



WOMEN 4 CHANGE

FEBRUARY 2021

THE IMPACT OF COVID-19 ON WOMEN IN HAMILTON, ONTARIO

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Introduction

The COVID-19 pandemic has changed the way of life of all Canadians. In March 2020, the declaration of an emergency across Canada led to province-wide shutdowns, including temporary closures of schools and businesses. These closures have lasted into a new year, bringing significant social and economic changes such as working from home, remote learning, job loss, reduced work hours, and confinement.¹

The global impact and economic losses of COVID-19 have been devastating but its impact has been felt unevenly. According to Chan, Morissette and Frenette, younger workers, less-educated workers, and recently hired workers are more likely to be laid-off first during a recession.² In Canada, 28% of those who were absent from work because of a business closure, layoff, or personal circumstances due to COVID-19 reported living in a food-insecure household.³ Public health measures and travel restrictions have also limited people's movement, altering daily activities and routines outside of the home. This has left many with an increased sense of social isolation and people young and old across all regions have reported declines in mental health.⁴ Additionally, home confinement has raised alarming concerns for women and children's safety, which have become more apparent in phases of the pandemic where restrictions were lifted to allow victims to access support.^{5,6} Overall, the impact of COVID-19 on increasing poverty and reduced health is deeply troubling. The long-term social, economic and political implications of the pandemic are complex and yet to be fully understood.

The Canadian Women's Foundation states that in Canada, the pandemic led to early job loss and women represented almost two-thirds of it.⁷ While men's jobs have since recovered somewhat, women's jobs have not recovered to the same degree. This is compounded by caregiving and household demands already disproportionality shouldered by women. Alarming, rates of gender-based violence like intimate partner abuse and sexual assault may also be on the rise due to isolation measures. The mental health consequences of these realities have been stark with women reporting more stress, anxiety and worry about the possibility of violence in the home in 2020.

According to the United Nations, the pandemic is "deepening pre-existing inequalities, exposing vulnerabilities in social, political, and economic systems which are in turn amplifying the impacts of the pandemic."⁸ These conditions have also created unprecedented and worrying consequences for a number of Canada's most vulnerable populations. The United Nations report also notes that "Women will be the hardest hit by this pandemic but they will also be the backbone of recovery in communities."⁹ As governments continue to respond to the challenge of the pandemic at a national and provincial/territorial level in Canada, local communities must examine the uneven impact of COVID within their jurisdictions. Where possible, particular attention should focus on the analysis of lived experiences and disaggregated data to deepen understanding and magnify subset trends. Research and evaluation within diverse population groups—and in particular, those exacerbated by layered and intersecting vulnerabilities for whom the pandemic will accentuate existing socioeconomic inequalities—will be imperative to help communities recover.

The purpose of this report is to help individuals and groups in the local community shape effective local responses to address the various difficulties experienced by people as a result of the pandemic. The first part of this report tells the story of six women in Hamilton, Ontario whose experiences were captured in qualitative interviews held between November 2020 and January 2021. This section highlights the lived experience of women and the nuanced dimension of COVID-19 across varying life stages, identities, and socioeconomic conditions. Because the number of interviews is low, the qualitative data should be interpreted with caution concerning the completeness and the potential for biases. Despite these limitations, each woman's story provides granular insights that can support locally targeted interventions and help guide policy and program development.

In part two, statistical data on the impact of COVID-19 in Canada is reviewed, which pays particular attention to emerging gender-based datasets to connect the experiences of these local women to larger trends. This section examines a number of key concerns that emerged from the qualitative interviews, which include health distress, economic stress, and caregiving and unpaid labour. Although intimate partner violence was not identified in any of the women's stories, it is important to include this data given the focus of this report on women and the emerging trends found in current public discourse. In the final section, this report highlights some key insights and priority focus areas for women in the community.

What We Heard: The Stories of Six Women in Hamilton

In total, six women were recruited to participate in this research. Recruitment focused on the intentional selection of participants whose stories highlighted the layered and intersecting vulnerabilities of women from different age groups, life stages, professions, and identities that spoke to their circumstances and response to the pandemic. The names of all six women have been changed to protect their identities. The interviews were audio recorded and transcribed verbatim, and followed the semi-structured interview guide found in Appendix A. These stories capture the lived experience of women as they were faced with challenges in health, employment, child-rearing responsibilities, social isolation, psychiatric care, and homelessness. Additionally, their stories reveal the resilience of women to cope and survive a 21st century global pandemic. It is important to note that the voice of certain groups are missing from this research, particularly those of Indigenous and newcomer women, which would have added important insight to this research.

Sam's Story

Sam is a first generation Cambodian-Canadian woman is in her mid-thirties who has an autistic son under the age of 10. Sam immigrated to Canada as a young child with her family who arrived as refugees. She describes her upbringing in Hamilton as 'good and peaceful'. In her mid-twenties Sam moved to the Greater Toronto Area but moved back to Hamilton at the end of 2019 to be closer to family and have support in raising her son as a single parent. Sam had anticipated the challenges of finding work as part of relocating but the pandemic and subsequent lockdown worsened these odds. As she explains, work layoff and school closure was difficult for her and her son:

It was an adjustment for me. I had to quit a job that I loved. I came here, found a job, and then COVID happened and they let the new people go. My son was enrolled in school and then shutdown happened [...] He is autistic and he needs to be in school with proper learning tools, a routine, and with professional therapists helping him. He cannot function with homeschool. It just doesn't work.

With the need to transfer her son's case files to a new service provider (and a new school) during the pandemic, Sam found that the shutdown had exacerbated miscommunication and delayed her son's access to services, which added more worry to what was already a challenging situation. As the pandemic and lockdown unfolded, Sam spoke about the difficulty and need to maintain a routine at home:

I was used to being so busy so for me to stay home, it was hard. You just don't know what to do. I need to go to work [...] but my son kept me busy and gave me a reason to wake up in the morning because he needed a routine.

Another major factor that added stress during this time was the direct connection between school and service disruption, which she believes had slowed down her son's developmental progress:

When he is in school he had progressed a lot more. His teachers know how to deal with his special needs and know which tools to use, and they have those resources. When he is at home, I

see regression. He's not learning anything no matter what it is I'm trying to teach him. This hits me hard. And then there's always that fear that my son might get COVID when he is back in school, but he needs to learn. He needs to make progress. So I have to send him back to school.

The federal government's Canada Emergency Response Benefit helped Sam to be financially stable despite her job loss during the pandemic. Additionally, living with family also helped to offload financial expenditures. For Sam, another area of concern was her weight gain and the decline of her personal physical health. She cites the need to be 'out' for also maintaining social and emotional well-being:

I've gained so much weight during COVID. I'm over my limit and it's affecting my health and I can feel it. But my mental health is getting better. As I got out, it helped. When you start seeing your friends, it gets much better. The issues you have in your mind, you forget about it. You have more happy thoughts and less negative ones [...] when you're stuck in your house or when you're stuck in your room, these thoughts just come to you and you tend to focus too much on it. But when you're outside, it just gives you room to breathe.

The key emergent themes identified by Sam are: relocation and work transition, early job layoff, school shutdown, lack of service access, service delay, COVID's impact on development for children with autism, stress, mental health challenges, weight gain, isolation, family support, and social support.

Ndaya's Story

Ndaya is a young second-generation Congolese-Canadian in her late teens. In September 2020, she started her first year of undergraduate studies at the University of Ottawa from her home in Hamilton. For Ndaya, completing high school during COVID was not as difficult for her as compared to her peers. Ndaya describes the frustration her peers felt in missing out on high school graduation:

We didn't get a graduation so a lot of my friends felt frustrated seeing that it didn't happened for us [...] some people had to cancel their summer plans [...] it just showed us that life sometimes doesn't go as planned.

Unlike some of her peers, Ndaya was motivated to continue on to post-secondary studies in the fall of 2020 despite the temptation just to 'write-off' the year. Ndaya, who is a child of a single parent, is the first in her family to go to university. Thus, coping with the challenges of the pandemic was necessary to stay on course with her academic trajectory and keep in good standing with her academic scholarships:

Some people have not been able to cope or adjust to these challenges [...] I believe that I have been able to cope and be productive because there wasn't a point in going back to high school or just working full-time. Everything was in place in terms of scholarships and bursaries so it just made sense to get it done.

The decision to do her studies from home has not been without its setbacks. Although remote learning has been a cost-effective way for Ndaya to complete her first year of studies while living at home, she is missing out on the peer-to-peer and student-to-professor connections, which is needed for various learning and professional opportunities. Ndaya notes that these have affected some of her peers and classmates although she remains focused to succeed:

There isn't that personal connection to the professors especially if you have an interest in research. There isn't that opportunity to grow that relationship with them [...] There are also long waits for email responses instead of office hours or in person discussion where you can build on your questions [...] I know that for some people, it's just not working out for them and they are dropping out of their courses or the program. Sitting in front of a computer all day is just not for them. It's a lot of self-motivation and not losing sight of your goals. There is a lot of autonomy and time management, and there are so many distractions [...] People might lose their scholarship if their grades fall. I can't lose my scholarships.

Ndaya speaks to the importance of finding a school-life balance and connecting with friends, and engaging in activities outside of school to alleviate stress. Ndaya attributes some of her abilities to develop and apply healthy coping mechanisms as a result of attending leadership camp as a teenager. This has allowed Ndaya to

cope and better respond to stressors and challenges during the pandemic:

I believe that school shouldn't be your main stressor. You only have one life to live so you shouldn't let it take up all of your emotions or all of your time. I guess I just think, 'close the [computer] tab and you're fine.' [...] I did four years of the Tim Hortons Foundation Camp and they had things like goal building, teamwork, etc. I think going there helped me to develop my character.

The key emergent themes identified by Ndaya are: school transition, school disruption, sense of loss and missing out, maintaining goals and a positive outlook, differences in educational experiences, loss of social connection, loss of opportunities, pressure to maintain scholarships and financial aid, social support, and tapping into knowledge and resources for better coping.

Sarah's Story

Sarah is a personal support worker (PSW) in her late thirties and a single mom of two teenage kids. Before the start of COVID, Sarah had begun a process of moving out of her field as a medical administrative worker. Sarah is also a musician and had been taking the steps in 2019 to teach and record music. Due to COVID restrictions, Sarah had to stop working as a music teacher and found work as a cleaner during the pandemic:

I left the hospital last year [2019] because I was bored of administrative work and sitting at the desk all day. I wanted to be more hands-on and do my music as well. So I took a leap of faith, not knowing where I was going and started teaching music for a while and I finished my EP. Then COVID hits and I basically couldn't teach [...] I found myself during COVID working at a cleaning service and realized that this is not what I wanted to do.

Sarah injured herself on the job and found herself reassessing her life. During the pandemic, Sarah saw stability in essential and frontline health care work and made the decision to switch to the field of personal support worker (PSW) in 2020. As a PSW, Sarah was facing the challenges of frontline work amid fear and concerns of contracting and spreading COVID to her family and elderly clients:

I realized I wanted to get back into the medical field [...] now I am working for an agency in Hamilton going from home to home and to a retirement village in Hamilton [...] I found out that there was an outbreak there and I refused to go in because I didn't want to get infected. I didn't want that to affect my life and career, and with going into other peoples' homes [...] I had tested false-positive in the summer [...] that was a bit scary. So I have been directly affected in many ways [...] The connection with people is scary. Everyone is scared and you can feel it in the air. And in my brain, bringing it home to my family is in the back of my mind [...] There is an anxiety that comes along with driving home to home and caring for people you don't know.

For Sarah, it was difficult to navigate the pandemic and fully grasp its implications for those in the health service field. She is acutely aware that as an essential worker and within her profession as a PSW, meeting work requirements will be at the cost of her personal stance on vaccines:

I have always refused the flu shot for years and years. I have worked at St. Joseph's Hospital and it was never mandatory. And there is this big argument in my email today stating that I have to have it and have to have these forms filled out, and it's not true [...] it's scary because they are forcing a vaccine on me that I don't want and I'm thinking that the COVID one will be the same, and that's really scaring me. We don't really know what the repercussions of it will be.

Amid the pandemic, Sarah's music career had also suffered. The stress of the pandemic have compounded to stifle her creativity and delay her goals as a musician:

Music has been tough. My creative energy is gone. I'm just not inspired [...] I just don't feel it because I'm feeling the strain of the job.

Sarah also speaks to the financial stress of COVID and its consequences on her work history and prospect of owning a home. During the pandemic, Sarah has had to change jobs and says this has made it difficult for her to get a mortgage:

[...] worrying about money and worrying about where I am going to be. I was going to buy a house but with having to change jobs, lenders want to see that you have worked somewhere for two years. And with working for the agency, I don't make as much money. It's been tough.

Like others, it has been difficult to cope and manage the stress of COVID. Maintaining a healthy lifestyle and diet has been difficult and the need to reach for comfort has itself been a source of added stress:

We are doing a detox because during this time we were eating crap and crap for months, and enjoying it [laughs], indulging in everything bad so I am doing a detox for four weeks. It's basically an alkaline diet [...] I've been doing a lot of vegan, and beyond vegan, cooking and I put more stress on myself and I literally had a burnout because of it [...] Today we just ordered pizza, wings, and drank pop and it was great [...] I normally work out and I haven't been. I normally go for walks and I haven't been. I think I've been a crankier version of myself because I'm holding it all in.

Since September, Sarah has enrolled in online studies working towards her certification as a PSW in order to work in the long-term care. In addition to juggling her own work and school life, Sarah is worried about the impact and repercussion of COVID on her children's mental health and well-being:

I get home and I am drained and I have to do my schoolwork. [...] My son has had severe anxiety about COVID and he is not doing well in school at all. He has not been getting his assignments submitted. He loves school and he has always been good in school. I called his principal today and complained because he said he was getting [a failing] grade. This is not real school. This is not acceptable. This is not a real kid reacting to the system. He is not being supported. So the principal said, 'Okay we won't put a grade on the report. We will just put as incomplete.' Fair enough until this thing blows over. He needs to be in a classroom and with teachers. That's just the way he works best.

The key emergent themes identified by Sarah are: career transition, job loss, frontline essential health care work, fear of getting and spreading COVID, refusal to vaccinate, loss of creativity, financial stress, delay of home ownership, poor health outcomes, impact on children's mental health, and the impact on children's academic performance and grades.

Joan's Story

Joan is a 73-year-old, retired English teacher in Hamilton. She is also a writer and has produced a couple books in the last six years. Joan is a mother to three married children and has a few grandkids. Reflecting on the impact of COVID-19 on her life in the last year, Joan explains the loss of her husband has been the biggest factor:

I think it's salient that I am recently widowed because I think that impacts all of life when you are looking at how the shutdowns have affected people.

Joan's husband passed away at the end of 2018 and for much of 2019, she was in a season of grief and rediscovery of self, identity, routine, and goals. Before the pandemic, Joan describes her life as a recent widow and the work it took to recalibrate and recreate herself going into 2020:

I was trying to recalibrate my life because of not having my husband with me so that in itself was a full-time job actually. It involves everything about you and everything that you do. It has to be re-thought out differently. I had decided to change my daily routine. I had a book club running out of my house with seven friends [...] I was teaching Sunday school. I was on the church council. I took part in the after-service lunches every four to five weeks. I played a lot of music on my cello at my church. I visited my daughter's family in the United States when I wanted to. My sons' family came here a lot and I visited them. We met outside for dinner sometime, and lots of coffee shop visits with different friends. So even though my husband wasn't here, I had been at work at recreating myself. I think women have to do that probably more than men do. I was really working hard to maintain an active life and trying to not feel sorry for myself and just get on with it. It wasn't always easy but I did it.

The resilience that Joan had developed and discovered within herself in 2019 prepared her to better cope

during the pandemic. Joan speaks to the loss of routine, the social isolation brought on by the pandemic, and reflects upon her will and motivation to overcome her sense of loneliness and self-pity yet again:

So then all of that stopped. Everything that I just told you about stopped like it did for everybody else. Before COVID there were times when I felt sorry for myself because I felt alone, even though I wasn't really alone. When COVID came along, I thought strangely—probably the only person in the world that thought this—almost a sense of relief because then I knew I was not in this by myself. I knew that the whole world was going to do this with me. So I had no reason to complain [...] I felt like I was 'let off the hook' for feeling sorry for me because I wasn't doing this one alone. And then I thought, I've really got to step up to the plate here. I had to prove to myself that I could do a good job of this isolation [...] I certainly mind not seeing my family so I will be super glad when I can do all of those things again.

For many of her friends, Joan indicated that the pandemic had been a struggle for them but says that for her, "it was the least struggle compared to the last two years". For Joan, having a fresh viewpoint, sticking to her daily routine, setting daily goals, and helping others has helped to replenish the body, mind and soul:

I have always been a routinized person. I still do the same thing every day at the same time. I have a full breakfast and then I go for a good walk. I've changed the places where I walk. I think it's good to change and have a fresh viewpoint. And I always have lunch at the same time and I always have dinner at the same time [...] One of the things that I have found helpful for me is to go to bed with a plan for the next day. Write it down and put it at the place where you eat breakfast. So when you get up and look at the list, it'll say: buy eggs, take a walk, vacuum the living room, mail a letter, phone so and so, and read a chapter of your new book. Those things become important. I have to have a plan. When you don't do the little things that need doing, you don't have a goal or a purpose. I think that if people can make goals for themselves, as small as they may seem, and try to think of little things that you can do for other people, it will help.

These days Joan says she feels pretty relaxed but can still feel lonely from time to time without her mate. For Joan, her faith has been an important part of her feeling she is truly never alone. Joan says she still has a "wide life" and maintains connection to her professional and social networks online. In all of this, Joan acknowledges her privilege, which she believes has greatly shaped her stability and advantage over other women during the pandemic:

I don't think the pandemic has hit me as hard as it had other people. I already felt that worse had happened and so all I had to do was make good on this [...] I am speaking from a place of privilege because I have my own house, I've got a car, I have enough food in the fridge, and I don't have to worry about income so I know that puts me in a category of people who this is easier for.

The key emergent themes identified by Joan are: transition of identity and life as a new widow, grief, loneliness, establishing a new routine, rediscovering a new sense of self, disruption to newly established life and routine during the pandemic, setting daily goals to cope, maintaining social connection online, and privilege that buffers against the negative impact of COVID.

Morowa's Story

Morowa is an African-Canadian in her mid-twenties with a strong passion for social issues, which transfers into her art and other areas of her life. Currently, she works part-time but her goal is to go back to school. Morowa states that COVID has been a very unfortunate and inconvenient circumstance that has delayed her plans to return to her studies, however, she does feel that now she has a clearer plan for when she does go back. As a visual learner and visual artist, she is worried about how this may affect her experience and studies if colleges and universities continue to deliver programs in an online format:

Both of the programs that I plan to enrol in involves a lot of visual work. I need to be physically painting, and how can you present a painting if it is through your phone or your laptop? [...] as a visual learner I am a little bit skeptical of the overall experience.

Morowa explains that the connection with others is such an important part of the learning experience for a

visual artist to both refine your skills and develop a sense of community. Morowa believes that there will be a significant impact on visual learners and art students as a result of the pandemic:

Critiques are such a big part of going to art school. It's part of your sense of community and it's beneficial to have those additional ideas and perspectives. I feel it won't have as much depth if they are not physically there to see what you are doing. I feel less so about the emotional bond but the structures of having the physical presence in regard to doing something art related is pretty vital.

At the beginning of March 2020, Morowa had been offered a studio space in downtown Hamilton before the shutdown. Morowa explains the frustration brought on by the pandemic and the impact shutdown and isolation has had on her life and work:

When everything closed down it was frustrating because I already felt that I didn't have enough space to create paintings at home. Then to have a studio finally and immediately not be able to have access it was really hard on me. I felt I didn't have other places to go. And then my work also ended up closing at the same time so it was very isolating.

In addition to the impact of COVID-19, the global anti-Black racism movement had significantly affected Morowa's life personally and professionally. It left her feeling alienated, racialized, and forced to navigate these conflicts and tension externally. This led Morowa to take a long break as she processed how to intentionally reserve her own autonomy as an artist to create art under her terms:

I took a really big hit when all of that happened. It affected many other black people being treated like they were even more tokenized than they had been before, or feeling that people are bandwagoning on the idea of people caring about us, which is a really strange thing to witness. Obviously cultural appropriation and cultural insensitivity is something that has been happening for years but literally to see people profit off of it for their personal or financial gain was obscured. I felt racialized in those instances and to have to teach somebody how to treat you is really something you shouldn't be tolerating and putting up with. I felt that even more so with people pretending to care about the Black Lives Matter movement and by extending themselves to me or by not extending themselves to me. It stopped me from being creative for a time because I didn't want to feel performative and that shouldn't even be the case for a person who is racialized and a Black person. There were times when I felt discouraged to create things because I felt like I was putting on a show for other people and I never wanted that to be the circumstance in the first place. I only wanted to paint on my terms even if it made people uncomfortable because that was the point.

Over the course of the lockdown, Morowa began to paint with the intent to give back to her community. Morowa spoke of connecting with others, specifically mentors, who encouraged and inspired her to get back into producing art. Morowa says for now she is trying to be 'cautiously optimistic' and her short-term goal is to come up with multiple streams of income to give her the financial stability needed to go back to school and focus on her studies. Morowa continues to be confronted by how she is perceived as a Black female artist and speaks to this problem and its implications:

What is difficult is, specifically being a Black female artist, is the lack of support I have because I *am* a Black female artist. People really like looking at my work and that is because they sexualize it even when I tell them not to [...] the tricky part is whether or not I should continue to care about my audience [...] some of them aren't listening to what I am trying to say. As opposed to [others] who also make very visually vibrant but also very sexualized art, [theirs] is intentionally meant to be treated that way and I think that's also an advantage for [them] versus what I do. Not in any way to make it seem like it's a competition but it's the problem, which is that, one, I am a woman, and two, I'm someone that people sexualize.

Morowa speaks to the need for safe community spaces where young female artists can access opportunities to grow, cultivate leadership, and develop professional and entrepreneurial skills needed to help them succeed. Morowa also identifies the need for mentors to help guide young artists on their journey:

I think Hamilton deserves to have something like this for Black artist to feel safe and comfortable [...] It would be great if there was space specifically for young Black people [...] To be an artist in one thing if you emotionally feel that you can produce art, that's no problem. The difficulty is how

you advertise yourself and if you have a consistent following that will support your work financially [...] I'm going into this with significantly less experience. I'm also at a disadvantage because my work is very hit or miss with people and it's not necessary something that people would buy. With visually with fine art, I've been told that sometime certain work just belongs in an art gallery and is not something that people would reach out for, which is frustrating. I would absolutely need someone to guide me.

The key emergent themes identified by Morowa are: inability to access workspace, reduced work hours, delay in going back to school, anticipated negative impact on learning experience, negative impact to the field of art and design, financial stress, delay of creativity and producing art, racialized women and their intersecting challenges, safe community spaces, support needed for young Black female artists, mentorship, and entrepreneurial support for young professionals.

Leia's Story

Leia's story is told by her sister. Leia is a bi-racial woman in her late thirties with four children, one of which is severely autistic. She is diagnosed with bi-polar and borderline personality disorder and has had a 15-year history as a consumer of the mental health system in Hamilton. During the pandemic, issues around service inaccessibility led to a series of circumstances which left Leia homeless, emaciated, and permanently blind.

Leia is a survival of childhood sexual trauma and has suffered complex post-traumatic stress disorder (PTSD) since the age of four. Her sister explains that various systems (i.e., judicial, education, and health care) had failed to support Leia through her pain, for example, from mislabeling her trauma for misbehaviour at a very young age, and to resorting to punitive action instead of a restorative approach to support her therapy and care. Leia became a Crown Ward at the age of 13, which had set her on a trajectory of life on the street at times when she was triggered. Leia's sister begins by providing context for Leia's complex PTSD, an important thread in her story:

Her symptom is really complex PTSD from all of this unresolved trauma. Even in school we didn't have this trauma-informed lens 30 years ago. They were always looking at her behaviour. My sister was always acting up [...] She was a daughter of a single mother, she was mixed-black in a school that was predominantly white [...] we were just penalized for our behaviour. Nobody really tried to help her and this progressed to foster care and she became a Crown Ward at 13 living down in the inner city. When you become a Crown Ward in your pre-teens and teens you basically learn how to work the system. She got a set amount of money from CAS [Children's Aid Society] and they were partying, living in the street, and skipping from foster home to foster home. She has been in a lot of pain for a really long time.

At the age of 20, Leia she was a single mom and doing well on her own when she experienced her first manic episode, which resulted in her losing her daughter. In the years to follow, there emerged a pattern of psychosis, homelessness, and hypostatization before she was finally stabilized:

She was hospitalized for the first time and given all kinds of medications. They slapped her with all of these diagnoses, gave her Lithium and Haldol and all of these strong drugs to treat this. And she came out eventually and never had her daughter returned to her care so that was a big loss for her [...] it was always in a three-month turnaround from the time that she is on the street, really resistant to help, and then it usually looks like a police officer brings her in or something happens, and they finally formed her. It usually took another month to finally stabilizing her, and then she would be back out and we would be okay.

By the time she was 25, Leia had developed autoimmune diseases not common for someone her age and severe allergies to the medications used to treat her mental illness. However, formal diagnosis would only come years after taking the drugs. Leia's medical records of mental illness and a drug use conviction from when she was a teen "often resulted in people giving her a hard time". Additionally, her racialized identity has led her to ostracizing experiences of medical care, which often left Leia unheard and untreated:

This has happened to Leia a lot [...] She gets labelled all the time. She would say something is happening and they would say 'oh no'. So it's very much consistent with the narrative of how

Black women experience medical care [...] people not listening to her when she is in pain, not listening to her when she is uncomfortable, always minimizing her concerns.

It has been difficult for Leia to maintain health despite knowing the implications of a poor diet on her autoimmune diseases. Living on a fixed income with three children had lessened her means to better food choices, "She knows that that she can't eat gluten. That inflames the condition. But again, living on a fixed income in poverty, it's not easy to eat gluten free."

At the start of January 2020, Leia was dealing with depression and poor nutrition and had voluntarily checked herself into psychiatric care but left due to the lack of support she was receiving. After learning the hospital, Leia's sister explains an incident when Leia and her partner were both incarcerated for breaching a no-contact order that left Leia homeless while she was mentally unstable prior to (and during) COVID:

When she was manic she would show up at his place. The police were called and they were both put in jail on a breach with no one to be there for their kids. He called the police for help because she was manic and rather than getting them help and leaving her partner there, they arrested them for being together [...] After that jail stint, she was never the same. She was a lot more paranoid, hallucinating a lot more, and staying in psychosis [...] Homelessness is the other thing. Because there was a no-contact order between her partner and her, and he was so afraid after the jail stint that he wouldn't let her come back home.

From January to August, Leia was on the street. During the pandemic, her sister explained that staff fear and anxiety about getting COVID, and the rules put in place at the hospital, made it more difficult for her sister to accept and receive the care she needed. Leia's sister noted the tension during the pandemic and the shift in attitude and behaviour of health care workers, which resulted in a difference in care Leia had received during the pandemic:

COVID had given people permission to not care about certain things in the name of caring about COVID. I don't think that this is new. I think that some of these attitude and behaviour existed before COVID but they didn't have a way to express it but COVID gave them the permission to say, 'I don't have to care. Everything is about COVID and if you're not following the rules then you're out because we are in a pandemic.' For Leia, who is someone who has so much trauma around the rules, how excluded she has been of her inability to following those rules, she was also very triggered and could not be bothered [...] obviously there is a whole system of things that were at play but definitely things were going on during COVID. The peak level of fear and all of the protocols really impacted Leia's ability to receive the help she needed in a timely way and it's had lifetime consequences.

By the time Leia was found on the street in August 2020, Leia had lost 100 pounds. The hospital concluded that she was not able to keep herself alive and kept her in the hospital from August to October until she was stabilized. Tragically, Leila had permanently lost her eyesight during COVID:

She is blind now. She lost her eyesight completely from this last stint on the street [...] She was on the street and blind. Her eyes just got so bad because she wasn't eating, and the stress also is a major trigger of this autoimmune disorder. So between the stress and diet, they're basically saying it's irreparable.

Leia is currently in an assisted-living apartment. With the help of the Canadian National Institute for the Blind, Leia is learning to navigate, adapt, and become independent living on her own.

The key emergent themes identified by Leia's sister are: survivor of sexual abuse, trauma, complex PTSD, punitive measures, mental illness, depression, poor diet, poverty, autoimmune diseases, psychiatric care, hospitalization, homelessness, incarceration, health risk, disabilities, blind, stigma, Black women's experience of medical care, racialized identities, COVID protocols and the change in service delivery and care, service inaccessibility, timely support, social inequities, and health inequalities.

Women's Mental Health Challenges

Most of the women had found themselves facing mental health challenges during the pandemic, which were brought on by conditions surrounding lockdown. The internal processes and impact of stress, anxiety, and isolation but also circumstantial factors such as restricted movement, job loss, and financial limitations had placed many of these women in difficult settings without other options or another place to go. The lockdown was also a trigger for some of the women who had indicated a history of abuse and trauma. As one woman described, "I just felt very trapped, emotionally and physically trapped." As the pandemic unfolded, these women faced many stressors connected to the lack of progress, the lack of control, and the lack of choice. This resulted in deep concerns for their personal emotional well-being as some were juggling various gender-based responsibilities and/or dealing with a number of changing life circumstances:

I normally go for therapy and I haven't been going [...] it's for anxiety and PTSD. I have severe PTSD from ongoing abuse for my entire life. I wanted to break the cycle so I was going to therapy and it was really good for my mental health but then I stopped because I got busy.

I already have depression so not getting out of the house and staying inside more was mentally stressful [...] I still have some mental health issues and I am on meds for that so I'm hoping to get better.

There wasn't the immediate worry about going into lockdown and I remember thinking to myself, it's not going to be that bad but that whole experience was very traumatic. I feel like a lot of repressed trauma definitely just kept reoccurring and it took a really huge toll on my mental health. I felt a complete lack of progress because I had felt so much more grounded at the beginning of the year, and then for things to happen so suddenly, I really felt worried for myself at some points for my own emotional state [...] the intensity of it for the first few weeks was so much of a weight that I really wasn't prepared for. I was just thinking about the things that I had gone through and the feeling of being stuck in that position again, and not really having another place to go.

The experiences recounted by these six women point to a number of key themes, including health distress, economic stress, and the overrepresentation of women in caregiving and unpaid work. These correspond to population-level trends captured in various national datasets, which is covered in the following section.

What We Know: Population-Level Data

This section provides population-level data to round out some of the personal experiences conveyed in the previous section. While none of the women spoke to the issue of gender-based violence (GBV) or intimate partner violence (IPV), due to the focus of this report and the emerging concerns noted in popular media and from national sources, GBV and IPV have been included. Some of the data examined from Statistics Canada are crowdsourced (where specified), and as a result, these findings cannot be generalized to the entire Canadian population.

Health Distress

During the pandemic, many Canadians found themselves working from home, homeschooling their children, and avoiding unnecessary trips outside their homes, which drastically restricted their movement and daily routines. As a result, more Canadians had rated poorer mental health in 2020 compared to a sample of Canadians in 2018.¹⁰ Crowdsourced results from the Canadian Perspectives Survey Series indicate that during the pandemic, people were "very" or "extremely" anxious about a number of issues including: overloading the health care system (84%); the health of a household member (54%); and their own health (36%).¹¹ Additionally, Canadians young and old (ages 15-50+) are spending more time on the internet (68%); watching more TV (63%); playing more video games (22%), and consuming more alcohol (14%).¹² Prolonged

lockdown restrictions in addition to excessive sedentary behaviour is associated with an increased risk of depression, poorer mental health, and poorer physical health outcomes.¹³ For youth between the age of 15-30, 36% had indicated that 'family stress due to confinement' was among their top ten COVID-19 concerns in March and April 2020.¹⁴

Disaggregated crowdsourced data collected from April 24 to May 11, 2020 offers timely insight into the mental health of Canadians along lines of gender-based differences. During the pandemic, female crowdsourced participants reported worse mental health than male across all measures.¹⁵ Additionally, female participants were more likely than male (29.3% vs. 20.5% respectively) to report symptoms consistent with moderate/severe generalized anxiety disorder, which are conditions characterized by a pattern of frequent, persistent worry, and excessive anxiety about several events or activities.¹⁶ More female participants were "very" or "extremely" concerned about the impact of COVID-19 compared to male, reporting that their lives are quite a bit/extremely stressful (30.5%). Additionally, gender-diverse groups (i.e., participants who did not report their current gender as exclusively female or male) had poorer mental health outcomes than female and male participants.

Economic Stress

According to the Labour Force Survey, at the start of the pandemic over 3 million Canadians were affected by job loss or had experienced reduced work hours, and more than 413,000 were added to the number of those unemployed from February to March 2020.¹⁷ During the week of March 15 to 21, the number of those who had a job but did not work totalled more than 1.3 million people, and those who had a job but worked less than half of their usual hours totalled more than 800,000.¹⁸ The sudden interruption to businesses due to COVID and public health measures combined prevented many from working. By April 2020, 5 million Canadians had transitioned to working from home.¹⁹ The sectors hardest hit by these changes were those in jobs that could not be performed from home. These included sectors such as accommodations and food services, construction, and wholesale and trades.²⁰ In contrast, sectors that experienced fewer employment losses were public administration, finance, insurance and real estate, and professional, scientific and technical services.²¹

Overall, shutdown and economic decline had affected 5.5 million Canadian between February and April 2020 by measures of by job loss and reduced work hours, however, between May and June 2020, the number of those employed had risen by 6% following the lift of some restrictions.²² Among those who worked less than half of their hours, 40% feared they might lose their jobs.²³ Among those newly unemployed, 1.3 million (97%) were on temporary layoff and expected to return to their jobs post-shutdown. In Canada, the Labour National Survey indicated that by April 2020 there were 1.7 million fewer people in the labour force in Canada who had previously worked in March and April. However, these individuals are currently not counted as unemployed but rather as 'out of the labour force'. Persons not in the labour force are those who, during the reference week, were unwilling or unable to offer or supply labour services under conditions existing in their labour markets. That is, they were neither employed nor unemployed. If these individuals are reflected in unemployment statistics, the unemployment rate for Canada in April would be 18%, which is 5% more than the calculated rate.

In April 2020, the unemployment rate for students aged 15 to 24 rose to 32%²⁴ and in all age groups (15-24, 25-54, and 55+), women had experienced greater difference in employment levels than men when compared to pre-shutdown figures.²⁵ In a crowdsourced questionnaire, gender-diverse groups (14.6%) were also more likely to report that they had in fact lost their jobs or businesses.²⁶ In another crowdsourced questionnaire, women aged 15 and older with long-term conditions and disabilities (60%) were more likely than men (56%) to report difficulty meeting their financial obligations or essential needs.²⁷

Caregiving & Unpaid Work

Following the World Health Organization's declaration of the novel coronavirus outbreak and the public health emergency of international concern, parents and caregivers became imperatively critical in children's education as schools across Canada closed and learning activities were moved online. During the pandemic, the top three concerns for families were: balancing the responsibilities of childcare, schooling, and work (74%), managing their child's or children's behaviours, stress levels, anxiety and emotions (61%), and having less patience, raising their voice, or scolding or yelling at their children (46%).²⁸ Compared to other school-aged groups, families with children aged 4 to 11 were more concerned about balancing the responsibilities of childcare, schooling, and work (80%). In a crowdsourcing survey, a higher proportion of participants whose family included a child with a disability reported being "very" or "extremely concerned" about their child's academic success (59%) compared to parents of children without disabilities (42%).²⁹ Additionally, the frequency of children's participation in academic activities increased with the level of parental education. Children in higher-income families had greater access to internet-enabled devices that were conducive to learning, which may help to explain why parent participants with higher levels of education are less likely to be very or extremely concerned about the academic success of their children given their better access to the resources.³⁰

According to the Canadian Women's Foundation, women will inevitably have to take on increased unpaid caregiving needs during the pandemic.³¹ Given that women are expected to invest heavily in childrearing, spend quality time with their children, foster their children's development, and make constant efforts to enrich their children's learning environment,³² it is not surprising that women will absorb a greater proportion of these responsibilities during the pandemic. Prior to COVID, the labour force was seeing greater participation by women since the 1970s, and at the same time, lone-parent families nearly doubled with an increase number of women taking on the role of the sole earner.³³ According to Moyser and Burdock, "The increasing contributions of women to the economic well-being of their families have eroded traditional gender roles, which assigned women primary responsibility for unpaid work (i.e., housework and caregiving), and men primary responsibility for household earnings. The growing demands of paid work and family life have further eroded the gendered division of labour."³⁴ The Center for American Progress states that the pandemic has forced women out of the workforce and that mothers with young children especially are at risk of being pulled out of the labour force to assume greater caretaking responsibilities.³⁵ Overall, the pandemic is risking the limited gains made gender equity.

Gender-Based Violence

The pandemic has sparked more violence against women across Canada with some regions experiencing higher rates of intimate partner violence (IPV) in 2020. During the pandemic, Statistics Canada data indicated that police calls to domestic disturbances were up 10% nationally between March and August 2020, compared to the same period in 2019.³⁶ Data from the *Shelters Voices 2020* indicate that crisis calls and requests for support varied during different phases of the pandemic with an initial decrease in crisis call during phase one from March to May 2020.³⁷ However, once restrictions were lifted between June and October 2020, request for admittance had increased.³⁸ The report suggests that it was difficult for women to reach out for help or leave their homes during the lockdown periods. This is consistent with the observation that due to the side effects of economic and epidemiological crises, gendered-based violence may not surface immediately given the stress of employment interruptions and financial pressures, and/or isolation measures.³⁹ Additionally, fear of contracting COVID and the uncertainty of housing security and potential homelessness were significant deterrents for women wanting to leave an abusive home.⁴⁰ Residential facilities for victims of abuse across Canada reported over 68,000 admissions in 2017 to 2018, the vast majority being women (60.3%) and their accompanying children (39.6%).⁴¹ Some sources have suggested that perpetrators had used the pandemic itself as a strategy to further abuse and control women who were confined to the home under COVID restrictions.

Closing Notes:

Supporting Women to Recovery

This research highlights several critical challenges to women during the COVID-19 pandemic. Interview and statistical data suggest that women have absorbed a greater proportion of job loss, health risk, poor mental health outcomes, and caregiving responsibilities. Consistent with the current discourse, this research finds that gender-based inequalities have deepened as a result of the pandemic as reflected in the disproportion of poor social, economic and health outcomes incurred by women. This research provides empirical support to illustrate the layered, intersecting, and compounding vulnerabilities of women that can make it difficult for them to tend to and overcome each individual challenge, particularly women who lack supports that buffer against the negative impacts of a pandemic.⁴²

Many have noted that COVID-19 is a gendered pandemic⁴³ that is leading to a gendered health crisis.⁴⁴ To fully grasp this notion is to think about how the pandemic itself is exacerbating pre-existing vulnerabilities that lead to social, economic, and health inequities.⁴⁵ Inequity and disparity tend to convey a similar message, which is that the differences become disparities and inequities if these differences are avoidable and if they are unfair.⁴⁶ Given the alarming concerns regarding COVID-19 and its impact on mental health,⁴⁷ it is important to examine these outcomes from a lens of social inequalities of health to contextualize the role and function of social factors in unevenly distributing diseases and disabilities in the population. This upstream explanation of inequalities recognizes that disadvantages within social groups—namely lowered social hierarchy resulting from the lack of wealth, power, and prestige—can expound why some groups experience greater disparities in poorer health outcomes.⁴⁸ As stated by Addictions and Mental Health Ontario, “We must be fully mindful of how this crisis is amplifying the challenges and disadvantages faced by people living on the margins of society”⁴⁹ because these disproportionate impacts could have long-term and far reaching consequences.

The full impact of the pandemic on the Canadian population remains unknown but the task for stakeholders, decision makers, local government, and members of the community needs to be critically informed by the ongoing collection of data and evidence-based research. Additionally, it is important to bring the lens of human rights into the work of recovery when thinking of ways to help people ‘get back on their feet’. Knowing that certain segments of the population will face compounding and exasperated difficulties—especially those who have been historically disadvantaged and marginalized—community efforts to reduce disproportionalities and disparities will be vital to this work. For example, groups such as youth, newcomers, and women who have reported lower life satisfaction⁵⁰ will require more support to overcome barriers when re-entering the workforce. An effective recovery approach must therefore apply the lens of equity to address these complexities and ensure that those facing greater disparities are not left behind. In closing, this research identifies three key priority areas to redress the negative impact of COVID-19 in communities: reduce health inequalities, support labour force re-entry, and support women in transition.

APPENDIX A:

Letter of Information & Interview Guide

1. Women 4 Change

Women 4 Change (W4C) is a group of local women who came together with the Hamilton Community Foundation to improve the lives of women and girls in the community through collective giving, volunteering and granting. Throughout the year, W4C fund local initiatives that align with the group's mandate.

2. Research Purpose

Given the impact of COVID-19 globally and locally, W4C is currently seeking to understand how women in Hamilton have been affected to see how they can help. W4C has enlisted my (Huyen Dam) support to gather stories from women across our community to explore these issues. The findings from this project will provide local context to help W4C focus their granting and volunteering efforts in 2021.

3. Research Procedures

I believe that you have an important story to tell. If you choose to take part in this project, you will be asked to answer a set of semi-structured questions (see below). Your participation is voluntary at all times. If you have any concerns, please let me know. The interviews will be approximately 30-45 mins in length and will be conducted online via Zoom. With your permission, I will audio-record our conversation for the report. However, the audio file will be deleted on January 31, 2021. A draft report of the research will be emailed to you for your review and approval before it is submitted. This will give you the opportunity to confirm and approve my interpretation of the information collected. There will be an opportunity for you (and the other women in this research) to meet with the W4C team in February 2021 to discuss the research findings and ways W4C can support women during, and following, the pandemic.

4. Privacy

I will make every effort to protect your privacy. Your name or any information that would allow you to be identified will not be published. Excerpts from your interview may be included in the final research report, but under no circumstances will your name be used.

5. Participant Honorarium

As a 'thank you' for your time, you will receive a \$50 e-transfer.

Interview Questions

1. Can you tell me about yourself and what you do?
2. Can you describe your life and work at the start of 2020 (JAN-FEB) before the COVID-19 pandemic (MAR)?
 1. How did COVID-19 impact you? How did your life and work change?
 2. What are the stressors that you currently face?
 3. What supports do you have in place?
 4. What would enable other women in your situation (i.e., single mom, musician, artist,

If you have any questions, please contact me at:
E: huyen.d.dam@gmail.com | P: XXX-XXX-XXXX

ABOUT WOMEN 4 CHANGE

Women 4 Change (W4C) is a group of local women working in partnership with the Hamilton Community Foundation to improve the lives of women and girls in the community through collective giving, volunteering and granting. This report was commissioned by W4C to support ongoing initiatives that align with the group's mandate. Given the severe impact of COVID-19 globally and locally, W4C sought to understand how women in Hamilton, Ontario have been affected by the pandemic to better inform local initiatives focused on improving the outcome of local women.

This research and report was prepared by:

Huyen Dam, PhD

Email: huyen.d.dam@gmail.com

About the Researcher

Huyen Dam (PhD) is a community-based researcher in Hamilton, Ontario and a recent graduate from the School of Earth, Environment and Society at McMaster University. In her community-based work, she hopes to enrich processes whereby marginalized groups are co-creators and decision-makers in data collection and research.

Acknowledgements

I would like to express my sincere gratitude and appreciation to the research participants in this report for sharing their candid stories. This work would not have been possible without their support and participation. Special thanks to, Sarah Wayland, Susan Goodman, Shylah MacIntryre, Sharon Charters, and Grace Diffey from W4C for their input, feedback and editorial support. Gratitude is expressed to Women 4 Change for funding this research.

Recommended Citation

Dam, H. (2021). The Impact of Covid-19 on Women in Hamilton, Ontario. Hamilton, ON: Women4Change.

The Impact of COVID-19 on Women in Hamilton, Ontario

What We Heard

When he is in school he had progressed a lot more. His teachers know how to deal with his special needs and know which tools to use, and they have those resources. When he is at home, I see regression. He's not learning anything no matter what it is I'm trying to teach him. This hits me hard. And then there's always that fear that my son might get COVID when he is back in school but he needs to learn. He needs to progress. So I have to send him back to school.

-Single Mom, mother of a child with autism, unemployed general labourer

I don't think the pandemic has hit me as hard as it had other people. I already felt that the worse had happened and so all I had to do was make good on this [...] I am speaking from a place of privilege because I have my own house, I've got a car, I have enough food in the fridge, and I don't have to worry about income so I know that puts me in a category of people who this is easier for.

-Recent Widow, mother and grandmother, retired teacher and writer

When everything closed down it was frustrating because I already felt that I didn't have enough space to create paintings at home. Then to have a studio finally, and immediately not be able to have access it was really hard on me. I felt I didn't have other places to go. And then my work also ended up closing at the same time so it was very isolating.

-Visual Artist, part-time sales associate

I have always refused the flu shot for years and years. I have worked at St. Josephs' Hospital and it was never mandatory. And there is his big argument in my email today stating that I have to have it and have to have these forms filled out, and it's not true [...] it's scary because they are forcing a vaccine on me that I don't want and I'm thinking that the COVID one will be the same and that's really scaring me. We don't really know what the repercussions of it will be."

-Single Mom, musician, full-time personal support worker

She is blind now. She lost her eyesight completely from this last stint on the streets [...] She was on the streets and blind. Her eyes just got so bad because she wasn't eating, and the stress also is a major trigger of this autoimmune disorder. So between the stress and diet, they're basically saying it's irreparable."

-Single Mom, living with mental illness and disabilities, not in the labour force

1

**REDUCE HEALTH
INEQUALITIES**

2

**SUPPORT LABOUR
FORCE RE-ENTRY**

3

**SUPPORT WOMEN IN
TRANSITION**



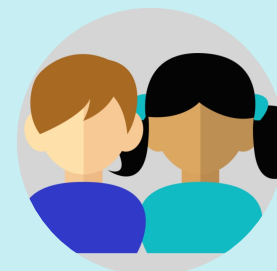
Mental Health

Women report lowered levels of mental health compared to men



Employment

Women experienced greater differences in employment when compared to pre-shutdown levels



Caregiving & Unpaid Work

Women absorbed a disproportion of caregiving and unpaid work

ENDNOTES

- ¹ Moyser, M. (2020) Gender differences in mental health during the COVID-19 pandemic. StatCan COVID-19: Data to Insights for a Better Canada, catalogue no. 45-28-0001. Ottawa: Statistics Canada, catalogue no. 45-28-0001. Ottawa: Statistics Canada.
- ² Chan, W., R. Morissette and M. Frenette. (2011). Workers Laid-off During the Last Three Recessions: Who Were They, and How Did They Fare?, Statistics Canada catalogue no. 11F0019M, Analytical Studies Branch Research Paper Series. No. 337.
- ³ Statistics Canada. (2020). Canadians experiencing food insecurity during the COVID-19 pandemic. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020042-eng.htm>
- ⁴ Statistics Canada. (2020). Mental health of Canadians during the COVID-19 pandemic. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020039-eng.htm>
- ⁵ Statistics Canada. (2020) Selected police-reported crime and calls for service during the COVID-19 pandemic, March to August 2020. <https://www150.statcan.gc.ca/n1/daily-quotidien/201109/dq201109d-eng.htm>
- ⁶ Statistics Canada. (2020). How are Canadians coping with the COVID-19 situation? <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020029-eng.htm>
- ⁷ Gunraj, A. (2020). The COVID-19 Pandemic Is a Gendered Health Crisis. *Health Insights*. <https://www.healthinsight.ca/advocacy/the-covid-19-pandemic-is-a-gendered-health-crisis/#>
- ⁸⁻⁹ United Nations (2020). Policy Brief: The Impact of COVID-19 on Women. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>
- ¹⁰ Colley, R., Bushnik, T., and Langlois, K. (2020). Exercise and screen time during the COVID-19 pandemic <https://www150.statcan.gc.ca/n1/pub/82-003-x/2020006/article/00001-eng.htm>
- ¹¹⁻¹² Statistics Canada. (2020). How are Canadians coping with the COVID-19 situation? <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020029-eng.htm>
- ¹³ Colley, R., Bushnik, T., and Langlois, K. (2020). Exercise and screen time during the COVID-19 pandemic <https://www150.statcan.gc.ca/n1/pub/82-003-x/2020006/article/00001-eng.htm>
- ¹⁴ Statistics Canada. (2020). Activities and concerns of Canadian youth during the COVID-19 pandemic. Canadian Perspectives Survey Series, March/April 2020. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020036-eng.htm>
- ¹⁵⁻¹⁶ Moyser, M. (2020) Gender differences in mental health during the COVID-19 pandemic StatCan COVID-19: Data to Insights for a Better Canada, catalogue no. 45-28-0001. Ottawa: Statistics Canada, catalogue no. 45-28-0001. Ottawa: Statistics Canada.
- ¹⁷⁻¹⁸ Statistics Canada. (2020). The impact of COVID-19 on the Canadian labour market. Labour Force Survey. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020028-eng.htm>
- ¹⁹⁻²¹ Statistics Canada. (2020). COVID-19 and the labour market in April 2020. Labour Force Survey. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020034-eng.htm>
- ²²⁻²⁶ Statistics Canada. (2020). COVID-19 and the labour market in June 2020. Labour Market Survey. <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020047-eng.htm>
- ²⁷ Statistics Canada. (2020). How are Canadians with long-term conditions and disabilities impacted by the COVID-19 pandemic? <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020073-eng.htm>

ENDNOTES

- ²⁸ Statistics Canada. (2020). The impact of the COVID-19 pandemic on Canadian families and children. <https://www150.statcan.gc.ca/n1/daily-quotidien/200709/dq200709a-eng.htm>
- ²⁹ Statistics Canada. (2020). Parents supporting learning at home during the COVID-19 pandemic. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00040-eng.htm>
- ³⁰ Statistics Canada. (2020). COVID-19 Pandemic: School Closures and the Online Preparedness of Children. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00001-eng.htm>
- ³¹ Canadian Women's Foundation. (2020). Gendered Impacts of Coronavirus. <https://canadianwomen.org/blog/gendered-impacts-of-coronavirus/>
- ³²⁻³⁴ Moyser, M. and Burdock, A. (2018). Time use: Total work burden, unpaid work, and leisure. <https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/54931-eng.htm>
- ³⁵ Kashen, J., Glynn, S. and Novello, A. (2020). How COVID-19 Sent Women's Workforce Progress Backward. Centre for American Progress, October 20. <https://www.americanprogress.org/issues/women/reports/2020/10/30/492582/covid-19-sent-womens-workforce-progress-backward/>
- ³⁶ Emmanuel, R. (December 20, 2020) Pandemic has sparked more violence against women in Canada's North. *iPolitics*. <https://ipolitics.ca/2020/12/02/pandemic-has-sparked-more-violence-against-women-in-canadas-north/>
- ³⁷ Statistics Canada. (2020) Selected police-reported crime and calls for service during the COVID-19 pandemic, March to August 2020. <https://www150.statcan.gc.ca/n1/daily-quotidien/201109/dq201109d-eng.htm>
- ³⁸ Women's Shelters Canada. (2020). Shelter Voices 2020: The Impact of COVID-19 on VAW Shelters and Transition Houses. <http://endvaw.ca/wp-content/uploads/2020/11/Shelter-Voices-2020-2.pdf>
- ³⁹⁻⁴¹ Centre for Research and Education on Violence Against Women. (2020). COVID-19 & Gender-based Violence in Canada: Key Issues and Recommendations. <http://www.vawlearningnetwork.ca/docs/COVID-gbv-canada-recommendations.pdf>
- ⁴²⁻⁴³ Petts, R. J., Carlson, D. L., & Pepin, J. R. (2020). A Gendered Pandemic: Childcare, Homeschooling, and Parents' Employment During COVID-19. *Gender, Work & Organization*.
- ⁴⁴⁻⁴⁵ Gunraj, A. (2020). The COVID-19 Pandemic Is a Gendered Health Crisis. *Health Insights*. <https://www.healthinsight.ca/advocacy/the-covid-19-pandemic-is-a-gendered-health-crisis/#>
- ⁴⁶ Kulkarni, V. S., & Subramanian, S. V. (2009). Social perspectives on health inequalities. *A companion to health and medical geography*, 375-398.
- ⁴⁷ Canadian Mental Health Association. (2020). Mental Health in Canada: Covid-19 and Beyond CAMH. Policy Advice, July 2020. <https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf>
- ⁴⁸ Kulkarni, V. S., & Subramanian, S. V. (2009). Social perspectives on health inequalities. *A companion to health and medical geography*, 375-398.
- ⁴⁹ Addictions and Mental Health Ontario. (2020). COVID-19: Coping with Mental Health and Addiction Issues, June 2020. https://amho.ca/wp-content/uploads/COVID-Coping-with-MHA_FINAL.pdf
- ⁵⁰ Helliwell, H., Schellenberg, G. and Fonberg, J. (2020). The COVID-19 pandemic and life satisfaction in Canada. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00093-eng.htm>



4
WOMEN CHANGE

LEARN • INSPIRE • INVEST • TRANSFORM