my husbands work has been changed around due to Covid.* – woman aged 25-31

Women living in Victoria were impacted by strict and long-lasting isolation policies, relative to those living in other areas of Australia. The additional and long-term burdens faced by these women were evident. Women described a sense of fatigue and 'defeat' while continuing to watch COVID-19 cases rise throughout the collective attempt to control the virus. Many indicated the severe negative impact that this had on their mental health.

> *Second lock down is so much harder than the first and all the things that made the first one tolerable (all in it together, new services and ideas for zoom parties etc) have all dried up now. We are over it.* – woman aged 25-31

> *The Stage 4 lockdown in Melbourne has not been good for my mental wellbeing. It is depressing and demoralising watching the numbers continue to increase while our liberties decrease. The monotony also gets to me and makes me lose track of time.* – woman aged 42-47

The loss of social and physical connectedness also impacted women indirectly as they considered others during the COVID-19 pandemic. Many women described their concerns

for family and friends in isolation. There was also profound sense of worry for people less fortunate or in tougher lockdowns conditions, especially those in Victoria.

> *I worry about children and women where home isn't a safe and happy place.* – woman aged 42-47

> *Sad for NSW and Victoria and mental health of those living there in hotspots*. – woman aged 42-47

Disruption to daily life

The COVID-19 restrictions caused disruption and changes to normal day-to-day routines. There was a sense of loss among women, as they described missing their usual leisure activities and outings. The removal of these norms with COVID-19 policies had an impact on women's general wellbeing. Some also highlighted a loss of autonomy, which appeared to cause further frustration and stress.

> *We miss seeing friends, going out for dinner, going to the theatre or cinema, looking forward to all that resuming.* – woman aged 69-74

> *Just missing the freedom to go out whenever or wherever I would like to go.* – woman aged 69-74

Loss of routine and normalcy also severely impacted some women's ability to manage their mental health. Women wrote about losing their usual outlets for coping and the negative consequences this had on their mental health. For many, exercise was viewed as a self-care practice. Others utilised dining out or forms of entertainment to maintain their mental health. These women explained that their opportunities for self-care were extremely limited in periods of lockdown and business closures, which resulted in poor mental health.

> *The lack of physical exercise is having significant impacts on both physical and mental health as I rely heavily on exercise to maintain a routine and mental health.* – woman aged 25-31

> *I realised that COVID is impacting me more this fortnight, simply because my tried and true coping mechanisms for warding off depression are unavailable to me (dance*

classes, playing soccer, immersing myself in volunteer work etc). – woman aged 42-47

chronic treatment resistant depression which is always present has worsened more than usual this last 2 weeks I put this down to inability to do some of the activities that help me keep it at a manageable level .This distresses me – woman aged 69-74

Reduced access to or use of quality health and support services

The pandemic had a major impact on accessibility and availability of health services. Some women wrote about purposefully limiting or avoiding their health service use during the pandemic, due to a fear of catching and spreading COVID-19. Others described wanting to delay their health service use to avoid 'unnecessary strain' on the medical system, demonstrating their concern for others.

It's also difficult to be able to find support because I'm too frightened of COVID to go to the doctor. I don't want a Tele health consult because I don't want to take up their time. – woman aged 25-31

I am currently undergoing medical investigations for a potential blood disease or possibly cancer. The pandemic has significantly impacted the speed of these investigations which has impacted my mental health, spending all this time away from my family and friends with this huge question mark about my health looming. I can't talk to anyone as I don't want them to worry if it turns out to be nothing. I would normally have had an appointment with my psychiatrist in this time however this has not been possible, and I haven't felt my concerns have been urgent enough to bother her in this hectic time. – woman aged 25-31

I was supposed to have a follow-up blood test of my sugar level, however, I decided against going as my initial reasoning was that I may share the facility with people who are testing for COVID-19. – woman aged 42-47

For some women, limitations on face-to-face and elective services resulted in cancellations and delays of pre-existing appointments and procedures. Others experienced a lack of available health services or difficulties in arranging appointments when required.

We have been through fertility treatment during COVID 19 and it has been distressing and challenging. Due to COVID 19 we were initially unable to proceed with treatment and treatment was delayed until restrictions were eased which was extremely challenging. – woman aged 25-31

delay in access to fertility treatments. While I still have access to my dr and team via phone and conference, being unable to see them face to face means I get less direct support as we often play phone tag, and am left feeling a bit up in the air around some aspects of new steps taken. – woman aged 25-31

I need an appt with the Gynaecologist and cannot get anyone to return my calls. This is very frustrating. – woman aged 42-47

Many women wrote about severely limited and inadequate mental health and maternity services throughout the pandemic. Not having access to face-to-face routine care during this time was extremely detrimental to some women's mental health.

I'm currently on maternity leave. Covid-19 has had a massive impact on my mental health because I haven't been able to access the level of support I would normally have (MCH visits all over the place and by phone, mothers group cancelled, less family support etc.). I've recently been diagnosed with postnatal depression that I suspect wouldn't be the case if I wasn't in isolation and have engaged a local service through help through my GP. – woman aged 25-31

Recently needed emergency surgery and hospital ward doesn't allow children to visit so haven't seen my children (1 month old breastfed baby and 3yo) in 4+ days, which in turn has resulted in extreme stress for me (+ expressed breast milk is added stress to recovery) and flowed on to my husband taking on all family duties and thus he also can't visit me so isolation during an intense postpartum period. – woman aged 25-31

I am losing motivation and feeling generally very down, maybe depressed even. Tried getting into a psychologists but they're all booked up for weeks. – woman aged 42-47

Telehealth services were used as an alternative method of providing care to patients throughout the COVID-19 pandemic in 2020. Some women found telehealth to be ineffective and inappropriate for their health condition. Others wrote about avoiding care as there was not a face-to face option.

> *I want to go on anti-depressants but I am unable to do so until face time face doctor appointments become available.* – woman aged 25-31

> *I feel that appointments with my psychologist via telehealth aren't as effective as ones in person.* – woman aged 25-31

> *Accessing doctors and health services during COVID has had a huge impact on our family. With a child with special needs who has a life threating illness having Telehealth appointments have not always worked for us...* – woman aged 69-74

Coping with and alleviating the impact of COVID-19 related burdens

This section of the analysis addresses this chapter's second and third research questions, and identifies the coping mechanisms and external factors that assisted women in 'dealing with' the mental health impacts of the COVID-19 pandemic. A number of overarching coping factors were identified: *the value and importance of technology, maintaining a positive mindset throughout the pandemic,* and *a willingness to adapt*. The *value and importance of technology* was seen in the reliance on and appreciation for various forms of technology, which were used to maintain social connectedness, provide entertainment, facilitate working from home arrangements, and access health care. Women also described *maintaining a positive mindset throughout the pandemic*, which was reflected by the following elements: expressions of gratitude in comparison with others' situations, hopefulness for the future, and resilience in having overcome challenges. Finally, women showed a *willingness to adapt* as they made changes in different aspects of their lives and accepted a 'new normal'.

Themes

The overarching coping factors included above are explored further throughout the identified themes described below. *Life balance, health behaviours, financial security,* and

support were identified as the main themes relating to factors women used to cope with the burdens resulting from the COVID-19 pandemic.

Life balance

Across all age groups, there were a multitude of comments indicating an appreciation for the slower lifestyle enforced by the pandemic. Although there were negatives associated with policies and restrictions requiring women to spend more time at home, many also acknowledged positive aspects. Women often described enjoying more time at home to enjoy loved ones' company, to complete chores and work around the home, or to simply have a 'break'. Further, there was a sense of gratitude for reduced social pressures and commitments.

> *Currently I am unemployed, that's the only major impact. However, I receive Jobseeker and although it's just enough for bills I am enjoying the flexible downtime and trying to focus on health and fitness goals during this time instead.* – woman aged 25-31

> *The school holidays were great (home schooling during term was a little frustrating but generally ok) as there was no pressure to do any activities so we could relax & enjoy time at home. I have not missed early mornings, the school morning drop off, the after school activities, the after school grumpy/emotional kids. I haven't missed working on canteen or the P& C meetings.* – woman aged 42-47

> *I like being able to spend more down time and not feel guilty when I would normally be socialising.* – woman aged 42-47

> *Life became quieter and with that came the ability to focus on the domestic scene and undertake enjoyable activities (reading in the sun, going for walks, baking, culling and clearing of clothing & accumulated items inter alia), the simpler things in life.* – woman aged 69-74

Upon reflection, a number of women expressed a desire for this balanced lifestyle and slower pace of living to continue after the COVID-19 crisis. Many spoke of reassessing

priorities and having a chance to decide what was most important to them moving forward. This adaptation to the 'new normal' was considered to be positive.

> *I am looking forward to seeing what will change permanently as a result of COVID. I'm hoping for things like a lesser dependence on capitalism, shorter working weeks, more working from home and studying online!* – woman aged 25-31

> *It has been stressful. But on the plus side, it has also given me time to work out what is important, and more quality time with my family.* – woman aged 42-47

> *…I feel guilty that, on balance, this experience of withdrawal from the world has been great for me and I hope to apply this principle of LESS in my life going forward.* – woman aged 42-47

Many acknowledged the role of flexible work arrangements in achieving their newfound life balance. Working from home arrangements that allowed women to complete tasks and projects remotely were acknowledged as positive, with more time for family and less time commuting being identified as benefits. As COVID-19 restrictions eased, the return to physical workplaces was not welcomed by many. Women explained the value of having the option to choose to work from home, or move forward with a combination of remote and face-to-face work.

> *Currently I work 3 days in office and 2 days at home. I originally preferred WFH, but am enjoying the split between the two. I hope this arrangement stays for the long term as it has greatly benefited my life (less distractions/anxiety while still connecting with colleagues)* – woman aged 25-31

> *I love not commuting to work - it means more time with my son each day. I feel so fortunate to be able to continue working and to do so from home.* – woman aged 42-47

Changes to health behaviours

Women wrote about a range of health behaviours throughout the fortnightly surveys. The value of exercise and fitness in coping with the stressors of the pandemic was evident for all

three age groups. Women described using exercise and fitness to aid their mental and physical health, as well as preventing boredom during the COVID-19 crisis.

> *Boredom and frustration for the whole family. Now making an effort to do more exercise and everyone is feeling the benefits* – woman aged 42-47

> *I have found projects at home to keep me busy such as sorting through old recipes and millions of photos, emailing family and friends overseas and also taking long walks and online pilates classes.* – woman aged 69-74

Many women acknowledged that their regular forms of exercise had been impacted by gym closures and the implementation of physical distancing rules. There were reports of substituting these regular activities with those suitable to the COVID-19 context. This often involved walking outdoors or participating in online fitness classes.

> *My physical activity has swapped from being balanced cardio-strength before covid, to being almost entirely cardio since covid. Cardio is far more accessible in the covid context (especially when gyms were closed and even now that they are open they still feel too dodge to go to). It's easier to squeeze in a lunchtime run when working from home, and if you don't shower after no-one can smell you in zoom meetings haha.* – woman aged 25-31

> *My physical activity has changed from a high-intensity gym session 4-5 times each week, to walking around the lake daily. Although I have lost muscle and cardio fitness, my mental health/thoughts are clearer from the long walks*. – woman aged 25-31

> *Not attending gym, water aerobics, Pilates and stretch classes or street orienteering group activities, Lions group or book groups. Doing stretch activity and aerobic activity with Y tube trice weekly… Have done a lot more walking instead of going to the gym - improved aerobically* – woman aged 69-74

Women also described changes to their food consumption in response to the stressors of the pandemic. Some comments revealed the effect of stress and isolation on food

consumption, with many women reporting that they were eating more 'comfort foods'. Other women explained that boredom and increased accessibility of food at home led to an increase in food consumption.

> *We are eating more sweet products. It's kinda like a reward for the very insular life we are leading.* – woman aged 69-74

> *Although I have said I have a bigger appetite, I think it is more lack of self-control with eating due to restrictions, boredom & lack of regular activity which has also occurred due to post surgery restrictions as well as COVID ones; and filling days with more cooking & baking!* – woman aged 69-74

Women also detailed changes to their alcohol and other drug use during the COVID-19 crisis. Many reported drinking more alcohol due to the pandemic. Some explained that they did so because of boredom and the monotony of isolation, whereas others used alcohol as a means to deal with stress. Comments also indicated some women used tobacco and other drugs to deal with the negative effects of the COVID-19 crisis.

> *Being home increased alcohol intake slightly so increased snack foods that were drank with beer and wine* – woman aged 25-31

> *My mental health is deteriorating fast… Mental health exacerbation, existential crisis every couple of weeks, no purpose… Poor mental health… very poor mental health. using small dosage of weed edibles to manage better.* – woman aged 25-31

> *I have a couple of smokes of an afternoon but not every. A couple of times of have had a smoke during the day. Sometimes prompted by annoyance after a meeting :) or just taking a break and feeling idle / not knowing what to do.* – woman aged 42-47

Conversely, other women described being prompted to make positive health changes during the pandemic.

> *Initially, due to COVID 19, my diet and exercise became worse for a few months (gym closing, was stress-eating). In the last few weeks I have made positive changes to my*

diet and exercise, and so my physical activity has recently increased. – woman aged 25-31

I started on [nicotine replacement therapy] and have not smoked for 3 weeks now! Still craving them but COVID has scared me into it… I gave up smoking! I needed a push, I had wanted to give up for a while, but the descriptions of people dying without any breath helped me with the last step! – woman aged 42-47

Previous surveys I had put about drinking more alcohol, I have now gone two weeks without alcohol. Health and mentality have improved a lot for it. – woman aged 42-47

Financial security

While many women suffered financially during the COVID-19 pandemic (Financial insecurity), others reported that they had retained work or that their family still had a steady income, despite economic uncertainty. Women also wrote about the importance of government financial support schemes (Formal support). Women's comments indicated a sense of gratitude in relation to this. A number of women reflected on their situation, predicting that they would be worse off without employment or income, while others who regained employment during the COVID-19 crisis commented on the improvement that this made to their wellbeing.

I haven't had any work. Lucky my husband is still Working otherwise we would be struggling so much more. – woman aged 42-47

My work has kept me calm and confident. I was not okay when I did not have a job. 3 weeks ago I started employment and I feel much better. This is important to me. – woman aged 42-47

While there is fear, uncertainty and disruption, I am lucky to have a stable job that I enjoy and that pays me well. – woman aged 42-47

Women acknowledged the role of technology in facilitating working from home arrangements and allowing them to continue to earn an income. There was a sense of

gratitude for being able to do this, with many indicating that it had a positive impact on their mental health during the pandemic.

> *Thankfully, my work has supplied me with a monitor and laptop. I do need to use my own broadband, but that is working well (Thank you broadband! This means 4 of us can be on a Zoom/Google Meet video call at the same time!).* – woman aged 42-47

> *I really appreciate having work to do at home and constant contact via phone and online meetings with colleagues. This has been excellent for my mental health.* – woman aged 69-74

A number of women described being grateful for their savings, which they had accrued prior to the COVID-19 pandemic. Many of these women had experienced financial hardship during the pandemic and explained that their savings alleviated some stress.

> *Lost job (tourism industry) so relied on savings for a few months* – woman aged 25-31

> *We are living on one wage, as my partner is out of full-time work and finding it very difficult to get back into work as there is such a high number of people looking for work at the same time. Luckily, we have some savings to fall back on.* – woman aged 42-47

Similarly, many women also appreciated being able to save on regular expenses during the COVID-19 crisis. Work-from-home recommendations, business closures, and policies restricting movement in public saw women stay at home more than usual. A number of comments described the positive side of these policies in having extra funds usually reserved for petrol, socialisation, and lifestyle.

> *I have been in the wonderful position of actually saving money during COVID as I have been working full time and not had major additional expenses, and a cut back in small daily expenses that have added up.* – woman aged 42-47

> *Prior to Covid I had trouble making ends meet. I a single professional mother of 3 children. They are very active and so I have received refunds from all of their extracurricular sporting activities and some of their state school fees have also been*

refunded. I am not using petrol the way I used to and I've only gone back to onsite work this week which is local. – woman aged 42-47

Support throughout the COVID-19 pandemic

Social support and maintaining connections to family and friends

The impact of social support on women's mental wellbeing was evident throughout the COVID-19 pandemic. Women from all three age groups spoke of the benefits of spending time with family and friends. Some explained that this support helped them to deal with stressors of the pandemic.

The positive is spending quality time with my household members, where we are supporting each other emotionally. – woman aged 42-47

…I'm learning the importance of looking after myself, I'm finding my feet so I can continue to support my friends and family when they need me. - I have a new understanding of how important spending time with my supportive women friends is. I've not taken them for granted before, but the forced estrangement has highlighted just how much incidental support we provide each other. Now that we can see each other again and have a random chat, we work through challenges again quite simply rather than during March to July when I was feeling the negative effects of isolation from my crew because I couldn't bounce an idea off someone I usually would. – woman aged 42-47

My family have been coping very well and have seen each other on a regular basis. I live in a Lifestyle Village and we have been seeing each other regularly and have all been a great support base. – woman aged 69-74

Women discussed the importance of technology in being able to access informal support during the pandemic. Many described keeping in contact with family and friends via phone and video chat, which alleviated the negative effects of isolation, and helped to maintain social connectedness.

COVID-19 and the stay home rulings were difficult to adjust to being a new mum, and not have frequent access to face-to-face visits with my mothers group. We were lucky

to have a wonderful online chatting network between us though. – woman aged 25-31

Regular phone calls and video chats keep us connected and up to date, so we are not stressed or worried. – woman aged 69-74

Negative would be not visiting or being visited by family. As my Dad is 81 we made a call very early on not to visit. Having said this we still communicate via phone-calls and video chats which has been amusing and different way. – woman aged 42-47

Formal support

Women's comments revealed an appreciation for different forms of support during the COVID-19 crisis. Those aged 25-31, in particular, spoke of financial support. Young women reported benefitting from a range of government payment schemes, including Job Keeper, Job Seeker, and the Coronavirus Supplement.

If my husband and I didn't receive the Corona virus supplement, we would have struggled a lot money wise – woman aged 25-31

job hunting is worse than ever but I'm grateful to the increase in government payments. – woman aged 25-31

Positives - the temporary boost to centrelink payments has meant that I've been able to see a psychiatrist for the first time and have had my mental illnesses correctly diagnosed + am starting treatment for them. I will not be able to continue the appointments going forth but I will be able to continue with the medication and some affordable counselling. – woman aged 25-31

Other women spoke of government subsidies that had assisted them in accessing health services during the COVID-19 crisis. Some described feeling grateful that their telehealth consultations were bulk-billed.

It was helpful to be able to ask for a repeat of an existing prescription over the phone. It was also great that telehealth was bulk billed as I had previously attended

my GP clinic in person before the pandemic - the condition of the appointment being free. – woman aged 25-31

My private specialist appointment got changed to telehealth and was bulk-billed – woman aged 25-31

Women also described accessing mental health services to deal with the stressors and burdens associated with the COVID-19 pandemic.

Loneliness. I live on my own. I have family who are sympathetic, but feel helpless. Their busy with their own life. I used to travel with friends. But that has stopped because of the virus. I just started to see a psychologist. – woman aged 69-74

Covid-19 I'm sure precipitated the marriage breakup of my daughter and son-in-law. I live in a Granny flat behind the main house (of which I'm a partial owner). The property will have to be sold, and my daughter, grandson and I will have to purchase another house. I presumed I would live out my years here. It has been a shock and the prospect of relocating is daunting. I am having counselling which is a great help. – woman aged 69-74

Women's comments also highlighted the importance of being able to access health services, despite COVID-safe policies limiting the availability of face-to-face services. Many women who had used telehealth or similar remote health services described the benefits of these services. Some even reported enhanced access to services, due to the convenience of appointments via phone or online.

Have been seeing a dietician through hospital coeliac disease clinic following diagnosis in May. I've had appointments via telehealth (phone x2 and video x1). This has enabled me to just step out of work briefly instead of taking many hours off to visit the hospital, and even to have an appointment whilst driving across town when transporting mum to her own appointments. I hope telehealth is here to stay, it has really enhanced my access to health Services… – woman aged 25-31

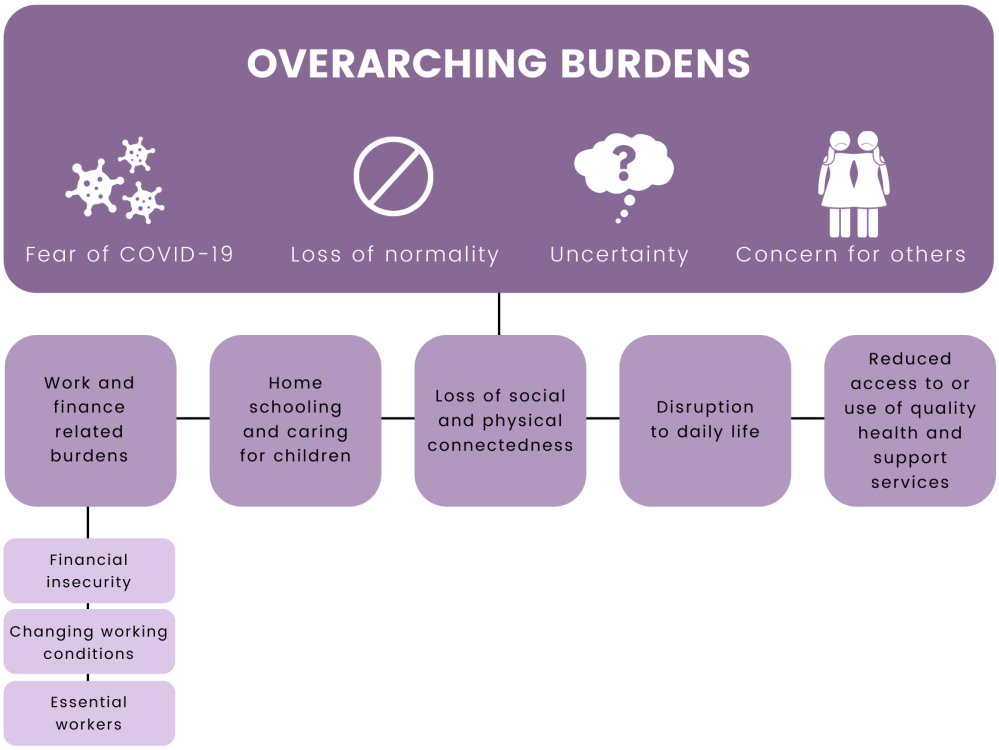
Being at home working has meant I have developed a closer relationship with my 3-year-old … I've also been able to participate in some of his therapy sessions (he has developmental delays due to a chromosomal abnormality) such as OT and speech therapy as they've been online and I could take a brief break from work to join in, which has been really positive for me. The telehealth option to maintain his sessions has been really important for us too. – woman aged 42-47

I had an extremely distressing time as carer to my spouse for just over 1 day after triggering his anxiety/paranoia due to his dementia. The next day I zoomed a 150-minute session on cares of DLB sufferers which did help me to put it into better perspective and his anxiety also wore off. – woman aged 69-74

Key points

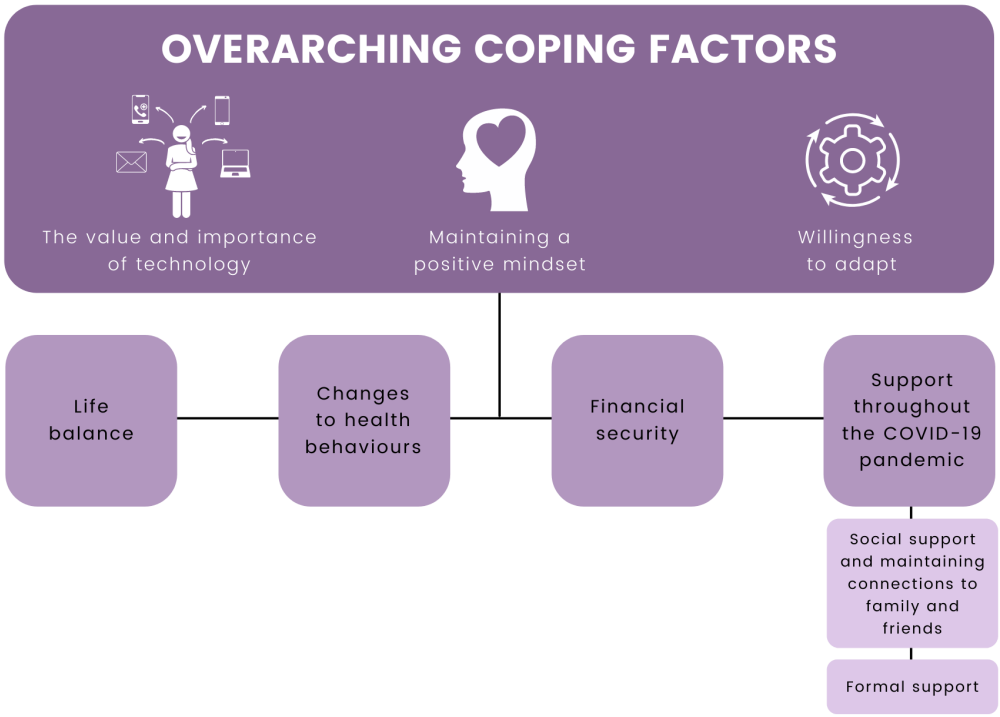
Overarching burdens were apparent within each theme identified in the data (Figure 38). For example, a fear of the COVID-19 virus permeated many aspects of women's lives, becoming both a cause of stress and driving actions that led to further burdens, such as the disruption of daily routines. Similarly, the loss of normality and prolonged uncertainty acted to increase stress across many areas of women's lives. No one burden was found to impact on women's wellbeing in isolation from other experiences. The cumulative impact of multiple stressors should not be underestimated. Each woman's experience of the COVID-19 pandemic is unique, yet the data showed common burdens within and across generations.

Figure 38 Summary of findings from the qualitative analysis on burdens during the pandemic in 2020



Similarly, examination of factors that alleviated some of the emotional and mental health burdens of the pandemic also revealed commonalties across generations. Overarching coping strategies included the value and importance of technology, maintaining a positive mindset throughout the pandemic, and having a willingness to adapt (Figure 39).

Figure 39 Summary of findings from the qualitative analysis on coping and alleviating factors implemented by women during the pandemic in 2020



Key Findings

The COVID-19 pandemic has had a global health and financial impact, with no person left untouched. In Australia, the population has been more fortunate than most with regard to the spread of COVID-19, yet the effects of policies put in place to curb COVID-19, and anxiety about the spread of the pandemic, remain. Some reports have suggested that a disproportionate burden of dealing with the pandemic has been placed on women in Australia [18]. Furthermore, international and national disasters adversely impact women's safety [19]. It is therefore important to understand the impact of the pandemic on women's mental health, including the effect of economic factors and women's safety, and to identify those women most at risk of poor mental health.

Risk and protective factors for psychological distress during 2020

With some differences by age, the risk factors for psychological distress or very high to extreme stress in 2020 included:
A history of:
- poor mental health
- high stress
- poor general health
- experiences of violence
- financial difficulty

Financial stress during 2020

A third of women aged 25-31, one in six in their forties, and 5% of women aged 69-74 reported high or very high levels of psychological distress during 2020, with some women being more at risk of psychological distress than others. Across the three age cohorts, a history of poor mental health, high stress, and experiences of violence were risk factors for psychological distress during 2020. For women aged 25-31 and 42-47, pre-existing financial difficulty was also a risk factor for psychological distress during 2020. For women aged 25-31 and 69-74, poor general health prior to the pandemic was a risk factor

for psychological distress during the pandemic. The nature of the data precluded analysing for a wide range of protective factors, however, optimism among women aged 25-31 and 42-47, social support among women aged 42-47, and resilience among women aged 69-74 were found to be protective of mental health.

While income management difficulty prior to 2020 was a risk factor for psychological distress during 2020 for the two younger age groups, financial stress and financial poverty occurring during 2020 were concurrent risk factors for high levels of stress and psychological distress for all three age groups. Critical money shortages were experienced by 21% of women aged 25-31, 12% of women aged 42-47, and 4% of women aged 69-74 during 2020. Although women aged 69-74 were the least likely of the three age groups to report financial poverty, the risk of very high levels of stress associated with financial poverty was far higher for women in this age group, than for younger women. It is possible that the low number of women in this age group undertaking paid work (9%) compared with the younger two cohorts (78% of women aged 25-31 and 80% of those aged 42-47) might have contributed to this result, since the opportunity for improving financial positions in the absence of paid employment is likely to be limited among these women.

With some differences by age (noting that protective factors were not comprehensively measured), factors identified as protective of mental health in 2020 included:

A history of:

- optimism
- social support
- resilience

Participation in paid work during 2020

Paid employment during 2020 was protective of mental health for women aged 42-47, but not those aged 25-31. Paid employment was not associated with high levels of stress among the two younger age groups, although increased hours of paid work during the pandemic was a risk factor for high to extreme levels of stress for these age groups. Around 16% of women aged 25-31 and 20% of women aged 42-47 undertook more hours of paid work during the pandemic than prior to 2020. Decreased hours of paid work increased the risk of being very or extremely stressed for women aged 25-31 but not for women aged 42-47.

A history of violence by a partner, as well as physical violence, sexual violence, and child abuse, were all risk factors for high to very high psychological distress during the pandemic in 2020, across all cohorts. During 2020, 12% of women aged 25-31, 10% of women aged 42-47, and 3% of women aged 69-74 reported interpersonal abuse. Vulnerability to interpersonal abuse during 2020 was more common than interpersonal abuse, with 22% of women aged 25-31, 13% of women aged 42-47, and 7% of women aged 69-74 reporting vulnerability to interpersonal abuse. Qualitative data provided information about the scope of abuse experienced by women during 2020. Abusive events occurred within personal relationships and in public locations, at home, at work, and in working from home settings. The COVID-19 pandemic both exacerbated stress within relationships and limited women's access to services and their ability to seek safety. Women's mental health was negatively impacted when exposed to unsafe experiences in both public and private settings during 2020.

Economic security and COVID-19

As mentioned above, financial stress was a risk factor for poor mental health during the pandemic. Women aged 25-31 and 42-47 were more at risk of experiencing financial stress and financial poverty than women aged 69-74 during the pandemic in 2020. For women aged 25-31 and 42-47, risk factors for financial stress or financial poverty during 2020 included having:

- less than a tertiary education,
- little or no social support,
- poor mental health, or
- money stress

prior to the pandemic in 2020. Additionally, not having full time paid work or being a job seeker prior to 2020 were risk factors of financial poverty during 2020 for women aged 25-31. Being in rental or subsidised accommodation prior to 2020 were risk factors for financial poverty during 2020 for women aged 42-47.

The lived experience of COVID-19

Insight into the lived experience of COVID-19 for women in Australia was provided by analysis of the qualitative data. Overarching burdens included:

- fear of the COVID-19 virus,
- loss of a sense of normality,
- uncertainly, and
- a concern for others.

These burdens permeated many aspects of women's lives, becoming both a cause of stress and driving actions that led to further burdens, such as the disruption of daily routines.

The qualitative findings reflected many of the quantitative results. Paid work conditions, home schooling, and financial stress were burdens frequently mentioned by women. Additionally, the situation of those working in essential services was highlighted as particularly stressful, as was living with financial and paid work insecurities. Women observed that the loss of social and physical connectedness led to loneliness and sadness, particularly for those who lived alone, had recently given birth, or lived in Victoria (during the lockdown period). The inability to visit sick, older, and terminally ill loved ones, or to participate in funerals was found to be particularly distressing. Disruptions to daily life left many women feeling anxious and stressed.

The loss of access to health and support services was a major stressor for women, particularly those with pre-existing health issues. As reported in the ALSWH COVID-19 surveys, between 47% and 68% of women who tried to access mental healthcare in 2020 experienced barriers to service delivery, with appointments being delayed, cancelled, or changed to a telehealth format, which was found helpful by some but unsatisfactory to others, as noted in the qualitative data.

Overarching coping strategies included:

- the value of technology, for keeping people connected and to facilitate paid work,
- maintaining a positive mindset, and
- having a willingness to adapt.

For some women, the COVID-19 pandemic had permitted an improvement in life balance, with lockdowns and working from home alleviating some of the everyday burdens of busy lives. Similarly, the pandemic had been a catalyst for some women to make changes to improve their health. Others reflected on the value of financial security, and the importance of formal support, particularly financial support schemes, was highlighted by many women. Informal social support was stressed as being vital to wellbeing and was noted as helping women to cope with the many burdens of the COVID-19 pandemic.

The qualitative data highlighted that the experience of COVID-19 was a common stressor, uniquely experienced. While some women had more time to reflect on their lives and make positive changes, others were busier than they had ever been. Similarly, some women were able to take the COVID-19 pandemic as an opportunity for positive change, while others found themselves without the support they needed.

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Appendices

Appendix 1: Samples

Representativeness

Of the 17,273 women who completed COVID-19 surveys, 7.2% had not completed their most recent ALSWH main survey prior to 2020. This varied between cohorts from 9.2% of women aged 42-27, to 8.3% of women aged 25-31, and 3.4% of women aged 69-74.

Women aged 25-31 (N=5,938)*	**n**	**% (95% CI)**	**2016 Census %**
Area of residence			
Major cities	4,297	72.36 (71.23, 73.50)	77.23%
Inner regional	938	15.80 (14.87, 16.72)	13.57%
Outer regional/remote/very remote	454	7.65 (6.96, 8.32)	8.94%
Missing	249	4.19 (3.68, 4.70)	0.26%
Highest qualification			
Year 12 or below	527	8.88 (8.15, 9.60)	24.94%
Trade/apprentice/certificate/diploma	1,165	19.62 (18.61, 20.63)	24.51%
Tertiary qualification	4,092	68.91 (67.73, 70.09)	39.99%
Missing	154	2.59 (2.19, 3.00)	10.56%
Relationship status			
Partnered	2,994	50.42 (49.15, 51.69)	52.28%
Non-partnered	2,789	46.97 (45.70, 48.24)	36.82%
Missing	155	2.61 (2.20, 3.02)	10.90%
Country of birth			
Australian born	5,428	91.41 (90.70, 92.12)	59.37%
Other English-speaking background (ESB)	250	4.21 (3.70, 4.72)	6.19%
Non-ESB	219	3.69 (3.21, 4.17)	27.32%
Missing	41	0.69 (0.48, 0.90)	7.11%

* Completed at least one COVID-19 survey

Women aged 42-47 (N=5,272)*	N	% (95% CI)	2016 Census %
Area of residence			
Major cities	3,059	58.02 (56.69, 59.36)	72.18%
Inner regional	1,358	25.76 (24.58, 26.94)	17.67%
Outer regional/remote/very remote	687	13.03 (12.12, 13.94)	10.02%
Missing	168	3.19 (2.71, 3.66)	0.14%
Highest qualification			
Year 12 or below	615	11.67 (10.80, 12.53)	31.95%
Trade/apprentice/certificate/diploma	1,342	25.46 (24.28, 26.63)	25.89%
Tertiary qualification	3,136	59.48 (58.16, 60.81)	30.87%
Missing	179	3.40 (2.91, 3.88)	11.29%
Relationship status			
Partnered	4,001	75.89 (74.74, 77.05)	66.43%
Non-partnered	1,094	20.75 (19.66, 21.85)	25.85%
Missing	177	3.36 (2.87, 3.84)	7.72%
Country of birth			
Australian born	4,887	92.70 (91.99, 93.40)	63.44%
Other English-speaking background (ESB)	215	4.08 (3.54, 4.61)	8.53%
Non-ESB	141	2.67 (2.24, 3.11)	21.44%
Missing	29	0.55 (0.35, 0.75)	6.59%

* Completed at least one COVID-19 survey

Women aged 69-74 (N=4,827)*	n	% (95% CI)	2016 Census %
Area of residence			
Major cities	2,054	42.55 (41.16, 43.95)	65.39%
Inner regional	1,906	39.49 (38.11, 40.87)	23.37%
Outer regional/remote/very remote	840	17.40 (16.33, 18.47)	11.08%
Missing	27	0.56 (0.35, 0.77)	0.15%
Highest qualification			
Year 12 or below	2,084	43.17 (41.78, 44.57)	55.97%
Trade/apprentice/certificate/diploma	1,135	23.51 (22.32, 24.71)	12.66%
Tertiary qualification	1,400	29.00 (27.72, 30.28)	12.16%
Missing	208	4.31 (3.74, 4.88)	19.21%
Relationship Status			
Partnered	3,281	67.97 (66.66, 69.29)	52.69%
Non-partnered	1,481	30.68 (29.38, 31.98)	34.87%
Missing	65	1.35 (1.02, 1.67)	12.44%
Country of birth			
Australian born	3,680	76.24 (75.04, 77.44)	58.96%
Other English-speaking background (ESB)	794	16.45 (15.40, 17.50)	12.79%
Non-ESB	316	6.55 (5.85, 7.24)	19.73%
Missing	37	0.77 (0.52, 1.01)	8.52%

* Completed at least one COVID-19 survey

Chapter 4 qualitative sample

The sample of participants included in the qualitative analysis for Chapter 4 included a total of 216 women (94 women aged 25-31, 88 women aged 42-47, and 34 women aged 69-74). The demographic factors of this sample are outlined below (Table 19).

Table 19 Demographic variables for participants included in the qualitative analysis for Chapter 4.

Demographic variables	Age group		
	25-31 N (%)	42-47 N (%)	69-74 N (%)
Area of residence			
Major cities	71 (76%)	61 (69%)	21 (62%)
Inner regional	11 (12%)	15 (17%)	7 (21%)
Outer regional/remote/very remote	6 (6%)	3 (3%)	5 (15%)
Missing	6 (6%)	9 (10%)	1 (3%)
Relationship status			
Partnered	43 (46%)	57 (65%)	23 (68%)
Non-partnered	43 (46%)	13 (15%)	10 (29%)
Missing	8 (9%)	18 (20%)	1 (3%)
Highest qualification			
Year 12 or below	5 (5%)	6 (7%)	10 (29%)
Trade/apprenticeship/certificate/diploma	21 (22%)	17 (19%)	9 (26%)
Tertiary qualification	60 (64%)	47 (53%)	13 (38%)
Missing	8 (9%)	18 (20%)	2 (6%)
Managing on available income			
Not too bad/easy	47 (50%)	44 (50%)	18 (53%)
Difficult sometimes	19 (20%)	17 (19%)	9 (26%)
Difficult always/Impossible	20 (21%)	9 (10%)	6 (18%)
Missing	8 (9%)	18 (20%)	1 (3%)

Chapter 6 qualitative sample

The sample of participants included in the qualitative analysis for Chapter 6 included a total of 900 women (300 women aged 25-31, 300 women aged 42-47, and 300 women aged 69-74). The demographic factors of this sample are outlined below (Table 20).

Table 20 Demographic variables for participants included in the qualitative analysis for Chapter 6.

Demographic variables	Age group		
	25-31 N (%)	42-47 N (%)	69-74 N (%)
Area of residence			
Major cities	215 (71.7%)	219 (73.0%)	231 (77.0%)
Inner regional	38 (12.7%)	36 (12.0%)	46 (15.3%)
Outer regional/remote/very remote	22 (7.3%)	16 (5.3%)	14 (4.7%)
Missing	25 (8.3%)	29 (9.7%)	9 (3.0%)
Relationship status			
Partnered	133 (44.3%)	227 (75.7%)	203 (67.7%)
Non-partnered	146 (48.7%)	45 (15.0%)	84 (28.0%)
Missing	21 (7.0%)	28 (9.3%)	13 (4.3%)
Highest qualification			
Year 12 or below	22 (7.3%)	12 (4.0%)	101 (33.7%)
Trade/apprenticeship/certificate/diploma	61 (20.3%)	50 (16.7%)	66 (22.0%)
Tertiary qualification	196 (65.3%)	210 (70.0%)	117 (39.0%)
Missing	21 (7.0%)	28 (9.3%)	16 (5.3%)
Managing on available income			
Not too bad/easy	167 (55.7%)	181 (60.3%)	243 (81.0%)
Difficult sometimes	80 (26.7%)	64 (21.3%)	34 (11.3%)
Difficult always/Impossible	32 (10.7%)	27 (9.0%)	13 (4.3%)
Missing	21 (7.0%)	28 (9.3%)	10 (3.3%)

Appendix 2: Methods

Quantitative methods

A similar analysis strategy was used for the chapters reporting quantitative methods (Chapters 1, 2, 3 and 5). Descriptive statistics such as counts, percentages, and means were used to present groups of interest, often illustrated with figures. Associations between factors of interest and outcomes are described using risk ratios with corresponding 95% confidence intervals, with the inclusion of other covariates where appropriate. Due to convergence considerations, the risk ratios were calculated using generalised linear models fitting a Poisson distribution with a log link function (to approximate the log-binomial model) [22]. These results are either provided in a table or illustrated in a figure.

For many of the analyses modelling risk ratios, the most frequently used socio-demographic variables were taken from the most recent main survey. These variables included: age, area of residence, relationship status, level of education, ability to manage on available income, and country of birth. A variable indicating history of prior violence and abuse was also used for several models, derived from instances of abuse and violence reported across all ALSWH main surveys. Other variables were also taken from the most recent ALSWH survey when deemed relevant for the topic and research question. All measures are detailed in Appendix 3: Measures.

It should be noted that the most recent ALSWH main surveys were launched in 2019 for women born 1989-95 and 1946-51 (who were aged 25-31 and 69-74 in 2020, respectively), and in 2018 for women born 1973-78 (aged 42-47 in 2020). For analyses investigating the association of pre-COVID factors on outcomes during the pandemic, the samples for these analyses were restricted to women who had completed the most recent ALSWH main survey before 2020.

Chapter 1

Chapter 1 is comprised of statistical analyses of both ALSWH main survey and COVID-19 survey data. Details of all measures used in the analyses can be found in Appendix 3: Measures.

Briefly, stress was measured in ALSWH main surveys by asking women how stressed they felt about different aspects of their lives, with the top 25% of women with the highest stress scores being classified as having high stress. During the COVID-19 surveys, women were asked how stressed they felt, with responses of very or extremely stressed taken to indicate high levels of stress. General health was assessed by asking women to rate their health on a scale from "*poor*" to "*excellent*". Mental health was captured using the 10-item Kessler Psychological Distress scale (K10) [23], which was used to measure psychological distress, and the SF-36 Mental Health Index [24], where higher scores reflect better mental health. Demographic factors included age, area of residence, relationship status, level of education, ability to manage on available income, and country of birth. Violence was defined as any experience of violence reported in a previous ALSWH main survey. Risk and protective factors are listed in the appropriate section and detailed in Appendix 3: Measures.

Chapter 2

Chapter 2 is comprised of statistical analyses of ALSWH COVID-19 survey data.

Financial stress was measured at the beginning and the end of the COVID-19 survey period, in April and October 2020 (Surveys 1 and 13, respectively). Women were asked how stressed they had felt about their finances over the previous seven days (Survey 1) or 14 days (Survey 13). Measures of financial poverty [25] were collected at Survey 13. Women were asked about their ability to access $2,000 if urgently required and about critical money shortages (e.g. unable to pay for utilities, or needing to request financial assistance). General stress was measured at every quantitative survey (Surveys 1 to 13). In the analyses discussed in Chapter 2, general stress was measured concurrently with financial stress or financial poverty. Psychological distress was measured at Survey 5 only (24 June to 7 July 2020) using the K10 [23]. For details on measures used see Appendix 3: Measures.

Chapter 3

Chapter 3 is comprised of statistical analyses of COVID-19 survey data.

Questions that asked about employment and time use were included in the second COVID-19 survey, from 13 to 26 May 2020. Women were asked about the number of hours spent in paid work on work premises and at home, both during the pandemic and prior to the

pandemic. Women were also asked about home schooling (Appendix 3: Measures). Using these data, total hours spent in paid work was calculated, as well as whether this work was part-time (1-32 hours per week) or full-time (33 or more hours per week). It was also possible to determine if women were undertaking paid work for more or less hours compared to their arrangements prior to the pandemic. Outcome measures included stress and psychological distress (Appendix 3: Measures). Stress data were captured by asking how stressed women had felt on a scale from "*not at all stressed*" to "*extremely stressed*", at the same survey as measures of employment and time use were captured. Psychological distress was measured using the K10 [23] which was deployed 24 June 2020, six weeks after the employment and time use data were captured.

Chapter 4

Chapter 4 is comprised of a descriptive analysis of quantitative data and qualitative analysis of free text comments collected by the ALSWH COVID-19 surveys.

Quantitative methods

Interpersonal abuse and vulnerability to interpersonal abuse during the COVID-19 pandemic in 2020 were measured using five items adapted from the Vulnerability to Abuse Screening Scale at COVID-19 Survey 8, which was deployed on 5 August 2020 (Appendix 3: Measures).

Qualitative methods

Every ALSWH COVID-19 survey offered participants the opportunity to provide a free text response to the item that asked: "*Is there anything you would like to add? You may wish to note down the main impacts that COVID-19 has had on you, please include positive as well as negative impacts.*"

A keyword search strategy was used to identify relevant free text comments from the COVID-19 surveys in relation to women's safety (Table 21).

Table 21 Keywords used to search the qualitative data for comments on women's safety

Key words			
scare/s/d	conflict/s	trauma/s	strangle/d
attack/s	violent/ce	control/ling	choke
pressure/s	coerc/ion	crime	bash

private/privacy	rage	unsafe	gun (exclude begun)
assault/s	discriminate/d/tion	healthcare worker/s	fondle/d
aggression/ve	racist/m	frontline	molest/ed/ing/ion
angry/er	relationship/s	essential	rape/d/ist
abuse/s/d	argument/s	nurse	exploit/ation/ed/ing
harass/ed/ment	marriage	doctor	predator
safe/ty	divorce/d	hit	perpetrator
agitate/d	separation/ed	punch	grope/d/ing
tense/ion	temper	kick	
agro	crisis	“beat* up”	
toxic	feud/s	threat	

A total of 2,649 participants who provided longitudinal free text comments in the COVID-19 surveys were identified from the keyword search. Through the screening process, two screeners identified 192 participants with comments deemed relevant to women’s safety. An additional 41 participants with longitudinal comments relating to women’s safety were identified in the Chapter 4 qualitative analysis, and subsequently added to this analysis. A total of 233 participants were considered eligible for the thematic analysis on women’s safety, however comments of 17 participants were deemed not relevant during the coding process, leaving a total of 216 participants in the final sample for this thematic analysis.

Two coders used Braun and Clarke’s [26] thematic analysis to guide their qualitative inquiry. Specifically, the two coders familiarised themselves with the data using NVivo 12 software, created the initial codes through an iterative consultation process, combined codes into themes, discussed and defined the themes, and wrote the results.

Chapter 5

Chapter 5 is comprised of statistical analyses of ALSWH main survey data, from which violence data were drawn, and COVID-19 survey data.

Violence by a partner was measured using the survey item “*Have you ever been in a violent relationship with a partner / spouse?”* which was completed by all three cohorts. The Community Composite Abuse Scale and abbreviated Community Composite Abuse Scale were also used as indicators of violence by a partner for the 1973-78 and 1989-95 cohorts,

respectively (Appendix 3: Measures). Women were considered to have experienced violence by a partner if they indicated that they had experienced one or more items on the scale.

Physical violence by an unspecified perpetrator was measured using the survey item "*Which of the following events have you experienced… being pushed, grabbed, shoved, kicked or hit"*, with response options "*yes, in the last 12 months"* and "*yes, more than 12 months ago"*.

Sexual violence by an unspecified perpetrator was measured using the survey item "*Which of the following events have you experienced… being forced to take part in unwanted sexual activity"* with response options "*yes, in the last 12 months"* and "*yes, more than 12 months ago"*.

Child abuse was measured using items from the Adverse Childhood Experiences Scale (Appendix 3: Measures), which includes questions about psychological abuse, physical abuse, and sexual abuse experienced during childhood.

Composite measures were subsequently defined for recent violence and historical violence which encompassed the different types of violence described above. ***Recent violence*** was defined as violence reported in the last 12 months at the most recent ALSWH main survey for each age group. ***Historical violence*** was defined as violence reported at any ALSWH survey prior to 2020.

Psychological distress was measured by the K10 [23], which was deployed in June 2020 (COVID-19 Survey 5).

Chapter 6

Chapter 6 is comprised of qualitative analyses of COVID-19 survey free text data. Every ALSWH COVID-19 survey offered participants the opportunity to provide a free text response to the item that asked: "*Is there anything you would like to add? You may wish to note down the main impacts that COVID-19 has had on you, please include positive as well as negative impacts."*

The free text comments from a random sample of 4,200 participants from the ALSWH COVID-19 surveys were screened for relevance to the research questions. Four screeners identified 2,713 participants with relevant comments. Of these, a random sample of 900 participants was drawn, and the longitudinal comments from these participants were included in the analyses. Three analysts individually coded comments from 100 participants from each of the three age groups (i.e. comments from 900 participants were coded in total, comprised of 300 from each cohort). The demographic characteristics of the sample are provided in Appendix 1.

The three analysts used Braun and Clarke's [26] thematic analysis techniques to guide their qualitative inquiry. NVivo 12 software was used to manage the data. The six-step process involved familiarisation with the data, collaborative initial code creation, combining codes into themes, discussing and defining the themes, and writing the results.

Appendix 3: Measures

The measures included in this Appendix are provided for the information of the National Mental Health Commission and are not to be published or further distributed.

General Health

Across 13 COVID-19 surveys deployed between April and November 2020, women were asked to indicate their general health status. This measure is from the first item of the Medical Outcomes Study Short Form-36 questionnaire (SF36-Q1) [24, 27], which is considered to be a robust self-reported measure of overall health.

For the COVID-19 surveys, it was adapted to include a time frame, replacing "*In general, ….*" with "*In the last 7 days, …*" for the first COVID-19 survey, and "*In the last 14 days, …*" for all the subsequent surveys.

COVID-19 Survey 1:

Question	In the last 7 days, would you say your health has been? *(mark one response only)*				
Response options	Excellent	Very good	Good	Fair	Poor
	☐	☐	☐	☐	☐

COVID-19 Surveys 2-13:

Question	In the last 14 days, would you say your health has been? *(mark one response only)*				
Response options	Excellent	Very good	Good	Fair	Poor
	☐	☐	☐	☐	☐

Most recent ALSWH main surveys prior to pandemic:

Question	In general, would you say your health has been? *(mark one response only)*				
Response options	Excellent	Very good	Good	Fair	Poor
	☐	☐	☐	☐	☐

A dichotomous variable was used to indicate better health (*"Excellent/Very good/Good"*) versus poorer health (*"Fair/Poor"*). For each woman, the lowest general health score

reported across any of the surveys they had completed was used to represent their worst reported COVID-19 health state in 2020. This was also collapsed into two categories, either "*Excellent/Very good/Good*" or "*Fair/Poor*".

Stress

Stress was measured at COVID-19 Surveys 1-13, adapting the stress measure [28] that has been used extensively in the ALSWH main surveys. For the COVID-19 surveys, this measure was adapted to include a time frame, using "*In the last 7 days, …*" for the first COVID-19 survey, and "*In the last 14 days, …*" for all the subsequent surveys. In the most recent ALSWH main surveys, the stress measurement included a number of specified domains and was summarised into a single score (mean stress score).

COVID-19 Survey 1:

Question	In the last 7 days, how stressed have you felt? *(mark one response only)*				
Response options	Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
	☐	☐	☐	☐	☐

COVID-19 Surveys 2-13:

Question	In the last 14 days, how stressed have you felt? *(mark one response only)*				
Response options	Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
	☐	☐	☐	☐	☐

At the most recent ALSWH main surveys, stress was measured in up to 11 domains. For each item, a score between 0 (*"Not at all stressed"*) and 4 (*"Extremely stressed"*) was allocated. Across all available items, the mean stress score was calculated, having a value between 0 and 4. Within each cohort, women were categorised according to their reported mean stress score. The top 25% of women with the highest mean stress scores were classified as having high stress, with the remaining 75% of women being classified as having low stress.

Questions	Response options					
Over the LAST TWELVE MONTHS, how stressed have you felt about the following areas of your life?	Not applicable	Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
Own health	☐	☐	☐	☐	☐	☐
Living arrangements	☐	☐	☐	☐	☐	☐
Money	☐	☐	☐	☐	☐	☐
Health of family members	☐	☐	☐	☐	☐	☐
Work / employment	☐	☐	☐	☐	☐	☐
Study	☐	☐	☐	☐	☐	☐
Relationship with partner / spouse	☐	☐	☐	☐	☐	☐
Relationship with children	☐	☐	☐	☐	☐	☐
Relationship with other family members	☐	☐	☐	☐	☐	☐
Motherhood / children	☐	☐	☐	☐	☐	☐
Relationships with friends*	☐	☐	☐	☐	☐	☐

*Note: This question was not asked in the most recent survey for women aged 69-74

Psychological Distress

Psychological distress was captured using the 10-item Kessler Psychological Distress scale (K10) [23]. This scale measures general, non-specific psychological distress. The K10 score is a summation across the ten items, using score values from 1 ("*None of the time*") to 5 ("*All of the time*") for each question, resulting in a total score ranging from 10 to 50. A dichotomous variable was created, with scores of 22 or above indicating high to very high psychological distress, and scores of 21 or below indicating low to moderate psychological distress [23, 29, 30].

Psychological distress was measured at the fifth COVID-19 survey, as well as the most recent ALSWH main survey for women aged 25-31 in 2020.

Questions	Response options				
In the past 4 weeks: *(Mark one on each line)*	None of the time	A little of the time	Some of the time	Most of the time	All of the time
About how often did you feel tired out for no good reason?	☐	☐	☐	☐	☐
About how often did you feel nervous?	☐	☐	☐	☐	☐
About how often did you feel so nervous that nothing could calm you down?	☐	☐	☐	☐	☐
About how often did you feel hopeless?	☐	☐	☐	☐	☐
About how often did you feel restless or fidgety?	☐	☐	☐	☐	☐
About how often did you feel so restless you could not sit still?	☐	☐	☐	☐	☐
About how often did you feel depressed?	☐	☐	☐	☐	☐
About how often did you feel that everything is an effort?	☐	☐	☐	☐	☐
About how often did you feel so sad that nothing could cheer you up?	☐	☐	☐	☐	☐
About how often did you feel worthless?	☐	☐	☐	☐	☐

Mental health

Mental health was measured at the most recent ALSWH main surveys for the women aged 42-47 and 69-74 in 2020 using the SF-36 mental health subscale score [24, 27]. The SF-36 mental health subscale score is derived from five items from the SF36 questionnaire. For each item, a score is allocated from 0 ("*None of the time*") to 5 ("*All of the time*"). The five item values are reversed, summed, and transformed to a summary score between 0-100, with higher scores representing better mental health. This score was categorised into two

groups representing "*Unlikely clinical depression*" (score greater than 52) or "*Likely clinical depression*" (score of 52 or less).

Questions	Response options				
In the past 4 weeks: *(Mark one on each line)*	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Have you been a very nervous person?	☐	☐	☐	☐	☐
Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐
Have you felt calm and peaceful?	☐	☐	☐	☐	☐
Have you felt down?	☐	☐	☐	☐	☐
Have you been a happy person?	☐	☐	☐	☐	☐

Financial stress

For the COVID-19 surveys, this item was taken from the general stress scale included in the ALSWH main surveys. This was measured at COVID-19 Surveys 1 and 13, with a time frame of "*In the last 7 days, …*" used at the first survey, while Survey 13 had a timeframe of "*In the last 14 days, …*"

COVID-19 Survey 1:

Question	In the last 7 days, how stressed have you felt about money? *(mark one response only)*				
Response options	Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
	☐	☐	☐	☐	☐

COVID-19 Survey 13:

Question	In the last 14 days, how stressed have you felt about money? *(mark one response only)*				
Response options	Not at all stressed	Somewhat stressed	Moderately stressed	Very stressed	Extremely stressed
	☐	☐	☐	☐	☐

Financial vulnerability and indicators of financial poverty

Reflecting on the first six months of the pandemic at Survey 13, women were asked about their financial experiences, regarding their ability to access money if urgently required, and instances of financial vulnerability due to a shortage of money (e.g. unable to pay for utilities, or requesting financial assistance) [25].

Ability to access money urgently

Question	**Response options**	
If all of a sudden you had to get $2,000 for something important, could the money be obtained within a week? *(mark one response only)*	Yes	No
	☐	☐

Critical money shortages

Question	**Response options**
Since the COVID-19 crisis began, have any of the following happened to your household because of a shortage of money? *(mark all that apply)*	
Could not pay electricity, gas or telephone bills on time	☐
Could not pay for car registration or insurance on time	☐
Pawned or sold something	☐
Went without meals	☐
Unable to heat home	☐
Sought assistance from welfare/community organisations	☐
Sought financial help from friends or family	☐
No / None of the above	☐

Ability to manage on income

The measure of ability to manage on available income was included at the most recent ALSWH main surveys. This measure was also included at COVID-19 Surveys 1 and 13. For the purposes of this report, the response options were classified into three groups: *"Impossible/Difficult all the time"*, *"Difficult some of the time"*, and *"Not too bad/Easy"*.

Question	How do you manage on the income you have available? *(mark one response only)*				
Response options	It is impossible	It is difficult all the time	It is difficult some of the time	It is not too bad	It is easy
	☐	☐	☐	☐	☐

Employment (paid work)/Time Use during the COVID-19 pandemic

Questions about employment and time use were included in the second COVID-19 survey, from 13 to 26 May 2020. Women were asked about the number of hours spent in paid work on work premises and at home, both during the pandemic and prior to the pandemic. Women were also asked about hours spent in home schooling. Using these data, total hours spent in paid work was calculated, as well as whether this work was part-time (1-32 hours per week) or full-time (33 or more hours per week). It was also possible to determine if women were undertaking paid work for more or less hours compared to their arrangements prior to the pandemic. These measures were also used to determine the total time spent in paid work and home schooling.

Question	In the last 7 days how much time in total did you spend doing the following activities? *(please write number of hours)*
Items for response	Paid work from work premises (outside your home)
	Paid work from home
	Home schooling your / your partner's children, or grandchildren

Question	Before the COVID-19 pandemic, how much time per week did you spend doing the following activities? *(please write number of hours)*
Items for response	Paid work from work premises (outside your home)
	Paid work from home

Employment (paid work) prior to 2020

Employment at last survey before COVID-19 pandemic

Employment prior to the pandemic was restricted to women aged 25-31 and 42-47, as these women were most likely to be employed in paid work, whereas the majority of women aged 69-74 were retired from paid work.

Women aged 25-31 were asked in a single question how many hours they spent in paid work.

Question	In a usual week, how many hours do you spend doing paid work? (*Select one)*						
Response options	0 hours	1-15 hours	16-29 hours	30-34 hours	35-40 hours	41-49 hours	50 hours or more
	☐	☐	☐	☐	☐	☐	☐

*Note, there was no option or question for casual work, which was asked of the older cohort

Women aged 42-47 were asked a similar question, but it was specified in terms of full-time work, part-time work and casual work.

Question	**Response options**						
In a usual week, how much time in total do you spend doing the following things? *(Mark one on each line)*	I don't do this activity	1-15 hours	16-24 hours	25-34 hours	35-40 hours	41-48 hours	49 hours or more
Full-time paid work	☐	☐	☐	☐	☐	☐	☐
Part-time paid work	☐	☐	☐	☐	☐	☐	☐
Casual paid work	☐	☐	☐	☐	☐	☐	☐

Given the categories supplied for both cohorts, full-time paid work was defined as indicating 35 or more hours in paid employment, while part-time work was defined as indicating 1-34 hours of paid employment. If no hours of paid work was indicated, they were classified as not in paid work.

Unemployed and actively seeking work

Women aged 25-31 were asked two distinct questions about (a) their employment status and (b) whether they were actively seeking work. In contrast, women aged 42-47 were asked a single composite question in their last survey before the pandemic.

ALSWH main Survey 6 for 1989-95 cohort (women aged 25-31 in 2020):

Question	Are you currently employed? *(Mark one only)*	
Response options	Yes	☐
	No, unemployed for less than 6 months	☐
	No, unemployed for 6 months or more	☐

Question	Are you actively seeking work (or more work)? *(Mark one only)*	
Response options	Yes	☐
	No	☐

ALSWH main Survey 8 for 1973-78 cohort (women aged 42-47 in 2020):

Question	Are you unemployed *and actively seeking work*? *(Mark one only)*	
Response options	No	☐
	Yes, unemployed for less than 6 months	☐
	Yes, unemployed for 6 months or more	☐

In order to have the same variable in both groups of women, a dichotomous variable was created to indicate whether the participant was 'unemployed and actively seeking work' (Yes/No). This combined responses from the two separate questions for women aged 25-31

(i.e. had to answer No to the question about current employment and Yes to the question about seeking employment). For women aged 42-47, the responses of *"Yes, unemployed for less than 6 months"* and *"Yes, unemployed for 6 months or more"* were combined to indicate an affirmative response for the new variable.

Shift work, irregular hours, or short-term contract at last survey before COVID-19 pandemic

Indictor variables (Yes/No) were used for shift work, irregular hours, or short-term contract work.

Question	Response options
Do you normally do any of the following kinds of paid work? (*Mark all that apply*)	
Paid shift work	☐
Paid work with irregular hours	☐
Paid work on short-term contract (less than one year)	☐

Job insecurity

A question concerning job security was included at the last survey before the pandemic for women aged 42-47 only.

Question	How secure or insecure do you feel about your paid job or jobs? *(Mark one only)*				
Response options	I worry all the time about losing my job	Sometimes I worry about losing my job	I rarely or never worry about losing my job	Don't know	I don't have a paid job
	☐	☐	☐	☐	☐

A dichotomous variable was used to indicate job insecurity (1=Yes/0=No).

Original response options	Original code	New Code response	New code
I worry all the time about losing my job	1	Yes, I have job insecurity	1
Sometimes I worry about losing my job	2	Yes, I have job insecurity	1
I rarely or never worry about losing my job	3	No, I do not have job insecurity	0
Don't know	4	No, I do not have job insecurity	0
I don't have a paid job	5	-	.

Interpersonal abuse and vulnerability to interpersonal abuse

Interpersonal abuse and vulnerability to interpersonal abuse during the pandemic in 2020 were measured at the eighth COVID survey (5-19 August 2020), using five items adapted from the Vulnerability to Abuse Screening Scale (VASS). These items have been used in previous ALSWH surveys to measure vulnerability to abuse [31, 32].

Questions	Response options	
These questions relate to getting on with other people. During the COVID-19 crisis:	Yes	No
Has anyone close to you tried to hurt or harm you?	☐	☐
Has anyone close to you forced you to do things you didn't want to do?	☐	☐
Has anyone close to you called you names or put you down or made you feel bad?	☐	☐
Have you been afraid of anyone you are close to?	☐	☐
Have you felt uncomfortable with anyone you are close to?	☐	☐

Other violence measures

For women aged 25-31 and 42-47, the ALSWH main surveys include extensive questions about experiences of abuse and violence, both as an adult and as a child. These measures have been included across surveys and have been used to capture recent violence (within the last 12 months) and historical violence (ever experienced violence/abuse).

Community Composite Abuse Scale

For women born 1973-78 (aged 42-47 in 2020), types of partner abuse (emotional, physical, harassment, and sexual abuse) have been captured through the Community Composite Abuse Scale [33], which has been included in this cohort's regular surveys for the past five surveys. Women were considered to have experienced violence by a partner if they indicated one or more items on the scale, excluding the item relating to dinner/housework.

Questions	Response options		
This question asks about situations you may have experienced with *current or past* partners. *(Mark as many as apply on each line)* My Partner:	In the last 12 months	More than 12 months ago	Never
Told me that I wasn't good enough	☐	☐	☐
Kept me from medical care	☐	☐	☐
Followed me	☐	☐	☐
Tried to turn my family, friends and children against me	☐	☐	☐
Locked me in the bedroom	☐	☐	☐
Slapped me	☐	☐	☐
Forced me to take part in unwanted sexual activity	☐	☐	☐
Told me that I was ugly	☐	☐	☐
Tried to keep me from seeing or talking to my family	☐	☐	☐
Threw me	☐	☐	☐
Hung around outside my house	☐	☐	☐
Blamed me for causing their violent behaviour	☐	☐	☐
Harassed me over the telephone	☐	☐	☐
Shook me	☐	☐	☐

Questions	Response options		
Harassed me at work	☐	☐	☐
Pushed, grabbed or shoved me	☐	☐	☐
Used a knife or gun or other weapon	☐	☐	☐
Became upset if dinner / housework wasn't done when they thought it should be	☐	☐	☐
Told me that I was crazy	☐	☐	☐
Told me that no one would ever want me	☐	☐	☐
Took my wallet and left me stranded	☐	☐	☐
Hit or tried to hit me with something	☐	☐	☐
Did not want me to socialise with my female friends	☐	☐	☐
Refused to let me work outside the home	☐	☐	☐
Kicked me, bit me or hit me with a fist	☐	☐	☐
Tried to convince my friends, family or children that was crazy	☐	☐	☐
Told me that I was stupid	☐	☐	☐
Beat me up	☐	☐	☐

Abbreviated Community Composite Abuse Scale

The CCAS instrument was adapted to have fewer items for the younger cohort (women born 1989-95, aged 25-31 in 2020). The abbreviated instrument has been included at every ALSWH main survey for this group of women. Women were considered to have experienced violence by a partner if they indicated that they had indicated one or more items on the scale, excluding the items relating to dinner and housework.

Questions	Response options		
This question asks about situations you may have experienced with *current or past* partners. *(Mark as many as apply on each line)* My Partner:	In the last 12 months	More than 12 months ago	Never
Told me that I was ugly, stupid or crazy, or that I wasn't good enough or that no one would ever want me	☐	☐	☐
Followed me or harassed me around my neighbourhood / work	☐	☐	☐
Tried to turn my family, friends or children against me or tried to convince them I was crazy	☐	☐	☐
Kicked, bit, slapped or hit me with a fist or tried to hit me with something	☐	☐	☐
Forced me to take part in unwanted sexual activity	☐	☐	☐
Tried to keep me from seeing or talking to my family, friends or children, or didn't want me to socialise	☐	☐	☐
Pushed, grabbed, shoved, shook or threw me	☐	☐	☐
Blamed me for causing their violent behaviour	☐	☐	☐
Harassed me over the telephone, email, Facebook or internet	☐	☐	☐
Used a knife or gun or other weapon or beat me up	☐	☐	☐
Became upset if dinner / housework wasn't done when they thought it should be	☐	☐	☐
Refused to let me work outside the home or took my wallet and left me stranded	☐	☐	☐

Adverse Childhood Experiences Scale

Child abuse was measured using items from the Adverse Childhood Experiences Scale [34], which includes questions about psychological abuse, physical abuse, and sexual abuse experienced during childhood.

Questions	Response options
While you were growing up during your first 18 years of life… *(Mark 'Yes' if applicable or the 'None of the above' option at the end.)*	*(blank cell)*
Did a parent or other adult in the household:	Yes
Often or very often swear at, insult, or put you down?	☐
Often or very often act in a way that made you afraid you would be physically hurt?	☐
Often or very often push, grab, shove, or slap you?	☐
Often or very often hit you so hard that you had marks or were injured?	☐
Did an adult or person at least 5 years older ever:	Yes
Touch or fondle you in a sexual way?	☐
Have you touch their body in a sexual way?	☐
Attempt oral, anal, or vaginal intercourse with you?	☐
Actually have oral, anal, or vaginal intercourse with you?	☐
Did you:	Yes
Live with anyone who was a problem drinker or alcoholic?	☐
Live with anyone who used street drugs?	☐
Was your mother (or stepmother):	Yes
Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?	☐
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	☐
Ever repeatedly hit over at least a few minutes?	☐
Ever threatened with, or hurt by, a knife or gun?	☐
Was your father (or stepfather):	Yes
Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her?	☐

Questions	Response options
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?	☐
Ever repeatedly hit over at least a few minutes?	☐
Ever threatened with, or hurt by, a knife or gun?	☐
	Yes
Was a household member depressed or mentally ill?	☐
Did a household member attempt suicide?	☐
Did a household member go to prison?	☐
None of the above	☐

Demographics

Area of residence

Area of residence was based on the Accessibility/Remoteness Index of Australia (ARIA+), which indicates remoteness from service centres. ARIA+ scores were grouped into: *"Major cities", "Inner regional",* and *"Outer regional/remote/very remote".*

Relationship status

Marital status was collected with a number of response options in the ALSWH main surveys, dependent on the cohort. The survey response options included: "*Never married", "Married (opposite sex)", "Married (same sex)", "De facto (opposite sex)", "De facto (same sex)", "Separated", "Divorced",* and "*Widowed*".

For this report, relationship status was categorised as *"Partnered"* or "*Unpartnered*". Partnered status included response options of married or de facto; unpartnered included all other response options.

Education

Women were asked in the ALSWH main surveys to indicate the highest qualification they have achieved. Several response options were available, dependent on the cohort. These response options included: "*No formal qualifications", "Year 10 or below", "Year 10 or*

equivalent", "Year 11 or equivalent", "Year 12 or equivalent", "Trade/apprenticeship (e.g. hairdresser, chef)", "Certificate/Diploma (e.g. child care, technician)", "Certificate I/II", "Certificate III/IV", "Advanced diploma/Diploma", "University degree", "Bachelor degree", "Higher university degree (e.g. Grad Dip, Masters, PhD)", "Graduate Diploma/Graduate Certificate", and *"Postgraduate degree".*

For this report, these response options were harmonised across cohort into the following categories:

Harmonised category	Original survey response options
Year 12 or below	No formal qualifications Year 10 or below Year 10 or equivalent Year 11 or equivalent Year 12 or equivalent
Trade/apprenticeship/certificate/diploma	Trade/apprenticeship (e.g. hairdresser, chef) Certificate/Diploma (e.g. childcare, technician) Certificate I/II Certificate III/IV Advanced diploma/Diploma
Tertiary qualification	University degree Bachelor degree Higher university degree (e.g. Grad Dip, Masters, PhD) Graduate diploma/Graduate certificate Postgraduate degree

Country of birth

Country of birth was asked of women at their first ALSWH main survey. Responses were classified into: *"Australia", "Other English-speaking background (e.g. New Zealand, England, Ireland)",* and *"Non-English speaking background".*

Other covariates

Life Orientation

The Revised Life Orientation (LOT-R) score used in the ALSWH main surveys is adapted from the measure proposed by Scheier, Carver and Bridges [12], and is used as a measure of optimism. The ALSWH main survey included six LOT-R items, as provided below. Positive items are scored 0 (*"Strongly disagree"*), 1 (*"Disagree"*), through to 4 (*"Strongly agree"*), while negative items have the scores reversed. A total score is calculated, ranging from 0 to 24, with higher LOT-R scores indicating a more optimistic outlook. Mean substitution for up to two items was permitted. If there were more than two items missing, the LOT-R total score was set to missing.

Question	Response options				
Thinking about your current approach to life, please indicate how much you think each statement describes you: *(Mark one on each line)*	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
In uncertain times, I usually expect the best[a]	☐	☐	☐	☐	☐
If something can go wrong for me, it will[b]	☐	☐	☐	☐	☐
I'm always optimistic about my future[a]	☐	☐	☐	☐	☐
I hardly ever expect things to go my way[b]	☐	☐	☐	☐	☐
I rarely count on good things happening to me[b]	☐	☐	☐	☐	☐
Overall, I expect more good things to happen to me than bad[a]	☐	☐	☐	☐	☐

[a] Positive item; [b] Negative item

Social Support

The Abbreviated Medical Outcomes Survey (MOS) Social Support Index [13] was administered to women as a measure of social support. The scale score is the mean score from six items with higher scores representing more social support, the final score is 1-5. Items were scored 1 (*"None of the time"*), 2 (*"A little of the time"*), 3 (*"Some of the time"*), 4 (*"Most of the time"*), and 5 (*"All of the time"*). These six items are within the longer 19 item

MOS social support scale. Mean substitution for a single item was permitted, if there were two or more missing items, the social support score was set to missing.

Question	Response options				
People sometimes look to others for companionship, assistance or other types of support. How often is each of the following kinds of support available to you if you need it? *(Mark one on each line)*	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Help if you are confined to bed	☐	☐	☐	☐	☐
Take you to the doctor if you need it	☐	☐	☐	☐	☐
Share worries and fears with	☐	☐	☐	☐	☐
Turn to for suggestions about how to deal with a personal problem	☐	☐	☐	☐	☐
Do something enjoyable with	☐	☐	☐	☐	☐
Love and make you feel wanted	☐	☐	☐	☐	☐

Perceived Life control

Women aged 69-74 only were asked six items regarding perceived life control [14]. Two of the items are positively scored, the other four items are negatively scored. Each item has six response options. The positively scored items are scored as 0 (*"Disagree strongly"*), 1 (*"Disagree"*), 2 (*"Disagree slightly"*), 3 (*"Agree slightly"*), 4 (*"Agree"*), and 5 (*"Agree strongly"*). The scoring for negatively scored items is reversed. The final summary score is the sum of each item. Mean substitution for up to two items was permitted. If there were more than two items missing, the total score was set to missing.

Question	Response options					
How much do you agree or disagree with each of the following statements? *(Mark one on each line)*	Strongly disagree	Disagree	Disagree slightly	Agree slightly	Agree	Strongly agree
At home I feel I have control over what happens in most situations[a]	☐	☐	☐	☐	☐	☐
I feel that what happens in my life is often determined by factors beyond my control[b]	☐	☐	☐	☐	☐	☐
Over the next 5-10 years I expect to have more positive than negative experiences[a]	☐	☐	☐	☐	☐	☐
I often have the feeling that I am being treated unfairly[b]	☐	☐	☐	☐	☐	☐
In the past 10 years my life has been full of changes without my knowing what will happen next[b]	☐	☐	☐	☐	☐	☐
I gave up trying to make big improvements or changes in my life a long time ago[b]	☐	☐	☐	☐	☐	☐

[a]Positive item; [b]Negative item

Life satisfaction

The Life Satisfaction scale administered to women aged 42-47 and 69-74 was developed by ALSWH. The score is the mean value of seven items for women aged 69-74, and eight items for women aged 42-47. All items have four response options coded 4 (*"Very satisfied"*), 3 (*"Satisfied"*), 2 (*"Dissatisfied"*), and 1 (*"Very dissatisfied"*). A 0 (*"Not applicable"*) option is also available for women aged 42-47. Higher scores represent more life satisfaction. The score was calculated if there are at least four questions answered, otherwise the score was set to missing.

Question	Response options				
In general, are you satisfied with what you have achieved in your life so far in the areas of: *(Mark one on each line)*	Not applicable[b]	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
Work	☐	☐	☐	☐	☐
Career	☐	☐	☐	☐	☐
Study	☐	☐	☐	☐	☐
Family relationships	☐	☐	☐	☐	☐
Partner / closest personal relationship	☐	☐	☐	☐	☐
Friendships	☐	☐	☐	☐	☐
Social activities	☐	☐	☐	☐	☐
Motherhood / children[a]	☐	☐	☐	☐	☐

[a]Item only asked for women aged 42-47; [b]Option only presented for women aged 42-47

Resilience

The brief resilience scale was only available for women aged 69-74. This scale comprises six items with five response options [16]. The summary score is the mean value of all items. Three items are positively worded and scored: 1 (*"Strongly disagree"*), 2 (*"Disagree"*), 3 (*"Neutral"*), 4 (*"Agree"*), and 5 (*"Strongly agree"*). Three items are negatively worded and scored: 5 (*"Strongly disagree"*), 4 (*"Disagree"*), 3 (*"Neutral"*), 2 (*"Agree"*), 1 (*"Strongly agree"*). Mean substitution for up to two items was permitted. If there were more than two items missing, the total score was set to missing. A higher score represents more resilience.

Questions	Response options				
Please respond to each item by marking one on each line	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I tend to bounce back quickly after hard times[a]	☐	☐	☐	☐	☐
I have a hard time making it through stressful events[b]	☐	☐	☐	☐	☐
It does not take me long to recover from a stressful event[a]	☐	☐	☐	☐	☐
It is hard for me to snap back when something bad happens[b]	☐	☐	☐	☐	☐
I usually come through difficult times with little trouble[a]	☐	☐	☐	☐	☐
I tend to take a long time to get over set backs in my life[b]	☐	☐	☐	☐	☐

[a]Positively scored; [b]Negatively scored

COVID-19 comorbidity

Questions on chronic health conditions were asked at each ALSWH main survey for all age groups. Women were classified as having a COVID-19 related comorbidity of interest if they had ever previously indicated that they had been diagnosed or treated for one of the specified conditions [35]. Four conditions of interest were selected from the available ALSWH conditions: diabetes mellitus (Type I or II), hypertension, asthma/bronchitis, and heart disease.

Disability

For all three cohorts, the question "*Do you regularly need help with daily tasks because of a long-term illness or disability*?*"* was asked, with response options of *"Yes"* and *"No"*. An affirmative response indicated the presence of a disability/long-term illness.

Health care card

Women were asked if they had various types of cover for health services. One of the options included "*Health Care Card (this is a card which entitles you to discounts and assistance with medical expenses. This is not the same as a Medicare card)*". Women who responded *"Yes"* were classified as having a Health Care Card.

Children

Women have reported the number of children they have on previous surveys. This was classified into a dichotomous variable to represent *"Yes, I have children"* versus *"No, I do not have children"*.

Housing

This question was asked in the most recent surveys for women aged 25-31 and 42-47.

Question	Which one of the following best describes your housing situation? (*Mark <u>one only</u>*)[a] Which of the following best describes your housing situation?[b]	
Response options	Private rental (including rent paid to real estate agents)	☐
	State Department of Housing public rental	☐
	Housing that comes with employment (e.g. Department of Defence, Department of Education, mining company, etc)	☐
	Owned home (with or without mortgage)	☐
	Living with parents / in-laws	☐
	Other*	☐

[a]1973-78 Survey 8; [b]1989-95 Survey 6; *Response option for 1989-95 Survey 6 only

Due to low frequencies of some response options, some categories were collapsed. For this report, the following three groups were used:

1. Owned home
2. Private rental
3. Subsidised housing (includes: State Department of Housing public rental; Housing that comes with employment; Living with parents/in-laws; Other)