



Hidden Work, Hidden Pain: Injury Experiences of Domestic Workers in California

Research Brief
UCLA LOSH | July 2020

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Overview and Key Findings

Domestic workers perform essential services in the most intimate realm of the home by providing clean, safe spaces for families to enjoy and by caring for children, seniors and those with illnesses or disabilities. These workers are often integrated into the daily rhythms and routines of households, enabling families to function and thrive since domestic work “is the work that makes all other work possible” (Poo, 2015).

As with other work environments, residential worksites pose the threat of serious injury for workers. But because of the hidden and often informal nature of most domestic work, the nature and frequency of occupational injuries are difficult to determine.

This brief outlines key findings from data gathered by the UCLA Labor Occupational Safety and Health Program (UCLA LOSH), the National Domestic Workers Alliance (NDWA), and the California Domestic Workers Coalition (CDWC) on the injury and illness experiences of domestic workers in California. From interviews with 84 individuals who had been injured while working as housecleaners, caregivers, or childcare providers, we found the following:

- **Domestic workers in private homes encountered hazards similar to those found in other healthcare or service-sector jobs.** Survey respondents indicated that their work commonly involved repetitive motions (81%), lifting of heavy objects (76%) lifting of children or care recipients (70%), and exposure to cleaning chemicals (62%) and biological hazards (79%). A number of respondents were also sexually harassed or assaulted (23%) while working. Many of these hazards are the same as those faced by workers performing similar tasks in more conventional work settings, such as nurses in hospitals or cleaners in hotels or office spaces.
- **The most common type of injury among domestic workers in our sample was musculoskeletal.** The majority (85%) of respondents described injuries resulting in chronic back, shoulder, arm, or leg pain. Musculoskeletal injuries are not easily resolved, and over half (55%) reported they continued to work out of financial necessity or fear of job loss despite ongoing pain.
- **Work-related injuries among residential housecleaners, caregivers, and childcare providers resulted in substantial costs to workers and their families.** Almost half (45%) of respondents missed at least one workday as a result of their injuries, and 71% sought medical care. Over two thirds of respondents (68%) reported spending their own money to pay medical bills, and the vast majority who missed work (92%) were not paid for lost work time.

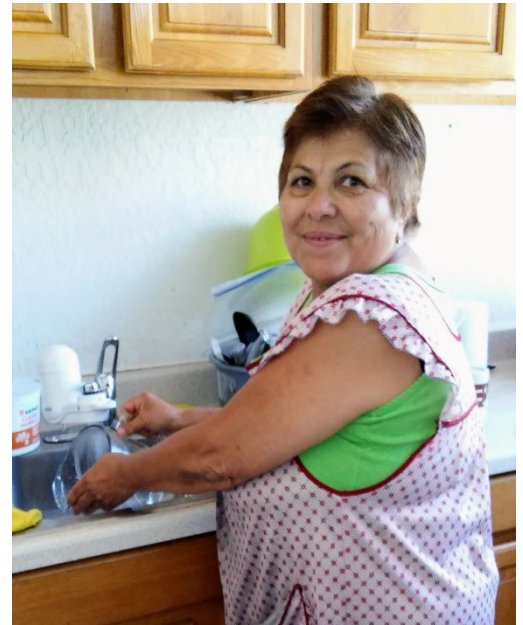
Many of the injuries common in this workforce could be avoided through the implementation of effective prevention strategies, including regulatory protections under the California Division of Occupational Safety and Health (Cal/OSHA). Such protections are provided for workers performing similar tasks in other settings but are not afforded to workers providing domestic service

Domestic Workers in California

There are over 350,000 domestic workers employed in an estimated 2 million homes in California—nearly 16% of all households in the state (Waheed et al., 2016; Wolfe et al., 2020). The vast majority of domestic workers in California are immigrant women of color; 95% are women, and 84% are immigrants. These figures contrast with national statistics, where only 46% of domestic workers are estimated to be foreign-born (Burnham & Theodore, 2012). Most immigrant housecleaners and childcare providers in Southern California are from Latin America and the Philippines¹ and approximately half of all foreign-born domestic workers are undocumented (Burnham & Theodore, 2012).

While domestic work can be divided into three broad categories—housecleaning, in-home caregiving for seniors or people with disabilities, and childcare—these belie the wide range of tasks and work responsibilities domestic workers perform. Housecleaning, for example, may include dusting and vacuuming, scrubbing and wiping down surfaces, washing windows, moving heavy furniture, doing laundry, folding clothes, making beds, and organizing closets or other storage spaces (Waheed et al., 2016). Caregiving services for seniors or people with disabilities typically involve assistance with a wide range of activities for daily living, such as bathing, grooming, toileting, feeding, ambulation assistance, sanctioned medical care, patient lifting, and basic companionship (Burnham & Theodore, 2012; Domestic Workers United & Datacenter, 2006; Poo, 2015). Childcare providers watch over children in the home and attend to their basic needs, such as dressing, bathing, feeding, and overseeing play (Bureau of Labor Statistics, 2018; Waheed et al., 2016). Caregiving tasks also include the critical but often overlooked element of building relationships and providing emotional support; these relationships are often tied to workers' job satisfaction and work-related stress (Delp et al., 2010).

Although workers may self-identify using only one of these domestic work terms, it is not uncommon for individuals to be tasked with responsibilities associated with other categories. For example, a childcare provider may be assigned cooking or laundry duties, or an in-home caregiver may be expected to carry out gardening or home maintenance tasks. For the purposes of this report, we use the three broad categories of domestic work while also recognizing the considerable overlap in tasks between them. In California, housekeepers make up 21% of the domestic workforce, childcare providers 18%, and caregivers 61% (Wolfe et al., 2020).



Credit: Mujeres Unidas y Activas

¹ The in-home caregiver workforce from the Philippines results from a long history of migration from the region coupled with explicit policies by Philippines officials to establish an ethnic niche for migrants around domestic and care labor (Nazareno et al., 2014).

In addition to the complexity of domestic workers' tasks, the structure of the industry can also be dizzyingly complex. Workers may be hired directly by families, enlisted through private agencies as either employees or as independent contractors, or hired through state or county assistance programs, such as California's In-Home Supportive Services (IHSS).² Increasingly, online platforms are also emerging as a tool for workers and prospective employers to connect. Employment relationships may entail formal written contracts, or they may be secured through informal verbal agreements between workers and employers. And domestic workers may have multiple employers (Hondagneu-Sotelo, 1994), each with different work agreements. The various permutations of these employment relations and the various entities that are involved all determine what legal protections are available to workers, resulting in considerable confusion around what rights workers may have. These situations have a significant impact when it comes to workers' exposure to work hazards and injuries.³



Credit: Pilipino Workers Center

Amparo's Story⁴

Amparo has been working as a domestic worker for almost 20 years and has performed various jobs such as cleaning houses and caring for children, seniors, and people with disabilities. Once a week for the past two years, she has cared for a patient who is 62 years old and suffers from multiple sclerosis. The patient weighs 180 pounds, and Amparo must lift her to help her get out of bed, bathe, get dressed, and perform other basic activities. There is no patient lift in the house. Amparo also takes care of two other patients, one with Alzheimer's disease and another with mobility issues. Amparo herself suffers from chronic back pain as well as pain in her hands, wrists, and feet, which she attributes to her work. She was forced to stop working for three months because of the pain; she did not receive compensation for her time off. She does not have medical insurance, so she has visited a public clinic, massage therapist, and pharmacy and has received injections in the soles of her feet. In total, she has spent about \$2,400 on medical bills.

² Caregivers hired through IHSS have organized for union representation, in part to address the very issues of worker safety highlighted in this report, along with wages and benefits (Delp & Quan, 2016). However, unionization of most domestic workers remains a challenge because of the complexity of hiring arrangements.

³ Household domestic workers have historically been excluded from federal labor protections, an exclusion rooted in patterns of racism and xenophobia (Gordon, 2009, p. 1; Segal, 2018).

⁴ Names have been changed to protect workers' confidentiality.

How Did We Conduct Our Research?

In 2017, UCLA LOSH collaborated with the NDWA and the CDWC to investigate the work-related hazards and injury experiences of domestic workers in California. We developed a survey tool for interviewing residential housecleaners, caregivers, and childcare providers in both Southern and Northern California, who had one or more serious work-related injuries or illnesses while working in private homes. The 38-item questionnaire consisted of both closed- and open-ended questions to capture both the hazards respondents typically encountered and details regarding respondents' most recent injuries or illnesses. Questions were included to capture respondents' employment arrangements at the time of injury, whether they took time off work or sought medical care, and whether they received any form of compensation or support. The survey tool also captured the basic demographic characteristics of each respondent.

Respondents were recruited through domestic worker centers affiliated with the NDWA and the CDWC in Southern and Northern California using snowball sampling techniques (i.e., respondents who completed the interview were asked to refer other domestic workers for the study). Individuals were eligible to participate if they had at least one serious work-related injury or illness while working as a domestic worker in California in the previous five years (2012–2017). We defined a “serious work-related injury or illness” as one that the respondent believed required medical attention, whether or not the individual received medical care. This definition and timeframe is consistent with other studies of workers in the low-wage labor market (Riley & Guzman, 2017; Valenzuela et al., 2006, p. 39). The time frame was limited to the previous five years to decrease participant recall bias. Interviews were conducted in English, Spanish, and Tagalog,⁵ and respondents each received a \$15 gift card for their participation.



Credit: Mujeres Unidas y Activas

⁵ Tagalog is the foundation of Filipino, one of the two official languages of the Philippines, along with English.

We interviewed 84 domestic workers across the state. Half (49%) identified primarily as caregivers, 43% as housecleaners, and 8% as childcare providers. The majority of respondents (92%) were women with a median age of 53 and an age range of 28 to 77. All respondents were born outside of the United States, the majority from either Mexico (45%) or the Philippines (36%). The vast majority (98%) spoke a primary language other than English, although two thirds (69%) rated their English language abilities as excellent or good. In terms of domestic work experience, 80% had more than five years, and 55% had more than ten years. Respondents most commonly reported finding their jobs through friends or family, clients referrals, or employment agencies (most common for caregivers). The majority of respondents (70%) were employed by an individual residing in a private residence.

Table 1
Sample Characteristics (N=84)

Variable	n	%
Gender		
Women	77	92
Men	7	8
Country of origin		
Mexico	38	45
Philippines	30	36
Guatemala	6	7
El Salvador	5	6
Other	5	6
English proficiency		
Excellent	19	23
Good	39	46
Average	23	27
Poor	3	4
Work type		
Caregivers	41	49
Housecleaners	36	43
Childcare providers	7	8

Note. The median age of participants was 53 years old.



Credit: Mujeres Unidas y Activas

What Kinds of Hazards Do Domestic Workers Encounter in Private Homes?

We began by asking our respondents to share information about the kinds of hazards they typically encountered while working in private homes. We found some variation in common hazards by the type of domestic work typically performed (See Tables 2 and 3). Housecleaners, for example, most frequently cited repetitive motions (100%), exposure to dust or fumes (97%), and exposure to strong household chemicals (92%). Caregivers most frequently cited patient lifting (95%), exposure to biological hazards (e.g., to blood, vomit, or human waste; 93%), and lifting of heavy objects (76%).

Table 2

Hazards Encountered in Private Homes by Housecleaners (n=36)

Hazard	n	%
Repetitive motions	36	100
Dust or fumes	35	97
Chemical exposure	33	92
Working from heights	30	83
Lifting heavy objects	30	83

Note. Respondents chose all that applied.

Hazards for childcare providers were not analyzed as their sample size was too small (n=7).

Table 3

Hazards Encountered in Private Homes by Caregivers (n=41)

Hazard	n	%
Lifting patients	39	95
Biological hazards	38	93
Lifting heavy objects	31	76
Repetitive motions	25	61
Syringe needles	19	46

Note. Respondents chose all that applied.

In addition, 51% of all respondents said they had been pressured by an employer to work in dangerous conditions, and 23% reported experiencing some type of sexual harassment or sexual assault at their worksites.



Credit: Mujeres Unidas y Activas

Respondents described the tasks they were asked to perform associated with these hazards:

"I had to clean the outside of the second-floor windows using a ladder." (Housecleaner)

"My employer demanded that I clean up used condoms." (Housecleaner)

"I used toxic products like Fabuloso and bleach to clean, and it made my head and eyes hurt. My eyes were red all the time when I was cleaning, and I'd get really bad headaches. I also got fevers, and my throat felt like I swallowed dry chili peppers. I felt like this while cleaning bathrooms because they had poor ventilation." (Housecleaner)

"I changed the patient's diaper and cleaned them without [being provided] gloves." (Caregiver)

"I stayed at the patient's house for three days for 24 hours each day and was not allowed to sleep." (Caregiver)

"I had to lift clients without any help." (Caregiver)

"I had to go up on a ladder to sew the curtains, and I almost fell." (Childcare provider)

Lupe's Story

Lupe has been working as a caregiver through an employment agency for over five years. One day in 2014, Lupe experienced intense pain in her lower back when she lifted her client's upper body. After the incident, Lupe had difficulty sitting down or standing for long periods of time. A year later, she had a similar case of acute back pain when she was kneeling to put socks on a patient. Since these incidents, she has continued to suffer from chronic pain. At one point, the pain was so bad that she had to take two weeks off work. This break affected her financially since she was not paid for her time off. Lupe is sure that her pain is caused by her work since the lower back pain noticeably diminishes when she is not working and increases when she is. Lupe has spent around \$300 on her medical bills and has been using county health programs to seek medical care. Her pain interferes with day-to-day activities such as putting on her own clothes, sitting down, and lying down to sleep. Lupe believes that having proper equipment, such as a full-body or stand-assist patient lift, would prevent this type of injury and allow her to heal. She also believes that her employment agency should provide free ergonomics trainings.

What Kinds of Injuries Did the Domestic Workers in Our Study Experience?

When asked about the kinds of injuries or illnesses they had experienced while working in private homes over the previous five years, respondents reported a wide variety of infirmities ranging from acute traumatic injuries (e.g., broken bones, eye injuries, electrical shock) to conditions that developed gradually and persisted over time.

By far the most common type of injury for all three categories of domestic workers was musculoskeletal—injuries resulting in pain in the back, neck, shoulders, and other areas. Of all respondents, 85% reported musculoskeletal injuries caused by their work, including 91% of housecleaners and 78% of caregivers. Common causes of such injuries included heavy lifting of patients, children, or objects; stretching and reaching; and various repetitive motions.

In some cases, these injuries could be traced to a single discrete event. A caregiver recounted a situation that resulted in chronic back pain: *“I was moving and lifting half of the patient's body to feed them and give them medication. I pulled the patient's underpad and heard a crack around my shoulder area. I now experience chronic pain in my back and shoulder.”* But more commonly, respondents described musculoskeletal injuries resulting from chronic physical exposures. For example, a caregiver described daily lifting tasks that she believes caused her to develop chronic lower back pain: *“I carried the patient in order to bathe her and change her diaper—she weighed 200 pounds... I also had to help the patient out of her wheelchair four times per day.”* Often these chronic exposures could not be traced to a single worksite, since workers engaged in similar tasks for multiple families and households.

Beyond musculoskeletal injuries, 25% experienced slips and falls.

“I was standing on a chair cleaning, the chair slid on the wet floor, and I fell backwards onto the floor.” (Housecleaner)

“I was out on a walk with the house dog, and he started running when he saw another dog. In an effort to protect the owner of the other dog, I held onto the leash and was dragged by the house dog onto the street. I suffered from a dislocated sternum, four hernias in the lumbar region, and a broken mandible.” (Housecleaner)

“I saw my patient trip as she was getting out of the car. I reached out to try to break her fall. I landed awkwardly on the ground and suffered a slipped disc. The doctor said that it moved 3 millimeters. I was in excruciating pain.” (Caregiver)

“I was bathing the boy, and he sprayed water outside of the tub, and so I slipped when I wanted to stand up to lift the boy out of the tub. I felt as if I had broken my right heel.” (Childcare provider)

Housecleaners in our survey also reported skin and respiratory problems related to frequent use of household chemicals. Caregivers recounted illnesses contracted from sick patients and instances of being attacked by clients with symptoms of cognitive decline (e.g., dementia). And many respondents shared stories of how their work resulted in long periods of stress, anxiety, and depression.

Antonia's Story

Antonia was hired by a family to take care of two children, clean their house, and run all of the family's errands. She worked from Monday to Friday as a live-in nanny from 6:45 a.m.–7:00 p.m. and was paid \$850 per week. She worked for the family for over four years before she started feeling pain throughout her body. She waited for two months before she told her employer about her pain since the children were on summer vacation and she did not want her employer to be burdened with having to find another childcare provider. Antonia told her employer about her pain and asked if she could go to the chiropractor. Her employer agreed and paid for three chiropractor visits. After these visits, Antonia's pain did not subside, so she asked her employer to reduce her hours to 8 hours per day. Her employer said that she needed someone for longer hours and fired Antonia. Eventually Antonia sought medical attention and was diagnosed with a dislocated pelvis, an injury to her sciatic nerve, and a lower-waist injury due to repetitive work.

Antonia says that although the physical pain was and still is horrible, she suffered more from the emotional pain of the situation. She was very disappointed when her employer fired her rather than helping her in her time of need. Antonia had developed a close bond to the children and the family in general, which made filing a claim emotionally draining. In her 40s, she now has to look for different employment that is not as physically demanding. In addition, she used to be a very active person, but now she is always in pain and unable to pursue her previous activities.

How Do Domestic Workers' Hazards/Injuries Compare With Those of Other Workers?

Perhaps one of the most striking findings from our research was the parallel between the hazards faced by domestic workers in private homes and those found among workers performing similar tasks in more conventional settings.

Residential housecleaners, for example, perform many of the same tasks as hotel housekeepers and commercial janitors—dusting and vacuuming; scrubbing surfaces, floors, and windows; moving heavy furniture, and organizing storage spaces (Buchanan et al., 2010; Waheed et al., 2016). Consequently, the hazard and injury profiles of these workforces are similar. Studies of hotel housekeepers find high rates of musculoskeletal injuries resulting from repetitive motions, heavy lifting of furniture, reaching and twisting (Bell & Steele, 2012; Buchanan et al., 2010); other studies mention injuries resulting from trips and falls (Buchanan et al., 2010). Studies on the occupational hazards of janitors cite skin and respiratory problems resulting from exposure to cleaning chemicals (e.g., bleaching agents, disinfectants; Charles et al., 2009).

In-home caregivers face many of the same hazards as nurses and other providers in long-term care facilities: exposure to blood and body fluids, frequent moving and lifting of patients, repetitive motions, and physical assault and other forms of violence from patients and family members (Dressner & Kissinger, 2018). In-home childcare providers share similar tasks and the resulting hazards with daycare center staff: ergonomic issues associated with lifting, bending, and squatting; exposure to sick children; biting; and stress (Bright & Calabro, 1999).

However, in-home domestic workers often lack the legal protections from hazards that are afforded their counterparts in conventional nonresidential work settings. State and federal OSHA regulations establish the right to workplaces free from recognized hazards and define employer obligations to prevent worker exposure to a wide range of potential harms. However, this regulatory paradigm does not extend to workers and employers in private homes. The matter is further complicated by employment relations in this sector. Informal work agreements between individual workers and homeowners or family members along with situations in which workers are paid as independent contractors undermine the rights of workers and obligations of employers when it comes to occupational safety and health protections.

This disparity has become even more pronounced in California in recent years, where Cal/OSHA has adopted several important new standards to address some of the most common hazards in sectors similar to domestic work. In the past decade, healthcare worker advocates have successfully lobbied Cal/OSHA for measures to protect workers in hospitals, long-term care facilities, and other healthcare settings from exposures to airborne infectious diseases (8 CCR §5199), injuries resulting from patient lifting procedures (8 CCR §5120), and workplace violence (8 CCR §3342). In 2018, hotel housekeepers secured a new Cal/OSHA standard to prevent musculoskeletal injuries and to promote workplace ergonomics (8 CCR §3345). In 2019, workers and advocates successfully petitioned Cal/OSHA to enact a temporary emergency standard protecting workers from wildfire smoke (8 CCR §5141.1).

These standards have expanded the legal framework for protections for workers in these sectors and generated much-needed public recognition of occupational hazards that had previously been dismissed as simply “part of the job.” Despite their exposure to comparable hazards, domestic workers in private homes do not benefit from these measures.

How Do Work-Related Injuries Impact Domestic Workers and Their Families?

The absence of regulatory protections and the overall complexity of employment arrangements in the domestic sector result in workers and their families bearing a significant financial and emotional burden when occupational injuries occur.

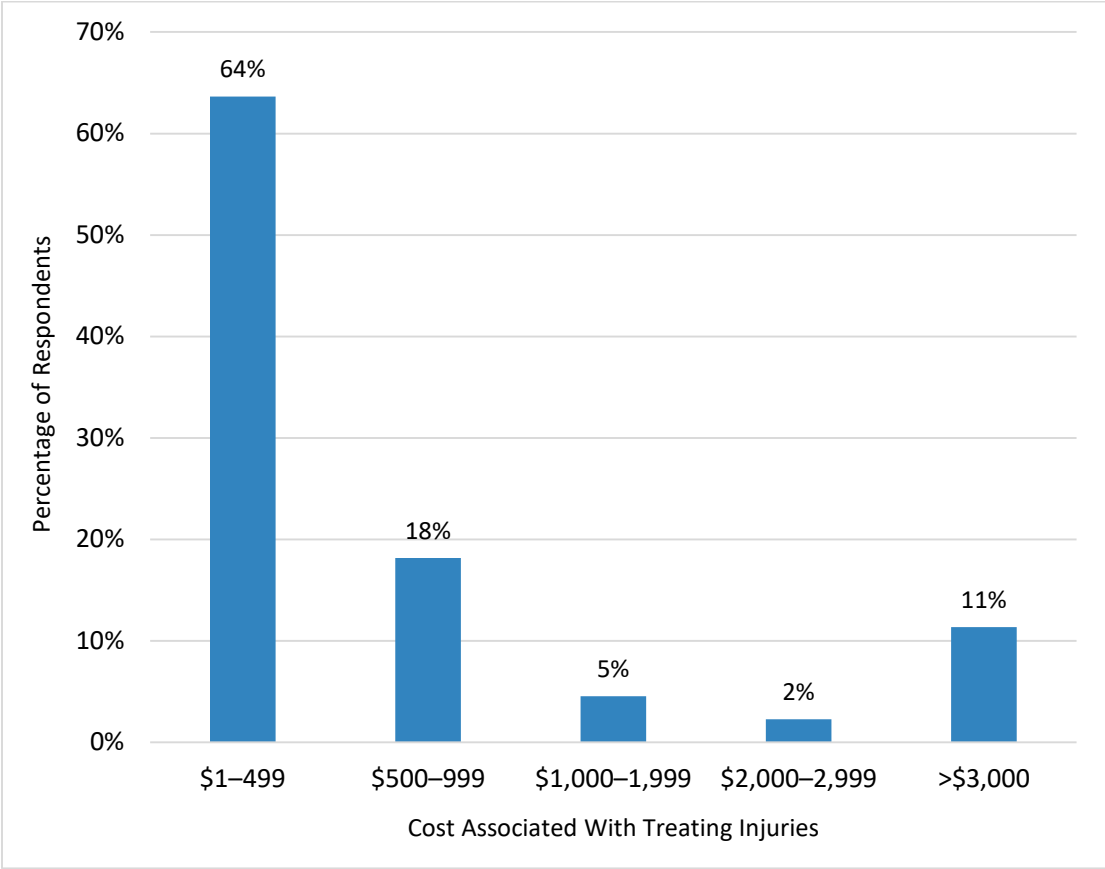
The majority (71%) of survey respondents sought some form of medical care as a result of injuries they sustained while working in private homes. Common settings for care included public clinics (58%) and pharmacies (50%) as well as massage therapists, or *sobadores* as they are known in Spanish, (33%), chiropractors (16%), emergency rooms (14%), and private clinics (12%). Fully two thirds (68%) of respondents who sought medical care indicated that they paid partly or entirely out of pocket. Half of

our respondents paid \$100 or more for their medical care—and in many cases, out-of-pocket expenses reached into the thousands. Only 9% reported that their employers helped cover these expenses.

Because chronic injuries are long-term conditions, workers frequently work through the pain as they cannot afford to take time off, and those who do are not usually paid for lost work time. Only 45% of respondents missed workdays because of their injuries or illnesses. Of those, 92% were not paid sick leave. In addition, 68% reported that they still suffer from the pain caused by their injuries or illnesses.

Many domestics workers are also not able to access worker’s compensation and other benefits to assist them in covering injury costs and lost income. Figure 1 captures the financial burden respondents reported as a result of work-related injuries. These costs represent expenses from medical bills that were not reimbursed to workers. Workers who did not report these expenses likely did not seek medical attention to treat their injury. Although most workers (64%) reported expenses of less than \$500, 36% incurred expenses of \$1,000 or more – and in one case, expenses reached as high as \$85,000. Many respondents shared stories of economic and social hardship resulting from their injuries:

Figure 1
Financial Cost Incurred From Occupational Injuries (n=44)



*"This injury impacted me greatly since before the incident, I was able to work and help pay for rent. It was really hard because without work, I had to rely on the food bank."
(Housecleaner)*

*"My finances were very much affected. I had to go back to my country to get medical care there since I did not have medical insurance in the U.S. I paid out of pocket for all of the costs for my medical treatment. My mental health was also compromised, since I became depressed when I was told that I would not be able to move my body the same way as before."
(Housecleaner)*

*"I couldn't work because I was in pain. I eventually had to give up our apartment because I couldn't afford it anymore. I lived at my sister's house, while my children lived at their friend's house or with fellow churchgoers."
(Caregiver)*

*"I feel depressed because I have to live with the pain. I go to sleep but wake up from the pain. I cannot carry anything heavy now. I have to put cleaning products in small containers so I can take them to work. When I am done working, I am extremely tired. I want to find a job that is not so physically demanding, but I do not feel prepared to do so."
(Caregiver)*



Credit: La Colectiva de San Francisco

Irma's Story

A homeowner hired Irma to clean house. When she first started, the employer was very nice to her. But when the employer had to let the dog walker go, Irma was told that she would have to walk the employer's dogs twice a day. One of the dogs was very aggressive, so Irma was hesitant but knew that she could not object without jeopardizing her job. One day during their walk, the dog tried to attack a woman. Irma tried to pull the dog back, but he chased the woman and dragged Irma by the leash for several yards. The neighbors called 911 when they saw that Irma was injured. She suffered a dislocated sternum, four hernias in the lumbar region, and a broken mandible. Soon after, the employer fired her and moved away. Because Irma did not have medical insurance, she went back to El Salvador to have surgery and recover from her injuries. It took her nine months to recover, and she spent approximately \$85,000 on medical bills. She has permanent pain due to this incident. She did not file for workers' compensation because she felt that the process was too complicated and lengthy.

Recommendations

The data collected through this project provide valuable insights into the working conditions and injury experiences of a workforce that is often hidden and unrecognized. Though the occupational hazards that domestic workers reported in this survey are strikingly similar to those found in other settings where workers perform comparable tasks, many domestic workers are excluded from Cal/OSHA protections.

Community organizations, including the California Domestic Worker Coalition, the California Employment Lawyers Association, Equal Rights Advocates, and Worksafe, along with Senator María Elena Durazo (D-Los Angeles), are pushing to overturn these exclusions through the Health and Safety for All Workers Act, S.B. 1257 (See Appendix). This bill was born out of the need to protect domestic workers not only from the hazards they regularly face but also from unprecedented disasters that make their already precarious employment more perilous. For example, during recent Southern California wildfires, many housekeepers, who were not provided proper protective equipment, were expected to clean houses filled with smoke and covered with ash. Exposure to toxins from the smoke and damaged debris have caused many of these workers to develop chronic respiratory problems. Most recently, the COVID-19 pandemic has shed light on how indispensable these workers are. Caregivers, in particular, have been exposed to the virus as many must still care for the elderly, sick, and those with disabilities.

S.B. 1257 would bridge the gap, protecting domestic workers under the existing standards that apply to their tasks and responsibilities when performed in more conventional settings. As essential workers, domestic workers need the Safety for All Workers Act to protect their health and well-being. In addition, further research is needed on the injuries and hazards domestic workers face in order to shed light on this often invisible workforce.

Given the precarious nature of domestic work, exacerbated by irregular work hours, isolation, and discrimination, protecting the mental well-being of this workforce requires more attention and more resources. Though this study focused on documenting physical injuries and illnesses, 12% of participants also reported mental health conditions such as stress, anxiety, or depression. These findings align with previous research showing the prevalence of mental health disorders among informal domestic workers (Cochrane et al., 1997). Stressors are particularly prevalent among those tasked with caring for adults with cognitive impairments, who can pose a risk to themselves and their caretakers (Bertrand et al., 2006).

Finally, the issue of sexual harassment and sexual assault among domestic workers demands further investigation, as nearly a quarter of our respondents reported experiencing some type of sexual harassment or assault at their worksites. As alarming as this figure is, we believe it is likely an undercount, given the stigma associated with these issues and the likely reluctance of workers to discuss them. Vulnerable workers, especially immigrant women who earn a basic living through precarious work, are often targeted for assault and harassment (Yeung, 2018). This vulnerability is further exacerbated by immigration status, unstable economic standing, and lack of opportunity to seek legal redress (Campbell, 2018; Solow, 2017; Yeung, 2018). As most research on this issue is conducted in formal work settings, a greater focus on domestic work would reveal both the full extent of the problem and its impact on workers, informing future advocacy efforts.



The **UCLA Labor Occupational Safety and Health Program (UCLA LOSH)** is a nationally recognized university center providing research and education on worker health and safety issues. UCLA LOSH serves as a resource for underserved workers in Southern California, particularly immigrant and minority workers in low-wage jobs.



The **National Domestic Workers Alliance (NDWA)** is a national advocacy organization promoting the rights of domestic workers in the United States. Founded in 2007, it is made up of 60 subsidiary organizations around the country, along with thousands of individual members.



Founded in 2006, the **California Domestic Worker Coalition (CDWC)** is the state's leading voice for the more than 300,000 domestic workers in California. Led by domestic workers, the CDWC is a statewide alliance of community-based organizations, domestic employers, worker centers, students, and policy advocates who have come together to advance the rights and dignity of domestic workers and their communities across the state.

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Appendix: History of the Health and Safety for All Workers Act, S.B. 1257

In 1973, the California legislature passed the California Occupational Safety and Health Act to ensure safe working conditions for all residents. The Cal/OSHA agency was consequently created to enforce safety standards and regulations, hold employers accountable to those standards, and provide the necessary research, training, and education to update and maintain safety protocols. Despite the progressive nature of this legislation, workers providing household domestic services are excluded from the act's provisions, creating inconsistency in the rights and protections afforded to California's workforce.

Introduced on February 21, 2020, S.B. 1257, if enacted, would eliminate these exclusions by formally recognizing domestic household services as a form of employment. For residential workplaces, representatives from Cal/OSHA would be granted the authority to notify employers of allegations made regarding unsafe and unhealthy practices and investigate and document such allegations if an employer's response is deemed unsatisfactory. The bill would also create an advisory committee of domestic worker and employer representatives to evaluate the need for regulations and protections specific to domestic work. Passage of the bill would ensure more equal treatment for California's domestic workforce.