



CSE

aware

IMPROVING KNOWLEDGE AND
RESPONSES TO COMMERCIAL
SEXUAL EXPLOITATION

MOTHERHOOD

**EXPERIENCES OF WOMEN
SELLING OR EXCHANGING SEX
IN SCOTLAND**

SURVEY AND FOCUS GROUP FINDINGS

2024

ABOUT THIS REPORT

Women involved in selling or exchanging sex have frequently spoken about the links between being mothers and their involvement in the 'sex industry'. Yet, research and information is very limited, and in Scotland is mostly anecdotal.

To bridge this gap, CSE Aware decided to capture some of these experiences through engagement with both women involved in selling or exchanging sex and the staff supporting them. The goal was to gain a deeper understanding of women's experiences of motherhood here in Scotland and to see whether the emerging themes are similar to what has been reported in other countries.

This report presents the main themes that emerged from this engagement.

METHODOLOGY

We used two methods to collect information.

Focus group: in September 2023 we held a virtual focus group with four workers from non-specialist organisations, including violence against women (VAW), addiction services, children removed from care and homelessness.

Survey: in January 2024 we released two surveys - one for women and one for workers. The surveys included a combination of open-ended and multiple-choice questions and asked about women's journeys through motherhood and access to services.

RECRUITMENT AND LIMITATIONS

Participants for the surveys were recruited mainly through our contacts in specialist and non-specialist organisations located in Scotland and the UK. We also reached out to women with lived experience who have been in touch with our project and invited them to participate and share the survey with their own circles.

Because CSE Aware's main audience are services and support staff, one of our limitations was not having a presence in platforms used by women with lived experience. This limited the number of women who participated in our survey. Equally, the cases shared by support staff through the survey and focus group relate to women who are already connected to services and whose situation might be particularly vulnerable.

We are very grateful to the women and support workers who contributed to this research.

WOMEN'S EXPERIENCES

4

WOMEN
RESPONDED THE
SURVEY

ALL



have had children



were involved in selling
sex in the past

THEIR EXPERIENCES IN THE 'SEX INDUSTRY' INCLUDE

Escorting

Saunas

On-street

Unknown

LINKS BETWEEN MOTHERHOOD AND SELLING OR EXCHANGING SEX

3 out of 4 women said having children influenced them to start and stop selling or exchanging sex. One woman described being forced to sell sex by her pimp.

"i needed money as my exes stopped paying child maintenance. i started escorting. when my children were getting older, i wanted to stop and have another job i could be open about and not lie to my children."

"My eldest child's father was my pimp ... He was the catalyst for my involvement and had me back on street as soon as i was able after the birth."

PREGNANCY

Women's experiences ranged from stopping during pregnancy and having to return soon after to having to continue or being forced to sell sex whilst pregnant.

In all cases the presence of an abuser or absence of support from the other parent combined with the need of money influenced women's experiences around pregnancy and whether they continued to be involved or not.

"i stopped escorting when i found out i was pregnant and started again when my children were 6 months old and i stopped breastfeeding. i had to go back for money."

"I didn't get the help I thought I would get locally when I was pregnant so I had the opportunity to use it to make money myself."

"I was coerced to work during my pregnancy."

CHILDCARE

Women were very clear they maintained a balance between having children and selling sex by maintaining a careful separation between their involvement and their family life.

"My child comes first while I arrange selling sex around childcare."

"I had to work to make sure I was able to do my childcare and escorting - I only took clients when my children were at school."

However, one woman felt that having a balance was not possible.

"With the dangers involved I am not sure [women] ever really can."

Another woman highlighted the worries and fears that came with keeping that separation.

"I kept all that separate but I was so worried someone would find out ... I knew other girls in the sauna whose bairns were taken away when their drugs got too much and they couldn't cope any more. I didn't want that for me or my bairn. I was so careful."

ACCESSING MOTHERHOOD-RELATED SERVICES

Women described having a very limited interaction with motherhood-related services, including prenatal, antenatal, family planning and miscarriage support. They described a lack of supports that understood their experiences or could meet their needs, and also not being able to access services because of their involvement.

"At the time I was pregnant and subsequently a young mother there was nothing put there where I felt someone would understand."

"I used the health services with the kids but not other things you listed. I stopped escorting when I found out I was pregnant and started again when my children were 6 months old and I stopped breastfeeding. I had to go back for money."

"I never wanted to do it [sell sex] and I didn't want to keep doing it but there was nothing really to help me stop."

WORKER'S PERSPECTIVE

24

SUPPORT WORKERS RESPONDED THE SURVEY

4

WORKERS PARTICIPATED IN A FOCUS GROUP

MAIN SECTORS REPRESENTED:

Violence Against Women

Advice/ Support

Healthcare

BARRIERS TO BECOMING MOTHERS

Support staff shared examples of barriers women who sell or exchange sex face when considering having children or becoming pregnant.

Judged as “unfit mothers”: workers mentioned women can face judgement from services and labels such as being criminals or ‘high-risk’ and therefore unfit to protect or provide for a child. Workers said at times women will internalise these beliefs.

“In my experience women selling or exchanging sex would be considered as criminal, involved with criminal association and not protecting the “moral welfare” of their children by many agencies.” - VAWG worker

“A few women have expressed a belief that it's ‘inappropriate’ for them to want a child and assume that it's a wish unavailable to them.” - VAWG worker

Child safety and fear of social work involvement: services might question women’s ability to protect a child and consider social work involvement. Separately, women might also feel unable to provide a safe space for a child, especially if they are homeless or experiencing abuse and fear social work would take away any children they have just because of their involvement.

“In my experience women believe that if they are seen to be involved in prostitution their child will automatically be removed from them because of their involvement whether the child is at risk of harm or not.” - VAWG worker

Discouraged from becoming mothers: workers gave examples of women who use substances have been told to use contraceptives to avoid pregnancy. Some workers felt this was unfair while others considered this to be the best option to ensure any future children are not taken away. While the solution isn't straight-forward, this dilemma shows women at times are caught up between approaches.

"The women were discouraged from becoming mothers and led to believe they would be a danger to their children. They felt compelled to accept contraceptive devices that produced uncomfortable if not harmful side effects."

"Those with addictions will be advised to stabilise their health and wellbeing before embarking on conceiving. This may be perceived as a barrier but is in fact supporting a healthy journey to pregnancy to maximise the wellbeing of mother and baby."

Coercive control: workers said women might not be able to make decisions about how and when to have children when they are in a domestic abuse situation. They may also be trapped in selling sex with little or no control on when or if they have children.

CHALLENGES FACED ONCE WOMEN HAVE CHILDREN

After women involved in selling or exchanging sex have children, women continue to face challenges and below are some of the main ones identified by support workers.

Feeling surveilled as mothers: women often continue to experience judgement and a pressure to not "make mistakes", and at times are expected to quickly change their lives when they are using substances or have a 'chaotic' lifestyle.

"As soon as the pregnancy is confirmed she feels under threat by social work and is expected to change her lifestyle right away. This is often difficult due to her drug/ partners drug use, her environment."

Feelings around motherhood: women can have a mixed feelings about being mothers. Some may feel inadequate due to the judgment they heard before on their ability to be mothers. Many have to hide their involvement from their children and others, and this can bring fears of being 'found out' and 'outed'. Some women have difficult feelings when the child is the result of an unwanted pregnancy and/or an abuser.

"The women I have worked with who often have unplanned and unwanted pregnancies have spoke to me about feeling judged because they don't want the child and often it is too late to have a legal termination."

Presence of abuser: abusers who remain present in women's lives, have threatened to expose women or use the children to continue to coerce and control.

Exclusion from maternal support: women do not attend maternal support for reasons like the judgement they have from services but also from other mothers, as well as not having the time and money to get to support appointments.

"Women feeling unworthy, embarrassed, judged, marginalised, makes them less likely to engage with other mums, groups, support and can leave them really alienated."

Substance use: for women who use substances (often to cope with their involvement and with trauma), addressing the addiction might be a priority that competes with looking after a child.

Continued poverty: some women continue selling sex to provide for their children and are not able to stop when they want to because the poverty that pushed them in to the 'sex industry' is still there.

Worsened mental health: for some women, past trauma can be triggered by pregnancy and postpartum experiences and compound any mental health issues they already had.

CHILDREN REMOVED FROM WOMEN'S CARE

83%

WORKERS HAVE SUPPORTED WOMEN WHO SELL OR EXCHANGE SEX WHO HAVE LOST CHILDREN TO CARE

A large proportion of workers responding to our survey have supported women who sell or exchange sex and who have lost children to the care system. Below are some of women's realities and impacts of this experience as observed by their support workers.

Child removal not specifically because of selling sex: workers were clear that selling or exchanging sex was not named as a reason for removing a child. However, they listed factors that contributed to the removal, which are known to be linked to selling or exchanging sex. For example, women using substances to cope with seeing clients.

"The women who had their children removed from their care had other contributing factors, drug/alcohol misuse, severe mental health, involvement in criminal justice or high risk partners (domestic abuse, the father or current partner being a risk to children) none had children removed where involvement in selling sex was named."

Overfocus on mother's lifestyle: workers said that when statutory services make decisions around child removal, often women's lives are more scrutinised than that of the father of the children. They gave examples where children were placed in the care of partners or family members who are abusive or have substance use issues and highlighted that the father's domestic abuse or sex buying is usually not considered.

"I have never heard of a child protection process being concerned with whether or not the father buys sex."

Impacts of removal: losing children to care can compound women’s past traumas and mental health issues. Workers gave examples of women choosing terminations or in some cases running away to avoid losing another child. Additional impacts mentioned were having a difficult relationship with the children as they grow up, and being unable to establish contact or recover the children.

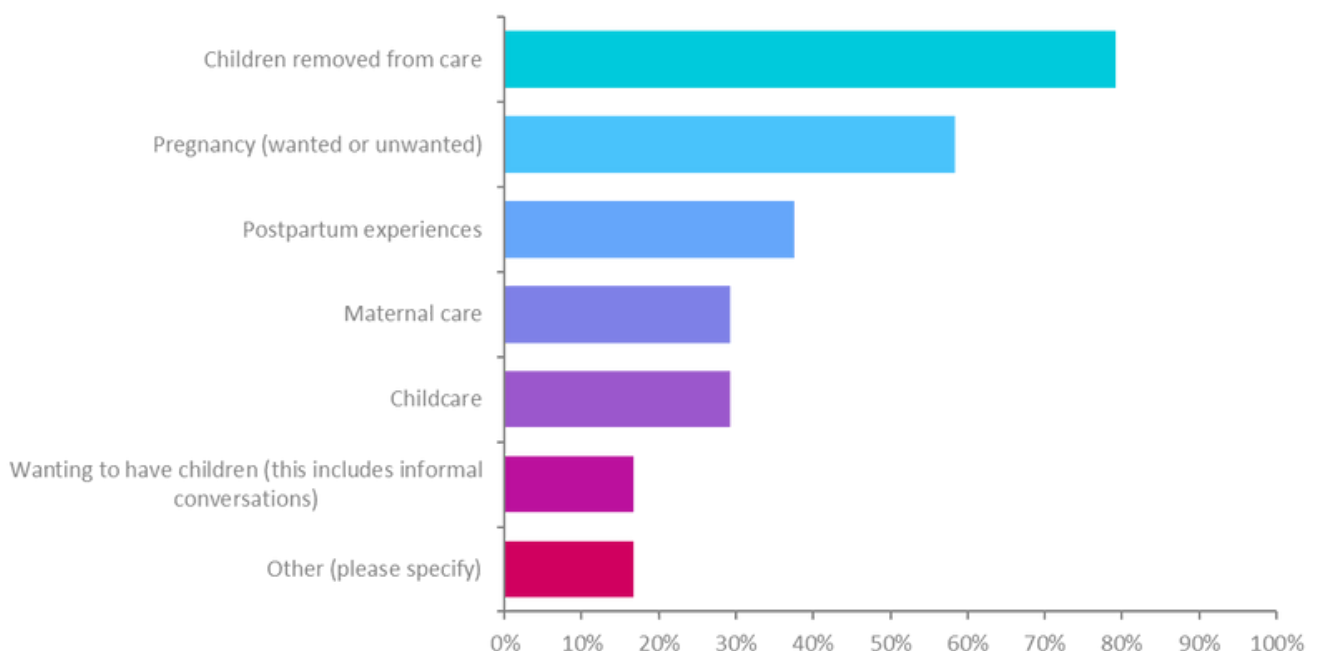
“Once there is the removal of one child, there is a pattern where [the women] want to replace that initial child they lost and then the cycle just keeps going.”

“Seen multiple patients for terminations of pregnancy as unable to cope with another child being removed, or not able financially or emotionally to look after another child or themselves.”

“I have worked with women who, as a result of selling/exchanging sex, developed addictions and had their children removed by social services. They had great difficulty ensuring they still had contact with their children and many lost contact altogether even after they were in recovery.”

INTERACTION WITH SERVICES

In the survey, support staff told us they have supported women who sell or exchange sex with the following motherhood-related support needs:



Services supported women mainly with children removed from care (79%), pregnancy (58%) and postpartum experiences (37.5%).

Additionally, staff taking part in our focus group shared some of the barriers that mothers involved in selling or exchanging sex can face when approaching services.

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Resources around pregnancy: participants pointed out there is a lack of accessible and easy-read resources available to inform women about pregnancy, birth and maternal care and related supports they are entitled to.

Weighing up the benefit of disclosing to services: disclosing their involvement in selling sex was identified as a huge barrier, with women fearing that others knowing of their involvement could mean losing support networks and particularly their children.

"... that fear of everyone becoming involved is too overwhelming. [Women] would rather stay where they're at at that time and what's going on in their lives, no matter how horrendous it is, they would rather stay in that than open up their life to the people that could potentially take everything away from them." – VAWG Worker

Inconsistent knowledge of and response to women's involvement: the different level of knowledge and understanding of women's experiences of selling and exchanging sex can mean women get an inconsistent response – while some staff might offer support in some services, others might chose not to follow up or check in with women. As one worker said:

"it's a worker's lottery. It depends on who that woman gets allocated to in whatever given service and that's not great because it depends on if that worker is up to date with research, is up to date with their continued professional development, is committed to breaking down the barriers or going along with whatever is going in that service." – Advice/Support Worker

Inflexible support: services can be strict about how women should engage and do not offer an open service that women can approach as and when they feel ready. Instead, the service might stop the support because a woman seemingly isn't engaging.

"Whether it is women who are able to share they're involved in selling sex ... it's the judgement that then follows from services. And we all like to say that we are non-judgemental and we don't have any bias, but unfortunately the system is set up to have that automatic bias. Systems and support services are set up to fail women in the sense of 'non engagement' and recording that non-engagement. When are we going to stop and say that women are just not ready? It's just that notion of the stigma and judgment that's present, and that is a massive barrier for the women accessing support." – Advice/Support Worker

Perceived risk can be worker-dependant: participants in the focus group questioned

how women are risk-assessed in services. They made the point that risk assessments are subjective, they're dependent on what an individual worker interprets as a risk and what their understanding is of women's experiences of selling sex. Ultimately the assessment can have huge implications for a woman, including losing her children to care.

"...the risk, that's worker-dependant. Who sees what risk, right? ... you can't risk assess just once. Risk happens all the time ... but it is also subject to interpretation." – Addictions Worker

Referral and communication about women's involvement: workers mentioned how helpful it is to know about a woman's involvement when receiving a referral, but they also cautioned about the judgement that can follow in some services who lack understanding of women's experiences. They also pointed out that services need to build trust with women first before suggesting sharing details of women's involvement with another service as part of a referral process.

"[women] don't trust you automatically, they're not just going to open up about it. It takes time. So you need to take into account the time it's going to take to build up that relationship with them to then get them the support that they need." – VAWG Worker

PRACTICE POINTS

As part of our focus group, participants shared some ideas of what services and staff can do to better support women who sell or exchange sex who have children. These include changes at both systemic and individual level.

Establish good communication and referral pathways between services: when relevant to the support a woman needs, and with the woman's consent, services should communicate women's involvement as part of a referral. However, this requires careful consideration and taking the time to build trust with the service user before suggesting sharing information about her involvement.

Have better awareness of women's realities: services must be informed of the various issues affecting a woman's life, including involvement in selling or exchanging sex. This way, staff can be prepared when a disclosure of selling or exchanging sex happens.

Understand that the fear of losing children can be a major barrier to disclosing: being mindful that women might not opening up about their involvement because the fear of having their children taken into care is too big. Where possible, reassure women that selling or exchanging sex is not a reason in itself to have their children removed.

Making sure mechanisms exist for women when they disagree with removal of a child: agencies should do everything in their power to keep the children with their mothers, and mothers should have ways to point out when this hasn't happened.