

The contribution of working conditions and care recipient characteristics to work-related abuse and exploitation of migrant home care workers

Work-related
abuse and
exploitation

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Abstract

Purpose – Migrant home care workers constitute a vulnerable group in society, which is often exposed to work-related abuse. The purpose of this paper is to explore which characteristics are linked with their abuse.

Design/methodology/approach – Overall, 187 Filipino home care workers who work in Israel were recruited via snowball sampling and filled an anonymous questionnaire regarding work-related abuse incidents and working conditions.

Findings – More than half of the participants reported exposure to abuse (e.g. sexual, physical, or emotional) or exploitation (e.g. asking to do more than job requirements). Particularly vulnerable were migrant workers during their first year in the host country and those who were taking care of an older adult with cognitive impairment. Interestingly, men who served as care workers were more susceptible to abuse than women.

Originality/value – The findings point to specific characteristics which make home care workers more susceptible to abuse illustrate the need for a closer supervision on the working conditions of home care workers, especially during the initial period of their work. Training migrant home care workers in the area of dementia care is also important.

Keywords Workplace, Employee relations, Home care, Migrant workers, Abuse, Older adults, Rights, Violence, Immigration, Long-term care

Paper type Research paper

Over the past few decades, the developed world has become increasingly dependent on the cheap labor force of migrant workers. The most important reasons for the “import” of migrant workers are an increase in life expectancy and a decline in birth rate resulting in a shortage of workers, as well as the insufficient number of local residents willing to undertake dreary and demanding jobs (World Health Organization, 2016). These jobs tend to jeopardize the worker’s health and general well-being. At times, migrant workers are patronized and are often treated with suspicion (Ahdut and Amit, 2010). Within the vulnerable group of migrant workers, those who are likely to face abuse and exploitation are the care workers, as demographic, situational and contextual factors are tied together to create a multi-layer vulnerability.

The special vulnerability of migrant care workers: when gender, race, and social status meet isolation and dependency

The first layer in this aforementioned multi-layer vulnerability of the migrant care worker is his or her demographic profile. Care work, similar to other forms of non-reproductive labor (such as cleaning, cooking, and child rearing), has a gendered, racialized history, which makes cares particularly vulnerable (Doorn, 2017). A theoretical framework that has been widely applied is the notion of the “care chain” (Parrenas, 2012), in which people are connected via the work of care. In the USA, paid care workers will generally be black, Latina, or Asian American women (Doorn, 2017), whereas in Europe, these women are



mainly ethnic minorities (ILO, 2013). In other words, the people who supply the “dirty work” are mainly women who are at the bottom of the social hierarchy, whereas the recipients have a higher class (Anderson, 2015). As Glenn (1992) noted, these gaps between the worker and the employer are used to justify exploitation, and explain structural violence. These gaps might be further intensified in the case of migrant care workers, who are seen as suitable to do care work also because ethnic “others” are often considered appropriate to deal with dirty jobs like cleaning and home care (Anderson, 2000). Cox (2014) further explains that distance from “dirt” is a sign of status – as immigrants are seen dirtier than local people, they are considered to better suit this kind of work. In King’s (1988) words, the demographic profile of migrant care workers will probably cause them to suffer from multiple jeopardies as “racism multiplied by sexism multiplied by classism” (p. 47).

The second layer of vulnerability is composed of situational factors. In contrast to care workers who work in institutions and enjoy the support of colleagues and social networks, migrant home care workers work in isolation at the homes of older adults, with very little guidance and supervision. Hence, their social networks are limited (Barling *et al.*, 2009). Furthermore, because of the intimate nature of the job, the boundaries of professional care work are blurred (Walsh and Shutes, 2013). The characteristics of a live-in home care – which is prominent in this sector (Schmidt *et al.*, 2016) – bring up issues concerning basic workers’ rights. In contrast to live-out home care work, in live-in home care settings, working hours, breaks, and other work conditions are often undefined (Green and Ayalon, 2015). This inherent tension between workers’ rights and obligations is more prominent among migrant workers. Moreover, research has shown that the chances of exposure to work-related abuse in the caring sector increase if the worker is inexperienced or poorly trained (Isaksson *et al.*, 2009). This is most often the case of migrant home care workers, as many of them do not receive adequate training (Eckenwiler, 2012; Walsh and Shutes, 2013). In addition, the live-in working scheme makes migrant home care workers dependent on their care recipient not only financially, but also for necessities such as food and shelter (Ayalon, 2009).

The third layer concerns the contextual factors – the status of migrant home care workers as temporary migrants, who are not supposed to become citizens, or even permanent residents in their host country (Green and Ayalon, 2015). In contrast to lower class locals, migrant care workers are seen as guests in the host country. This makes the power imbalance between them and the care recipient and his or her family even greater (Powers and Oschwald, 2004). In addition, before coming to the host country, migrant home care workers pay thousands of dollars to obtain a working permit (Shapira, 2012). These amounts are considered enormous in their country of origin. As a result, they often are forced to borrow money from their families or communities. During the loan repayment period, many migrant care workers will do anything in their power to maintain their place of work, sometimes at the cost of tolerating serious exploitation and even sexual or physical violence (Kav-Laoved, 2016).

Empirical studies did not focus on the vulnerability of migrant care workers, but on other types of domestic services supplied by migrant workers (cleaning, cooking, and au pair), or home care supplied by local care workers. However, these studies are still important as those populations share some of the main risk factors with the migrant care workers. For example, early works have found that home care workers in the USA were exposed more frequently to work-related abuse than care workers employed in institutions (Geiger-Brown *et al.*, 2007; Viitasara *et al.*, 2003). In the UK, more than 50 percent of migrant care workers reported that they were not able to take breaks or leave the house (Gordolan and Lalani, 2009; Kalayan, 2014), and suffered from discrimination and racism (Bourgeault *et al.*, 2010; Walsh and Shutes, 2013). In addition, qualitative studies included disturbing testimonies behind the numbers. Anderson’s (2000) early important work told the story of migrant domestic workers from various countries (including Western countries) who were abused and exploited daily, with no real option to leave. For example, one migrant

domestic worker reported that “the smallest which did not please the madam resulted in abuse” (p. 91). In two other studies – an early one by Lan (2000) and a recent one by Ullah (2015) – Filipino domestic workers reported they were referred to by their employers’ and even by the employer’s children not by their names, but generically as “the Filipina”. In sum, it seems that discrimination, exploitation, and abuse of migrant care workers are a common phenomenon, even in Western Europe and the USA. Recent studies still confirm Anderson’s early definition of migrant domestic work as a “contemporary form of slavery” (Anderson, 2004).

Today, one of the main migrant populations that compose the global care chain are women from the Philippines, which is regarded as one of the biggest “suppliers” of domestic workers worldwide (Schwenken, 2004). Due to their high literacy and English speaking abilities, they are prominent in OECD countries, such as the UK, the USA and Canada (O’Shea and Walsh, 2010). The Philippine Government actively promotes this kind of work as a means to win foreign currency income (Briones, 2013). It also encourages the women to go abroad by linking nationalism, religion, and filial piety, calling them “national heroes” (Hoang and Yeoh, 2015). However, their sacrifice and future poor working conditions are ignored or hidden, both by the government and the care agencies (Hoang and Yeoh, 2015). Abroad, Filipino women are presented in a gendered racist and patronizing way. Guevarra (2009) cited a quote from one of the heads of a domestic worker agency, when asked to describe the Filipino women: “Filipinos are the Mercedes Benz [...] They don’t complain, they are quiet, and they keep to themselves – and they are trainable” (p. 137).

The Israeli case

Israel, as the country with the second largest ratio of migrant care workers to citizens within the OECD countries (Natan, 2011), makes a unique case study. While migrant care workers represent only a fifth of the total long-term workforce in Canada and the USA, they represent about 50 percent of Israel’s workforce. Currently, there are about 92,000 migrant home care workers (20 percent working illegally; CIMI, 2016). As in other OECD countries such as the UK, the USA, and Canada (O’Shea and Walsh, 2010), the majority of migrant home care workers in Israel are Filipino women (CIMI, 2016). Women outnumber men by a ratio of 6 to 1 (Embassy of the Philippines in Israel, 2017).

The Israeli government provides support to citizens aged 60 (females) or 65 (males) and up, who live in their homes but are unable to perform their activities of daily living (ADL) (such as eating or bathing) independently. The Israeli home care system offers two options for in-home care services: live-out home care services and live-in home care services. Live-out home care service is given to older adults with mild to moderate impairments in ADL, and is exclusively provided by local workers. Live-in home care services are provided to older adults who need round-the-clock care, and only provided by migrant workers. The result of this arrangement is that most older adults with functional impairments live at home, with only a small percentage living in long-term care facilities (Iecovich, 2013). This arrangement is cost-effective, as paid home services cost far less than hospitalization (Kok *et al.*, 2015). This is also the preferred option for older adults and their families, who wish for the older adult to stay at home for as long as possible (Ayalon *et al.*, 2013).

Israel, being a Jewish state, regards migrant workers as temporary visitors (Borowski and Yanay, 1997), unlike other Western countries (e.g. Canada and the UK) that eventually allow migrant care workers to become permanent residents (Cangiano *et al.*, 2009). As guest workers, they have the lowest status in the social order and the labor market (Raijman, 2010). In Israel, as in other countries (Ruhs, 2012), the social and workers’ rights of migrant care workers are restricted. For example, they are entitled to medical insurance, but at the same time, are excluded from other Israeli employment laws which preclude their right to overtime payment. This is similar to the USA, the UK, and Canada, where some of the regulations for institutional settings do not apply to migrant home care

workers (O'Shea and Walsh, 2010). Nonetheless, and similar to the USA (Lobel, 2001), there are a few rights that are not linked to citizenship or residency, like the right to a minimum wage and the provision of sick leave which apply also to migrant home care workers. As in many other countries, migrant home care workers need to go through a long process to obtain a working permit, and pay thousands of dollars as illegal fees to brokers in the host and sending countries (Kav-Laoved, 2016).

The Israeli government, like other Western countries (Ruhs, 2012), is reluctant to ensure the basic rights of migrant care workers as it refuses to sign the international treaty which secures rights such as overtime payment and the right to move from one employer to another freely and without any restrictions. Instead, and similar to many other countries (O'Shea and Walsh, 2010; Quinlan *et al.*, 2015), the responsibility for workers' well-being is almost completely delegated to the home care agencies that recruit them (Mundlak and Shamir, 2014). Because the primary concerns of the care agencies are commercial, the welfare of the migrant home care worker is, at best, only secondary.

Although the issue of work-related abuse and exploitation of migrant workers in Israel has been given public notice by local aid organizations and various media reports (Porat and Iecovich, 2010), we found that only three empirical studies have actually addressed this problem. In an exploratory study, Ayalon (2009) found that many migrant home care workers in Israel were exposed to work-related abuse including food deprivation (41 percent), verbal abuse (40 percent), extra work that was not part of their official tasks (43 percent). Sucio *et al.* (2010) analyzed inquiries made by local aid organizations, and found that 35 percent of home care workers had experienced verbal, physical, or sexual abuse – or a combination of all three – by their employers or their family members. In addition, 31 percent were not given a room of their own and forced to sleep in the same room as the employer. In a recent qualitative study, migrant care workers reported problems regarding resting days, hours worked per day, and ability to leave during the day (Cohen-Mansfield *et al.*, 2016). In addition, another recent study showed that many migrant care workers in Israel are unaware of their worker's rights – even the basics like job requirements (Green and Ayalon, 2015).

The present study

Because home care workers are at a high risk for work-related abuse and exploitation, it is important to identify specific characteristics that put them at a greater risk. The present study aims to pinpoint the characteristics of the workers, the care recipients and the work environment that are linked with abuse of migrant home care workers in Israel. In the study, we identify the most vulnerable migrant home care workers, and point to the characteristics of the older adults who are most likely to violate the employment conditions of migrant home care workers and, therefore, should be kept under closer supervision.

Methods

Participants

In all, 187 Filipino migrant home care workers completed the questionnaire: 55 percent were married, and the majority were high-school graduates. A total of 67 percent were caring for older adults with cognitive impairment (see Table I), 80 percent had no home care experience prior to coming to Israel and only 8 percent had over two years of experience with older adults before their arrival. Abuse and exploitation were quite common: 55 percent reported they had been exposed to emotional, physical, or sexual abuse at least once while they were working for their current or past employer (see Table II).

Sample characteristics	Overall sample
<i>Socio-demographic variables</i>	
Gender	
Female	86.8%
Age	37.3 (6.4)
Marital status	
Married	54.9%
Formal education	
None	11.5%
1-8 years	33.5%
9-12 years	16.8%
Over 12 years	38.2%
Duration of stay in Israel (min = 0.5, max = 13)	4.38 (2.61)
Experience in home care (years) (min = 0.5, max = 13)	4.37 (2.40)
<i>Working conditions</i>	
Period with current employer (years) (min = 0.5, max = 13)	3.48 (2.42)
Number of people living in the employer's household	
More than one	51%
Reported working hours per day (min = 5, max = 24)	19.98
Regular visits by a social worker (once a month and up)	65%
<i>Care recipient characteristics</i>	
Employer has impaired cognitive capabilities	67.2%

Table I.
Demographic
characteristics
of the sample

Sample characteristics	Overall sample (%)
<i>Current abuse and exploitation</i>	
Sexual abuse	3
Physical abuse	15.5
Emotional abuse	19.8
Exploitation	4.8
At least one type of abuse or exploitation	29.3
<i>Past abuse and exploitation</i>	
Sexual abuse	3.7
Physical abuse	26.7
Emotional abuse	18.2
Exploitation	17.1
At least one type of abuse or exploitation	55.1

Table II.
Exposure to abuse
and exploitation

Measures

Socio-demographic characteristics of the home care workers. Age, gender, duration of stay in Israel, years working as a home care worker, and subjective financial situation (between “can’t make ends meet”(1) and “excellent” (4).

Work environment. Number of years with current employer, number of people living in the employer’s household, frequency of visits by social workers from the home care agency, and number of actual working hours per day (given that all in-home care workers are employed on a round-the-clock basis).

Care recipient cognitive state. Home care workers were asked whether their employer was cognitively impaired.

Exposure to abuse and exploitation (Ayalon, 2009; Gettman and Gelfand, 2007; Green and Ayalon, 2015). The participants were given 16 questions regarding their exposure to

three types of work-related abuse and exploitation: emotional abuse (e.g. “been yelled or sworn at”); physical abuse (e.g. “someone threatened to hit you”), sexual abuse (e.g. “been kissed or touched in a way that made you feel uncomfortable”; “offered money for sex”). Cronbach’s α in the current study was 0.71. For each of the 14 questions, the participants were asked to indicate whether the incident had happened in the past, with current employer, or in both cases. Because some of the covariates concerned working environment and care recipient characteristics at the time of the study (e.g. number of people in the household, duration of employment by the care recipient, the cognitive state of the employer), our outcome variable was “current” abuse and not “lifetime” abuse.

Procedure

This study was approved by the Institutional Review Board of Bar-Ilan University. All participants signed a consent form prior to participating in the study. All migrant home care workers who provided round-the-clock care to a person aged 60 years or older were eligible to participate in this study.

Participants were recruited either by Filipino home care workers or students who worked as research assistants. They all received training on study procedures and informed consent. We chose to hire social work students with field work experience as a means to secure cultural sensitivity and prevent the cultural gap that affects the data collection process. Role-playing was used as part of the training, addressing the main issues and obstacles which may occur. A snowballing technique was employed. The participants were recruited in a variety of places commonly visited by migrant workers, such as home care agencies, human rights organizations, public parks, the Tel Aviv central bus station, and the Embassy of the Philippines in Tel Aviv. The participants were encouraged to complete the questionnaire either in English (56.7 percent) or in Tagalog (The language spoken in the Philippines) (43.3 percent). Due to the sensitive content of the questionnaire, participants were encouraged to complete the questionnaire privately. Questionnaires were administered by born Israelis. Hence, this may raise concerns about power differential and trust.

Statistical analysis. The outcome variable (number of current abusive incidents) was a count variable with a high level of dispersion. Given its skewed distribution, a Spearman’s ρ was used to examine potential correlates in bivariate analyses. In order to identify multivariate predictors of current abuse, we used negative binomial regression (NBR). NBR functions similarly to the Poisson distribution, but does not require an equal mean and variance (Vliegenthart *et al.*, 2011). In NBR, the incidence rate ratio (IRR) is reported. IRR represents the change in the dependent variable in terms of increase or decrease percentage. The precise percentage is determined by the difference (higher or lower) between the IRR and 1 (Piza, 2012). A one unit change in a dependent variable is multiplicative rather than additive (Cornell *et al.*, 2013). Interpretation of the IRR effect is based on the percentage of change in the dependent variable count associated with a one unit change in each independent variable ($IRR-1 \times 100$ percent) (Table III).

Results

Overall, more than half (55 percent) of the migrant home care workers reported that they had been exposed to at least one type of work-related abuse while in Israel. About a third of the participants reported they were exposed to current abuse by their employer. Emotional and physical abuses were prominent, and sexual abuse was the least reported.

Table IV shows the bivariate analyses of potential links among the characteristics of home care workers, care recipients, the work environment, and current abuse of the home care worker. Six of the ten predictors were significant correlates of current abuse counts.

In the multivariate analysis, five predictors emerged as significant correlates of current abuse. Three variables were found to be of major importance (i.e. high incidence rate ratio): gender

Table III.
Multivariate analysis

Independent variable	<i>b</i>	SE	IRR [95% CI]
Male vs female	-0.70*	0.33	0.50 [0.26, 0.95]
Age	-0.02	0.02	0.98 [0.94, 1.01]
Years of home care experience	-0.03	0.08	0.97 [0.83, 1.12]
Time in Israel	-0.16***	0.05	1.17 [1.06, 1.29]
Financial situation	-0.61***	0.17	0.55 [0.40, 0.75]
Live only with employer vs lives with other family members	0.48	0.30	1.60 [0.89, 2.90]
Reported working hours	0.03	0.02	1.03 [0.99, 1.10]
No cognitive impairment vs cognitively impaired employer	0.89**	0.43	2.45 [1.06, 5.64]
No regular visits by social worker vs regular visits	0.12	0.26	1.13 [0.67, 1.90]
Years with current employer	-0.24***	0.08	0.79 [0.67, 0.93]

Notes: *n* = 187. IRR, incidence rate ratio – the exponentiated unstandardized regression coefficient, or e^b ($e = 2.71$); CI, confidence interval. Significance levels: * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Independent variable	Number of abuse incidents with current employer (<i>n</i> = 187)
Male vs female	-0.11
Age	-0.12
Years of home care experience	-0.22**
Years in Israel	-0.16**
Financial situation	-0.31**
Live only with employer vs live with other family members	0.24**
Reported working hours	-0.03
No cognitive impairment of employer vs cognitively impaired employer	0.30**
No regular visits by a social worker vs regular visits	-0.10
Years with current employer	-0.25**

Note: ** $p < 0.01$

Table IV.
Correlation between
independent variables
and outcome variables

(which did not emerge as significant in the univariate analysis), the financial situation of the home care worker, and cognitive impairment of the care recipient. Abuse was found to be 50 percent higher in men compared with women. A one unit decrease in the financial situation of the home care worker was associated with a 45 percent increase in abuse. Caring for cognitively impaired older adults was associated with as much as a 145 percent increase in abuse. Two variables – previous experience with home care and number of people living in the house of the care recipient – did not emerge as significant in the multivariate analysis, even though they were significant in the bivariate analysis.

Discussion

In many Western countries, round-the-clock home care is mostly provided by migrant workers (O'Shea and Walsh, 2010). Because migrant workers are recognized as a deprived and disempowered group, it is important to evaluate its working conditions. This study identifies which characteristics of the migrant home care workers, the care recipients and the work conditions are linked with work-related abuse of migrant home care workers in Israel.

Overall, 55 percent of the migrant home care workers reported that they had been exposed to at least one type of work-related abuse while in Israel. About a third of the participants reported they were exposed to current abuse by their employer. Emotional and physical abuse were prominent, and sexual abuse was the least reported. Although the

sample is not representative, these rates are disturbing. Migrant home care workers in Israel are at the disposal of their care recipients around the clock. This increases the chances of abuse as a function of the time spent with the care recipients (Gates *et al.*, 2003). Migrant home care workers work for individuals who suffer from major physical and cognitive impairments. As already mentioned, care recipients who are completely dependent as well as those who are cognitively impaired, are often more aggressive toward health care staff (Doyle and Timonen, 2009). We also may argue that the general negative attitudes that prevail in Israel toward migrant workers may have a part in the increased risk of work-related abuse and exploitation toward this group of workers. Surveys indicate that in the past few years, the attitude of Israeli citizens toward migrant workers has taken a turn for the worse. The Israeli public expresses fears that migrant workers and refugees consume the limited resources available to Israeli citizens, and as a result, support for anti-immigration laws has increased (Ahdut and Amit, 2010).

Our univariate analysis (See Table IV) shows that there is a link between the characteristics of the worker, the care recipient and the working conditions and abuse and exploitation of migrant home care workers. The finding concerning the financial status of the migrant worker is especially disturbing, as it potentially implies that it is extremely hard for migrant home care workers to resign and leave their place of employment when abuse occurs. As already mentioned, home care workers are obliged to take loans that often amount to thousands of dollars in order to acquire a work permit (Kav-Laoved, 2016). Consequently, they may keep working for an abusive employer in order to be able to repay their loan (Ayalon, 2009). In other words, those workers whose financial situation is the worst do not have much choice and are potentially forced to stay with their employers even if they are abused.

As for the cognitive state of the care recipient, we found that workers who were caring for cognitively impaired older adults tended to report work-related abuse more often. This finding is in line with past research, which has found that older adults with cognitive impairments were often aggressive toward health care staff (Huang *et al.*, 2013; Morgan *et al.*, 2013) particularly toward home care workers (Doyle and Timonen, 2009). One early study even attributed 87 percent of the work-related abuse of health care workers to care recipients with cognitive impairments (Gates *et al.*, 2003). It seems that aggressive behaviors occur more often in situations where care recipients are getting help with ADL such as using the toilet, showering, and dressing (Morgan *et al.*, 2013). Many times, this behavior is a response to a perceived intrusion of personal space that occurs as part of the provision of care (Zeller *et al.*, 2009). As people with cognitive impairment need more help in their ADL, there is a greater likelihood of such behaviors by the care recipient. The brain damage also might result in disinhibition and emotional dysregulation (Ismail *et al.*, 2017), which may lead to aggressive behavior. In addition, people with cognitive impairment may have difficulties in verbal communication, which could lead to aggressive behavior as a result of frustration or as a mean of communicating unpleasantness (Talerico *et al.*, 2002).

The length of the employment period and the duration of the stay in the host country both correlated negatively with abuse and exploitation of the home care worker. It appears that with time, abuse tends to decrease. This may be due to the fact that over the years, the care recipient and the migrant worker establish a close relationship (Porat and Iecovich, 2010), thus lowering abuse rates. Another reason is that the longer migrant workers stay in the host country, the better are their chances to adjust to local rules, understand their rights, and know whom to approach in order to stop the abuse. It also is possible that abuse is perceived as being less severe over time, simply because the work has adjusted to it.

No correlation was found between abuse and age, reported working hours, and visits by a social worker. The finding that age did not correlate with abuse may have to do with the fact that the respondents in this survey were all very young relative to those who participated in other studies, where a correlation was found between the age of the

caregiver and (Gates *et al.*, 2003; Hegney *et al.*, 2006). It is possible that age emerges as a protective factor mainly in older care workers, who may be more empathetic and tolerant (Gates *et al.*, 2003) or more capable of standing up for their rights.

As for working hours, it seems that even if the actual working hours are not very long, the very fact that the caregiver lives in the home of the care recipient and must be available at all times, makes it difficult to distinguish between work and time-off. Because very few workers (5 percent) stated that they were working up to eight hours a day, whereas the rest stated that they literally worked round-the-clock, it was difficult to determine the contribution of working hours.

The number of people in the house was positively correlated with abuse. It is possible that more people in the house mean more opportunities for abuse by additional family members. Indeed, migrant home care workers report various abusive behaviors not only performed by the care recipient, but also by his or her relatives (Ayalon, 2009, Geiger-Brown *et al.*, 2007). Thus, working within a larger family context might not be a protective factor.

Regular visits by a social worker had no correlation with the presence of abuse. According to the Israeli law, a social worker from the home care agency must visit the older adult “regularly”. Sadly, in practice “regularly” means once in four months (Natan, 2011). In fact, most of the migrant home care workers stated that visits were actually made “regularly”, but they were far apart and this might have diminished their value. No less important is the purpose of the visits, which seem to focus on the well-being of the care recipients, and the quality of the care they receive from the migrant home care workers (Natan, 2011). Under these circumstances, it is possible that home care workers are not really protected against abusive behaviors.

A more comprehensive picture emerged from the multivariate analysis. Whereas most of the variables that correlated with abuse in the bivariate analysis remained significant predictors in the multivariate model, two variables – past home care experience and number of people living in the household – emerged as insignificant. Gender emerged as significant, but men were surprisingly more vulnerable to abuse than women. These fluctuations from bivariate to multivariate analyses deserve further consideration.

A possible explanation for the non-significance of past experiences may be that most of the migrant workers who participated in the study had no home care experience when they first arrived in Israel, and probably took some time to learn what was expected of them. Having no one to guide or supervise them, it is doubtful they were able to discern the adequacy of their working condition. In addition to their lack of experience, many of the migrant home care workers received no caregiving training before they took on the job (Ayalon, 2010). Some researchers emphasize that training is an effective preventative measure (Brewer, 1999). The protective aspect of experience may lose its relevance once the migrant home care worker has spent several years in the host country with the same employer. Migrant home care workers might be at a lower risk for work-related abuse, once they have managed to establish a lasting relationship with the care recipients and their families, or once they have been in the host country long enough to become familiar with its social rules.

An interesting finding from the multivariate analysis was that male migrant home care workers were identified as more vulnerable to abuse and exploitation than women. Despite, feminist theories claiming that women are more vulnerable (and less privileged) than men and as such are at a greater risk for exploitation by those with greater power (Ingoldsby *et al.*, 2004). However, as Scott (1999) emphasized, we must take into account the context. Whereas women migrant home care workers provide care to either men or women, men migrant home care workers mostly provide care to men (Huang *et al.*, 2013). Given that men are generally more likely to express overt aggression than women (Martinko *et al.*, 2006); those who provide care to men are more likely to be exposed to violence and exploitation. However, even caring for a female care recipient has its own disadvantages which may

indirectly lead to abuse. According to Piercy (2000), when the gender of the home care worker is not the same as the gender of the care recipient, this may hurt the relationship between the parties. As most of the care recipients are women, but only a portion of the care workers are males (Esquivel, 2010) it is possible that some of the male migrant care workers worked with female care recipients. This tension may lead to deterioration of the relationship and to incidents of abuse. In addition, due to their physical ability, men working as care workers may be placed with more demanding older adults who need greater help with ADL (Huang *et al.*, 2013). This is one of the reasons that some governments are trying to recruit more men to the home care sector. Another explanation concerns the traditional male-female division of roles, especially in non-Western countries, where men are “breadwinners” and women are “caregivers”. There is evidence that this change does not occur in the case of men, who continue to view themselves as breadwinners (McKay and Miller-Chair, 2011). Thus, leaving their abusive employer and returning to their home country would challenge their masculinity for failing to keep a job, and might not be regarded as a viable option. Given the social and economic challenges forcing man migrant workers to compete for jobs in female-dominated sectors to survive (Yeoh and Willis, 2004), it is not surprising that they struggle to keep their jobs and maintain their role as breadwinners – even if they must tolerate abuse. In addition, we should remember that male migrant care workers are a relatively new phenomenon, and as such, they probably do not enjoy the same social network as women, with self-aid organizations and social life. This can lead to a change in hierarchy, where women who work as migrant home care workers are above men migrant care workers. Gallo and Scrinzi (2016) noticed such hierarchy when they interviewed man migrant care workers in Italy, and described incidents where new male migrant workers needed to rely on the pioneer female care workers network for advice and support. As such networks can be a buffer against abuse and exploitation (Green and Ayalon, 2015), the shortage of such networks among male migrant care workers can make them more susceptible to incidents of abuse and exploitation. We should also remember that while more and more men are employed as care workers today (Qian, 2016), society still associates domestic and care work with a lack of skill and dignity, further justifying exploitation and low salary (Doorn, 2017).

The present study has a number of limitations: it is a cross-sectional study conducted with a specific population – migrant home care workers from the Philippines. The snowball sampling that was used might have resulted in the participation of migrant home care workers whose characteristics and working conditions were more similar (indeed, we saw that a number of variables had relatively low variances), or who were motivated to participate in a research on working conditions because their own rights have been violated. In addition, we only recruited migrant workers in the Tel-Aviv area, where the care recipient population is of higher socio-economic status. Migrant home care workers who live in areas where the socio-economic status of the care recipients is generally low might have different experiences. Another limitation is that our relatively small sample did not allow us to further analyze and predict each type of abuse separately. Because there is likely a difference between sexual, emotional, and physical abuse, it is important to address this issue in future studies and to explore not only whether different variables predict different abuse types, but also their magnitude.

Despite these limitations, this study is highly important. It is one of very few quantitative studies that addresses the issue of violence against migrant workers in a round-the-clock home care setting. Our findings demonstrate that migrant home care workers are particularly vulnerable to work-related abuse during the initial period of their stay, especially if they are caring for a cognitively impaired older-adult. Closer supervision is needed in order to protect their rights, especially over the first year of their employment. Social workers from home care agencies, who currently monitor primarily the quality of the care recipient, should be instructed to dedicate equal time and effort to explore the

working conditions of the home care worker. Given that many migrant home care workers care for people with cognitive impairment, but have no formal training in home care, there is a pressing need for further training in the topic. Future research will also have to address the way workplace violence is experienced by the workers and their different ways of coping with it, and examine their willingness to report the abuse either formally or informally.

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