

Whom Do Migrant Home Care Workers Contact in the Case of Work-Related Abuse? An Exploratory Study of Help-Seeking Behaviors

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Abstract

Migrant home care workers constitute an “invisible” and vulnerable group in society, as they work in isolation in the homes of frail older adults. Past research has shown that this population is particularly vulnerable to work-related abuse. The aim of the present study was to explore the help-seeking behaviors of migrant home care workers who were exposed to work-related abuse. Overall, 187 Filipino home care workers completed a self-report questionnaire regarding four types of work-related abuse (sexual, physical, emotional, and exploitation), help-seeking strategies (i.e., formal and informal reporting), and reasons for not disclosing abusive incidents. A total of 56.7% reported some type of abuse. Of these, less than half reported the abuse, mostly informally to family and friends. None reported the abuse to the police. Main reasons for not disclosing the abuse were fears that things would get worse and the belief that it will take too much time and effort. The findings demonstrate that migrant home care workers are highly vulnerable to work-related abuse but are not likely to report work-related abuse and put an end to the cycle of abuse and violence. This calls for the

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development of further policy and interventions to protect this already vulnerable population.

Keywords

migrant workers, abuse, reporting, home care, workplace violence, help-seeking

Introduction

Reporting an abusive incident is often the first step for victims to acknowledge a potential trauma, while paving the way for receiving support (Hyman, Forte, Du Mont, Romans, & Cohen, 2009). Often, the very act of reporting moderates the victims' negative feelings and helps them to regain control over their lives (Ungerson, 1999). Victims can approach formal service providers such as a police officer, a social worker, or a health professional or can report the abuse informally by sharing the experience with family and friends.

The decisions whether or not to report and to whom, depend on individual, interpersonal and socio-cultural factors (Schreiber, Renneberg, & Maercker, 2009). Gender (Kaukinen, 2002), income (Tankebe, 2009), familiarity with the offender (Carcach, 1997) and race (Jones-Brown, 2000) were all found to be related to reporting behaviors. Scholars have relied on two main theories related to help-seeking behaviors of abuse victims. The first is Blacks' (1976) sociological theory regarding the "behavior of law," which has addressed formal reporting. According to this theory, those who are of a lower class or are less acculturated tend to "consume" less "law," that is, are less likely to report their victimization to formal service providers. A second theory is the "economic model" (Skogan, 1984), which addresses both formal and informal reporting. According to this theory, the help-seeking behavior of the victims depends on a rational cost-benefit calculation. Benefits can be in the form of financial compensation or stopping the abuse (if continuous), whereas costs can be confrontation with the abuser, time loss, and shame (Felson, Messner, Hoskin, & Deane, 2002).

Combining these two theories, it is reasonable to assume that under-reporting will be particularly pronounced among recent immigrants. They are usually at the bottom of the social hierarchy (Parrenas, 2000), not always entirely familiar with their rights in the host country (Green & Ayalon, 2015), not fluent in the local language (Wu & Sun, 2009), and many times are unaware of their entitlement to certain services (Dutton, Orloff, & Hass, 2000). Indeed, studies that compared the help-seeking behaviors of locals and immigrants found that the latter typically avoided reporting victimization

(Kaukinen, 2002; West, 2005). Nevertheless, as time goes by and the immigrant is acculturated in the host country, he or she might be more likely to report victimization (Yun & Mueller, 2011). However, this may not always be the case regarding a special group of immigrants who are only temporary visitors—migrant workers.

Migrant Workers: More Abuses, Fewer Reports?

Generally speaking, migrant workers constitute a vulnerable group in society (Pécoud, 2005). In most countries, they are addressed as “guest workers,” who will not be given the opportunity of citizenship in the future (Pande, 2013). As a result, many local rights and benefits do not apply to them (Shuster, 2004). The fact that the knowledge of migrant workers about their working rights is limited due to language and culture barriers creates a fertile ground to violations by employers (Davidov, 2006).

Within the migrant workers population, home care workers are among the most vulnerable. The fact that there is no one to witness, report, or trace abusive behaviors at the care receiver’s home encourages work-related abuse (Dekker & Barling, 1998). Compared with care workers employed at institutions, home care workers receive no guidance and work under no supervision (Ayalon, 2009).

To our knowledge, although the literature deals extensively with reports of abuse by immigrants (Davis, Erez, & Avitabile, 1998; Davis & Henderson, 2003; Menjivar & Bejarano, 2004), no studies have explored the help-seeking behaviors of migrant care workers. The few studies that have addressed the issue of work-related abuse among migrant home care workers (Ayalon, 2009), migrant domestic workers (Andrevski, Larsen, & Lynham, 2014), or even local care workers (Geiger-Brown, Muntaner, McPhaul, Lipscomb, & Trinkoff, 2007) have not examined their help-seeking behaviors. As reporting is the first step to stopping the abuse, research regarding this issue is utmost important.

The Israeli Case

Many developed countries rely on migrant home care workers to support frail older adults (Hillmann, 2005). However, it is most prominent within countries that are members of the Organisation for Economic Co-Operation and Development (OECD; Fujisawa & Colombo, 2009). Israel constitutes an important case study, as the country with the second largest ratio of migrant care workers to citizens within the OECD countries (Natan, 2011). While foreign migrant care workers represent only around a fifth of the total long-term

workforce in Canada and the United States, they represent about 50% of this workforce in Israel. As in other OECD countries such as the United Kingdom, the United States, and Canada (O'Shea & Walsh, 2010), the majority of migrant live-in care workers in Israel are Filipino women (Natan, 2007). Currently, there are about 60,000 migrant home care workers (20% of them work illegally; Avrams, 2013).

In Israel, as in other countries (Ruhs, 2012), the social rights and workers' rights of migrant care workers are restricted. For example, they are entitled for medical insurance but at the same time are excluded from other Israeli employment laws that preclude their right for overtime payment. This is similar to the United States, the United Kingdom, and Canada, where some of the regulations for institutional settings do not apply to the migrant home care workers (O'Shea & Walsh, 2010). Nonetheless, and similar to the United States (Lobel, 2001), there are a few rights that are not linked to citizenship or residency, such as the right for a minimum wage and the provision of sick leave, which apply also to migrant home care workers.

Whereas in countries such as the United States or the United Kingdom, the support offered by the state to older adults is limited (Gleckman & Fund, 2010), and sometimes imposes bureaucratic hurdles (O'Shea & Walsh, 2010), in Israel, this process is smoother (Klein-Zeevi, 2003). Every older adult, who is severely impaired in activities of daily living, or needs constant supervision, is allowed to hire a round-the-clock migrant home care worker through a generous subsidy by the state (about 70%). Although the process might be less bureaucratic for the older care recipient, this is not the case for the migrant care worker. As in many other countries, migrant home care workers need to go through a long process to get a working permit and need to pay thousands of dollars as illegal fees for brokers in the host and sending countries (Lurie, 2009). That turns them to indentured servants. Second, similar to many other countries (O'Shea & Walsh, 2010; Quinlan, Bohle, & Rawlingsway, 2014), home care workers are placed via the help of for-profit care agencies. Because the primary concerns of the care agencies are commercial in nature, the welfare of the migrant home care worker is, at best, only secondary (Dagan & Berman, 2006).

The Present Study

Given the vulnerable status of migrant workers in general, and those in the home care sector in particular, it is important to examine their help-seeking behaviors in the case of work-related abuse. In light of the scarcity of research on the topic and its tremendous importance to the lives of migrant home care workers, the present exploratory study investigates the help-seeking behaviors

of migrant home care workers who were victims of work-related abuse and answers the following research questions:

Research Question 1: What percentage of migrant home care workers reports work-related abuse?

Research Question 2: To whom do migrant home care workers report work-related abuse?

Research Question 3: What are the main reasons for not reporting work-related abuse?

Research Question 4: What demographic, personal, and migration-related variables explain the decision to report work-related abuse?

Method

Procedure

The study was approved by the ethics committee of Bar-Ilan University. We focused on Filipino home care workers, as they constitute the vast majority of migrant home care workers in Israel (Natan, 2007). Migrant home care workers who provided care services to a person aged 60 years or older were eligible to participate. We chose this age limit as individuals below that age who are entitled to a live-in migrant home care worker are usually characterized by severe impairments that occurred at an earlier age. Thus, they do not represent the majority of older adults who rely on home care services.

Participants were recruited either by trained Israeli research assistants or by other Filipino home care workers. A snowballing technique was used. Participants were recruited in a variety of places commonly visited by migrant workers, such as human rights organizations, public parks, the Tel Aviv central bus station, and the consulate of the Philippines in Israel. The questionnaire was offered only in English. Because some of the questions are very personal and sensitive in nature and as about 20% of the participants likely had no working permit (Avrams, 2013), we preferred an anonymous self-report questionnaire. Past research has shown respondents are more willing to disclose sensitive information when the questions are self-administered and when they respond anonymously (Murdoch et al., 2014; Tourangeau & Yan, 2007). All participants signed an informed consent before they were included in the study.

Participants

In total, 187 Filipino home care workers completed a self-administrated questionnaire. Abuse within the workplace was quite common: 102 participants (55%) reported exposure to abuse; 37 of them by their current employer,

49 by a former employer, and 17 by both. For the 49 participants who reported that they had been abused by their former employer only, we subtracted the number of years with the non-abusive current employer from three time-varying variables—age, years of experience, and years in Israel. This was done to match these variables with the period during which the abuse occurred. To answer our fourth research question regarding predictors of reporting the abuse, we excluded the 17 participants who reported both past and present abuse, as the abuse, as well as their reporting behaviors, could not be attributed to a specific abusive employer or to a specific time.

The final sample comprised of 85 participants who reported present or past work-related abuse (but not both). Of these, 55% were married and most were high school graduates. The majority (78%) had no home care experience when they first arrived in Israel, and only 5% had more than 2 years of experience upon their arrival. The most prevalent types of abuse reported were exploitation (64.7%) and emotional abuse (38.8%). Only 8.2% stated that they had been sexually abused.

Measures

Socio-demographic characteristics. Participants were asked about their age, gender, and years of home care experience. In addition, they were asked to indicate their perceived financial situation, on a scale of 1 (*can't make ends meet*) to 4 (*excellent*). We preferred to use this subjective indicator over an objective numeric one, because although their salary is supposed to be fixed (the minimum wage in Israel—about 1,100 USD), personal expenses and subjective perceptions and circumstances might vary (e.g., money sent to family abroad).

Migration characteristics. Participants were asked to state their period of stay in Israel and whether they had a valid work permit (yes/no). We asked about a “valid” permit as some migrant workers who enter the state legally lose their permit due to personal circumstances, such as escaping a former employer.

Social support. Participants noted the number of relatives or friends they felt close to, could discuss private matters with, or could call for help.

Exposure to work-related abuse. The measure was based on Gettman and Gelfand (2007) and further adapted based on qualitative interviews with migrant home workers and family members of older care recipients (Ayalon, 2009). Sixteen statements that evaluated exposure to different kinds of abuse: sexual,

emotional, physical, and exploitation. Sexual abuse included statements such as “been kissed or touched in a way that made you feel uncomfortable” and “offered money for sex.” Emotional abuse included statements such as “been yelled, shouted, or sworn at.” Physical abuse included only statements of direct violence, such as “someone threatened to hit you with a heavy object.” Exploitation included workers’ rights violations such as “being asked to do more than your job requirements” and “did not receive breaks.” For each of the 16 possible incidents, the participants were asked to indicate whether the incident had happened in the past, the abuse was ongoing, or both. The four types of abuse were dichotomized to indicate whether abuse in each of these four domains occurred or not.

Formal and informal report of abuse. Participants who stated that they had been abused were asked if they had reported the abuse to formal sources: a social worker, a nurse, a policeman, or a lawyer or to informal sources: a friend or a family member.

If no report was made at all, participants were also asked to circle statements that best described the reason(s) for not reporting. Some of the statements were based on Felson et al.’s (2002) work regarding domestic violence (e.g., “The issue is not important”; “Afraid that things will get worse”; “A private matter”). Other reasons were written based on relevant literature regarding help-seeking (Chen, Hwu, & Wang, 2009; Fisher, Daigle, Cullen, & Turner, 2003; for example, “Do not trust others”; “It is also my fault”; “Ashamed to tell”). This measure was refined based on qualitative interviews with migrant home workers and family members of older care recipients (Ayalon, 2009).

Results

Our findings show that most migrant home care workers were reluctant to report an abuse, as only 40% of those who reported abuse had ever reported it formally or informally (see Table 1). Most of the reports were made to family or friends. None of the participants reported the abuse to the police. The preferred formal source of report was a social worker, followed by reports to the home care agency. Most of those who reported to formal sources had previously reported informally (86%). As for reasons for not reporting an abuse at all, almost all gave four reasons or more (94%). The top reason was “it’s a private matter” (70%) and “it takes too much time and effort” (70%), followed by “wish not to hurt others” (67%) and “afraid that things will get worse” (60%). A total of 37% stated they were ashamed to tell.

Table 1. Demographic Characteristics of the Abused Participants (*n* = 85).

Sample Characteristics	Overall Sample
Socio-demographic variables	
Gender	
Female	86%
Age	37.04 (6.70)
Years of education	
0-8	40%
9-12	16.5%
More than 12	43.5%
Years of experience in home care	
0-2	16.5%
2-5	47.1%
More than 5	36.5%
Financial situation	
“Can’t make ends meet”	4.7%
“Have just enough to get along”	30.6%
“Comfortable”	38.8%
“Excellent”	25.9%
Number of close friends	2.24 (1.35)
Migration variables	
Number of years in Israel	
0-2	16.5%
2-5	55.3%
More than 5	28.2%
Have a work permit	99%
Exposure to work-related abuse	
Sexual abuse	8.2%
Physical abuse	5.9%
Emotional abuse	38.8%
Exploitation	64.7%
Report of abuse	
Any report	44.7%
Reported informally	
To a family member	33.3%
To a friend or a neighbor	21.3%
Any informally	40%
Reported formally	
To a social worker	17.5%
To a nurse or a physician	8.8%
To a lawyer	None

(continued)

Table 1. (continued)

Sample Characteristics	Overall Sample
To a policeman	None
To the nursing company	12.5%
Any formally	28.2%
Reasons for not reporting ^a	
“It’s a private matter”	70%
“Takes too much time and effort”	70%
“Do not wish to hurt others”	67%
“Afraid that things will get worse”	60%
“Do not trust others”	51%
“The issue is not important”	49%
“Things cannot be changed”	44%
“It is also my fault”	43%
“Don’t know who to contact”	38%
“Ashamed to tell”	37%

^aParticipants were allowed to choose more than one answer; percentages do not add up.

To predict formal and informal report of abuse, a multinomial regression was performed (see Table 2). The outcome variable was a categorical variable: (a) did not report at all (reference category), (b) reported informally, and (c) reported both formally and informally. We combined formal and informal reports because only four participants stated that they reported the abuse solely to formal sources. Because 99% of the sample population declared that they had a valid work permit, this variable was dropped, and we only used the number of years in Israel as a migration characteristic. As for abuse type, because all five participants who were physically abused reported merely formally, we could not include this specific abuse type in the multinomial regression. Number of years in Israel, years of education, and years of home care experience were inserted as categorical variables. The reference categories were “0 to 2,” “0 to 8,” and “0 to 2” (respectively). As for reporting both to formal and informal sources, five variables contributed to the explanation. Being a man rather than a woman, lower financial status, higher social support, and experiencing emotional abuse were associated with an increase in the odds of reporting. Having more than 2 years of experience was associated with a decrease in the odds of reporting. As for informal reporting only, experiencing exploitation was associated with a decrease in the odds of reporting

Table 2. Multivariate Analysis to Identify Predictors of Formal Reporting and Informal Reporting or Informal Reporting Only Versus Not Reporting at All.

Independent Variable	Chi-Square	Formal Reporting and Informal Reporting ^a			Informal Reporting Only ^a		
		b	SE	Exp(B) [95% CI]	b	SE	Exp(B) [95% CI]
Female vs. male	7.09*	-2.49*	1.21	0.08 [0.008, 0.885]	1.98	1.02	7.26 [0.16, 338.43]
Age	2.32	-0.04	0.06	0.97 [0.85, 1.09]	0.09	0.08	1.10 [0.94, 1.30]
School years	8.09						
12+ vs. 0-8	—	0.02	0.84	1.02 [0.20, 5.22]	1.71	1.03	5.52 [0.73, 41.63]
8-12 vs. 0-8	—	1.25	1.10	3.48 [0.41, 29.51]	-0.90	1.55	0.41 [0.02, 8.56]
Home care experience	11.26*						
5+ vs. 0-2	—	-4.23*	1.88	0.02 [0.0004, 0.57]	2.51	2.29	12.28 [0.14, 1,081.35]
2-5 vs. 0-2	—	-4.12*	1.72	0.02 [0.01, .48]	1.22	2.21	3.38 [0.04, 258.27]
Social support	7.79*	0.61*	0.30	1.83 [1.12, 3.30]	-0.57	0.42	0.57 [0.25, 1.28]
Years in Israel	6.95						
5+ vs. 0-2	—	0.38	1.78	1.46 [0.04, 48.07]	-2.31	2.25	0.10 [0.001, 8.14]
2-5 vs. 0-2	—	2.42	1.56	11.22 [0.53, 240.16]	-0.85	1.90	0.43 [0.01, 17.92]
Financial situation	6.55*	-1.48*	0.66	0.23 [0.06, 83]	-0.39	0.58	0.68 [0.22, 2.12]
Type of abuse							
Emotional	5.58	2.03*	1.02	7.67 [1.04, 56.54]	-0.80	1.13	0.45 [0.05, 4.09]
Sexual	11.74**	-2.29	1.99	0.10 [0.002, 4.98]	3.63*	1.58	37.88 [1.70, 843.12]
Exploitation	8.40*	0.87	0.93	2.39 [0.38, 14.88]	-2.70*	1.20	0.07 [0.006, 0.71]

Note. n = 85 home care workers who acknowledged some exposure to abuse. Pseudo R²: Cox and Snell = .54, Nagelkerke = .63, McFadden = .40.

^aReference category is "not reporting at all."

*p < .05.

but experiencing sexual abuse was associated with an increase in the odds of reporting.

Discussion

Migrant care workers constitute a deprived and invisible group in society. This stems mainly from the home care setting and is intensified by their migratory status. They work in isolation at the homes of older adults, with very little guidance and supervision, and receive no support from colleagues (Barling, Rogers, & Kelloway, 2001). In addition, language barriers, debt bondage, and dependency on their employer increase their inferior position (O'Shea & Walsh, 2010), making them at a high risk for abuse and exploitation (Andreviski et al., 2014). The present study aimed to explore the extent to which migrant home care workers report work-related abuse to formal and informal sources. Our results show that most migrant home care workers in Israel are reluctant to report work-related abuse, as only 44.7% reported it—either solely informally (16.5%), solely formally (4.7%), or both informally and formally (23.5%). Although we could not find a comparison group with regard to informal report of abusive incidents, a recent report of the Israeli Ministry of Homeland Security (2014) shows that among the local Israeli population the report of abuse to formal sources is higher (36%).

The low rate of informal report of abuse—either solely or in combination with formal report—might stem from their limited informal resources due to their immigration status (Ahmad, Driver, McNally, & Stewart, 2009). This also may be related to the Israeli government's policy, which maintains that migrant workers must "arrive alone and leave alone." Thus, they are obliged to come to Israel without any member of their family (Klein-Zeevi, 2003) and consequently have very little direct family support. The result is that protective factors that once existed in their country are no longer available (Oneha, Magnussen, & Shultz, 2009). Migrant home care workers also work in isolation in the homes of older adults on a round-the-clock basis, with very little guidance and supervision (Shutes, 2011). Anonymity and isolation are known to weaken social support (McCord, 1997), and it is possible that as a result, migrant home care workers find it hard to establish close friendships. In support of this claim, a recent study found that round-the-clock home care workers in Israel have fewer close friends they can rely on than Israeli home care workers (Ayalon, Green, Eliav, Asiskovitch & Shmeltzer, 2013).

The low rate of informal report of abuse could also be explained by the cultural background of migrant home care workers. This is because in certain countries, being an abuse victim is considered a disgrace and a source of shame (Rosen, Leibovic, & Bornstein, 2010). Consistently, Shultz, Phillion,

Noone, and Tanner (2002) found that Filipino women tended to delay report of abuse for fear of social stigma that springs from rigid gender roles. Oneha et al. (2009) have argued that many Filipino women who experienced an abuse call on God to give them strength and are reluctant to report it due to shame and fear of retribution to their family.

Although abused migrant victims favor seeking help informally (Kaukinen, 2002), when informal support is not available many attempt to access formal services (Guruge & Humphreys, 2009). Our results show that in the case of migrant home care workers, this statement is inconclusive. As noted, less than a third of the abuse victims stated that they had sought formal help of any kind. Not a single migrant home care worker approached the police. Although some of the abusive incidents (e.g., curses and shouts, deprivation of rest-breaks) are not expected to be reported to the police, the fact that even those who were sexually or physically abused refrain from reporting formally is worth further elaboration. One explanation is fear of discrimination or police misconduct. Because Filipino citizens have little trust in their own police (Brillantes & Fernandez, 2011), they might distrust all police bodies and therefore be reluctant to report to the police in other countries as well. It appears that in Israel (Santo & Ali, 2005), as in some other countries (Jones-Brown, 2000; Tuch & Weitzer, 1997), minorities feel that they are discriminated against. This might also hamper their opinion of the police and its potential value to them (Vidales, Day, & Powe, 2009). It should also be noted that negative views of the police may stem from the general attitudes of the government toward migrant workers, who tend to be mistreated by the State of Israel (Hasisi & Weitzer, 2007). Another issue may be fear of deportation. Although 99% of the sample stated that they had a valid work permit, fear of deportation might be deeply rooted (Menjivar & Bejarano, 2004).

Although refraining from reporting to the police, some migrant home care workers chose other formal options and disclosed the abusive incidents to a social worker or to the home care agency. As migrant workers in Israel are not entitled to state welfare services, it is likely that they reported the abuse to the social worker of the home care agency during her home visit to the care recipient. The Israeli law determines that a social worker from the home care agency must visit the care recipient "regularly." However, "regularly" means in practice once in 4 months. The visit is focused mainly on the well-being of the care recipient and the quality of the care he or she is given by the migrant home care worker (Natan, 2007). It is, therefore, quite feasible that the migrant home care worker, whose work is being closely inspected, is unsure as to whether this is the right time or place to report an abuse.

The literature emphasizes the many barriers and justifications for not reporting an abuse at all, due to personal, circumstantial, and social factors

(Kaniasty & Norris, 1992). A lack of language proficiency, poor financial situation, fear of the abuser (Murdaugh, Hunt, Sowell, & Santana, 2004), as well as shame and the perception that the abuse is a private matter (Erez, 2002), are cited as potential help-seeking barriers. Indeed, in our study, the reasons for which victims had refrained altogether from reporting an abuse varied. Nonetheless, some of the reasons for not reporting are worth mentioning. The majority of respondents stated that they did not report the abuse because it was “a private matter.” This might be attributed to cultural differences between Filipinos and Israelis and might have to do with the fact that in developing societies, the abuse of women is considered a personal issue (Bryant & Williams, 2000). An example of this cultural difference between Filipinos and Israelis is evident in a recent survey of Israeli sexual abuse victims. In that survey, none of the victims had stated that her reason for not reporting the abuse was a wish to keep the matter private (Margalit, 2007). In contrast, this has been a major issue within the Filipino community (Shoultz et al., 2002). Another reason for not reporting an abuse to formal bodies was “fear that things would get worse,” and the conviction that “things cannot be changed.” For migrant workers, fear that the situation would deteriorate primarily reflects fear of revenge by the abuser (Fugate, Landis, Riordan, Naureckas, & Engel, 2005; Wolf, Ly, Hobart, & Kernic, 2003) but also fear of losing their job (Ellman & Laacher, 2003). Until recently, migrant home care workers in Israel were not allowed to move from one employer to another, as their work permit specified the name of their employer, in what was known as the “chaining arrangement” (Shoham, 2010). According to this arrangement, if a migrant home care worker left his or her employer for any reason, his or her work permit was immediately revoked. This sort of employment is not unique to Israel, as some other countries give a working permit that bonds the care worker to a specific employer (Ruhs, 2003). Although in Israel, the law was recently changed, it was in place when the study was conducted and is still prevalent worldwide (e.g., Marsden, 2011; Palmiotto, 2014). Thus, it is quite probable that abused migrant home care workers were afraid of losing both their job and their work permit. In sum, it seems that for migrant home care workers, reporting the abuse formally has more “costs” than “benefits”.

A comprehensive picture concerning the report of abuse emerged in the multivariate analysis. As for combined formal and informal reporting, the period of stay in the host country was not a significant predictor, despite past research that has shown that as the time spent in the host country increases, one is more likely to report abuse (Dutton et al., 2000). This could be due to the home care atmosphere—in isolation, with minimal contact with the outside world and limited opportunities for acculturation. The fact that the

workers are allowed to stay in the host country for only a limited time puts another potential pressure on live-in migrant care workers to stay in an abusive position to make as much money as possible during that period. This can also explain the negative association between financial status and formal reporting found in the present study. Home care workers whose financial status was uncomfortable have nothing to lose by reporting, whereas those who are comfortable might be afraid of losing their financially rewarding job.

Having more social support was also associated with greater combined formal and informal reporting. Indeed, it has been shown that many abuse victims consult with people around them regarding what should be their next step (Yamawaki, 2007). Family members and close friends may advise the abuse victims to further report the abuse formally (Greenberg & Ruback, 1992; Ruback, Greenberg, & Westcott, 1984). It is, therefore, possible that friends or family members, who were told about the abuse, encouraged the victims to report it formally. This could explain the fact that within the 24 migrant care workers who chose to report the abuse formally, only four reported it solely to formal sources, whereas the rest acknowledged informal report alongside formal report. In addition, it seems that especially in developing countries, victims tend to seek help from informal sources before applying to formal sources (Anderson et al., 2008).

As for previous home care experience, we have found that gaining more expertise might be a barrier to combined formal and informal reporting. Over time, a strong relationship may develop between the care recipient and the care worker (Shamir, 2013). Hence, it is possible that the migrant care worker is concerned that reporting any abusive incidents formally will hurt the care recipient. This can explain the high percentage of participants who stated that they did not report because they “do not want to hurt others.” This is especially true for exploitation, as the care worker might decide to waive certain workers’ rights, such as time-off and vacation leave, in favor of the care recipient. Yet another explanation might be that as time goes by, migrant home care workers regard abuse as being “part of their job” (Geiger-Brown et al., 2007)

Whereas both personal and situational variables contributed to combined formal and informal reporting, only the type of abuse contributed to opting for solely informal report of abuse. This provides another evidence for the distinction between formal reporting only and those who take the next step and choose to report it also formally. Experiencing sexual abuse was positively associated with informal reporting. Indeed, according to the literature, sexual abuse victims tend to report it to their close social network, to alleviate stress and to consult about further actions (Banyard, Moynihan, Walsh, Cohn, & Ward, 2010). Interestingly, experiencing exploitation negatively contributed

to informal reporting. We can only speculate that those who were exploited were either aware of their rights but consciously gave them up or that the exploitation was perceived as something that the worker could have prevented and therefore should not be disclosed. The fact that more than 40% of those who did not report to either formal or informal sources stated that “they are also to blame” might support the latter.

Despite its uniqueness and significance, the present study has a number of limitations. First, this is an exploratory, cross-sectional study based on a relatively small sample. Another limitation of this study concerns the reliance on snowballing techniques for the recruitment of the sample. This was done due to the unavailability of official records of this understudied population. In addition, by using only English-written questionnaires, we may have excluded even more vulnerable groups of migrant care workers, who might be at a greater risk due to communication difficulties. Studies have shown the major role that language plays in relation to help-seeking of abused immigrants (Liang, Goodman, Tummala-Narra, & Weintraub, 2005; Lipsky, Caetano, Field, & Larkin, 2006). Nonetheless, English is an official language in the Philippines (Caronan, 2012). Thus, we may assume that most of the Filipino migrant care workers who come to Israel do speak English. In our own comparison of English versus Tagalog-speaking migrant home care workers, which was based on a different sample (Ayalon, 2009), we found no differences between the groups. It is also possible that the participants were motivated to take part in a research on working conditions because their own rights have been violated. Future research will benefit from relying on a representative sample. Another limitation is that we did not address the care recipient characteristics—such as mental health status, age, and gender—as potential predictors.

Nevertheless, this is one of very few quantitative studies that have addressed the issue of report of abuse by migrant workers, and to our knowledge the only one that focused on migrant home care workers. The fact that migrant home care workers avoid approaching the local police, no matter how difficult their circumstances are, is disturbing. Future research should address this issue and try to expose the reasons for not reporting to the local police. A review of the views migrant workers have of the police might prove beneficial.

Implications for Policy and Practice

Our findings demonstrate that migrant home care workers are highly vulnerable to work-related abuse. However, they are not likely to report abuse to stop the cycle of abuse and violence. To increase reporting, any solution must take

into account not only the care workers but also the other two sides of the triangle—the care agencies and care recipients. As the vulnerability of migrant home care workers is not unique to Israel, other countries that rely on migrant home care workers could benefit from the following recommendations:

1. Challenging fears and false perceptions—fear of losing one's workplace or losing the work permit are examples of the state of mind of migrant workers that might prevent them from reporting abuse (Ellman & Laacher, 2003). Migrant home care workers need to know that the reality is different. In Israel, a complaint to authorities does not endanger the worker but rather delay any deportation procedure against this person.
2. Training health care workers as “gatekeepers”—Migrant home care workers prefer to report to health care workers. Hence, health care workers should receive specific training and further incentives to serve as gatekeepers.

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