

Violence Against Women and the Social, Ethnic and Sexual Division of Labour: Continuity and Disparity Between Community Care Workers' Experiences

Lada, Emmanuelle; Doniol-Shaw, Ghislaine

Veröffentlichungsversion / Published Version

Sammelwerksbeitrag / collection article

Zur Verfügung gestellt in Kooperation mit / provided in cooperation with:

Verlag Barbara Budrich

Empfohlene Zitierung / Suggested Citation:

Lada, E., & Doniol-Shaw, G. (2011). Violence Against Women and the Social, Ethnic and Sexual Division of Labour: Continuity and Disparity Between Community Care Workers' Experiences. In R. K. Thiara, S. A. Condon, & M. Schröttle (Eds.), *Violence against Women and Ethnicity: Commonalities and Differences across Europe* (pp. 155-169). Opladen: Verlag Barbara Budrich. <https://nbn-resolving.org/urn:nbn:de:0168-ssoar-63389-4>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-SA Lizenz (Namensnennung-Weitergabe unter gleichen Bedingungen) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier: <https://creativecommons.org/licenses/by-sa/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-SA Licence (Attribution-ShareAlike). For more information see: <https://creativecommons.org/licenses/by-sa/4.0>

Violence Against Women and the Social, Ethnic and Sexual Division of Labour: Continuity and Disparity Between Community Care Workers' Experiences

Emmanuelle Lada and Ghislaine Doniol-Shaw

Introduction

Compared to the academia in Anglo-Saxon countries, the question of violence against women, including violence in the workplace, has long been a poor relation in feminist and gender research in France (Corrin 1997; Romito 1997). That should not be taken to mean that the issue has not been addressed. There have been feminist analyses of this context of violence since the late 1970s. Various publications reflect this, such as the first issue of *Questions Féministes* in 1977 with a translation of Jalna Hanmer's article 'Women, Violence and Social Control', and the journal published by the AVFT (*Association contre les Violences faites aux Femmes au Travail*) from 1985 to 1996 (Louis 2009), which focused more on workplace violence. The 1990s and early 2000s marked a turning point, with the issue in the limelight again as a research issue in women's studies and beyond, and also in public debate (Jaspard et al. 2003). In the current period 'gender violence in the workplace' has been viewed from a new angle. While sexual harassment and the effects of the sexual division of labour are still the aspects most commonly addressed (AVFT 1990; Rogerat 2001; Jaspard et al. 2003), special attention has been paid to the gendered organization of labour and working conditions, and here the concept of violence is understood in a broad sense. A book of papers by women researchers and women working in occupational medicine (Semat 2000), a ground-breaking piece of work in the French context, analysed the different forms taken by workplace violence against women, particularly according to age and seniority in the labour market (Doniol-Shaw, Renou-Parent and Machefer 2000). One strand of the ENVEFF survey, the first large-scale nationwide survey on violence against women (Jaspard et al., 2003), gave a quantitative overview of violence in the workplace while moral harassment from a gender perspective was analyzed (Rogerat 2001).

All these studies focused on women as such and added to knowledge of the forms and underpinnings of the sexual division of workplace violence.

But very few addressed the effects of the ethnic/racialized and social division of labour in the construction of workplace gender violence. However, research on migrant, exiled and/or racialized women, though not directly addressing the question of violence, has shown the extent to which these women are faced with violence connected with migrants' legal status, European countries' restrictive migration policies (Freedman and Valluy 2007; Falquet et al. 2010), racism in the workplace and racialized forms of violence (Crenshaw 1991; Sassen 2003), within and beyond the diversity of this group. Studies of this kind are absolutely essential for building up knowledge about workplace violence, but they leave aside another important question: focused solely on racialized women, and sometimes only one such group, they provide no basis for understanding the pattern of workplace violence in situations involving working-class women of different origin and status. That is the question this paper addresses.

One issue for feminist and gender research today is to continue building up knowledge and fully incorporating the experience of migrant and/or racialized women in our theoretical and empirical understanding of 'workplace gender violence'. This in particular means understanding the different forms it takes, depending on a person's position in the social and gender division of labour. In this paper, we address the workplace violence encountered in France by women wage earners in home care for the elderly and fragile. Home care is a field in which employment is insecure and the great majority of workers are women from working-class backgrounds, including some immigrants. As in other European and North American countries, it is a fast-growing sector. We take a broad definition of the notion of workplace violence (Jaspard et al. 2003) and argue for the need to link employment conditions with working conditions to analyse work situations (Lada 2005). Focusing on women wage-earners in the non-profit sector we consider the 'ordinary violence' (Sémat 2000) that is a daily occurrence in the working lives of these women at the bottom of the occupational ladder.

We will show how this violence is not only profoundly gendered (which means that we have to consider gender relations to describe it) but also how the perspective must be broadened to take into consideration ethnic, racial and class relations. The gendered organization of labour (Acker 1990) must be considered in its interactions with the social and ethnicized organization of labour. We were able to compare the position of women in a minority group (racialized women) with that of mainstream-group women in the same type of working situation. It became clear that the former suffer forms of workplace violence that the latter do not, or to which they are exposed in a different way. We posited that the risk of being faced with violence is greater for those who are placed in an inferior position by ethnic social relations.

However, some forms of violence are suffered by all these women alike. Constructed by the gendered organization of labour, this violence is a constant, an experience shared by all these women. These are the hypotheses we present here.

Context of the analysis

Home care for the elderly in the non-profit sector

We shall look at the form of home care most common in France, at least in the formal sector (Marquier 2010): home care for the elderly performed by women employed by non-profit bodies specialising in this field. The home care sector is typified by insecure employment where employees work in isolation from each other and working conditions and workers' rights are often below the legal minimum. Non-profit associations working in this sector are distinguished by their commitment to improving working conditions. It, therefore, seemed interesting to start from the progress made and report on its effects and weaknesses. This seemed to us especially useful because while it is an established fact that domiciliary care is structured by the social, gendered and ethnic division of labour, little was known about what became of immigrants and racialized women once they have escaped from the forms of violence and arbitrary treatment associated with illegal work and isolated working conditions.

The position of migrant and/or racialized women wage-earners in the division of jobs and modes of care provision within the home care sector

This approach requires some preliminaries. First, the idea that in France domiciliary care for the elderly and those in fragile health is a sector made up overwhelmingly of recent immigrants must be put aside. That belief seems to have become established after research into internationalization, the commodification of care and the increase in the proportion of women among immigrants. It has been refuted by various research results. A quantitative survey (Marquier 2010) shows that 97% of women working in formal sector domiciliary care for elderly dependants are French and were born in France. While nationality is not a sufficient criterion for analysing the dynamics of discrimination, the Marquier survey supports our thesis that 'global care

chain' theories cannot fully account for the overall organization of mixed care systems (Simonazzi 2008). This is especially true if we add in the ethnic and social division of labour as well as the gendered. In rural areas, moreover, where there has been little post-colonial immigration, women with no personal or family migration history still make up the great majority of home carers owing to the lack of other job prospects.

These findings do not invalidate the idea that this gendered and class-based occupational sector is also shaped by an ethnic division of labour. In this regard it seems to us that to account for the position of this social category of women in the social, economic and political organization of domiciliary care we must address two hypotheses. One is that migrant and/or racialized women are relegated to the margins of domiciliary care; the other is that women's working conditions vary according to their position in the social and ethnic division of labour. All these data suggest that we should employ the notion of supposed or imputed origin. It is in the light of this marker that the violence to which they are subjected should be understood. Skin colour is a factor for attributing origin, and those categorized as 'black', 'Arab', 'gypsy' etc. are subjected to racism and discrimination that engender workplace violence.

A survey among experienced employees

This paper is based on a qualitative survey conducted between 2006 and 2007 in six domiciliary care associations in both rural and urban areas (Doniol-Shaw, Lada and Dussuet 2007). Fifty-five recorded life course interviews (of about three hours each) were conducted with home carers of various ages having more than five years' cumulated experience as home carers (three years for those aged under 30). Twenty-two per cent of the interviewees had migrated to France as children or young adults from North Africa, Sub-Saharan Africa, southern Europe or Eastern Europe, or were children of migrants. The data gathering was completed with a systematic record of their weekly time schedule. It was in this context that reports of violence at work emerged. In addition, thirteen semi-structured interviews were conducted with care association managers and staff of institutions.

Institutional and organizational underpinnings of workplace violence encountered by all women

The violence suffered at work by these wage-earning home carers was not only the result of isolated individual behaviour in interpersonal relations (Dejours 2007). It was first of all the product of institutional and organizational dynamics that incorporate gender relations (Molinier 1999), interwoven with class and ethnic relations.

Gender as fertile ground for workplace violence

The purpose of domiciliary care is to enable people made fragile by age, illness or life events to live at home for as long as possible by providing help with day-to-day activities. Care of the caree's home, their living conditions and their body are all part of the home carer's work

Working in another person's home

One particular feature of home care is that the place of work is another person's home. This is an important factor because a person's home is outside the scope of the inspectorates responsible for working conditions and compliance with labour law. Although there are various levers for improving working conditions (booklets for new staff, a trade union agreement for home care which covers the French non-profit home care sector, a labour code applicable to all wage earners), it is hard to use these to put pressure on the caree owing to the legal status of an individual's home. The home is therefore particularly fertile ground for workplace violence, not only fostering such violence but also making it easy to keep it hidden and making it difficult to punish the perpetrator. This is worsened by the care associations' role in defining the tasks and the organization of the work. The *real* organization of the home carer's work takes shape at the junction between the association's instructions as employer, the nurses' instructions, the statutory bodies that pay all or part of the home care allowances, and the caree.

While an analysis of home carers' practices is needed to complete the picture, this configuration has an impact on the violence the home carers encounter, exacerbated by the fact that the workplace is a person's home. It blurs the real organization and conditions of the work and allows carees to assume special rights, especially higher-income carees, who may have to pay most of the cost of the service. The workplace violence reported was concentrated around housework issues. If the caree or their family consider the

carer's housework tasks to go beyond what is needed to preserve the caree's autonomy, the door is open for putting the carer in a position of servitude which in turn encourages violence.

Last time she wanted me to clean the cellar. I didn't want to. She said she was going to tell the association. I warned them about it. They said I shouldn't let myself be pushed around. But I'm stuck really. Threatening me like that. Afterwards, not so long ago, she had me clean the outside walls. She got angry. (...) Well I did it, because I didn't want a fuss. (aged 30, 10 years' experience)

The carers most often faced with these situations are those in the most vulnerable positions, either because they only recently joined the labour force, or due to their (actual or imputed) ethnic origin, or because they are replacing a colleague and cannot contest a task presented as being a usual part of the work. Also vulnerable are carers working for associations that have little concern for issues of work organization or which are in a difficult financial situation and therefore have to be more indulgent towards their carees' demands.

Isolated work situations

Home carers are also finding themselves increasingly isolated in their work. This is a result of the way work is organized by the associations but also a direct or indirect result of public actions, particularly the reorganization of public funding for home care (Doniol-Shaw and Lada, forthcoming publication). For example, formal group meetings where carers can share experiences or analyse their practice are being increasingly phased out. But when carers are subjected to violence in the homes where they work, such meetings enable them to discuss with their colleagues and supervisors, within working hours, to find ways to put an end to it. As the survey showed, this type of forum also allows carers to depersonalise the experience of violence. For example, it was through such exchanges that carers learned that in people with Alzheimer's disease, violence can be one of the symptoms and not the result of problems in the personal relationship; they were then able to act accordingly, particularly by asking for specific training.

Ordinary violence

The initiation ordeal

Almost all the carers interviewed had encountered violence at work from their first days in the job. They started work alone and as a rule with no par-

ticular information about their careers, any illnesses they might have, or the tasks to be performed. Starting the job in this way, they were faced with verbal violence and interactions that directly called into question their skills and knowledge.

This violence is compounded by the fact that newcomers to an association (whether or not they have experience as carers elsewhere) are confronted with 'extreme cases' well known to the supervisors. Analysis of the event histories showed that they often started out with careers for whom other staff were unprepared to work. Their first experiences were often of insanitary homes and violent, sometimes alcoholic, carees who refused to be washed or groomed. Later on, carers may find meaning in their work through such extreme situations because they can use their experience and knowledge to restore the person's dignity and independence (Doniol-Shaw 2009). But at the beginning they are merely an ordeal, painful to remember even years later. This observation led us to formulate the hypothesis that newcomers to the job are deliberately 'put to the test' by confronting them with extreme situations in the very first days. As part of a staff management approach, this would be a kind of training policy. Associations in difficult financial circumstances, working in a sector where staff turnover is high, might put newcomers to the test and only offer training to those who stay on after such confrontations. But it might be thought, on the contrary, that such practices are among the reasons for high staff turnover.

Q. Did you have an interview for the job?

No. (...) But the first job I was given was a difficult one. When I told her, she (the caree) said she was testing me. It was an old woman, I had to go to her place from Monday to Sunday, feed her (...) She wanted to test me by shouting orders at me, she was bad-tempered. I told her I was leaving. I'm like that. (...) She wanted me to clean her sculptures with a toothbrush, and the table legs. I did it once a week and said nothing. She was always after me. (...) I worked for that lady for three weeks; a three-week ordeal. (aged 38, 5 years in a retirement home, 6 years working for the association)

Sexual harassment and expectations of sexual availability

Doing menial work in a person's home is a situation where sexual harassment or sexual approaches are more invisible than in other places of work. While employers seem rarely to discuss this, it emerged spontaneously from a number of interviews. Such incidents were too often reported to be dismissed as anecdotal; they are characteristic of home care situations. Care workers told us how, when they worked for men living alone or able-bodied

husbands of disabled wives, these carers or clients expected their services to extend to making their bodies available.

When you go to handicapped men... If you're a woman, if you go to those gentlemen, they have sexual needs and sometimes they hang around the person who's been sent to help them.

Q. Has this happened to you?

Yes. It was a gentleman. He tried proposition me, he hung around me. I told the manager and said I didn't want to go there any more. And that they ought to talk to him about the proper distance to keep. But there was no need because he was waiting for a place in a convalescent home.

Q. And your colleagues, do you often talk to your colleagues?

Yes. Clients made declarations of love to them, said they were in love with them. After that it was difficult to reframe the situation.

I can wash their faces, yes, but not the shower, I wouldn't dare. Feet and hands: yes. But sure, if she wees, I wash her with a face-cloth; you can't leave people in that state. Mind you some old men are proper sadists. I knew one, he did it on purpose; I said I wasn't there to play with his thing and he stopped after that.

Interviews were also studded with accounts of the tactics adopted to keep their bodies from male eyes, with particular attention to dress. Bare arms, skirts and low necklines were avoided. Individual tactics like these, adopted without prompting by the employer, sometimes matched the employer's expectations. Some employers freely criticised care workers for their choice of clothing if they thought it was not sufficiently discreet.

Associations whose care workers had suffered sexual harassment rarely terminated their contract with the client or helped the worker report it to the police. They usually responded by sending a different care worker to that home, at the risk that they would be subjected to the same pressure and aggression.

Humiliation at work: the servant-employer relationship

While sexual violence came almost exclusively from men, the humiliations the care workers described having suffered in their subordinate position as home carers usually involved women. It was usually a woman who organized the housework, whether they were the caree (state of health permitting), the caree's spouse or both partners. It was when care workers were required to do housework despite their skills as carers that the work became humiliating. In such cases violence was inflicted by women who, on their own or as part

of a couple, tried to transform the caring relationship into one of employer and servant through repeated criticism and other humiliating remarks.

In this context, workplace violence is also constructed by the class relations between care worker and the caree. The following interview extract provides a telling example.

A lady, where I replaced a colleague: Very chic, ‘chignon’ and all. (...) She showed me what had to be done. It was hot, and I was thirsty. I asked if I couldn’t have a glass of water. I said, Excuse me but I won’t be able to carry on, I had nothing more to drink in my bag. And she said ‘Oh but I can’t give you anything to drink!’ I said why not, and she said ‘But in my fine crystal glasses!’ I swear it! I didn’t do anything, I didn’t say anything, I told her ‘Here’s your duster, I’m leaving. If we don’t have the same values I’m sorry, you’d better call the association to get someone else.’ I phoned the association myself first. (...) Now, I always have something to drink in my bag. That way if they don’t want to give me anything to drink I can drink even so. I took a resolution on it!

It is not possible to draw up a typology of ways to resist or confront workplace violence, singly or, more rarely, collectively. The forms it takes vary too widely, less according to the educational or social capital of the care worker as of their position in the association, their or their own family’s position in the local labour market and the supervisors’ or managers’ ability to address the issue. But for all these women we saw how such experiences shape their approach to other carees.

Gender violence in the light of the social and ethnic division of labour

All the care workers, whether racialized or not, suffered the forms of violence described so far. But racialized women also suffered racialized forms of violence constructed by and within the ethnic division of labour combined with the social and sexual division of labour, racism and discrimination. And as we have seen in the analysis of gender violence, reducing or ending such violence depends on the organization of the work, the practices of the legal employer and the sector as a whole, as well as the mobilization of the workers themselves.

Occupational and social downgrading plus a chaotic life course are fertile ground for ethnicization of gender violence and ethnicization as a form of violence

The most highly qualified racialized women faced with occupational downgrading

Although our sample was too small to allow generalization, research results crossed with other field data suggest some altogether serious avenues for understanding the ethnicization of gender violence and its underpinnings. It is important to note that taking work as a home carer, whether in the formal or informal sector, represents a decline in occupational and social status for the better qualified racialized women migrants. Unlike the other women, who were all from working class backgrounds, these women came from the dominant classes in their home countries. Joining the French labour market involved a drop in job status and a decline in their place in the social division of labour and in life. For these women, taking work in the formal or informal home care sectors was a further step in this objective downgrading, though it is important to note that joining the non-profit branch of the home care business represented an upturn in their careers.

Erasing of inter-generational differences as a sign of discrimination

This experience of social downgrading tends to continue once these women join an association's workforce. The dynamic of their career in home care is similar to that of their less skilled elders and of all racialized women. This suggests that, for racialized women, the difference between the forms in which the different generations join this sector have erased. By contrast, these differences seem to be increasing for non-racialized women, assuming that the policy of increasing skill levels in these jobs (by introducing diploma courses in the school system) will constitute a standardized entry route to home care for new, young entrants.

Thus while all the women in our sample were confronted with increasingly insecure employment, this was especially true of the racialized women. Their careers had been more fragmented and they had had greater difficulty in finding a stable place in the labour market (Chaib 2001) and gaining access to training. In this regard, unlike their colleagues they tended to acquire training through intermediaries in the labour market. This suggests that the agencies/associations they work for enable racialized women to bypass the effects of the discriminatory dynamics encountered in the labour market.

Jobs at the bottom of the heap and difficulty in acquiring qualifications

These women's confinement to the bottom of the skills ladder points the same way. Looking at their careers in the non-profit sector, the great majority of these women are at the bottom of the qualifications ladder. Most associations keep few data on their staff and such statistics as exist are difficult to compare. This prevents us from putting this observation into perspective with the socio-demographic characteristics of the A-grade women. However, this point deserves consideration as the finding matches analyses of the labour market position of migrant women and female descendents of migrants.

These observations support the hypothesis that this situation is a product and expression of the discrimination encountered by these women throughout their careers because of their origin and gender. In other words, what we see in practice and over the long term is the combined effects of gender and ethnic discrimination and the vulnerable position of working class women in the labour market (Lada, forthcoming publication).

How the question of origin arises and how racism is expressed in home care

Analysis of the interviews raises the question of racism in the hiring process and on the job. This is not always experienced as such by those who are subjected to it, and it is not always put into words (Poli 2004), especially as denial and silence on the subject are defensive strategies that enable people to 'bear up' (Gaignard 2006). Our respondents' words can be understood in this light. For example: Ms N. (age 25, A-grade, 5 years' seniority), born in Sub-Saharan Africa. When she was looking for work in the home care sector, employers she telephoned would call her in for an interview once she had outlined her career path and told them her age. But when she met the employer, despite the promising telephone discussion, she received a negative response even before the interview began and before she even had time to describe her career path again.

The recurrent accounts of such situations matched the talks we had with association managers, who explained how often (depending on place and branch of work) they met with explicitly discriminatory requests from client families, to which they had to respond, always finding an ad-hoc solution for the case in hand. They might be asked quite explicitly not to send a 'black woman', 'an Arab' or 'any gypsies': *'Someone phoned today, a first contact. (...) She didn't want a black care worker. (...) People say it straight out. They make no bones about it. The last time it was someone who didn't want a*

gypsy' (Supervisor). While the managers we met all said they gave no credit to such requests, it may be supposed that like other employers and employment agencies (Damant et al. 2003), some associations complied with such demands, less by conviction than for fear of losing a customer.

Ordinary workplace racism is, if not frequent, at least sufficiently common to amount to another form of violence at work. Sometimes women keep this experience to themselves, sometimes the women discuss it. They meet 'ordinary racism' from the first time they visit a caree. The welcome they receive from the carees hints at their employing association's policy on this issue.

I arrived, I said hello, I introduced myself, just as my friend had explained to me. She said 'Yes, they told me it would be a coloured person'. Because there are people who won't accept that, you see. They always tell the person in advance. Anyway now she knew I was coloured. (aged 54, 6 years' seniority)

Q: You mentioned colour in your interview. It's a recurring theme. Is that because of your experience?

There. Let's talk about it. We're the ones who get the jobs where you have to walk for two, three hours and go up and down stairs. But if it's a normal job ... (she shakes her head). But I say it. (...) because there are people in residential homes and they have carers too, you see? Why don't they give us jobs like that? (...) For us no, it's two hours here, an hour there. They send us here, then there. You see how that upsets my life: I can't look for another job or anything! (...) We talk about it together. The others don't get many hours either. We can see compared to the other women. (age 54, 6 years' seniority)

Some people don't mind Arabs. They're old people; they were used to it over there, in Algeria or wherever, having people work for them. Rod of iron, you know. They tell me they make them wash walls and floors. (Field notebook, home care worker)

It may also be supposed that the difficulties some women routinely encounter when replacing a colleague are also due to this mechanism. With time, mistrust often gives way to trust. That said ordinary racism does not completely disappear from the work relationship. Some contexts or social events are particularly likely to put the question of origins back on the agenda.

They ask me about my residency permit. They pass remarks, they say: you're one of those foreigners that come and take our money. Then I say, No, I work. Old people have their ways of thinking. Otherwise, all in all, it goes smoothly. I don't take everything to heart or I'd already have left. They say, You know, blacks like you, they do this, they do that. I laugh and say I'm brown, not black. They ask me if this is my real hair because they think black people have frizzy hair. (aged 30, 4 years' seniority)

Mrs. X, she doesn't like foreigners. She always says to me 'But what have they all come here for? They should go back home, there's nothing but blacks and Arabs here. (...) I don't know if she forgets I'm Tunisian or if she does it on purpose.' (Ms L. age 54, A-grade, 18 years' seniority)

Only one woman made the link between origin and hours of work. The rest were silent on that point. Nor did they say anything about the toughness of the work. But what some of their colleagues had to say about the attitudes of some families was particularly striking. It shows how workplace racism can generate mental and physical suffering in addition to having to undergo the experience of violence at work (Lada 2009).

Conclusion

It is in situations of servitude that workplace violence is constructed and takes form. Though neither servitude nor violence is an everyday occurrence and not all service users are concerned, the organization of work and the place of work provide a space where they can arise. So much so that they seem to be constituent elements in the careers of *all* the home care workers interviewed and some had suffered the experience several times. Such experiences leave their mark and shape the care workers' behaviour and how they approach their careers, even several years later. The danger is always there, especially as they start a new job, based on testing the worker, which reactivates the possibility of abuse and puts workers in exploitative situations that are sometimes intolerable. The workers do not call this violence by that name. It arises through their day-to-day work and is smothered beneath an 'organizational' silence. It seems to us specific to home care in that the 'organizational' approach puts workers in positions of servitude and exploitation and makes that servitude an integral part of their daily situation at work. Sexual violence, essentially by men in the home setting, is part of this dynamic. Racialized workers are especially subject to such violence because they are more often forced into a position of servitude owing to stereotypes that render gendered, ethnicized and class-ridden forms of unpleasantness at work invisible.

This empirical conclusion also calls for some theorization. One issue for feminist and gender studies thinking and intersectionality approaches is to take into account power relations between women as well as between the sexes in analysing the oppression of women. This perspective, taking into consideration the divisions among women as much as the antagonistic relations between men and women is not in itself a subject of debate. What is

still under debate seems to us (in agreement with Galerand 2007) to relate more to the best way to incorporate all these realities into an analysis. To contribute in a very practical way to the discussion, we have attempted here to show how the fact of occupying different positions in the gendered division of labour, particularly owing to social/racial relations, does not dilute the effects this gendered division of labour and therefore the effects of gender relations.

The gendered division of labour and its consequences by no means disappear beneath the ethnic division of labour, as we have attempted to show in our earlier studies. More precisely, the construction of a survey that allowed us to make comparisons between women shows how the different divisions of labour mutually construct each other and together construct workplace violence. In that regard, the decision not to posit a hierarchy of social relations as reference frame at the outset seems to provide a heuristic way of understanding the social world in general and the problem of workplace violence in particular. It gave us the means to consider how, in practice and over time, social relations interconnect and fabricate different positions in the sexual division of labour. This position does not mean altogether abandoning a theoretical framework in face of the complexity of the real world. On the contrary, it means taking very seriously the co-construction of social relations, as does Danièle Kergoat (Kergoat 2005). This leads us to identify not only the contradictions and the things that divide women, but also the strong lines of continuity between women.

References

- Acker, J. (1990): Hierarchies, Jobs, Bodies: A Theory of Gendered Organization. In: *Gender and Society*, vol. 4, n°2, Juin, pp.139–158.
- Association européenne contre les violences faites aux femmes au travail (AVTF) (1990): *De l'abus de pouvoir sexuel. Le harcèlement sexuel au travail*. Paris, Montréal, La Découverte/Boréal.
- Chaib, S. (2001): Facteurs d'insertion et d'exclusion des femmes immigrantes dans le marché du travail en France: quel état des connaissances? Rapport à la CFDT.
- Corrin, C. (1997): La violence masculine contre les femmes: résistantes et recherches féministes. In: *Nouvelles Questions Féministes*, vol.18, n° 3–4.
- Crenshaw, K. (1991): Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. In: *Stanford Law Review*, 43, pp. 12–41.
- Dejours, C. (2007): *Conjurer la violence – Travail, violence et santé*. Payot.
- Doniol-Shaw, G. (2009): *L'engagement paradoxal des aides à domicile dans les situations repoussantes*. In: *Travailler*, 22, pp. 27–42.
- Doniol-Shaw, G./Lada, E./Dussuet, A. (2007): *Les parcours professionnels des femmes dans les métiers de l'aide à la personne. Leviers et freins à la qualification et à la promotion, Rapport de recherche*. http://www.35h.travail.gouv.fr/IMG/pdf/Latts_rapport_definitif_21_mars_2008-2.pdf

- Doniol-Shaw, D./Lada, E.: 'Work schedules of home care workers for the elderly in France: fragmented work, deteriorating quality of care, detrimental health impact', *Work*, (forthcoming publication)
- Doniol-Shaw, G./Renou-Parent, D./Machefer, J. (2000): Analyser la violence et les formes de résistance. In: Semat, E.: Femmes au travail, violences vécues. Paris, La Découverte, Syros, pp. 164–182.
- Hanmer, J. (1977): Violence et contrôle social des femmes. In: Questions féministes, n° 1.
- Jaspard, M./Brown, E./Condon, S./Firdion, J-M./Fougeyrollas-Schwebel, D./Houel, A./Schiltz, M-A. (2003): Les violences envers les femmes en France. Une enquête nationale. Paris, la documentation française.
- Falquet, J./Hirata, H./Kergoat, D./Labari, B./Le Feuvre, N./Sow, F. (2010): Le sexe de la mondialisation. Genre, classe, race et nouvelle division du travail. Paris: Presses de Sciences Po.
- Freedman J./Valluy J. (dir) (2007): Persécutions des femmes: savoirs mobilisations et protections. Paris: Editions du Croquant.
- Galerand, E. (2007): Les rapports sociaux de sexe et leur (dé)matérialisation. Retour sur le corpus revendicatif de la Marche mondiale des femmes de 2000, Thèse de doctorat, UQAM/Versailles Saint-Quentin.
- Kergoat, D.: Rapports sociaux et division du travail entre les sexes. In: Maruani, M.: Femmes, genre et sociétés. L'état des savoirs, pp. 94–101.
- Lada, E. (2009): Division du travail et précarisation de la santé dans le secteur hôtelier en France: de l'action des rapports sociaux de sexe et autres rapports de pouvoir. In: Travailler, n° 22.
- Lada, E. (2005): Quand les marges deviennent centre. Mise au travail, jeunesses populaires et rapports sociaux (de sexe) dans le secteur public et associatif. Thèse de sociologie, Université Versailles Saint Quentin en Yvelines.
- Louis, M-V.: À propos des publications de l'AVFT. 1985–1996. <http://www.marievictoirelouis.net/document.php?id=967&themeid=352>
- Marquier, R. (2010): Les intervenantes au domicile des personnes fragilisées en 2008. In: Etudes et Résultats, n° 728.
- Molinier, P. (1999): Prévenir la violence: l'invisibilité du travail des femmes. In: Travailler, 3, pp. 73–86.
- Poli, A. (2004): Le renouvellement de l'action publique contre le racisme en France. Le dispositif 114/CODAC. In: Cossée, C./Lada, E./Rigoni, E. (dir.): Faire figure d'étranger. Regards croisés sur la production de l'altérité. Paris, A. Colin, pp. 211–225.
- Rogerat, C. (2001): Harcèlement et violence: les maux du travail. In: Travail, Genre et Sociétés, n° 5.
- Romito, P. (1997): Epistémologie, méthodologie et évolution sociale des études sur la santé des femmes. In: Nouvelles Questions Féministes, vol.18, n° 2.
- Sassen, Saskia (2003): Global cities and survival circuits. In: Ehrenreich, B./Russel, A. (eds): Global Woman. Nannies, Maids and Sex Workers in the New Economy. London: Granta Books, pp. 254–274.
- Semat, E. (2000): Femmes au travail, violences vécues. Paris, La Découverte, Syros.
- Simonazzi, A-M. (2008): Care regimes and national employment models. In: Cambridge journal of economics,(10), pp. 1–22.