

# SHATTERED DREAMS, HIDDEN TRAUMA



*The Systemic Abuse of East African  
Care Workers in the Gulf*

A Briefing Paper



## Content Warning

This briefing paper contains first-hand accounts of sexual harassment and sexual assault experienced by East African migrant care workers. Reader discretion is advised, and survivors may wish to prepare themselves emotionally before proceeding or have support available when engaging with this material.

### Recommended Citation:

Equidem. (2025, March). Shattered Dreams, Hidden Trauma: The Systemic Abuse of East African Care Workers in the Gulf.

# INTRODUCTION

This briefing paper documents first-hand accounts of East African care workers in Saudi Arabia and the United Arab Emirates (UAE,) exposing the systemic cycles of abuse they endure. It also sets out clear recommendations for governments, businesses, and investors to ensure these essential workers receive the dignity, rights, and protections they deserve.

The demand for migrant care workers is rising as Saudi Arabia and the UAE—two of the largest economies in the Gulf region—continue to expand and privatise their healthcare sectors. This growth has been fuelled by [foreign direct investment \(FDI\)](#) in healthcare, responding to the region's ageing population, a push to strengthen medical tourism, and mandatory health insurance policies. These factors are also driving a greater reliance on migrant care workers, particularly domestic work-

ers and nurses from Ethiopia, Kenya, and Uganda. The healthcare sector in these countries is already heavily dependent on migrant labour. Foreign workers make up [96% of healthcare staff in Abu Dhabi](#) and 90% in Dubai, while in Saudi Arabia, migrants account for [57% of nurses and 60% of doctors](#).

While this expansion presents employment opportunities, it also exposes migrant workers to severe risks. Many nurses face racial discrimination, contract deception, and illegal task assignments, while domestic workers endure extreme physical abuse, excessive working hours, and near-total employer control. Recruitment remains largely unregulated, leaving many workers vulnerable to exploitative conditions orchestrated by deceptive agents and informal intermediaries.

*“They provide food, but I am only allowed to eat their leftovers. There have been days when I did not get any food. I am not allowed to cook food for myself.”*

—Ndanu, a Kenyan domestic worker in Saudi Arabia

# A. METHODOLOGY AND STAKEHOLDER ENGAGEMENT

This briefing is based on research and collaboration led by Equidem team members with lived experience of migration for employment from Kenya to the Gulf region, including in domestic work. Our data collection, followed by stakeholder engagement meetings to analyze emerging trends and findings, took place between January and May 2024 across Ethiopia, Kenya, Uganda, Saudi Arabia, and the UAE. The study incorporates the perspectives of 40 migrant domestic workers and 27 migrant nurses, 79% of whom are women. The names of all the workers have been changed in the briefing paper for their security.

In addition, Equidem conducted interviews with 30 key stakeholders including labour rights experts, trade union representatives, government administrative of-

ficials, registered recruitment intermediaries and their associations. Representatives from the International Labour Organization (ILO) and the International Organization for Migration (IOM) also participated in these discussions.

While interviews with nurses were conducted solely in the UAE, the structural similarities in labour policies and recruitment practices in Saudi Arabia and the UAE suggest that nurses in Saudi Arabia face comparable risks and challenges. Accordingly, the recommendations in this brief are designed to address the risks and abuses faced by migrant nurses and domestic workers across both countries. They are also applicable to the wider Gulf region.



## UAE

# 27

*Nurses*

# 19

*Domestic workers*

## SAUDI

# 21

*Domestic workers*

Number Of Domestic Workers  
And Nurses Interviewed

## B. SYSTEMIC ABUSE OF EAST AFRICAN WORKERS IN SAUDI ARABIA & THE UAE

---

Globally, domestic workers are among the most vulnerable groups of workers, frequently employed in the homes of their employers—hidden from public view and often without clear terms of employment. They face low wages, excessively long working hours, no guaranteed weekly rest, and restrictions on their freedom of movement. They are also particularly vulnerable to physical, mental, and sexual abuse and harassment. These patterns of exploitation are rooted in gaps in legal protections for domestic workers and discrimination based on gender, race, caste, and national origin.

Migrant nurses are similarly at high risk of violence and abuse due to precarious employment conditions, isolated work assignments, and the pressures

of working in new and unfamiliar environments, all of which can exacerbate their vulnerability to exploitation and harm. Additionally, language barriers, cultural differences, and lack of familiarity with local laws and regulations further increases their exposure to workplace mistreatment. Nurses in temporary or contract-based employment face even greater challenges in reporting abuse or seeking support due to fear of retaliation or termination. Consistent with these degrading and unjust global trends, Kenyan, Ethiopian, and Ugandan women—who are at the base of the socioeconomic pyramid in the Gulf region—provide essential care to others while their own rights to decent work, healthcare, and social protection are systematically violated.

### ***B.1 Forced Labour***

---

*“I’m not allowed to go outside at night and have a midnight curfew whenever I am not working.”*

—Amari, a Ugandan nurse employed in the UAE

Forced labour remains deeply entrenched in care work across the UAE and Saudi Arabia, with workers facing severe restrictions on movement, excessively long working hours, and deprivation of basic needs.

**Equidem’s interviews with domestic workers in Saudi Arabia and the UAE, as well as nurses in the UAE, documented 10 out of 11 forced labour indicators across these sectors and countries.**

The only missing indicator across all sectors was debt bondage—where workers are financially bound to their employers. However, six out of 40 domestic workers (15%) and eight out of 27 nurses (29%) reported being forced to pay illegal recruitment fees, trapping them in exploitative working conditions. When considering recruitment-related debt as a form of debt bondage, all 11 indicators of forced labour were present in domestic work in Saudi Arabia and both domestic work and nursing in the UAE.

Table 1: Forced labour indicators in domestic work and nursing in Saudi Arabia and the UAE

	SAUDI ARABIA	UAE	
	Domestic Work	Domestic Work	Nursing
Abuse of vulnerability	X	X	X
Deception	X	X	X
Restriction of movement	X	X	X
Isolation	X	X	X
Physical and sexual violence	X	X	X
Intimidation and threats	X	X	X
Retention of identity documents	X	X	X
Withholding of wages	X	X	X
Debt bondage			
Abusive working and living conditions	X	X	X
Excessive overtime	X	X	X

## B.2 Gender-Based Violence and Harassment (GBVH)

*“I was very mad, so I insisted for my salary. His brother came and slapped me. I fell because I was weak, he tore my clothes, lied me on the floor and my employer sodomised me while his brother pinned me down. After my employer was done, his brother continued. It was very painful. The more I resisted, the more they were beating me so hard, so I had to give in and cooperate. They did not use any protection. I was so ashamed.”*

- A Kenyan domestic worker in Saudi Arabia

Equidem’s interviews with domestic workers in Saudi Arabia and the UAE, as well as nurses in the UAE, documented rampant gender-based violence and harassment (GBVH) in violation of the [ILO Violence and Harassment Convention, 2019 \(No. 190\)](#). ILO Convention 190 articulates the rights of all workers to be free from violence and harassment, including GBVH.

It is important to note that, while ILO Convention 190 has been ratified by 44 states, among the states covered in this report, only Uganda has ratified this important convention. Ethiopia, Kenya, Saudi Arabia, and the UAE have yet to ratify ILO Convention 190 and the accompanying Recommendation 206.



Table 2: GBVH reported in domestic work and nursing in Saudi Arabia and the UAE under ILO Violence and Harassment Convention, 2019 (No. 190)

	Saudi Arabia	UAE	
	Domestic Work	Domestic Work	Nursing
Physical harm	Physical abuse - slapping, beating, malicious exposure to bleach causing blistering, hit with physical objects  Body mining inadequate nutrition and extended working hours	Physical abuse - slapping, beating  Body mining - inadequate nutrition and extended working hours	Exposure to toxic chemicals
Psychological harm	Verbal Abuse Isolation - confiscation of phone Exposure to racism Threats of physical harm from employer Threats by Embassy to be sent back to employer who raped her Confinement to employer homes Constant surveillance with cameras	Verbal Abuse Isolation - confiscation of phone Racism by employers Confinement to employer homes Constant surveillance with cameras Confinement to employer accommodations	Racism by employers Forcing workers to perform tasks by threatening termination Confinement to employer accommodations
Sexual harm	Sexual Assault - Rape	Sexual Assault - Inappropriate touching	
Economic harm	Forcing workers to perform tasks by threatening salary reductions and termination	Forcing workers to perform tasks by threatening salary reductions and termination	Withheld wages and threats of termination

### **B.3 Racial Discrimination**

In Saudi Arabia and the UAE, societal discrimination against non-citizens extends across employment, education, housing, social interaction, and healthcare. Care workers from East Africa said they experience three primary forms of racial discrimination in the workplace: wage disparities, racial segregation at work, and exclusion from grievance mechanisms.

### *Wage Discrimination*

Workers from East Africa, including in the healthcare sector, reported earning less than colleagues of other nationalities despite having similar qualifications and performing the same duties.

***“I came to learn that my salary differs from my colleagues, especially those from Asia.”***

— Akinyi, a Kenyan nurse in the UAE

### *Racial Segregation*

In some workplaces, racial hierarchies not only impacted wages but also determined how workers were treated and whom they could interact with. In some hospitals in the UAE, East African nurses faced systemic segregation and were denied professional collaboration with white doctors and instead relegated to lower-status roles:

Beyond segregation, some nurses in the UAE also stated that they were singled out for degrading tasks that fell outside their job descriptions, rein-

forcing racial disparities within the workplace.

***“They don’t allow white doctors to interact with black nurses. They practice racism in the hospital.”***

— Tesfaye, an Ethiopian nurse in the UAE

***“Washing the toilets was not included in my job description, but I do that. I am not paid for it.”***

— Adiba, a Ugandan nurse in the UAE

### *Barriers to Reporting and Seeking Justice*

Workers also stated that in many cases, discrimination extended beyond wages and segregation—it also shut them out of grievance mechanisms. Workers feared that even if they reported abuse or unfair treatment, their complaints would be ignored or dismissed due to their race and nationality:

***“Even if I report, I am not sure if they would hear me out because I am a foreigner and racial discrimination is high.”***

— Babinye, a Ugandan house manager in the UAE

This widespread racial bias—combined with weak legal protections for migrant workers—also leaves East African domestic workers and nurses particularly vulnerable to forced labour and GBVH.

# C. RISK FACTORS FOR FORCED LABOUR AND GBVH

## *C.1 Climate, development, and conflict-related displacement*

Many migrant care workers leave their home countries due to extreme hardship, including conflict, environmental disasters, and economic insecurity. The East African region has experienced prolonged crises, leading to mass displacement and a shrinking pool of local employment opportunities. In 2023 alone, more than [11.7 million people](#) were displaced across East Africa and the Great Lakes region.

Equidem's research found that 57% of migrant care workers interviewed left climate change affected regions, where disruptions to agriculture, local economies, and infrastructure made it nearly impossible to sustain livelihoods. These economic and environmental pressures push workers into unsafe migration channels, increasing their risk of exploitation.

## *C.2 Restricted access to information*

Migrant care workers face restricted access to information in Ethiopia, Kenya, and Uganda; and in destination areas in Saudi Arabia, and the UAE. They do not, therefore, have the information they need to make informed decisions about safe migration.

### *Challenges in Home Countries*

- Limited access to information on safe migration, due to internet restrictions, low literacy levels, and inadequate pre-departure training, leaves migrant workers uninformed and vulnerable to predatory schemes.
- The heavy reliance on recruitment intermediaries as the primary source of information makes workers more susceptible to deception and exploitation.

### *Barriers in Saudi Arabia and the UAE:*

- Language barriers and movement restrictions prevent workers from seeking help, understanding legal protections, and navigating labour laws, leaving them isolated and disempowered.
- Limited support from embassies and lack of accessible legal aid force workers to endure exploitation in silence, as they fear retaliation or deportation for speaking out.
- Employer-controlled living environments create severe isolation, intensifying psychological distress and exacerbating the risk of forced labour and GBVH.

## *C.3 Unregulated recruitment, recruitment debt, and risks of forced labour*

Equidem's research found that 55% of migrant care workers relied on informal networks at some stage in their migration process. Those with lower education levels and less professional training were more likely to migrate through unregulated channels where illegal recruitment fees are common.

Among the 67 migrant domestic workers and nurses interviewed:

- 22 workers (33%) reported paying recruitment fees
- More than half borrowed money from family members, community lenders, or recruitment

- intermediaries
- Workers were forced to take salary advances from their employers, leading to dependency and debt bondage

Recruitment-related debt increases the likelihood of forced labour because workers feel trapped in exploitative conditions to repay their debts. Further, workers who migrate without registering with the state of origin are difficult if not impossible to trace in the cases where their families report that they cannot be contacted.

#### ***C.4 Restrictive labour policies and structural inequality***

Migrant domestic workers and nurses from Ethiopia, Kenya, and Uganda in Saudi Arabia and the UAE face systemic rights violations due to restrictive labour policies and structural inequalities.

##### ***The Kafala System and Barriers to Mobility***

The kafala (sponsorship) system ties migrant workers to their employer (kafeel), restricting their ability to change jobs, exit exploitative workplaces, or return home without employer consent.

Although some labour reforms have been introduced in both countries in recent years, they fail to cover domestic workers and do not fully dismantle employer dependency. In Saudi Arabia, for example, domestic workers are excluded from the [2021 labour reforms](#), which waived the

No Objection Certificate (NOC) requirement for job transfers.

Adiba, a Ugandan nurse in the UAE, described the impact of employer control over mobility:

*“They will make it difficult for me to leave the job. They will ban my visa and ask me to pay them for the visa. It would also be very difficult to leave as I am not directly hired by the employer. I am hired by the contractor.”*

##### ***Lack of Freedom of Association and Social Protections***

Migrant workers in Saudi Arabia and the UAE are effectively denied the right to organise, collectively bargain, or demand better working conditions, leaving them highly vulnerable to exploitation.

This systematic suppression of worker representation means migrant workers:

- Without independent mechanisms to negotiate wages or workplace protections
- Unable to take collective action against abuse, forced labour, or GBVH
- Lack access to professional legal support to file complaints
- Face significant barriers in challenging employer or government decisions

##### ***Exclusion from Citizenship***

Migrant workers are also deliberately excluded from pathways to citizenship, keeping them in a state of permanent legal precarity despite their essential role in the economy. This exclusion leaves them with:

- No political representation
- No formal support systems
- Limited access to social protections and legal rights

By blocking legal avenues for collective bargaining and denying long-term security, Saudi Arabia and the UAE create a system in which migrant workers are entirely dependent on their employers, reinforcing the conditions for forced labour, abuse, and exploitation.

## D. KEY RECOMMENDATIONS

---

To address the systemic abuses faced by East African migrant care workers in Saudi Arabia and the UAE, comprehensive and enforceable measures must be implemented by governments, businesses, and investors.

### *D.1 Recommendations to the governments of Ethiopia, Kenya, and Uganda*

#### **1. Regulate and Monitor Recruitment Agencies**

- Strengthen licensing, certification, and enforcement mechanisms for recruitment intermediaries, ensuring compliance with the [ILO Private Employment Agencies Convention, 1997 \(No. 181\)](#).
- Conduct regular audits and inspections of recruitment agencies to prevent deceptive practices, illegal fees, and contract fraud.
- Ensure accountability channels between workers, intermediaries, employers, and regulatory authorities, including mandatory periodic reporting, investigations into worker complaints, and sanctions against illegal recruiters.

#### **2. Ensure Transparent and Fair Bilateral Labour Migration Agreements (BLMAs)**

- Establish transparent, accountable, and enforceable bilateral agreements with Saudi Arabia and the UAE to protect migrant care workers.
- Introduce a regional minimum wage standard for domestic workers and nurses migrating from Ethiopia, Kenya, and Uganda to ensure fair remuneration.

#### **3. Improve Access to Information on Safe Migration**

- Lift restrictions on internet access and ensure that migrant workers can freely access verified information about recruitment, rights, and legal protections.
- Expand pre-departure training programmes, ensuring that workers fully understand contract terms, working conditions, grievance mechanisms, and support services.

#### **4. Ratify and Implement Key International Labour Standards**

- Ratify and implement ILO Convention No. 181 on private employment agencies and strengthen regulations to eliminate recruitment-related debt bondage and improve oversight of intermediaries.
- Enforce [ILO Convention No. 189 on Domestic Workers](#), ensuring that migrant care workers receive basic labour rights and protections.
- Align national laws with international standards, ensuring that legal protections cover both formal and informal care workers.

## *D.2 Recommendations to the governments of Saudi Arabia and the UAE*

### **1. Enforcing Migrant Workers' Right to Decent Work and Job Mobility**

- Ensure the strict enforcement of new labour reforms by preventing employers from imposing de facto kafala-like restrictions, such as passport confiscation, withholding exit permits, restricting job transfers, or using financial penalties and threats to trap workers in abusive employment.
- Extend these protections to domestic workers, ensuring that all care workers can change employers freely and without penalty.

### **2. Recognise Freedom of Association and Collective Bargaining for Migrant Workers**

- Legalise trade unions for migrant workers and ensure their right to form, join, and participate in independent unions.
- Recognise the right to collective bargaining for domestic workers and nurses, allowing them to negotiate wages and working conditions.

### **3. Strengthen Protections Against Forced Labour and GBVH**

- Implement ILO Convention No. 190 on Violence and Harassment, ensuring strict penalties for sexual harassment, physical abuse, and other workplace violence.
- Criminalise wage withholding, contract substitution, excessive working hours, and other forced labour indicators.
- Establish accessible, confidential, and well-publicised grievance mechanisms for reporting abuses without retaliation.

### **4. Ensure Equal Pay and Fair Wages**

- Introduce and enforce a non-discriminatory wage policy, ensuring that domestic workers and nurses receive equal pay regardless of nationality, race, or gender.
- Set a minimum wage standard for care workers, aligned with the cost of living in the Gulf region.

### **5. Expand Labour Inspections and Accountability**

- Conduct unannounced labour inspections in homes and hospitals where migrant care workers are employed.
- Strengthen legal penalties against employers and recruitment agencies found guilty of labour exploitation, violence, or trafficking.

### **6. Ensure Access to Justice and Legal Protections**

- Establish specialised legal aid services for migrant care workers, including free legal representation and multilingual complaint processes.

### **7. Improve Living Conditions and End Workplace Confinement**

- Mandate minimum housing standards for domestic workers, including private rooms, adequate food, and rest periods.
- Prohibit restrictions on workers' mobility, ensuring they have the right to leave employer-controlled housing and access public spaces freely.

### ***D.3 Recommendations to businesses and investors that are engaged in or seek to engage in the health sectors in Saudi Arabia and the UAE***

#### **1. Ensure Decent Work Standards for All Care Workers**

- Implement ILO-aligned decent work standards, ensuring fair wages, safe working conditions, and protection from forced labour.
- Conduct independent labour rights inspections to ensure compliance with ethical employment practices.

#### **2. Demand Transparent and Accountable Bilateral Labour Agreements**

- Advocate for transparent BLMAs that include enforceable protections for migrant domestic workers and nurses.
- Insist on minimum wage standards and non-discriminatory pay policies for care workers.

#### **3. Require the Recognition of Freedom of Association and Collective Bargaining**

- Make freedom of association and the right to collective bargaining a prerequisite for business engagement and investment in Saudi Arabia and the UAE.

#### **4. Promote Ethical Recruitment Practices**

- Ensure recruitment costs are fully covered by employers, eliminating illegal fees that lead to debt bondage and forced labour.
- Work only with licensed recruitment agencies that uphold international labour standards.

#### **5. Hold Employers Accountable for Workplace Rights Violations**

- Establish grievance mechanisms within workplaces, ensuring that workers can report abuse without fear of retaliation.
- Implement corporate due diligence policies to prevent labour exploitation in domestic and healthcare sectors.



## E. CONCLUSION

---

Ethiopian, Kenyan, and Ugandan migrant care workers in Saudi Arabia and the UAE remain overwhelmingly concentrated in domestic work, with a smaller yet growing presence in hospital-based nursing. The demand for domestic workers is expected to persist due to an ageing population's increasing care needs, while the rapid expansion and privatisation of the healthcare sector in both countries is set to drive further demand for migrant nurses.

At this critical turning point, governments, businesses, and investors must decide to either strengthen protections for migrant care workers or risk entrenching systematic violence, exploitation, and forced labour. Without decisive action, GBVH and labour abuses will escalate across the care sector, further deteriorating conditions for migrant women workers.

The need for urgent reform is well recognised. The ILO Future of Work Initiative, the United Nations Sustainable Development Goals (SDGs), and the UN High-Level Panel on Women's Economic Empowerment all acknowledge the growing global dependence on care work and the pressing need to eliminate systemic abuses in this sector. Without concrete national-level action, particularly in Saudi Arabia and the UAE, these global commitments will remain unfulfilled. The time to act is now.



equidem

---

✉ +44 (0) 203 154 3904  
☎ info@equidem.org

Kemp House  
160 City Road  
London EC1V 2NX  
United Kingdom

🐦 /equidemresearch

in @equidemresearch

[www.equidem.org](http://www.equidem.org)

(c) Equidem 2025