PROOF OF CONCEPT
THE DOMESTIC & CARE LOAD (DCL) INDEX
A Proposed Structural Determinant of Women's Health, Functioning, and Economic Stability

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Executive Summary

The Domestic & Care Load (DCL) Index is a proposed structural health metric designed to quantify the cumulative burden of unpaid labour, caregiving, mental load, allostatic stress, and financial precarity — the five core determinants driving women's health, safety, and economic participation.
While each component is independently recognised in the scientific literature, no existing framework integrates them into a single measurable index. As a result, women's distress is routinely misattributed to individual pathology rather than structural overload.
DCL provides a unified model capable of informing clinical assessment, public health, psychosocial care, domestic violence (DV) risk evaluation, preventative frameworks, and gender-responsive economic policy.
This Proof-of-Concept seeks expert collaboration to refine, validate, and publish the DCL Index as a foundational structural determinant of women's wellbeing.

Background and Rationale

Women disproportionately carry the world's unpaid labour, emotional care, and domestic responsibilities. Research across psychology, public health, gender studies, economics, and neuroscience consistently shows:

- Women perform 50–80% more unpaid labour than men (OECD, 2020; ABS, 2022).
- Women carry the majority of mental and emotional load in households (Daminger, 2019).

- Chronic overload results in measurable allostatic stress and biological wear (McEwen, 1993–2020).
- Caregiving intensity correlates with burnout, depression, economic instability, and long-term health decline (Pearlin et al., 1990; Schulz & Sherwood, 2008).
- Financial precarity is one of the strongest predictors of health deterioration, DV entrapment, and psychological distress (ANROWS, 2021; AIHW, 2020).
- Women are consistently misdiagnosed because overload is interpreted as mental illness rather than structural pressure (Cortland et al., 2022).

While these determinants are independently recognised in the literature, their combined effects remain unmeasured — leaving a critical blind spot in clinical, psychosocial, and policy assessment. THE DOMESTIC & CARE LOAD (DCL) INDEX fills this critical gap.

Concept Overview

Domestic & Care Load (DCL) Structural Formula

Domestic & Care Load = (Unpaid Domestic Work + Care Work + Mental Load) × Allostatic Load × Financial Precarity

Abbreviated form:

DCL = (U + C + M) × A × F

The Domestic & Care Load (DCL) Index represents total structural burden arising from unpaid labour, caregiving intensity, mental load, physiological stress, and financial precarity.

This multiplicative structure captures the synergistic and compounding nature of structural pressures, consistent with public health modelling and stress physiology research (McEwen, 1993; Juster et al., 2010).

Domain Definitions and Measurement Foundations

Each domain corresponds to an established empirical construct used in clinical, sociological, and economic research.

U — Unpaid Domestic Work (Time-Use Load)

Represents the quantifiable time and intensity of unpaid labour typically associated with household functioning.

Operational components include:

- hours of weekly domestic labour
- cognitive bandwidth required for task-switching
- frequency of high-demand tasks
- household management responsibilities

Empirical foundation:

OECD (2020), ABS (2022), and time-use studies demonstrating consistent gender disparities in domestic workload.

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C — Care Work (Caregiving Intensity Index)

Captures the scope, frequency, and emotional/physical complexity of caregiving activities.

Operational components include:

- number and age of dependants
- disability- or illness-related care
- emotional caregiving
- behavioural and developmental support tasks
- night-time caregiving/interruptions

Empirical foundation:

Caregiver Burden Index research (Zarit et al.), ANU Work–Care models (Strazdins), and decades of evidence linking care roles to diminished health and labour force participation.

M — Mental Load (Cognitive–Emotional Labour Load)

Represents the cognitive, anticipatory, and emotional processing required to coordinate household, family, and relational responsibilities.

Operational components include:

- planning and scheduling duties
- anticipatory cognitive labour
- invisible task management
- emotional regulation on behalf of others
- responsibility for remembering and organising

Empirical foundation:

Daminger (2019), Offer (2014), mental load literature, behavioural economics of cognitive burden.

A — Allostatic Load (Physiological Stress Burden)

Represents the cumulative biological “wear and tear” from chronic stress exposure.

Operational components include:

- sleep disruption
- hormonal dysregulation
- HRV (heart rate variability) reductions
- cortisol and autonomic reactivity patterns
- fatigue profiles
- immune and metabolic shifts

Empirical foundation:

Allostatic Load Theory (McEwen, 1993–2020), stress biomarker research, chronic caregiver stress studies.

F — Financial Precarity (Economic Vulnerability Multiplier)

Reflects the level of economic stability, autonomy, and exposure to financial constraint or coercion.

Operational components include:

- income stability
- employment precarity
- access to personal discretionary funds
- savings and debt ratio
- payment of basic needs
- exposure to financial abuse or partner control
- risk of homelessness or housing insecurity

Empirical foundation:

ANROWS (2021), AIHW (2020), Good Shepherd (2019), global research on financial stress as a magnifier of psychosocial distress, DV entrapment, and allostatic load.

Rationale for Multiplicative Structure

The multiplicative model reflects:

- Non-linear amplification effects
  (When U, C, and M rise, the body's stress burden increases exponentially)
- Synergistic interactions between domains
  (Financial precarity dramatically magnifies physiological stress and functional impairment)
- Alignment with stress physiology models
  (Where stressors compound rather than add)
- Real-world clinical presentation
  (Women with moderate domestic load but high financial precarity and high allostasis often present with severe overload symptoms.)

This structure produces a structurally sensitive load index, appropriate for clinical, public health, and socio-economic modelling.

Proposed Scoring Model

Range: 0–100+

Because financial precarity can significantly amplify structural load, the upper range may exceed 100 in extreme overload conditions.

0–20 — Low Load

Stable finances, shared duties, manageable mental load.

21–40 — Moderate Load

Typical domestic load with emerging strain.

41–60 — High Load

Primary carer, limited support, moderate financial instability.

61–100 — Critical Load

Single parenthood, financial precarity, high allostatic stress, complex care responsibilities.

100+ — Crisis Load

High risk for mental health deterioration, misdiagnosis, DV vulnerability, or collapse of functioning.

This index reflects risk, not diagnosis.

It contextualises symptoms within structural reality.

Evidence Base Supporting the DCL Framework

Unpaid Work (U)

- OECD (2020). Gender and Time Use Data.
- ABS (2022). Unpaid Work and Care Report.

Care Work (C)

- Schulz & Sherwood (2008). "Caregiving and Health." American Journal of Nursing.
- Pearlin et al. (1990). "Caregiver Stress Process Model."

Mental Load (M)

- Daminger (2019). "The Cognitive Dimension of Household Labour." American Sociological Review.
- Offer (2014). "Mental Load and Role Overload in Dual-Earner Families."

Allostatic Load (A)

- McEwen (1993–2020). Foundational literature on chronic stress and allostasis.
- Juster, Marin et al. (2010). Allostatic Load: A Comprehensive Review.

Financial Precarity (F)

- ANROWS (2021). Financial Abuse and Coercive Control.
- AIHW (2020). Women's Economic Insecurity and Health.
- Good Shepherd Australia (2019). Economic Abuse in Australia.
- Wilcox (2012). Housing Instability and DV Entrapment.

Misdiagnosis & Gender Bias

- Cortland et al. (2022). "Gender Bias in Clinical Diagnosis."
- WHO (2019). Gender Disparities in Mental Health.

DCL integrates these validated domains into a single, clinically usable structural load metric.

Applications Across Sectors

Clinical Use

- Distinguish structural overload from psychiatric pathology
- Reduce misdiagnosis
- Guide treatment planning
- Identify risk in caregivers

Primary Health Networks

- Triage women at risk
- Target preventative programs
- Integrate with stepped-care

Psychosocial & Disability Systems

- Contextualise impairment
- Improve functional assessments
- Justify support packages

Domestic Violence & Family Law

- Demonstrate coercive control through measured load
- Show the impact of financial abuse on functioning
- Provide objective evidence for courts

Workforce, Employment & Policy

- Gender-responsive workplace adaptations
- Economic modelling of unpaid labour
- Care economy reform
- Social infrastructure planning

DCL becomes a structural lens, not a diagnosis — transforming how women's health and economic participation are understood.

Validation Pathway

- Expert review of domains and formula
- Item refinement and weighting
- Pilot study (n=20–30)
- Reliability testing (Cronbach's alpha)
- Construct and convergent validation
- Correlation with existing measures (K10, PSS, physiological markers)
- Peer-reviewed publication
- Development of clinical and policy guidelines.

Invitation for Collaboration

I am seeking expert partners to refine, validate, and publish the DCL Index.
Ideal collaborators include specialists in:

- psychometrics
- women's health
- public health
- gendered labour
- social determinants of health
- stress physiology
- economic inequality
- DV and coercive control research

I welcome discussion on methodological design, co-authorship, and validation studies.

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