

CREATIVE WOMEN'S ASSOCIATION

DOMESTIC & CARE LOAD (DCL) INDEX

WHITE PAPER | 2026

*A Proposed Structural Determinant of Women's Health,
Functioning, and Economic Participation*

INSTRUMENT ONE OF THREE

CWA Structural Measurement Suite: DCL • ILV • CWI™

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As outlined in this White Paper, the DCL Index is the first instrument within the CWA Structural Measurement Suite, designed to quantify the cumulative structural burden of unpaid labour, caregiving, mental load, physiological stress, and financial precarity as a proposed determinant of women's health, functioning, and economic participation .

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Thomas, P. (2026). The Domestic & Care Load (DCL) Index: A Proposed Structural Determinant of Women's Health, Functioning, and Economic Participation. CWA White Paper. Creative Women's Association. creativewomensassociation.org

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THIS INSTRUMENT: POSITION IN THE CWA FRAMEWORK

The Domestic & Care Load (DCL) Index is the first of three proposed structural measurement instruments developed by the Creative Women's Association. Together they constitute a framework seeking academic validation and legislative consideration, grounded in established international precedent.

DCL does not stand alone. It is the foundation on which the second and third instruments — the Intangible Labour Value (ILV) Index and the Cultural Workforce Index (CWI™) — are built. Each instrument addresses a distinct dimension of the same structural problem.

INSTRUMENT	FUNCTION	LEGISLATIVE ROLE	IN ONE LINE
DCL Index — Instrument One	Cost / Risk	Establishes structural harm requiring protection	Names the damage
ILV Index — Instrument Two	Value / Payment	Establishes economic debt requiring correction	Names the debt
CWI™ — Instrument Three	Sector / Participation	Establishes sector requiring legislative recognition	Names the sector

DCL names the damage. ILV names the debt. CWI names the sector. Together they constitute the evidential basis for the proposed Australian Cultural Work & Provenance Act.

The DCL Index establishes the structural harm that makes legislative protection not merely desirable but, on the basis of the evidence assembled here, obligatory. It is the instrument that asks: what is being done to women by this structural arrangement? The ILV then asks: what is owed? The CWI asks: what sector is being denied recognition?

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 affecting women's health, safety, and economic participation.

While each component is independently recognised in the scientific literature, no existing validated framework integrates them into a single measurable index. As a result, women's distress is routinely misattributed to individual pathology rather than structural overload. The DCL Index proposes to fill this gap.

DCL is presented here as a proposed framework seeking academic validation and expert collaboration. It draws on established empirical constructs from public health, psychology, economics, and stress physiology. It is not a diagnostic instrument. It is a structural measurement tool designed to contextualise symptoms within structural conditions — providing the kind of pre-diagnostic information that the WHO International Classification of Functioning, Disability & Health (2001) already mandates be evaluated before disorder classification.

This White Paper seeks expert partners to refine, validate, and publish the DCL Index as a foundational structural determinant of women's wellbeing, and to position it as the first instrument in the CWA structural measurement suite supporting the proposed Australian Cultural Work & Provenance Act.

INTERNATIONAL LEGISLATIVE CONTEXT

The DCL Index is developed within an international context in which governments have demonstrated — through binding legislation — that structural recognition and protection of cultural practitioners is both possible and operative. This context is directly relevant to the legislative pathway the DCL framework supports.

Japan: Law for the Protection of Cultural Properties (1950, Act No. 214)

Japan enacted the Law for the Protection of Cultural Properties in 1950. The legislation recognised that the human bearers of intangible cultural heritage — individuals whose sustained practice carries cultural knowledge across generations — require formal state protection. The law established a designation system, a national register, and mandatory annual government payment to designated holders. That payment has continued without interruption for 75 years.

► **INTERNATIONAL PRECEDENT: Japan Act No. 214 (1950) — Bearer Recognition and Mandatory Protection**

The national government designates especially significant Intangible Cultural Properties as Important Intangible Cultural Properties, simultaneously recognising individuals or groups who have achieved advanced mastery of the technique as the holder. The national government provides special grants (¥2 million per year) for recognised individual holders and subsidises training programs for successors. (Agency for Cultural Affairs, Japan, bunka.go.jp)

Critically, Japan's 1975 amendment to this law extended protection to folk cultural expressions — the everyday practices of ordinary communities — which had previously been documented but not protected. The DCL Index addresses Australia's equivalent position: women's structural labour is documented in ABS time-use surveys and WGEA reports, but neither the practitioners nor the conditions they operate under are formally recognised or protected.

► **INTERNATIONAL PRECEDENT: Japan 1975 Amendment — Documentation Is Not Protection**

Folk cultural expressions were for a long time not considered cultural properties under the law, but were seen as only requiring documentation. This changed in 1975 when folk cultural expressions were legally recognised as Important Intangible Folk Cultural Properties. (International Journal of Intangible Heritage, 2007)

UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage (2003)

The UNESCO 2003 Convention establishes that safeguarding intangible cultural heritage requires ensuring the viability of cultural practices — including through measures aimed at recognition of practitioners and transmission of knowledge. The Creative Women's Association is preparing an application for NGO accreditation under this Convention. Although

Australia has not ratified it, the Convention's safeguarding principles directly inform the CWA framework.

INTRODUCTION

Despite extensive research into gender inequality, unpaid labour, time poverty, and chronic stress, no validated tool currently quantifies the combined structural burden of unpaid labour, caregiving intensity, cognitive load, and economic strain as a single integrated measure.

Clinical systems continue to rely on symptom-based tools — the PHQ-9, GAD-7, and DSM assessments — without evaluating the structural conditions producing those symptoms. This omission contributes to misdiagnosis, pharmaceutical intervention where structural supports are needed, invisibility of unpaid labour and cognitive load, poor triage and referral pathways, inadequate workforce policy, and gendered economic disadvantage over the life course.

The DCL Index proposes a scientifically grounded, policy-aligned framework to address this gap. It is the first instrument in a three-part suite designed to make the structural conditions of women's lives legible to clinical, policy, and legislative systems.

CONCEPTUAL DEFINITION OF DCL

DCL (Domestic & Care Load) is a proposed structural health determinant designed to quantify the cumulative impact of unpaid domestic labour, caregiving responsibility, cognitive and mental load, chronic physiological stress, and economic precarity on an individual's physiological, emotional, cognitive, and economic functioning.

Category: Proposed Structural Health Determinant

Type: Predictive Load Index (proposed)

Status: Seeking academic validation and expert collaboration

Function: Contextual assessment and early risk identification

Use: Screening, triage, public health planning, workforce modelling, policy, and research

Not: A diagnosis or psychiatric disorder classification

Comparable validated index families whose methodology informs this proposal include: ACE Score (Felitti et al. 1998), Allostatic Load Index (McEwen 1998), Frailty Index (Rockwood et al. 2005), Kessler Psychological Distress Scale (K10, Kessler et al. 2002), and Zarit Burden Index (Zarit et al. 1980). The DCL Index applies a similar integrative logic to a domain not yet captured by any existing instrument.

THE DCL FORMULA

$$\text{DCL} = (\text{U} + \text{C} + \text{M}) \times \text{A} \times \text{F}$$

The formula integrates five independently validated empirical constructs. The multiplicative structure reflects evidence that structural pressures compound rather than add, consistent with stress physiology and social determinants research. The interaction effects between domains are not linear: financial precarity, for example, does not merely add to domestic load — it amplifies the physiological impact of all other components.

Domain Definitions

U — Unpaid Domestic Work (Time-Use Load)

The quantifiable time and intensity of unpaid labour associated with household functioning. Operational components include hours of weekly domestic labour, cognitive bandwidth required for task-switching, frequency of high-demand tasks, and household management responsibilities. Empirical foundation: OECD (2020) Gender and Time Use Data; ABS (2022) Unpaid Work and Care Report; Strazdins et al. (2016).

C — Care Work (Caregiving Intensity Index)

The scope, frequency, and emotional and physical complexity of caregiving activities. Components include number and age of dependants, disability- or illness-related care, emotional caregiving, behavioural and developmental support, and night-time caregiving interruptions. Empirical foundation: Zarit Burden Index (Zarit et al. 1980); Caregiver Burden Index (Pearlin et al. 1990); ANU Work-Care models (Strazdins).

M — Mental Load (Cognitive-Emotional Labour Load)

The cognitive, anticipatory, and emotional processing required to coordinate household, family, and relational responsibilities. Components include planning and scheduling duties, anticipatory cognitive labour, invisible task management, emotional regulation on behalf of others, and responsibility for organising others' lives. Empirical foundation: Daminger (2019) American Sociological Review; Offer (2014).

A — Allostatic Load (Physiological Stress Burden)

The cumulative biological wear from chronic stress exposure. Components include sleep disruption, hormonal dysregulation, HRV reductions, cortisol and autonomic reactivity patterns, fatigue profiles, and immune and metabolic shifts. This component integrates one of the most robustly validated constructs in stress physiology. Empirical foundation: McEwen (1993–2020); Juster, Marin et al. (2010).

F — Financial Precarity (Economic Vulnerability Multiplier)

The level of economic stability, autonomy, and exposure to financial constraint or coercion. Components include income stability, employment precarity, access to personal discretionary funds, savings and debt ratio, exposure to financial abuse or partner control, and risk of housing insecurity. Empirical foundation: ANROWS (2021); AIHW (2020); Good Shepherd Australia (2019).

Rationale for Multiplicative Structure

The multiplicative model reflects: non-linear amplification effects consistent with stress physiology (McEwen 1998; Juster et al. 2010); synergistic domain interactions where financial precarity dramatically magnifies the physiological impact of domestic and care load; and alignment with established public health modelling of cumulative disadvantage. This structure is proposed as a more accurate representation of real-world structural burden than an additive model, and is a primary subject for validation in the proposed research pathway.

PROPOSED SCORING MODEL

The following scoring framework is proposed for validation. Ranges and threshold definitions are indicative and subject to psychometric testing, expert review, and pilot study refinement.

SCORE	LOAD LEVEL	INDICATIVE PROFILE	POLICY IMPLICATION
0–20	Low Load	Stable finances, shared duties, manageable mental load.	Baseline. Structural conditions support participation.
21–40	Moderate Load	Typical domestic load with emerging strain. Time poverty beginning.	Early intervention monitoring warranted.
41–60	High Load	Primary carer, limited support, moderate financial instability.	Structural supports required. Workforce participation at risk.
61–100	Critical Load	Single parenthood, financial precarity, high allostatic stress, complex care.	Urgent structural intervention indicated. DFV risk elevated.
100+	Crisis Load	High risk for health deterioration, DV vulnerability, collapse of functioning.	Emergency structural protection required under proposed Act.

This index reflects proposed risk thresholds, not diagnosis. It contextualises symptoms within structural conditions. Threshold definitions, weighting of components, and scoring ranges are primary subjects for validation in the proposed research pathway.

PROPOSED APPLICATIONS

Clinical and Psychosocial Use

- Distinguish structural overload from psychiatric pathology, reducing misdiagnosis rates
- Provide structural context prior to GP Mental Health Plans, PHQ-9, GAD-7, and DSM-based assessments
- Guide treatment planning toward structural supports rather than individual pathology frameworks
- Identify caregivers at risk before crisis presentation

Public Health and Primary Health Networks

- Triage women at risk within stepped-care models
- Target preventative programs at high-load populations
- Integrate with antenatal, postnatal, and community health assessment pathways
- Population surveillance and longitudinal health modelling

Domestic Violence and Coercive Control

- Contextualise coercive control through measured load: perpetrators manipulate sleep, financial access, and care burden as control mechanisms — all captured within DCL domains
- Provide objective structural evidence in DFV proceedings
- Identify DFV risk through load-pattern recognition, particularly in F (financial precarity) and A (allostatic disruption) components

Workforce, Policy, and Legislative Use

- Gender-responsive workplace adaptations informed by structural load data
- Economic modelling of unpaid cultural labour for national accounts and policy planning
- Pre-assessment instrument under the proposed Australian Cultural Work & Provenance Act
- Population-level data for gender equality reporting frameworks (WGEA, AIHW, ABS)

EVIDENCE BASE

Each DCL domain corresponds to a validated empirical construct with an established literature base. The DCL Index proposes to integrate these constructs; the integration itself is the novel contribution requiring validation.

Unpaid Work (U)

Women in Australia perform 76% of unpaid domestic labour and 71.8% of primary caregiving (ABS 2022; WGEA 2024). Women perform 50–80% more unpaid work than men globally (OECD 2023). Time poverty resulting from this load predicts lower health outcomes, reduced workforce participation, and long-term economic disadvantage (Strazdins et al. 2016).

Care Work (C)

Caregiving intensity correlates with burnout, depression, economic instability, and long-term health decline (Pearlin et al. 1990; Schulz & Sherwood 2008). Physiological and emotional strain in caregiving is comparable to acute-care clinical professions (Schulz & Sherwood 2008).

Mental Load (M)

Women carry the majority of anticipatory, emotional, and organisational labour — the cognitive dimension of household management — resulting in decision fatigue, emotional strain, and cognitive overload (Daminger 2019). Persistent planning, vigilance, and emotional regulation generate chronic stress biomarkers comparable to high-stakes professional roles (Daminger 2019).

Allostatic Load (A)

Chronic stress alters neuroendocrine, inflammatory, and metabolic systems, impairing functioning across domains (McEwen 1998; Juster et al. 2010). Women performing combined paid and unpaid labour show elevated stress biomarkers (Schulz & Sherwood 2008; Juster et al. 2010).

Financial Precarity (F)

Financial precarity is among the strongest predictors of health deterioration, DV entrapment, and psychological distress (ANROWS 2021; AIHW 2020). Economic strain increases cortisol, reduces coping capacity, and worsens health outcomes (OECD 2021; AIHW 2022). The superannuation gap currently stands at 31% (WGEA 2024).

Misdiagnosis and Gender Bias

Women experiencing structural overload are frequently misdiagnosed with mood, personality, or somatic disorders (Hengartner 2017; Russo & Pirlott 2006; Cortland et al. 2022; WHO 2019). The DCL Index introduces required structural context prior to diagnostic interpretation.

VALIDATION PATHWAY

The DCL Index is at the conceptual development stage. The following pathway is proposed for formal validation, consistent with psychometric standards applied to comparable instruments.

1. Expert review: engagement of specialists in psychometrics, women's health, public health, stress physiology, gender economics, DFV, and cultural heritage to review domains, formula structure, and weighting rationale
2. Item development: translation of domain constructs into measurable assessment items with defined scoring criteria
3. Cognitive interviews and item refinement: pilot testing with target population to assess item clarity and construct coverage
4. Pilot study (n=20–30): initial reliability testing, distribution analysis, and face validity assessment
5. Psychometric validation: reliability (Cronbach's alpha), factor structure, convergent validity (K10, PSS, HRV), and criterion validity testing
6. Peer-reviewed publication: across public health, epidemiology, women's health, and gender studies journals
7. Implementation guidelines: development of clinical, public health, and policy application protocols

This validation pathway is suitable for Australian Research Council (ARC) Linkage grant applications, Medical Research Future Fund (MRFF) pathways, and National Health and Medical Research Council (NHMRC) funding. The CWA is actively seeking academic partners to lead this validation work.

CONCLUSION

The Domestic & Care Load Index proposes a first answer to a question that has not yet been formally asked in clinical, policy, or legislative systems: what is the measurable structural load imposed on women by the arrangement of unpaid labour, care, and economic precarity in which they operate?

Each component of the proposed index is independently supported by established research. The integration of those components into a single validated instrument is the contribution this framework seeks to make, subject to the rigorous validation pathway described above.

The DCL is the first of three instruments in the CWA structural measurement suite. It names the damage. The ILV names the debt. The CWI names the sector. Together they constitute the proposed evidential foundation for the Australian Cultural Work & Provenance Act — a legislative framework grounded in 75 years of international precedent, beginning with Japan's Law for the Protection of Cultural Properties in 1950.

The CWA invites academic partners, clinical specialists, and policy researchers to engage with this framework. The work is in development. The case for it is established. The validation is the next step.

$$\text{DCL} = (\text{U} + \text{C} + \text{M}) \times \text{A} \times \text{F}$$

$$\text{DCL} + \text{ILV} + \text{CWI}^{\text{TM}} = \text{The proposed Australian Cultural Work \& Provenance Act}$$

Creative Women's Association

executivedirector@creativewomensassociation.org

www.creativewomensassociation.org