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Increasing Care Work Positions and Concealing Sexual Harassmentⁱ

Jiyoung Kimyang

Is devoted to gender equality issues within the labor market, the issue of contingent work positions for women, and formal/informal care work issues at the Korea Women worker's Association United.

Introduction

The law on sexual harassment at work was enacted in 1998 in Korea. However, there are still many problems to be solved on the sexual harassment issue at work, such as consistently rampant sexual harassment, counter accusation of perpetrators for defamation and ineffective sexual harassment prevention education programs. As the service industry has expanded, women's participation in the area have also increased. During this process, sexual harassment by customers in the service industry sector has been visualized and the sexual harassment law on the area was enacted in 2008. Nowadays, the trend towards nuclear families and the increase in women's employment are causing a lack of care in the family. This has become a social problem, causing the socialization of caring to proceed quickly. As care work is expanding, sexual harassment on care workers has become a serious issue in the Korean society.

I happened to recognize the sexual harassment problem of care workers while I was implementing sexual harassment prevention education for care workers at the Self-Sufficient Center of the Korean Woman

Workers Association. During the course, I realized that the Korea society needs to tackle the problem of sexual harassment on care worker.

Care work is defined as “a work for the people such as the sick, the elderly and young children who cannot care for themselves” In addition, the relationship between the care worker and the care receiver is considered crucially. That is, care work is a work based on individual relationships from a microscope perspective and a work based on social relationship that connects the family and the individual with the society from a macroscopic perspective. Therefore, emotional and moral aspects are important in care work (Jang et al., 2007). Care work can be divided into formal/informal work or paid/unpaid work depending on whether people are mothers, care workers or etc. and the places that they work in. If care work is fulfilled within the public sector, it is considered as paid and formal work.ⁱⁱ

In Korea, as the need for care work from society is increasing, the establishment of the supply and delivery system for care work is becoming an important political agenda. Therefore, many measures have been taken such as seeking for child care policy, the enforcement of an assistance system for disabled people’s activity (May, 2007) and the enforcement of long-term care insurance for the elderly (July, 2008). As a result, this social trend is expected to enhance employment in the care work area in the future. The majority of care workers are women. Traditionally, only women fulfilled care work, including child rearing, taking care of the elderly, caring for the sick, etc. Today, due to the increase in demand for care work in the public sector, an increased number of women are jumping into the care work industry again. This concentration of women in the care work sector and the gender imbalance phenomenon are closely related with the work condition in the care work area. To solve the problems such as low

payment and bad treatment in the care work sector, measures such as ensuring professionalism, reconsidering pay level and improving working condition should be considered. The training of manpower and the improvement of the management system should also be developed simultaneously.

However, care workers are not treated badly in the aspect of low wages and low expertise alone. Care workers are treated badly in the aspect that the difficulties they suffer are often unseen to the public. Sexual harassment of care workers is one of the most important unseen issues among them. The area of sexual harassment on low income care workers is scarcely discussed within both the domestic academia and the international academia. Therefore, this is the first domestic research on the sexual harassment of care workers. There is one foreign text that discusses the realities and characteristics of sexual harassment that home care aides experience from patients and their family member from the perspectives of the nurses of home care organization, social workers and supervisor. This article also suggests how to cope with the sexual harassment in the situation (Fournier, Hiers and Johnson, 1995).

There are differences between sexual harassment on care workers at home and other general workers. In the case of care worker at home, the perpetrators are usually customers and the work places are usually the customer's private places. This means that sexual harassment that happens in face to face situations and in a closed place cannot be visualized easily. In addition, care workers suffer more because there is no legal regulation on the subject.ⁱⁱⁱ Therefore this study will demand the implementation of solutions in the form of policies and laws that can minimize sexual harassment and also reflect the 'special nature' of care workers by revealing the problem of sexual harassment on care workers.

This study uses the quantitative method and the qualitative method.

The subject of this survey is limited to home health long-term care workers. The reason this subject was chosen is because their work place is not the general workplace where many people work together but the customer's private house where sexual harassment tends to be unseen, encouraged and neglected. The survey subjects were mainly care workers at home who had experienced taking care of male patients at the National Self-Sufficiency Center. The survey was fulfilled by the Korean Women Workers Association (KWWA) and the Central Nursing Care at home Center (CNCC). (Research Period: 2009.Jun-September/ 2,000 distribute and 944 reply)

Eight women who had experienced sexual harassment at Kyung-Gi Province Self Sufficient Center were chosen for the in-depth interview. The reason eight people were interviewed is because no number was decided beforehand and I believed that enough information had been gathered, thus the saturated point had been reached, after eight people had been interviewed. An in-depth interview was selected for this study because I did not wish to stop at surface answers. The researcher wished to ask the meaning of the answers again in order to understand the deeper meanings of the interview subjects. In addition, in-depth interviews are also beneficial in the aspect that researchers can listen to more real life and true explanations of the situation. The overall characteristics of the interview subjects are as below.

<Table-1> The brief information of in-depth interviewed.

case	locality	belonging	ages	career	sexual harassment experience	etc.
1	Seoul	Self-sufficient center under Woman Workers Association	48	1 year 6 months	2 People	
2	Kyung-Gi Province	Self-sufficient center under Woman Workers Association	49	3~4 years	4 People	
3	Kyung-Gi Province	Self-sufficient center under Woman Workers Association	56	Other organization, nursing 7~8 years / Self-sufficient center 2 years	2 People	
4	Kyung-Gi Province	Self-sufficient center under other organization	66	4 years	1 Person	
5	Kyung-Gi Province	Self-sufficient center under other organization	55	2 years	1 Person	
6	Kyung-Gi Province	Self-sufficient center under Woman Workers Association	45	Full charge staff 4 years, Self-sufficient center nursing 2 years		manager
7	Kyung-Gi Province	Self-sufficient center under other organization	54	2 years	1 Person	
8	Seoul	Self-sufficient center under Woman Workers Association	45	Full charge staff 2 years, Self-sufficient center nursing 3 years		manager
9	Kyung-Gi Province	Activist in Woman Workers Association	50	Sexual harassment prevention education lecturer.		Secondary interview

The result of the survey on sexual harassment of care workers

Through the survey we asked the subjects how often they experienced sexual harassment, why the perpetrations have not stopped and their opinions on how to solve this problem. Most of the care workers who were interviewed were in their forties and fifties and their average work experience was one year to less than three years, and the average number of customers was four to five. Among the subjects, 34.8% experienced sexual harassment. In other words, 3.5 people out of 10 people had experienced sexual harassment. This shows that they are not safe from sexual harassment.

Verbal sexual harassment ranked the highest among the various types of sexual harassment. Since the average number of patients one care worker meets in a month is four to five, the percentage of care workers who meet more than two sexual harassment perpetrator appeared to be 41% and the percentage of care workers who experienced sexual harassment more than two times reaches 73.9%. In care work sexual harassment cases, the solution for the problem should be made quickly because the damages the care workers experience are serious; the customers are limited to a consistent few so the care workers have to continue relationships with the customers.

The responses after experiencing sexual harassment are as followed. Reporting the case and asking for help from the agency they were sent from portrayed a percentage of 37.8%. Bearing up the abuse showed a percentage of 32.3%, while 21.3% protested to the customer. Since the high percentage of care workers requested help from the agent they were sent from, agents should response actively to solve the problem of sexual harassment on care workers.

The reasons some care workers endured sexual harassment are as followed. 44.7% stated that they endured sexual harassment because

they pitied the sick people while 24.9% stated that the reason was because they 'considered it as a natural happening that is experienced frequently during care work'. The majority replied that they believed that sexual harassment is an inescapable aspect of care work. Through these answers, we can infer that sexual harassment is acknowledged as a normal characteristic of care work at home.

The reasons sexual harassment failed to be resolved properly despite protective measures are as followed. 54.5% responded that 'the customer did not believe that the situation was a serious problem', 13.1% responded that 'the agent did not respond actively' and another 13.1% responded that 'there is no effective law'. This shows that if customers do not acknowledge or admit sexual harassment, it is difficult to solve the sexual harassment issue. In addition, quick response of the agent and possible legal regulation on sexual harassment are necessary. The opinions of the interview subject on resolving sexual harassment is as followed. 24.5% responded that 'care workers should receive regular sexual harassment prevention education', and 23.5% responded that 'service regulations on sex harassment should be established and customers should be informed of them', while 21.3% responded that 'departments related to care work should aid in preventing sexual harassment'. These statistics imply that sexual harassment prevention measures should involve not only the care workers but the customers too. In addition, many of the subjects replied that 'the Ministry of Health & Welfare should establish realistic policies that reflect the specific work conditions of care work'. This means that counter measures are necessary for this issue.

Implicit sexual harassment in care service at home

Why has the number of victim increased while the issue of sexual

harassment has become invisible as the survey shows? This chapter examines the characteristics of care work at home, the care workers' experiences of sexual harassment and the structure that hides sexual harassment.

Underprivileged men, but their sexual harassment cannot be controlled

The interviewed care workers and managers did not admit that working in the customer's house is a difficult job. They premise that the underprivileged group such as the elderly, the patient and the disabled cannot bring danger upon themselves because they are physically weak. In other words, while people consider healthy grown up men as a menace in the sexual harassment issue, they rarely consider the elderly, patients and handicapped people as threats, because they believe that they can protect themselves.

I started to feel uncomfortable when only the two of us were left home. I do not mean I was scared, because he could not walk properly. If he were a normal man I would have been scared. If he tried to hurt me I could shout loudly or make some plan to protect myself. However if he were a normally healthy man I would not be able to protect myself (Case 3).

Care workers have confidence that they can protect themselves at any time because the care service users are physically underprivileged men. This understanding gives them confidence to control any sexual harassment incident and makes them feel safe from the incidents as well. In that case, can they control the sexual harassment? The reality is that they cannot control sexual harassment even though the users are physically underprivileged.

I asked him, "Why are you trying to touch my hand?". He answered, "What's wrong with touching your hand?" One day when I went to him, he said to me "There is a video of people doing**" He tried to turn on the video but I told him: "If you turn it on, my team manager come to catch you. Don't turn it on" If he turn the video on, I would have phoned my manager (Case 7).

Case 7 shows that the care worker took care of an old man but could not control sexual harassment incidents. Like this there are a lot sexual harassment victim cases. The cases shows that care workers have no power to control while they take care of the underprivileged men. The male service users are only less powerful men when they compared with other healthy men in the Korea society.

The premise that care workers can cope with sexual violence because the customers are physically underprivileged, encounters the distorted understandings on sexual violence in the Korea society. In other words, people believe that assailants of sexual violence are only physically healthy men. In addition, care workers' misunderstanding of underprivileged men can be interpreted in different ways. The misunderstanding may reflect the desire of care workers who want to resolve their fear of 'working in a male service user's house' and to feel safe from sexual violence. The fact that care workers cannot control sexual harassment situation is also reflected in the fact that most care workers tend to avoid male service users.

Care workers cannot be free from sexual harassment from underprivileged male patients because they do not meet them in equitable relations but rather in a hierarchical relationship of the care provider and the care receiver (customer). After the occurrence of a sexual harassment, care workers can seldom express their feelings about

sexual harassment issue correctly to the service users even though they suffer from psychological and physical stress. Customers can evaluate care workers' service and stop them from working anymore. Though a perpetrator is not a physically threatening person, he is in a more dominant position than a care worker because he can decide to use a service or not. Actually, male service users acknowledge their dominant position in their relationships with care workers. The manager in case 3 said that after raising questions on the sexual harassment problem the service user expressed his discomfort by reducing his frequency of using the service. The decrease in the number of service use is connected directly to the financial difficulties of care workers because their wages are reduced. In addition, care workers also acknowledge their position in care service sectors.

The reason I do not take strong reaction upon this kind of incident while I am working is because I have to earn money. I cannot make countermeasures because I do not want to lose my work. I believe that many care workers will feel the same way (Case 2).

Care workers cannot incur the displeasure of their customers because their survival is at the customer's hand. If a care worker raises the sexual harassment issue, this is directly connected to financial difficulties. Although it is premised that care workers can control sexual harassment situations, in reality customers are at a more dominant position because they have the right of service use. Therefore care workers have difficulties in dealing with sexual harassment actively. Care workers cannot control sexual harassment situations because care receivers are just 'physically' underprivileged men (not all over underprivileged men).

Intimacy occurs, taking care of patients consistently.

The house is a private place that is not open to strangers. It is a comfortable and intimate place for the service user but, it is a work place for the service provider. In other words, the home is a comfortable and private place to one person and a work place for others. Due to the private characteristic of the house, many incidents may happen that we are not aware of. Care workers and service users have various and complicated relationships within this space.

In some cases I take care of one patient for longer than one year and get to call the patient 'elder brother (O-bba)'. The patient asks me to 'be my younger sister'. Once, I called a patient who was older than me "mum, mum". There was nothing we could not talk about as a mum and a daughter. I was the woman who came to help her every day for longer than one year. We had breakfast and lunch together for three to four hours and I even bathed her (Case 6).

As shown in the case, service providers and service users at home have complicated relationships that cross frequently between public and private. When care workers visit homes to care for the uncomfortable bodies of the patients, they also do housework. If a care worker visits the home every day or every two or three days and if they are younger than service user, intimacy and hierarchy arise simultaneously in the relationship they hold. Care workers are often perplexed over how to deal with these types of relationship. In case 4, where a care worker who worked for a patient for three years exposed her difficulties on the sexual harassment issue, she stated that she even heard about the sex life of the patient's couple. The patient even asked her to find a lover for him. Apparently, this is a kind of intimate relation from the service

user's view point. However, this is not intimacy. It is rather a part of their work for the care workers, who have to listen to the patients unilaterally.

Sexual harassments occur on the basis of such an intimate relationship. The intimacy sometimes becomes obstacles in recognizing and resolving sexually offensive behaviors such as sexual harassments. When the relationship between the employer and the employee become family-like rather than just an employment contract relationship, the intimacy sometimes becomes an apparatus for the cause and non-visualization of exploitation or harassments on workers (Ehrenreich and Hochschild, 2003). Case 2 shows that a care worker had suffered from sexual harassment for a long time. However, it was difficult for her to reveal and resolve her sexual harassment experience because of the intimacy. Even if she did, the accusations would not be taken seriously because of the intimacy between the customer and herself.

The intimacy is also well portrayed through the cases where service users consider their care workers as objects of love. Some service users bought presents to get favor from care workers and called care workers off duty time and asked them on date. After receiving love proposals, some care workers suffer because this is also one type of sexual harassment since the care workers become 'the objects of love' for the service user unilaterally and against their will. In addition, some care workers become 'match makers' from the object of love and sexual harassment.

For three years I had taken care of him. 'ah~(sigh)'. (He had a wife.) He asked me several times but I refused repeatedly. He realized that he could not get me and gave up persuading me. After that he asked me to introduce someone to him constantly. He seemed to need someone else to share things I wouldn't share with

him. He wanted someone who he could talk as a friend and sleep with as a sex partner. He told me that he would give me some money (Case 4).

The similarity among people who experience sexual harassment is that they received consistent requests for blind dates. Sometimes these requests were made as if the care workers should find a substitution for themselves since they refused the service users requests. The requests for blind dates mean that the service users sexually objectified the care workers and revealed their sexual desires indirectly which caused unpleasant feelings in the care workers. The care workers sometimes even doubted whether their work included resolving of sexual desires or not.

Like this, the house, where services are fulfilled, is a comfortable place for the customers but a work place for care workers. Care workers and users make various and complicated relations in that space. Care workers visit the house, do housework and take care of the uncomfortable body of the service users. The whole situation of a care worker who is younger than the service user, visiting the user's home every two or three days forms hierarchical relationships between care workers and service users along with intimate relationships. As the result, the intimacy operates as an obstacle to reveal sexual harassment problems. That is, the intimacy enables sexual harassment to occur easily and makes it difficult for care workers to express unwillingness towards sexual harassment. Even if care workers express reluctance towards sexual harassment, service users find this hard to accept because of the intimacy between care workers and care receivers and the visualization of the incident to the public is difficult.

The House, Closed Space, Reveals Their Sexual Desire Boldly

Care workers at home are acknowledged as ‘Pachulbu’^{iv} or ‘domestic worker’. This reflects the negative image of house worker until now in the Korean society.

Their view point on us is that we are engaged in rough work. We even manage the excrements of the seriously ill. People around the patients cannot do this which is why they ask us to do so. They ask us to do anything they cannot do. When we wash the patients we are supposed to touch every private body part. Once while I was doing house chores, a person visited the house and said to the service user “You must have a lot money. How much do you pay for her?” They treat me like a ‘Sik-mo: maidservant’ (Case 5).

Service users are informed to call service workers at home as ‘Ms.’ or ‘Yoyangbohosa’^v instead of ‘Azuma’. However, this is only accepted for a little while in the early stage of the contract. People believe that the work ‘Yoyangbohosa’ should fulfill is a part of the housework. Due to this prejudice, the paradigm shift of the understandings on ‘Yoyangbohosa’ has not been achieved. The disrespect of personality was commonly chosen as the worst experience by the interviewed care workers. The care service work is related with negative images of maidservants, ‘Pachulbu’ and ‘Azuma’ who housekeep in other people’s house. People treat them with this understanding. The fact that most service users do not understand care workers as objects of respect but as women who comes to do house chores, enables sexual harassment more easily.

The private space called the house is an intimate and closed space. The closure of such a private space allows the service users to conduct sexual harassments express their sexual desire boldly because

their behavior cannot be revealed easily. The service users do not acknowledge care workers as workers who come to care them but as women as sexual objects. Generally, male patients talk a lot about sexual related subjects with care workers.

The more he talked to me the more the subject tended to. (You mean he talked about sex related subjects?) Yes, I still get goose bumps from just talking about it. When I was doing the housework he would tell me “Why are you always messing around? Just finish cleaning roughly and come in.” Whenever we had conversations, he would lead the subject in that direction. I even played Hwatu (Korean playing card) to stop him from talking. I didn’t even know how to play, I just followed him. I played hwatu for the first time because he didn’t try to do anything during that time (Case 7).

Case 7 shows that the care worker did not like to talk about sex related subject so much that she got goose bumps. In order to distract the patient she even started to learn Hwatu, a hobby of the customer. Talking about sex related subjects is a process through which service users can express their sexual desires to care workers. Verbal sexual harassment does not stop at the verbal level but progresses towards physical and visual sexual harassment. Service users tend to objectify the care workers in a sexual way explicitly and sometimes make specific sexual requests.

Even though I am ugly and fat, I don’t know exactly why. He asked me to go to a motel with him, telling me that he would give me money. I was terribly embarrassed and asked him ‘Sir, what do you mean by that?’. He answered that he liked me and that was

why he wanted to go to a motel with me (Case 2).

Case 2 shows a service user asking the care worker to go to a motel with him. He even suggested money payment. The service user may have difficulties in resolving his sexual desires because of his weak body. The care workers even made efforts to understand his sexual desires. However, the service user's apprehension that he can satisfy his sexual urges through the care worker is clearly wrong. He acknowledged the care worker who came to his home as 'a woman' in a private and closed space called the house rather than 'a worker'.

Family members of service users also acknowledge care workers as 'a woman'. Although the family members are not direct service user, there is little difference. The family members of service users can influence the work rights of the care workers as much as care users can.

I told him I was a single. Then, a few days later, he told me that he had an erection problem. He said that it could be solved if his wife touched his penis but she did not. (Do you mean he had a wife?) Yes, he had. He talked about it whenever we were together alone. He also asked me touch his penis instead of his wife (Case 3).

Case 3 shows a care worker went to care for an elderly woman. In this case, the care worker suffered sexual harassment from the patient's husband. There are other cases in which care workers suffered sexual harassment from people outside the family. In case 2, the care worker suffered not from her service users but from the patient's acquaintance who came to the work place everytime she was there and harassed her sexually. However, the care worker did not know how to deal with this case because the assailant was not the service user. In case 5, people around the patient called the care worker

'the mistress of the house' and treated her as the wife of the patient. She felt unpleasant and decided not to work at the house of a single man for a long time. Like this case, women workers who provide care services are acknowledged as women who can become a sexual object to the care user. Private spaces such as a house, contributes to the conception that a women worker is not a whole worker but a women as a sexual object. Therefore the closed space, thus the house becomes a place where sexual harassment occurs inevitably.

Coping with sexual harassment, in the hand of each individual

The fault of an individual, the victim should not have produced the cause

According to the education text issued in the Ministry of Health and Welfare for care services, care workers are defined as people who are full of the spirit of self-sacrifice. However, people believe the contents of the text which explain that the reason their expertise is not acknowledged is because individuals fail to show expertise. Therefore, the only way to break the distorted understanding on care work is for care workers to prove their expertise through grueling efforts.

As a professional, care workers for the elderly should be approved as people who are fully devoted from the society. The reason they are not acknowledged as experts is because they fail to show proper specialist behavior. Therefore, social workers for the elderly with professional service jobs for human beings should accumulate expertise by themselves and portray it through behavior and their service. There is no other way than individuals' grueling efforts

to achieve expertise. (The Ministry of Health and Welfare, 2009, *Practice of the care service for the aged-basic service*)

In addition, service users are clearly entitled as the object of being served in care service.

Senior citizens living alone are customers and owners. Thanks to them, care workers can get jobs. In other words, care workers should serve them. The task or job has to start from the perspectives of the elderly citizens, not from the care worker (The Ministry of Health and Welfare, 2009, *Practice of the care service for the aged-basic service*).

Through this kind of training, care workers are urged to equip themselves with the spirit of sacrifice, and to acknowledge that the prejudices of service users are due to the inappropriate behavior of themselves. Care workers must respect and serve service users. How should care workers be trained on how to cope with sexual harassment on the basis of this text? The interviewed care workers acknowledged sexual harassment as an individual issue and tried to find a solution at an individual level. Care workers and the Korean society's lack of understanding on sexual harassment and there is no proper legal system on the subject either. Therefore people shift the responsibility of sexual harassment problem to individual care workers.

This makes care workers inspect themselves first when sexual harassment happens. They usually think that they have been harassed because they had given the assailant the chance. In the case 3, the care worker believed that she suffered sexual harassment because she told the service user that she was a single parent. After that she pretended to have a husband but she is still suffering from sexual harassment

nevertheless. In addition, when a care worker is sexually harassed, most people wonder whether the care worker rejected the assailant strongly. It is as if the victims of sexual violence need to prove the helplessness of the situation for the incident to be accepted as a sexual violence. Like this, care workers' stern attitude towards sexual harassment is also an important factor. In case 2, the care worker experienced sexual harassment four times. She blamed herself and believed that the sexual harassment happened because she accepted the requests of service users too easily.

Stern attitude towards assailants is effective in some way at the early stage of sexual harassment. Actually, there are some cases where the care worker changed the service user through a stern attitude. However, as showed in case 7, efforts to show a stern attitude may be unhelpful in the situations that are out of control. The reality, which care workers' clear rejection^{vi} is unthreatening to the assailant, is unhelpful in changing the attitude of service users.

Employing a stern attitude towards sexual harassment is important. However, holding care workers overly responsible can lead to the faulty logic that care workers are responsible for the sexual harassment. In case 7, the care worker believed that she suffered from sexual harassment because the previous care worker failed to behave properly and stop the harassments. This understanding of sexual harassment on care workers is not the thought of an individual care worker. It is also mentioned explicitly in the education courses for care workers which are operated by agents. There are basic dress and action regulations for care workers. Female workers sent to the customer's home belong to a minority group comparing to the customer group. Therefore there are dress and action regulations which are based on so called 'the induction theory of sexual harassment' in the Korea society. This intends to reduce the frequency of sexual harassments.

We did not learn to make the patient feel any urge. I was educated like that. At least I know I should apply toner and lotion and perm my hair modestly. I should check my clothes. If not I will be confronted. There is no other way. Therefore, we always talk like that at every meeting between care workers who care for elderly citizens. If I fail to look after myself, I will suffer. Therefore care workers should check their clothes and should not wear skirt when they go to work. This is the basic regulation. That's why I mentioned this which means that care workers should not leave any chance for sexual harassment to happen. I believe that care workers need this (Case 6- manager).

As showed above, in care work sectors nowadays, the care workers are trained with the idea, 'Do not leave any chance for sexual harassment'. This education means that the authority have not suggested any practical solutions for sexual harassment yet, but is simply shifting the responsibility of sexual harassment to individuals or small scale agents. The agents have no other advice to reduce the number of sexual harassment incidents than defensive advice such as 'Do not leave any chance for trouble'. Of course, this advice is the least practical solution for care workers who cannot be protected from sexual harassments at their work place. Shifting the responsibility of sexual harassment to the care workers just makes people believe that sexual harassment is an individual issue; while operating as an obstacle in visualizing sexual harassments.

Know-How, be able to endure trivial incidents

One of the common comments among care workers is "I endure trivial incidents". If not, they cannot maintain their work. Most of the care

workers thought that this kind of problem was inescapable in caring for male service users. They endured and dealt with the harassments by themselves as long as they could.

(Do you believe that sexual harassment is one of the natural factors of working in the care service sector?) Yes, you are right. People generally think like that. That's why care workers believe that they have to endure, understand and pass. Most people think like that because most male users are like that. The reason is that I cannot stop this work and cannot stop going to the senior citizen's house. If I consider every single incident as asexual harassment, I cannot go. Of course, I cannot tell my husband about this (Case 1).

However, every care worker has a different standard for "enduring trivial things". While "touching ones hip" may be difficult to endure for one person, it may be endurable for others. This difference in standards has operated as a barrier for smooth communication between female care workers. In case 2, the care worker wanted to talk to her colleagues about her experiences of sexual harassment at work. However, the other care workers seemed to believe that the sexual harassment cases that she had experienced were trivial. Due to her colleagues' different standards, the care worker began to believe that she had to solve the problem by herself. Similarly, because there is an unwritten rule that says sexual harassment in the care work sector should be dealt with quietly by the individual unless the sexual harassment case is fatal, care workers learn to deal with sexual violence by themselves after realizing that they are not supported by their colleagues after many conversations. These experiences also cause sexual harassment issue to be unrevealed. Instead, being a bale to endure trivial incidents of sexual

harassment is considered 'know-how'

(How do you feel when you are sexually harassed?) I feel bad. However, I know that I have to overcome harassment as far as I have started to work in this area. It is my responsibility. I need to accept and cope with it wisely. I know I should not lose here. 'I should not fail through this man' ... (omitted)People can say anything with their words. I just think: 'let it pass'. Like this (Case 4).

In case 4, though the care worker had undergone consistent sexual harassment from the service user for three years, the wife of the service user was satisfied because the care worker had always replied back in a half-joking half-serious tone. In order to endure sexual harassments as a trivial incident while they are working, care workers need to have a premise that the service user is not healthy man but 'a patient (sick person)'. In fact, many care workers said that the reason behind their enduring sexual harassment is because they think that 'the service users act in that way because they are sick'. Thus, care workers have to keep telling themselves that 'He is a sick man' to endure the sexual harassments properly. This is known as know-how. In the process, since the sexual harassment care workers experience is not named and standardized, female workers accept the sexual harassments as individual problems and suffer in endurance.

Similarly, care service at home contains the characteristics of sexual harassment and care workers take this for granted. Therefore sexual harassments care workers suffer from are not visualized. Care workers understand sexual harassment as a natural part of the characteristics of care work at home. They believe that enduring sexual harassment is their responsibility while they are working. Since the sexual harassment

examples that are taken in the Act on the Equal Employment for Both Sexes are everyday experiences for them, only newcomers or short experienced workers question their experiences. Every care worker knows this and experienced workers acknowledge that know-how on dealing and enduring daily life sexual harassment is a step in the career building process.

The multi-layer structure of the prevention of visualizing sexual harassment

Care workers report sexual harassment experiences to the related agents (or managers) to get help if they think that the harassment is hard to endure. Since the related agents have the closest contact with the care workers, the sexual harassment problem can be solved or suppressed depending on how the related agents understand and react towards sexual harassments. The reason the role of related agents are magnified is as followed: there is too little understanding on the sexual harassment of care workers to judge sexual harassment cases and there is no common regulation or standard to judge sexual harassment in the Korea society.

To reveal the sexual harassment issue, four multi-layer stages have to be passed. Firstly, the care workers acknowledge their experience as sexual harassment and question it. Secondly, the person in charge at the related agency also accepts the incident as sexual harassment and raises a question on this. Thirdly, the related agency accepted this as sexual harassment and responds. Fourthly, the related local government and National Health Insurance Service accept this as sexual harassment and approve measures. Thus, visualizing and solving sexual harassment consists of at least four stages.

When care workers think that they have experienced a serious case of

sexual harassment and report the case to the related agency, the report can be accepted and responded to depending on the attitude of the person in charge at the related agency and the attitude of the agency. However, if the sexual harassment issue a care worker raises fails to be accepted by the agency, the care worker becomes to distrust the related agency. This kind of experience may spread among care workers, causing care workers to find it difficult to raise sexual harassment issue easily. In this way the related agency contributes in failing to identify the sexual harassment issue and visualizing it.

The next two cases show well what kind of difference the agency makes. In case 1, the care worker reported her sexual harassment experience and the person in charge stopped her service based on her report. The service user learned that sexual harassment is wrong from this and began to show respect towards care workers.

Well, to whom can I tell my story? I told my boss (the person in charge) who advised me to change my place immediately. I mean to stop the service. So I did. I did not go there for about a month or a month and a half. (laughing) This caused the old man to get in trouble. And He pleaded the agency to send me back again so I went back. He doesn't harass me anymore (Case 1).

On the other hand, in case 7, the care worker reported a sexual harassment while she was working at a service user's house and told the person in charge that she could not keep up her service because of it. However, the person in charge did not accept her appeal because he could not find clear evidence. Eventually, the care worker had to stop her service one month later after she had suffered and received treatment at a hospital. The service user in case 7 was a habitual offender but the person in charge sent another care worker

to him without responding to this problem. Sexual harassments that happen within the agency in which the above case happened is only discussed among care workers. The agency failed to resolve the sexual violence. They just continued to send different care workers, which caused distrust towards the agency. If a care worker raises a sexual harassment issue in her work place but fails to be accepted, distrust towards the agency is kindles. Rumors about her experience and how it was dealt with will spread, preventing care workers from raising sexual harassment problems easily. In conclusion, the agency failed to grasp the sexual harassment problem of care workers but contributed to hiding them instead.

Thus, due to the fact that the agency and the manager are the closest units to care workers, the level of consciousness and the attitudes of the agency and the person in charge determine whether the sexual harassment problem is resolved or not. The level of consciousness on sexual harassment does not influence the solution process of sexual harassment alone. The agency in case 1 educates care workers in sexual harassment prevention. In addition, they also call to attention in the service use contract that sexual harassment is intolerable. The care workers in that agency reported sexual harassment cases to the manager. Meanwhile, the manager acknowledged the sexual harassment and arranged proper counter measurements. In this process, the agency and the care worker build trust in their relationship. Building trust operates positively in minimizing sexual harassment on care workers who work in blind spots.

In order to solve a sexual harassment problem, there are four stages: 'Care worker-the person in charge-agency-local government'. When sexual harassment happens the care worker reports to the person in charge who investigates the case and gives warnings to the service user or asks the local government to give warnings or stop the service users'

service. The local governments have the final decision over how to deal with the sexual harassment. The reasons the agency cannot react actively are as followed. Their appeal is not only unaccepted by higher organizations (such as the local government), but heavy paper work is also necessary while citizens' complaints on the case are troublesome too.

As has been examined until now, the agency is the most important factor in understanding and solving sexual harassment because they work in the closest place with care workers. However the agency does not hold sole responsibility in solving sexual harassment problems. The sexual harassment problems cannot be solved only by a minority of people who have proper understandings on sexual harassment. The related agency can give warnings or decide to stop the service. However this is not enough to stop offenders from sexually harassing care workers. If the sexual harassment offenders change the service agency that they use, the sexual harassment problem is not solved. Instead, second and third victims are produced. Therefore local governments that plan and manage care service projects such as the local government and the Ministry of Health & Welfare, should acknowledge this and make efforts to make solutions for the problem.

The results of sexual harassment in care work. Becoming a poor job to workers and providing poor service to the care receivers

The crucial problem of sexual harassment in the work place is that work efficiency is deduced by the dangerous and hostile job environment. Care workers who have experienced sexual harassment show declining motivation and intentions to stop working due to the psychological and physical stress.

Ah, When the customer offended me too much, I felt like I did not want to work any longer and I started to doubt my work. Sexual harassment is so difficult. I mean, I also get used to this environment. It happens every day and ...Well... I forget why I'm still here, I really want give up my work here. I just felt sorry for them and their situation. That's why I served them with all my heart. However, they do not seem to think in the same direction (Case 2).

Like this, experiences of sexual harassment makes female workers recognize the danger of their work places, causing them to feel difficulties in keeping up their work. Unsolved sexual harassment cases make many care workers leave their work place and cause secondary victims. That is, my suffering can lead to my colleague's suffering. In case 7, the care worker was told about the customer who was a habitual sexual harassment offender from the care worker who had taken care of him previously. Then, the care worker experienced sexual harassment in person which leads to another care worker taking over the service work place even though the problem had not been solved. Thus, if a sexual harassment problem is not solved, second and third victims will be produced, building an unbroken circle of sexual harassment. Even if sexual harassment is acknowledged and solved at the agency level, this only means that the related agency does not send care workers to the offensive service user. In other words, the sexual harassment offender can make another contract with a different care agency and continue his habitual sexual harassment. As has been portrayed, a care worker's individual suffering is not finished at the individual level. It leads to the suffering of a colleague or an unknown care worker at another agency. One care worker's suffering is her colleague's suffering and one agency's damage becomes another agency's damage. The

crucial point of solving sexual harassment problems is to break off the vicious chain of victims.

In addition, the damage of sexual harassment is not simply limited to the individual worker's level. The psychological and physical stress of care workers that is caused by sexual harassment, damages motivation and pride as well as the care worker's sense of self-respect. The decline in motivation does not influence the individual only. It also negatively influences other service users whom the care worker cares for.

The care worker wants and needs to provide happy service. But if she receives stress from a specific customer, she loses her pride in the job. She also loses her zest to work. She doesn't really want to work in another customer's house either. One care worker usually takes care of an average of five to six houses in one month. Then, it is not fair on other service users if they fail to receive pleasant services because of one offensive service user. The other service users have the right to get good service. It is not right if they cannot get proper service because of the offender. If I get stress from my work, I get angry at my innocent family members. In this way everything is ruined. I believe that the sexual harassment problem should be solved in any possible way (Case 8).

A care worker usually takes care of about five to six houses a month. If a care worker suffers from sexual harassment from one customer, it causes the care worker to fail to give proper service to other service users. The care worker also undergoes difficulties in her private life if sexual harassment remains unsolved. That is, if the care worker keeps working while the sexual harassment incident remains unsolved, many problems such as the serious fall in service quality and ruined daily life due to psychological and physical stress care caused. Eventually,

the care worker leaves her job with negative experience on care services. Low motivation, confusion of identity and low self-respect are not only related with sexual harassment but are also related with the Korea society's attitude and treatment towards care workers. In order to improve the social status of care workers, the problem of vertical relationships between care workers and care receivers needs to be solved along with the training of manpower; the establishment of more expertise through the improvement of the management and training system; a rise in pay and improvement of working conditions need to be implemented. Since working conditions and service quality are closely related, good care service can be provided if the job conditions of care work are improved.

Conclusion

I have examined care workers' experiences on sexual harassment and the damage status of the victims in detail. The care worker's sexual harassments are closely related with the characteristics of care work itself and the characteristics of home care service which is fulfilled within a private space called home. The private intimacy built in the care relationship easily crosses over the border line of sexual harassment. Care workers experienced difficulties in reporting sexual harassment because of this intimacy. In addition, because care work is fulfilled within a closed private space called home, male customers easily consider the care workers as women and reveal their sexual desires boldly. People believe care workers can control sexual harassment because their customers are physically weak. However the reality is different from what people believe. Care workers cannot control sexual harassment and fail to raise question on their sexual harassment experience because their relationship with customers is hierarchical.

Care workers have endured their sexual harassment experiences with the understanding that ignoring and enduring sexual harassment and keeping their jobs through acknowledging that sexual harassment is an individual problem are a crucial know-hows in care work. Therefore sexual harassment measurement policies and legal systems which reflect the special condition of care workers are necessary in visualizing sexual harassment and minimizing victims.

Firstly, sexual harassment prevention acts that reflect the specific conditions of care workers should be enacted. Now, 'The Act on Equal Employment and Support for Work-Family Reconciliation' does not have regulations on customers because of the unspecific and moving characteristics of customers. However, within care work, the customers are specific people and care workers have to maintain long term relationships with them. Based on these characteristics, regulations on customer are possible. Therefore an act that regulates customers who commit sexual harassment should be enacted.

Secondly, since there is no legal regulation that can control customers' sexual harassment, sexual harassment prevention education should be fulfilled effectively at the preventive level. The education for sexual harassment premises that owners, managers and colleagues work together in the work place. Therefore there is no clear statement on how to give educate customers on sexual harassment prevention. That is, there is no comment about customers in sexual harassment prevention education. Therefore customers are not the object of education. The reason strengthening education and placing more responsibility on care workers is because of the characteristics of care service at home. It is said that it is difficult to educate customers at such a place for the following reasons. Customers as service users are scattered about in their own house and have difficulties in moving around. The sexual harassment prevention education is supposed to make work conditions

without sexual harassment and to relieve the suffering of victims. However, the education for care workers is half fulfilled and does not fit the original intention of the education. Therefore sexual harassment prevention education for customer is urgently needed. In addition, sexual harassment prevention education is fulfilled only within the public sector now. The reality of sexual harassment prevention education in care work over all, along with fulfilling education to prevent sexual harassment is necessary in the Korean society.

Notes

- i The study focuses on the care workers at home, who are sent to customer's house and provide care service such as nursing, housework, body care and emotional support.
- ii According to the municipal law of Korea, housework and nursing are not considered as work. Therefore the definition of the public sector in this study is that workers within the public sector are acknowledged as proper workers based on labor law.
- iii According to 'The Act on Equal Employment and Support for Work-Family Reconciliation', there is a low level of direction to the owners of companies on the sexual harassment issue. The owner can relocate the worker's place if the workers want to do so, but there is no direction on how to restrict the customers who perpetrate them.
- iv Pachulbu has the meaning of on call female worker. However, the meaning of Pachulbu is different from the concept of a domestic worker. It is closer in meaning to a person who helps to do the house chores.
- v Yoyangbohosa (Care health aid) is a new name for care worker, which was made with long term care insurance system for the elderly. The care health aid should attend a designated lecture and pass the test to get the certificate.
- vi Normally, clear rebuttal is defined as asking for the immediate suspension of the sexual harassment or an apology. If the offender does not stop the sexual harassment, clear rebuttal would be defined as the victim presenting the problem through the formal problem solution process of the company. However, clear rebuttal in this context is at

most a firm attitude that means ‘do not sexually harass’ or a light threat of terminating the service.

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