CELEBRATING 50 YEARS OF LIFE BEYOND CRISIS

Hestia

UNDERGROUND LIVES:
FORGOTTEN CHILDREN

THE INTERGENERATIONAL IMPACT OF MODERN SLAVERY

October 2021

EXECUTIVE SUMMARY

Over the last decade modern slavery in the UK has been on the rise and it is estimated that there are as many as 100,000 victims.* Women make up about a third of all victims of modern slavery in the UK, with many commonly forced into sexual exploitation and domestic servitude. Hestia supports two thirds of all women who have been identified as potential victims. Around half of these women are mothers, with children who often witness their mother's exploitation, who are born as a result of sexual exploitation or who are born soon after their mother has escaped slavery.

Last year we supported 1,200 dependent children but we estimate that there could be over 5,000 vulnerable children in the system, with possibly many more who are unknown to us. Very little is known about these children and the intergenerational impact of the trauma they and their mothers have been through.

What is clear from our research is that for those women and their children who manage to escape modern slavery, the journey to recovery is a long and difficult one. For children, a mother's trauma can have a deep and lasting impact on their lives. Our research found that mothers who have survived trafficking faced psychological consequences from the experience of trafficking. They need and deserve greater protection, support and care from the wider system. Where our staff were able to help secure this support, often only after assertive case worker advocacy, women and their children could begin to flourish.

Our research is based on the testimony of 20 women (and indirectly their 43 children) who had been victims of modern slavery and have been supported by Hestia's Phoenix Project, alongside interviews with their case workers, professionals and experts working in this area.

Part 1 of this research highlights the experience of these women as mothers. The intersecting challenges they faced on a daily basis included poverty and economic hardship; mental illness; poor housing; language barriers; uncertain migration status; and social isolation, all compounded by the overwhelming trauma of having been trafficked. All these mothers were, despite this, deeply committed to the wellbeing and care of their children, generally prioritising the needs of their children over everything else.

Part 2 of the research investigates the experiences and vulnerability of the children. Whilst some of these children have not been directly exploited under current definitions, they are still victims. This is either through being subject to abuse and neglect by the traffickers while accompanying their mother, witnessing their mother's abuse, or through the psychological impact of her trauma on their development and care.

Key impacts included:

Transmission of trauma

"Depression started after the baby was born and there was no one to help me with baby and I was not sleeping – it was not good. I was just thinking no one wants to help me, nobody comes to visit."

(Survivor)

Our research found that all of the women were affected by a level of mental ill-health ranging from anxiety to a diagnosis of psychosis. Others suffered with post-traumatic stress disorder (PTSD), depression and stress, and some had disclosed that they had experienced suicidal thoughts.

We found that some children were forced into premature responsibility or became hyper-vigilant to their mother's needs as a reaction to the challenging circumstances they were living in.

Many of the women we spoke to were very aware and concerned about the impact of their trauma and poor mental health on their children, and tried hard to protect them from it. Several women told us that if they got sad their children would sense it and get upset. If they cried the child would cry too, or if they were experiencing low mood the child would try to protect them by bringing a book or some other comforter.

Low self-esteem was common, often affecting both mother and child. For example, the daughter of one survivor was no longer speaking at school following a period where her mother experienced low self-esteem.

Impact on parenting

"The children push at the boundaries but the mothers feel guilty if they say no."

(Hestia Modern Slavery Response Team (MSRT) Advocate)

Many of the women faced difficulties in setting boundaries and managing the behaviour of their children, especially as they got older. Wider research

* It Still Happens Here: Fighting UK Slavery in the 2020s, The Centre for Social Justice, 2020

suggests that women who are still experiencing generalised fear and lack of trust due to their past trauma, often worry about the safety of their children which can result in over-protective parenting.

This resonated with our research findings and indicates that for women affected in this way, it may not be possible to manage and navigate healthy boundary-setting and risk-taking without additional parenting support.

Developmental delays

"I have been working with some mothers for over three years, often since the children were born, and have seen how mums' mental health has impacted on some of the children's development, resulting in speech and language difficulties and behavioural issues."

(Hestia MSRT Advocate)

A number of the children included within our research were being investigated or supported for developmental delay, particularly speech delay. Two women had a child diagnosed with autism, and one woman had a child with suspected autism. All three women were facing challenges in caring for their children including significant personal care for one older autistic child who was unable to eat independently and had incontinence.

Other health needs of children included speech difficulties and delay, eating difficulties and low self-esteem. For example, one three year old boy does not talk at all. Speech and language therapy, and observation have been planned but haven't started. He doesn't seem to understand his mum, or respond verbally to her, and she finds his behaviour hard to manage. There is a lot of shouting and they are not able to communicate effectively.

Children as victims of abuse

A number of older children had also been with their mothers during her trafficking and these experiences have had long-term consequences. In one case the children were direct victims of violence and abuse by the traffickers, and the guilt and shame felt by their mother continued to undermine her relationship with them.

In another case, two siblings were with their mum during her exploitation and throughout this time witnessed her being beaten and abused by the trafficker. They both now have behavioural issues at school and need additional support, which has not yet been provided.

In other cases, children had taken on adult roles and responsibilities prematurely. For example, one 12 year old boy who had been with his mother throughout her trafficking, took on the role of the man of the house, looking after both his mum and his little brother.

Lack of support

"When I raised my concern about the delays in his speech, and he was regressing in his development I went to the GP and asked the Health Visitor for help, but they just told me not to worry."

(Survivor)

While there were some positive stories of support from health professionals and teachers, many women are simply left to get on with things, with little understanding of the impact of their trauma on them and their children. At times, professionals were insensitive to the traumatised condition of women, even when their situation had been clearly disclosed. For many, one of the biggest barriers to accessing and taking up support was having to repeatedly disclose their trafficking history to different professionals which reactivated their trauma.

There was often very limited support from professionals for the children included in our research, with relatively little specialist help provided to children by local authorities, health services or in the community. Four children had previously been identified as a Child in Need under the provisions of section 17 of the Children Act 1989. These cases had all been closed and they were no longer receiving support.

The education system was also challenging and support and understanding varied amongst teachers and school support staff. While some mothers coped with these challenges and built strong relationships with their children's teachers, others struggled.

The stories from female survivors of modern slavery highlights the urgent need for better understanding and support for families impacted by the trauma of modern slavery. Weaknesses in the current system need to be improved so that trafficked mothers are better protected and supported to recover fully, empowering them to make a better life for their children.

Our recommendations are:

Improve insight and understanding of children affected by maternal modern slavery

- The **Home Office** should capture and publish data on the key characteristics of pregnant women, women who are mothers, and dependent children within the NRM.
- The **Children's Commissioner for England** should develop a clear definition of this group of specifically vulnerable children from the working definition used in this research and data provided by the Home Office to be used in statutory guidance and other care and support frameworks.

Improve protection and support for children affected by maternal modern slavery

- The **Government** should amend the Modern Slavery Act 2015 to clearly bring dependent children of modern slavery victims within scope of the definition of "victim".
- The **Department for Education** and **Department for Health and Social Care** should develop and implement specialist guidance and training modules for the health, social care and education professions. This should make explicit reference to these children being potentially vulnerable children when assessing children's need for early help or for support under Section 17 of the Children Act 1989 in Working Together to Safeguard Children.
- The **Home Office** should fund the development, trial and possible introduction of Children and Family Advocates within its Victim Care Contract.

Innovate new service models of support for families affected by maternal modern slavery

- NGOs working with survivors of modern slavery should develop, test and evaluate new models of targeted, trauma-informed child and parenting support for families affected by maternal modern slavery.

Hestia's Modern Slavery Response

Hestia provides the majority of services for victims of modern slavery and their children across London and Kent, each year supporting more than 2,200 adult victims and 1,200 dependent children. This report considers the impact of modern slavery on these dependent children, some of whom will have been born as a direct result of exploitation.

Hestia's Modern Slavery Response Team (MSRT) provides support to victims referred into the National Referral Mechanism (NRM), the national framework that ensures victims of modern slavery and trafficking are identified and receive appropriate early support. Support for victims is commissioned by the Home Office through its Victim Care Contract and delivered by the Salvation Army through a range of sub-contractors including Hestia. Hestia supports victims in safe houses in London and Kent, and through a pan-London outreach service working in every London borough.

Hestia's Phoenix Project for survivors moving on from the NRM is funded independently of the Home Office Victim Care Contract and provides longer-term community-based support to survivors in their journey to recovery.

ABOUT THIS RESEARCH

This report summarises the key findings from research by Jackie Gallagher and Janet Clark during summer 2021 into the needs and experiences of mothers who are survivors of modern slavery and the potential impact of their trafficking experiences for their children.

There is little previous policy research evidence on the specific needs of this group of mothers and their children. Research published in 2016 by the Anti-trafficking Monitoring Group[1] found that:

Pregnancy and parenthood receive scant mention in UK policy and legislation on human trafficking. No data is collected on rates of pregnancy and parental status at the national and UK level. When mention is made it is in the context of victim identification rather than support provision, notwithstanding that there will be significant support implications for both the parent and the child. By and large, the children of trafficking victims are overlooked in the UK's response.

The Anti-Trafficking Monitoring Group recommended that further research is needed to better understand the impact of pregnancy and parenthood on victims of trafficking, their support needs, and the impact of their trafficking experience on their children. This study aims to help address this gap.

Mothers and their dependent children

Within Hestia's services dependent children are invariably parented by their mothers as lone parents, and it is rare that fathers, if involved at all, have close day-to-day relationships with this group of children.

Other organisations providing support to victims during their time in the NRM and in the post-NRM recovery journey confirmed that this was a consistent pattern seen across the UK.

"All our parents with dependent children are mothers, predominantly parenting alone. Where fathers are involved, it's often at a distance or may not be the biological father of the child. We have never worked with a lone-parent family where the parent is a dad."

(Support provider)

The research has therefore focused specifically on the needs and experiences of mothers with a particular focus on their dependent children, at different stages through mothers' recovery journey from victim to survivor.

This group of children can be defined as the children of women who have endured modern slavery and who have been:

- With their mother during the period of her exploitation, or
- Born as a result of her exploitation, or
- Born after she has escaped exploitation but is still recovering from her trauma.

There is nowhere that currently records the number of children who might fall into this category. However, based on referrals into the NRM and Hestia's experience of working with around two thirds of women in the NRM, we estimate that there could be over 5,000 vulnerable children that could be identified in the system, whose mother is either in the NRM or within 2 years of receiving her positive Conclusive Grounds[2]. There will of course be more whose mothers are not referred into the NRM, or for whom the acute recovery period is longer.

Research purpose, approach and methods

The purpose of the research was to develop new insight from Hestia's unique perspective as a major provider of support to survivors of modern slavery across all types of exploitation ***and*** as a multi-disciplinary provider of wider services tackling abuse in other forms, with specialist expertise in supporting parents and children.

The research draws on primary data from 24 women who gave us access to their case files, 20 of whom also contributed by taking part in qualitative interviews, supplemented by other key data.

1 Time to Deliver (2016) https://www.antislaverycommissioner.co.uk/media/1254/time-to-deliver.pdf Vicky Brotherton, Anti-Trafficking Monitoring Group

2 According to Home Office figures, 1,538 women were referred into the NRM in 2020. 48% of women that Hestia's supports have dependent children. The average (median) time it takes these women to received their positive conclusive ground (PCG) is 2.5 years and we estimate that on average the post-PCG acute recovery period is around 2 years. Hestia clients have an average of 1.4 children per mother, rising to an average of 1.5 children per mother post-PCG.

We gathered evidence from a variety of sources:

- **Primary research with mothers**
  The central source of evidence was the direct voice of mothers who are survivors and currently supported by the Phoenix Project. Twenty women contributed to the research, each completing trauma-informed in-depth qualitative interviews, most online, with one interview conducted in person.
- **Primary research with professionals**
  The research also drew predominantly on Hestia's rich qualitative data resource as the primary service provider for the Home Office Victim Care Contract in London and Kent and provider of the separately funded Phoenix Project. This was supplemented with qualitative data from other key professionals, including organisations providing support services in other areas of the UK. This included:
  - Two focus groups with a total of thirteen Advocates from Hestia's Modern Slavery Response Team providing direct support to mothers with dependent children ***within*** the NRM.
  - One focus group with four case workers from the Phoenix Project providing direct support to mothers with dependent children who have ***exited*** the NRM.
  - Individual case reviews with case workers from the Phoenix Project of 24 cases from the cohort of 26 mothers with dependent children currently supported by the project.
  - In-depth online qualitative interviews with six other professional key informants, including three organisations working in other areas of England and Wales providing support to survivors through the Victim Care Contract and separately funded post-NRM support; other specialist services (pre and post-natal care, and counselling), and one policy/advocacy organisation.
- **Desk top review of Phoenix Project case files and data**
  The researchers also independently reviewed:
  - Each of the above 24 anonymised individual case files.
  - Demographic data – anonymised.
- **Literature review**
  The research was supplemented by a rapid online review of open-source literature to help develop the key lines of enquiry and investigation.

Ethical considerations and research governance

The research was conducted to Social Research Association standards and ethical guidelines, was trauma-informed[3] and was compliant with GDPR[4] requirements. The programme of work was overseen by a small steering group. The steering group contributed to the development of the research tools and questions for survivors and to planning the detailed arrangements for engaging survivors in a way which ensured they were protected from harm, survivor self-agency was maintained and which sought to make research participation a positive experience.

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3 ***The Slavery and Trafficking Survivor Care Standards 2018***, Human Trafficking Foundation

4 General Data Protection Regulation (GDPR) is the legal framework that sets guidelines for the collection and processing of personal information from individuals.

PART 1: MOTHERS

"They're amazing mothers, really inspiring, managing their way through this in the way that they do."

(Phoenix Project case worker)

Twenty mothers, all lone parents, shared their stories and experiences through in-depth interviews. These women had all been identified as victims of trafficking and modern slavery by the Home Office, (predominantly as victims of sexual exploitation, domestic servitude or forced marriage), and had received support through the NRM, but were still in recovery and receiving additional support from the Phoenix Project.

The women were all parenting in the context of intersecting social and health inequalities arising from the impact of surviving trafficking. They faced a mix of poverty and economic hardship; mental illness; poor housing quality; insecure temporary accommodation; language barriers; uncertain migration status; different cultural norms; and social isolation, all compounded by the overwhelming trauma of having been trafficked.

All these mothers were deeply committed to the wellbeing and care of their children, generally prioritising the needs of their children over everything else, despite difficult daily challenges.

MENTAL HEALTH AND WELLBEING

All of the women were affected by a level of mental ill-health ranging from anxiety to a diagnosis of psychosis. Others suffered with post-traumatic stress disorder (PTSD), depression and stress, and four women had disclosed to their case workers that they had experienced suicidal thoughts.

The Covid-19 pandemic and lockdowns had exacerbated existing issues of anxiety for a number of women, particularly about going out or contact with others. Difficulties with sleeping and dreams which distressed them were also an issue for several women.

Although children can help mothers to break the cycle of depression, there was nevertheless a complex relationship between the mental health needs of mothers and their desire to protect their children from their depression, (trying to not let them see sad moods, for example). For a few women, despite their love for their children, their maternal responsibility was not operating as a protective factor and had made their depression worse.

For one woman, her mental health deteriorated as a result of her child's health problems as she was overwhelmed by guilt and a sense of being blamed by health professionals.

"It is my first baby and I am not ok for having the baby – it was an accident."

(Survivor)

For one woman, her mental health deteriorated as a result of her child's health problems as she was overwhelmed by guilt and a sense of being blamed by health professionals.

Re-traumatisation was an issue for a woman whose partner had died while she was pregnant, as the loss of her husband brought up the losses she had suffered from her exploitation – she had exited the Phoenix Project but asked to come back for this reason.

Additional practical factors compounded already fragile mental health. Poor quality of accommodation, chronically cramped conditions and lack of space had a major impact on mental health for those affected by poor housing – one woman was sleeping on the floor in a temporary accommodation bedsit so that her two children could sleep in the bed and was utterly exhausted and extremely distressed.

Pregnancy and its impact on mental and physical health

Many women suffered low mood and depression following pregnancy. One woman had suffered a prolapse of the uterus as a result of pregnancy some time ago and was still struggling with this as an ongoing health condition.

Many women who had been sexually exploited found that the pregnancy and particularly the birth itself reactivated their trauma. In the following case, the woman felt she had very good physical health care and practical support during pregnancy but this could not

prevent the eruption of the PTSD during the birth of the baby:

Sasha* had very positive experiences of practical support before and after pregnancy, especially from health services and charities including Hestia, who accompanied her to appointments and helped her to navigate the system.

"The support was amazing and with the help they gave me it has all been ok."

However, the birth itself triggered her PTSD very severely and she had no psychological support at this time as she was not in therapy during her pregnancy.

"I was so very lonely and isolated in the hospital bed on my own, totally on my own after the baby was born. When the baby was coming, and afterwards in the bed, all my feelings came over me like an explosion, I couldn't sleep at all because of the terrible pictures in my head, and the terrible memories of what they did, and if I fell asleep, I had horrible nightmares again. I was just so alone, and no one was there to help me with these feelings."

Other support providers also reported the reactivation of PTSD by pregnancy and birth as a very frequent issue for many of the survivors of sexual exploitation that they supported.

Women who had become pregnant whilst being sexually exploited were also very afraid of the harm that might have been done to the unborn child during this time. This was a significant and consistent issue also identified by Hestia's MSRT Advocates and by other professionals.

"Two of my clients were both sexually abused throughout the first seven months of their pregnancies and on top of the trauma of these horrific experiences, both were terrified, right up to the birth, of the harm that might have happened to their babies."

(Hestia MSRT Advocate)

Physical symptoms affecting mental health

Many women had poor physical health which contributed to low mood and exacerbated their poor mental health, often struggling with low level but chronic health problems such as migraines, headaches, and physical pains in parts of the body – hips, knees, neck, and legs. Flare-ups of physical problems could reactivate trauma as they were sometimes directly linked to previous abuse and forced labour.

"I'm being treated at the hospital - I have lots of pain as I have a slipped disc and back problems because of the forced labour when I was made to lift heavy objects all the time at young age."

(Survivor)

Low self-esteem

Low self-esteem and lack of confidence was a particular issue for some women linked to the previous trauma they had suffered. One woman and her daughter were both struggling with low self-esteem and the daughter was not speaking at school because of negative feelings about the sound of her voice. This mother also felt she was unable to support her children adequately, which exacerbated her low self-esteem.

Another woman had a four year old child with speech difficulties and baby with a health condition from birth and felt that her children's health needs were her fault.

One woman had started to build social connections since her daughter had started nursery, but struggled with low self-esteem and lack of confidence linked to feeling very conscious that her spoken English was poor and that she needed to apologise frequently.

Attitudes to counselling

A major barrier to taking up counselling is caused by lack of consistent childcare, when mothers are worried about children hearing about their past. This has been a particular issue during the pandemic when virtual counselling makes it even more likely that children will hear in a small, shared living space.

There was a level of reluctance from a number of women to take up or sustain counselling for themselves. However there appeared a greater willingness to access specialist support for their children. For example, one woman having joint therapy for herself and her child, withdrew from the therapy but was happy for her child to continue.

One woman was resistant to receiving counselling from a therapist from her country of origin but felt that her spoken English and understanding wasn't good enough to cope with therapy in English.

SOCIAL ISOLATION

Lack of informal support networks

Many women were struggling with social isolation for a range of different reasons and the Covid-19 pandemic and lockdowns over the past 16 months had exacerbated this, particularly for those with very young children and babies born during the pandemic. Most, although not all, lacked informal social support networks, or these were extremely limited and fragile. For most women, challenges were heaped upon challenges as a cumulative effect of the external circumstances they faced, either from the insufficiencies of the post-trafficking support system, or the psychological consequences of their trafficking.

For example, social isolation was significantly exacerbated and compounded by forced moves, often frequent and around the country, and at short notice, which resulted from the NRM temporary accommodation system.

Many women lacked the childcare which would have enabled them to widen their social relationships as they lacked local networks of support as parents. A deeply embedded lack of trust in others, resulting from the profound betrayals of trust experienced in trafficking, was a major barrier that prevented women from seeking informal support with childcare. One woman would spend her scarce resources of time and money travelling across London and back for childcare support from the one friend she trusted, rather than risking leaving her child locally with someone she knew less well. Another expressed her fear of making friends because she was frightened of being hurt.

Language was a barrier to social connectedness – many women found that their limited spoken English was a barrier to making new relationships. One woman wanted to meet people who spoke her own language and was finding this difficult.

One woman was unable to even provide an emergency contact, as there was no one at all she could name.

Other women did have some effective support networks. The church was a particular support for some, with social connections through church, although one woman stopped going to church to avoid meeting her ex-partner, and another stopped going because of anxiety about Covid-19.

One woman was well connected socially and felt able to also support her friends through their difficult times, including supporting one friend who had lost a child and another who had been made homeless.

Mother and baby support groups

Women that had received support from mother and baby groups found these really helpful, although they often found going to the first session really stressful and needed support to get there at first. Other women said they would have appreciated them if they had been available during the pandemic – both for their own support and play opportunities for the children.

"We meet other babies at the baby group – at first there were too many mums, too many babies, too many children. At first when we went

out, he would cry but now he comes out with me and doesn't cry – he sees people and he is ok. He is more confident since we started going to baby group – now we go two times a week. My friend [peer support] helped me because the near baby group is not open to new mums because of COVID so I have to go a little bit far with her."

(Survivor)

However, the experience of Hestia's Modern Slavery Response Team (MSRT) Advocates working with women in the earlier stages of their recovery journey was different. Many of these mothers found it difficult to integrate into general mother and baby groups, finding language a barrier. The biggest barrier however was the feeling of being different and an outsider because of the need to have a "story" about their family makeup. Women found it distressing and intrusive to be asked questions about the baby's father or how they had come to be a lone parent, or about other family relationships. Practical conversations about pushchairs or other costly baby accessories were often painful and embarrassing because of their financial hardship.

One of the service providers had also found the difficulty of integrating into general mother and baby groups a problem for the mothers they support and had therefore been trialling their own mother and toddler group for several years, which has proved very successful.

Lone parenting

All the women involved in the research were parenting alone. Some women strongly associated being a lone parent with their social isolation and felt that they had to be everything for their child or children as a result. These women were very alone in their daily lives and tended to feel the isolation of parenting alone very strongly.

Mothers found navigating the complexities of the health, education and welfare benefits systems for themselves and their children without the knowledge or tools, and sometimes without the language challenging, and even more so doing it alone.

They also faced many practical problems and difficulties which had to be navigated alone and were made more difficult by the lack of anyone else to help care for the children while they addressed these. One case worker commented that male clients tended to be parenting with a partner, so the burden was always shared.

PARENTING STRENGTHS AND CHALLENGES

Care for children as a protective factor

In two cases parenting appeared to provide more than just a positive factor in a woman's life and was potentially a protective factor in her resilience. The first example was where the woman herself was able to identify this, and she described to her case worker that caring for her children:

"Helps me to cope, makes me feel like I can conquer things."

In the second example the woman had said:

"What would happen to them if I wasn't here?"

The case worker observed that this was not simply expressing concerns for her children's safety, but as the mother had previously had suicidal thoughts, was also identifying the children as a reason for continuing to live.

Case workers highlighted the role parenting played in supporting a level of resilience. Case workers suggested that parents feel they must be stable, and be self-sufficient to support their children, and one case worker commented, *"[Parenting] acts as an anchor for them."*

Research by Castaner et al[5] suggests that the process of re-establishing feelings of trust through motherhood can help trafficked women find meaning in life, thus increasing their resilience and ability to cope with the consequences of traumatic experiences. After escaping victimisation, focusing on their child's wellbeing is a core coping mechanism to counteract the psychological impact of their traumatic experience.

This resonates strongly with our research findings. Both the women themselves and the workers who support them often described the role of mother as a protective factor which brought happiness into survivors' lives again, giving them a reason each day to get up and carry on, even when life pressures seemed overwhelming.

Case workers felt that for many (although not all) clients, this was a genuine and real stability, and that clients who are parents are generally more stable than clients without children – for example, there are no substance misuse issues amongst this cohort, even though they have additional issues to struggle with. However, case workers also identified the risks involved in this coping strategy which defers trauma but raises questions for the longer

5 Castaner, M.M, Rachel Fowler, Cassie Landers, Lori Cohen, Manuela Orjuela, How trauma related to sex trafficking challenges parenting: Insights from Mexican and Central American survivors in the US Published: June 16, 2021 https://doi.org/10.1371/journal.pone.0252606v

term as children grow into greater independence.

Displacing self-care with care for children as a coping strategy

When considering the differences between their clients who are parents and those who aren't, case workers commented that the biggest and most notable difference is that most mothers are much less focused on their own needs and instead tend to focus predominantly on their children's education, wellbeing and health. The discussion with case workers suggested that the focus away from self and onto the children in relation to counselling noted above is part of a much wider issue. When seeking support and help, this is typically for their children rather than for themselves. One case worker characterised this shift in focus as "selfless mothering", and all case workers agreed that parents prioritise their children in a way that often ignores their own issues and needs:

> *"...even their own mental health or education and employment takes a back seat."*
>
> (Phoenix Project case worker)

Case workers felt strongly that this is at least partly a coping strategy for mothers who are deeply traumatised and find a way of coping day-to-day by living through their children.

RELATIONSHIPS

Relationships with children's fathers

Many women do not know who the father is when the child has been born from sexual exploitation and this is a big issue for both the women and their children. Children asking questions about their father is extremely difficult, as most women want their history to remain secret from their children who haven't already been witnesses to their exploitation. The unexplainable absence of a father is often a problem for both mothers and children. One woman has a two year old who runs to the window and calls "daddy" frequently even though she has no father, perhaps acting out something seen on television.

Often women resort to quick fixes to defer the problem, for example one woman whose child call her friend's husband "Dad".

There were few consistently positive relationships with the fathers of children across the cohort, with the majority of mothers parenting alone or with limited contact from fathers.

Four women were in ongoing consensual relationships with fathers of their children. Two women were no longer in a relationship with their children's father, but these fathers had ongoing relationships with their children. The father of one child engaged sometimes with his four year old son. There were also previous incidents of domestic abuse for some women. Relationships were often complicated and there were instances where mothers' relationships with fathers involved negative or controlling aspects, even where he was not the original exploiter.

> The father of Esther's* children is very controlling and she wants to free herself from this negative relationship and be independent.
>
> However, as she has no childcare he sometimes helps with the children. On an occasion when the father was minding the children because Esther had to attend an appointment at the housing department, her social worker saw him at the house and incorrectly informed her welfare benefits office that he was living there. This resulted in all her benefits being cancelled and they had to subsequently be reinstated.
>
> This was undermining for Esther as it left her exposed and vulnerable to financial and emotional control from her children's father.

Another father distanced himself when he found out the woman was pregnant and asked her to move out – he didn't believe the baby was his and she was seeking maintenance support. The partner of one woman had not told her he was married, refused to support the child and his wife threatened the woman if she pursued maintenance. One father was no longer in a relationship with the woman but continued his relationship with his four children. Another father of two children does not accept his son's diagnosis of autism because of his religious and cultural beliefs, which has a negative impact for both the child and mother.

Albanian culture was identified by case workers for women whose country of origin is Albania as a particular problem. Caseworkers commented that culturally Albanian fathers are often very un-involved, and also often have very "traditional" views and expectations about women and their roles arising from the Albanian Kanun[6] code of "honour".

6 A set of traditional laws codified in Albania from the 15th century.

A recent Home Office briefing notes:

"Human trafficking mainly concerns women and prostitution. Organised crime uses the Kanun to legitimise female subordination. ...women in the affected families easily find themselves in a vulnerable position and are subjected to domestic violence... 'these women live under the pressure of psychological, physical and sexual violence of males.'" [7]

Mothers do not always tell their children about their siblings in other countries, which also causes them great anxiety and stress.

Mothers with dependent children in their country of origin

Some mothers had left children behind in their country of origin. Case workers identified the strong sense of guilt and emotional pain that mothers experience in leaving children behind. A case worker talked about a woman with five children in her country of origin and a young child in the UK:

"She's constantly burdened by the guilt even though she speaks to them regularly and frequently and sends money. Her three year old son in the UK has no idea of his wider family and dominates everything for her here. She worries constantly about the damage done to her relationship and her youngest son's relationship with the rest of her children."

(Phoenix Project case worker)

Another woman had two children aged 20 and 14 in her country of origin living with their father there, and one child aged 6 living with her in the UK. She was sending money to support her daughter at university and her older son's school fees and working around her younger son's school hours in order to earn enough.

Mothers do not always tell their children about their siblings in other countries, which also causes them great anxiety and stress, and a sense of the impending future crisis when they have to face this, especially if they are hoping to bring their children overseas to the UK once they are more settled.

One organisation supported several women through family reunification with children brought to the UK from their home country. This had been very challenging for both mother and children, particularly if there were new UK-born siblings. There were complex and intense emotional challenges to be worked through, often in cramped and limited living situations. Rehousing options for the newly enlarged family could not be arranged in advance but had to wait until the older children had arrived, which meant older children or teenagers sharing a bedsit or one bedroom flat with their mother and siblings at first.

7 ***Country Policy and Information Note Albania: Blood feuds***, Home Office, 2020

The case below highlights some of the practical and emotional challenges mothers with children in their country of origin are coping with:

Mirikit* is from the Philippines, and has four children living there with her sister, all in their teens. When her husband died, she needed to work to support her children but ended up trafficked to the Middle East. She has been in the UK for seven years. However, she can't see how she can go back to Philippines as the situation with work and her risk of being trafficked would be exactly the same.

She finds it a huge anxiety and commitment trying to earn enough to send to her family and support herself and her four year old son in the UK. She has two jobs so is constantly exhausted. She finds it very painful not being able to see her children, although they talk on social media a lot. Her UK born son only knows his siblings through social media and she worries about this.

She says:

"The best thing about being a parent is the joy my son brings. He is everything to me, but he is also the biggest worry because of the constant difficulty all the time of finding childcare when I'm working."

Her son's father has no relationship with him and hasn't been involved at all. This makes her sad for her child as he has no father. She doesn't want an intimate relationship with his father but is sad for her son's loss, which echoes the loss of her other children, whose father died. She identifies this as one of the biggest challenges for her:

"It's the feelings, the feelings of him not having a dad, it's the hardest thing."

SUPPORT

Support during pregnancy and early motherhood

One of the psychological consequences of trafficking trauma identified by the Castaner et al[8] research is the challenges women face in building confidence as mothers, which also correlates with our findings. Their research found that women who had received support from structured early childhood programmes had been given effective parenting strategies, been helped to see the potential of their children and had developed more confidence in themselves as mothers. Developing other more informal supportive relationships also gave them hope and encouraged them to regain agency though motherhood.

The women in our research described a wide range of experiences of support during pregnancy and after the birth of their child. Many had good, structured support, for example from NHS midwifery services, Birth Companions and Tamar Family Support Unit, both before and after the birth, and one had additional support from an organisation referred by her psychiatrist. However, even those with good specialist pregnancy support felt that ongoing support from their Hestia worker during this period was really important to them. They didn't want this to stop even whilst specialist support was being provided, as they wanted continuity of support from someone they trusted.

8 Ibid

One woman had experienced low mood during pregnancy and because of her previous mental health history including hospitalisation under section, had been referred under safeguarding to her local authority. This had been a positive experience as she had found the support of social workers and specialist midwives particularly helpful.

Case workers commented that access to the Happy Baby Community (a charity providing a community of support for women who have fled from violence or traffickers; are pregnant or with a young child and are seeking international protection in the UK) was greatly beneficial as it provides a wide range of support including ante and post-natal care and new baby bundles.

One case worker described the support given to one woman by the Maternity Mates specialist service in Newham as particularly helpful. This project recruits, trains and matches volunteers with pregnant women in need of extra emotional and practical support during pregnancy, childbirth and the early weeks of motherhood. Maternity Mates are recruited from the local community, and where possible, volunteers speak the same language as the mother-to-be.

Achara* was supported by Tamar Family Support Unit (tailored support for victims and survivors of domestic abuse) and was offered peer support from another mum with an 18 month old baby who spoke the same community language. She found it really helpful being able to ask another mum questions and talk through problems and appreciated the difference from the support from her Hestia worker who hasn't had a baby herself. The other mum had also introduced her to a mother and baby group and was also planning to stay over with her to help with sleeping difficulties.

Health Visitors played a valuable role and were a good resource for women after the birth. Women often had issues with trust, difficulties with being able to share information on their own mental and physical health needs, and also found this model of care very different culturally to what many of them had grown up with. Nevertheless, women tended to be very pro-active about seeking advice and support from Health Visitors when worried about their child's development.

Some women had less positive experiences. A support provider commented that sometimes the response of Health Visitors has been disappointing when they fail to understand the complexity of the family situation and the impact of having a baby, particularly for women who have been sexually abused or whose child has been conceived in exploitation. Health Visitors do not always understand that the trauma can be re-activated at any time over years and it is not just the recent period that is relevant.

Shame and the difficulty of trusting in others was a barrier for some women in accessing support during pregnancy. Caseworkers described the pervasive effects of shame and guilt which mean that it takes a long time to build trust, and even when a trusting relationship has developed, some women find it very difficult to disclose major issues linked to their exploitation. For example, one woman did not tell her caseworker that she was pregnant until very late in the pregnancy "in case anything was wrong with the baby" so had no specialist support through most of her pregnancy.

Another woman had little support apart from informal support from a midwife who went to her church who took her to hospital and helped her with breastfeeding. She had to move house just after giving birth and found that very hard alone as she did not have support from Hestia at that time.

Shame and the difficulty of trusting in others was a barrier for some women in accessing support during pregnancy.

Therapy and counselling during pregnancy

For several women, finding out they were pregnant was very difficult, linked in some cases to serious post-partum depression. Often women felt that they needed to stop counselling during pregnancy as they did not want to talk about and re-experience traumatic events for fear that their trauma might affect the baby. This had also been advised in some instances by counsellors and therapists. Others found that repeated onward referrals were distressing:

> One woman with a diagnosis of Complex PTSD was being treated by a trauma therapist, who ended the treatment because she became pregnant.
>
> The woman was then referred to the perinatal team, which caused her distress as she didn't want to have to repeat her story of trauma. She was then moved to a new location and had to be referred to yet another perinatal team, causing even further distress.

Recent research literature on treatment for PTSD during pregnancy suggests that evidence-based and professionally delivered and supervised treatment can be effective[9,10], safe[11] and is an opportunity to interrupt transgenerational repetition.[12]

Lack of newborn baby essentials

Case workers highlighted the very practical issues the women they support faced during pregnancy and after childbirth as lone parents. Often women could not afford basic essentials for their newborn baby such as baby-grows, blankets, nappies, buggies and other equipment. This factor of poverty compounded women's other problems and impacted negatively on their mental health. One case worker commented:

"They don't have the basic physical things like a Moses basket, baby clothes, or formula milk if they can't breast feed – this is a huge barrier for them."

(Phoenix Project case worker)

Childcare

Many women highlighted the barrier that lack of informal and formal childcare creates for them, particularly those whose children are pre-school age. Without family or friends to watch over younger children and without the money to pay for nursery or other childcare, women are often unable to take up opportunities which would benefit their (and their children's) emotional and economic wellbeing, so perpetuating their isolation.

Case workers highlighted that pregnancy for women who have other children is particularly challenging as they have so many appointments, and their lack of childcare makes this stressful and burdensome.

Case workers also highlighted the problems caused by Universal Credit provisions which can cover 85% of childcare costs but is only paid a month in arrears. One client works five mornings a week while her child is in nursery but during holidays, she would need to pay £300 per week childcare costs upfront and have outlaid over £1,000 before receiving the benefit payment.

School

The education system was challenging for some women to navigate as parents, particularly where there was a real cultural difference compared to the way education for children works in their country of origin. Some mothers were coping with these challenges really well and building relationships with their children's teachers, whilst others were struggling.

Some schools had played an important role in flagging up possible special education needs for some children, and arranging for specialist assessments, for example speech therapist assessment for speech delay. One support provider commented on the strong support

9 Challacombe FL, McKenzie-McHarg K, Glob. libr. women's med., ***Post-traumatic Stress Disorder (PTSD) in Pregnancy***, First published: February 2021 ISSN: 1756-2228; DOI 10.3843/GLOWM.412393 (Obstetrics Module, Volume 7, MATERNAL MENTAL HEALTH IN PREGNANCY, Volume Editor: Professor Louise Howard, King's College, London, UK)

10 Stevens, N.R., Michelle L. Miller, Christina Soibatian, Caitlin Otwell, Anne K. Rufa, Danie J. Meyer & Madeleine U. Shalowitz, (2020 a) ***Exposure therapy for PTSD during pregnancy: a feasibility, acceptability, and case series study of Narrative Exposure Therapy*** (NET), BMC Psychology volume 8, Article number: 130 (2020) Published: 09 December 2020

11 Baas, Melanie A.M., Maria G. van Pampus, Laura Braam, Claire A. I. Stramrood, and Ad de Jongh, ***The effects of PTSD treatment during pregnancy: systematic review and case study***, European Journal of Psychotraumatology , Eur J Psychotraumatol. 2020; 11(1): 1762310. Published online 2020 Jul 9. doi:10.1080/20008198.2020.176

12 Becker-Sadzio J, Gundel F, Kroczek A, Wekenmann S, Rapp A, Fallgatter AJ, Deppermann S. Trauma exposure therapy in a pregnant woman suffering from complex posttraumatic stress disorder after childhood sexual abuse: risk or benefit? Eur J Psychotraumatol. 2020 Dec 7;11(1):1697581. doi: 10.1080/20008198.2019.1697581. PMID: 33343833; PMCID: PMC7734094.

provided by schools involved in delivering a multi-agency response coordinated by social services Early Help.

Several women stressed how difficult it can be to raise a child alone in a different country, especially supporting children through the challenges of growing up in inner city London. Case workers also highlighted this issue which they felt their clients were often poorly equipped to navigate.

Housing

Most women had difficulties with their housing situation. One woman was living in a statutorily overcrowded situation, sharing one bed in a bedsit with her three children.

Other situations were less extreme, but there were many clients coping with uncertainty about the length of time they could stay in their current accommodation. In two cases, (one woman being evicted from National Asylum Support Service (NASS) accommodation and one woman who was being evicted by an ex-partner), the housing authority was refusing to accept their homelessness applications until they were effectively street homeless. Another client had struggled to understand the complexities of the council housing bidding system which had delayed her rehousing despite her eligibility.

The extremely poor condition of much NASS accommodation and equally poor housing management has been previously documented[13] and remains an ongoing concern. In one case the NASS accommodation had infestations of rats and insects, had a broken washing machine, the whole ceiling had fallen down in the bedroom and the accommodation provider not only failed to clear the rubble, but expected the mother and children to remain in the room despite the danger to life.

Additional housing issues are triggered when a woman secures her refugee status, when what should be a positive step forward towards greater stability in practice is turned into an unnecessary crisis as she is evicted from her NASS accommodation, because there is no effective join-up between the two statutory services.

High housing costs in private accommodation are a particular issue as women worry about not being able to afford the rent, and also worry about their lack of stability and security in this accommodation.

Lack of English language

For many women their lack of English language, whether spoken or in reading and writing, was a major barrier to managing in the UK and created challenges in understanding and then navigating the systems, particularly in health care, asylum, benefits, and education for self and children. Many women talked about the essential nature of the support they received from Hestia.

Several women felt that their work options were severely curtailed by their lack of English which held them back. This was linked directly to their lack of childcare - both the practical difficulty in doing classes and the exhaustion and overwhelm resulting from lone parenting as a survivor. Women found online courses equally if not more challenging as college-based courses with small children and babies to care for at home, often in very cramped physical spaces.

> *"I had a health visitor – she came and saw my accommodation and wrote to the council to tell them it's very bad. But they haven't done anything about it. It's very small – I can't put my cot in there so I put a blanket on the floor for me to sleep and put the children on the bed. It's a bedsit – only one room. It's giving me depression – even last night I took an overdose of my depression tablets because I was too stressed – they don't have any space to play.*
>
> *My older child has difficulty with his speech – when we went to speech therapy, they told me to do one-on-one sessions with him when he is alone in the room but here, I don't have anywhere to do that. Any time I try, his little brother will be disturbing so he doesn't pay attention. So last time we went to the appointment the doctor said he had not seen any improvement. I told the doctor I don't have a separate room - so when I try to do the things that we do during the appointment I don't have any space for that. Anything I try and do his brother will disturb and he will forget about what I am saying – even trying to get him to repeat after me. I am doing my best but every time my little boy will disturb us."*
>
> (Survivor)

13 ***Hope for the future: Support for survivors of trafficking after the National Referral Mechanism*** (2019) Ashiana, British Red Cross and Hestia

One of the biggest barriers to accessing and taking up support was having to repeatedly disclose their trafficking history to different professionals which reactivated their trauma.

Insufficient care from professionals

There were several instances where professionals were insensitive to the traumatised condition of women, even when their situation had been clearly disclosed and information previously shared. For many women, one of the biggest barriers to accessing and taking up support was having to repeatedly disclose their trafficking history to different professionals which reactivated their trauma.

"In a referral to a psychiatrist, I provided detailed notes, including how the baby was conceived [from sexual exploitation], but the first question the psychiatrist asked was "How long were you with the father for?" My client had to ask me to explain again."

(Hestia MSRT Advocate)

Some women faced difficulties when they had relatively good spoken English but lacked the specialist vocabulary, for example in relation to pregnancy complications, to fully understand the information provided by professionals. Often in these situations they were not provided with an interpreter, even when requested.

Some women did not feel well cared for by their GPs. For example, one woman had been refused an interpreter by her GP, another felt her GP had been rude to her, and a third received an inaccurate blood test as mistakes were made. Case workers commented that primary care services tended to be more responsive and sensitive to the needs of these mothers in areas where GP practices were also supporting asylum seeking communities and so had more diverse experience and understanding of needs.

The constant overhanging threat of detention or deportation combined with the requirement to sign on regularly at the Home Office reinforces a fear of professionals and statutory organisations. One worker commented:

"Signing in at the Home Office in Hounslow is a terrifying experience for women especially when they have their children with them as they are always afraid of being detained, and when pregnant they worry that all this stress is going into the baby."

(Hestia MSRT Advocate)

PART 2: CHILDREN

The 43 children of the 24 survivors of modern slavery participating in the research were either:

- With their mother during the period of her exploitation, or
- Born as a result of her exploitation, or
- Born after she had escaped exploitation but still recovering from her trauma.

In this section we highlight the direct impact of different forms of exposure to their mothers' experiences of exploitation for infants and children themselves. Whilst this group of children have not been directly trafficked or exploited under current definitions, they are still victims of the exploitation their mothers have suffered. This is either through being subject to abuse and neglect by the traffickers while accompanying their mother, witnessing their mother's abuse, or through the psychological impact of her trauma on their development and her care for them. A mothers' trauma can affect their parenting, their daily functioning, and the way they view their children, all of which may transmit trauma to their children.

Our research highlights the urgent need to identify this group as children with specific vulnerabilities which should be clearly articulated, defined and provided for within statutory support for vulnerable children and families.

TRANSMISSION OF TRAUMA

"She has very complex emotions towards her daughter - she loves her so much, but she has caused a lot of problems for her mum and is the reason her mum can't go home. She doesn't want to discipline her daughter because she feels she would be mean and is afraid those emotions would take control of how she behaves with her daughter, so she lets her get away with so much."

(Hestia MSRT Advocate)

"She gave birth very young and is only 20 now. She didn't want a baby although she loves him. She gets very tired, and shouts at him, but doesn't know why she shouts – she just says that if she feels unwell, she needs to shout at him."

(Hestia MSRT Advocate)

The Helen Bamber Foundation[14] highlighted the developmental impacts of maternal trauma in the specific context of modern slavery and human trafficking, and of direct trauma experienced by the children of victims of modern slavery and trafficking which continue beyond the period of exploitation:

14 Helen Bamber Foundation, 2013, Further Submission to Joint Committee on the draft Modern Slavery Bill, cited p.29 in ATMG, Time to Deliver, 2016.

"Children who are mothered by traumatised women are less likely to develop secure attachments, which are important for resilience against the development of psychological problems in the future. Children who are exposed to neglect or abuse whilst being minded by the traffickers are more likely to experience developmental difficulties and mental health problems in childhood and later in life."

Research on the impact of trauma from trafficking on maternal parenting by Castaner et al[15], identified one of the primary psychological consequences for mothers as emotional withdrawal when struggling with stress and mental health symptoms. In such moments they emotionally withdrew and could not connect and respond warmly and pro-actively to their children's needs.

Premature responsibility and hyper-vigilance

Case workers highlighted that many children are forced into premature responsibility or become hyper-vigilant to their mother's needs as an adaptation to the challenging circumstances they are living with:

"Children whose families and homes do not provide consistent safety, comfort, and protection may develop ways of coping that allow them to survive and function day to day. For instance, they may be overly sensitive to the moods of others, always watching to figure out what the adults around them are feeling and how they will behave. They may withhold their own emotions from others, never letting them see when they are afraid, sad, or angry. These kinds of learned adaptations make sense when physical and/or emotional threats are ever-present. As a child grows up and encounters situations and relationships that are safe, these adaptations are no longer helpful, and may in fact be counterproductive and interfere with the capacity to live, love, and be loved."[16]

A case worker commented on the children she had observed having to take on adult roles and responsibilities prematurely, for example one 12 year old boy who had been part of the trafficking situation and now took on the role of the man of the house, looking after both his mum and his little brother. This included sometimes interpreting for his mum whose English is poor and speaking to solicitors and others to explain that his mother would need an interpreter. Although he was doing extremely well at school, during the lockdown his school did nothing to support him and his case worker had to find him an old laptop through personal contact, and battle to get him internet access so that he could home school.

Another example of premature responsibility was a child aged five, who is bright and able and seen as "normal" by her mother, but this is already putting the child under strain as she is expected to behave in a more "grown up" way with her older sister with autism and challenging behaviour, so that her needs are already often compromised.

15 Ibid

16 The National Child Traumatic Stress Network (United States), https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects

In the following case, this young child has become hyper-vigilant to his mother's needs at the cost of his own wellbeing:

Thomas* is now six years old, acutely aware of his mother's mental ill health and very afraid of distressing her. The case worker observes that he never misbehaves, and if he is hurt, he doesn't tell his mother. Recently he injured his foot, and his mother only found out when she saw the bleeding. In a café with the case worker, he accidently burnt himself on a hot drink and again, didn't say anything. The case worker speculates that this is because he doesn't want her to worry and he fears that she may be overwhelmed by his needs and unable to cope.

Impacts of mothers' mental distress on children

Several women explicitly identified that if they got sad their children would sense it and get upset. If they cried the child would cry too, or if they were experiencing low mood the child would try to protect her by bringing a book or some other comforter.

One woman talked about her child with delayed speech and felt that he has been traumatised by her being upset by her experiences. She feels guilt and distress at her sense of herself impacting negatively on his speech development.

Another mother was very fearful of her children being abducted after an experience of seeing her trafficker in the area of the children's school. She and her children have subsequently been relocated to a different area but the experience has meant that the eldest child is now asking lots of challenging questions which she finds difficult to answer, and he is confused and unsettled as a result.

Over-protective parenting in an unsafe world

Many of the research participants faced difficulties in setting boundaries and managing the behaviour of their children as they grew from babyhood.

The focus group discussions with the MSRT Advocates on the experiences of women earlier in their recovery journey suggested that this difficulty in setting boundaries may be derived from over-protective parenting highlighted by Castaner et al[17] as one of the psychological consequences of the trauma of trafficked women. Women who have been controlled and coerced, often during their own childhoods as well as in adulthood, may find it difficult to distinguish between healthy boundary-setting (which protects children and helps them to develop their own self-regulation) from abusive control and coercion. Fear of creating an over-controlling environment may make any boundary-setting at all feel painful and excessive for these mothers in their desire to protect their children from harm.

"Some of my clients who are more self-aware are attending parenting groups where they talk about development milestones and managing behaviour but they had childhoods with very disciplinarian environments, and don't want to replicate that in their own home, and if they try, it brings up memories of their controlling fathers involved in their trafficking or forced marriages that had resulted in their sexual exploitation."

(Hestia MSRT Advocate)

In the following case, the challenge of over-protective parenting has delayed this child's access to the support he needs:

Harry* is now aged three and does not talk at all. Speech and language therapy, and observation have been planned although this has not yet started.

He doesn't seem to understand his mum, or respond verbally to her, and she finds his behaviour hard to manage. There is a lot of shouting and they are not able to communicate effectively. His mum worries that he is not "normal", but she doesn't want him to receive a diagnosis. She is very protective of him and doesn't want him to have vulnerabilities or be diagnosed with a disability because in her culture this would carry stigma, and she wants him to have a better life than she has had.

17 Op.cit.

Similarly, the case of Imran* below illustrates the complex attachment dynamic between mother and child and the negative impact over-protective parenting may have for a child's development.

Imran* is a little over three years old and was born as a consequence of his mother's exploitation, so she has extremely complicated feelings related to this, but her case worker observes that *"he is her whole world"*. He was born with a club foot and has many physical challenges including having to spend a lot of time at hospital.

His mother is very protective of him, but as a result extremely restrictive, to the extent that her case worker thinks this may be starting to hinder Imran's progress and development. His mother removed him from nursery after reacting very strongly to a minor and typical toddler accident, and he has now been out of nursery for over a year. The case worker is concerned that Imran's development may be increasingly negatively affected by his mum's over-protectiveness as he grows older.

"All four children were born during her exploitation and were brought up while she was enslaved in domestic servitude. She is so upset because she does not know how to help them. She can see the impact it has had on them, but feels ill-equipped to help them, and can't see how. She is too gentle with them and will not enforce boundaries or discipline because they have been through so much and she doesn't want to be harsh and strict".

(Hestia MSRT Advocate)

"Many of my clients are lax with boundaries – the children push at the boundaries but the clients feel guilty if they say no, or yell."

(Hestia MSRT Advocate)

For these women it may not be possible to manage healthy boundary-setting which is loving but also firm and containing for their children without additional parenting support.

Research by Castaner et al[18] demonstrates that mothers who are still experiencing generalised fear and lack of trust due to their past trauma worry about the safety of their children and focus on protecting them above all else. For these mothers too, it may not be possible to manage and navigate the healthy risk-taking which promotes child development without additional parenting support.

It is important to highlight here however that these psychological consequences are imposed upon survivors by the external circumstances of their trafficking, despite their remarkable resilience as mothers. These are the psychological consequences of their traumatic exploitation and require effective responses which offer protection, support and care from the wider system to help mothers overcome them.

DEVELOPMENTAL DELAY AND AUTISM SPECTRUM DISORDER

A number of the children included within our research were being investigated or supported for developmental delay, particularly speech delay, and there were also several cases of children with Autism Spectrum Disorder (ASD). Our study of 43 children is too small to consider prevalence in this group in relation to the general population. However, the apparent prevalence of developmental delay and ASD within the children of survivors of modern slavery and trafficking was raised consistently as a notable concern across all three focus groups and by professionals from other organisations providing support services to survivors.

"Our experience is that there appears to be a link between the trauma experienced by mothers and developmental delay in some children which needs further investigation. In particular we see speech delay and verbal development as the biggest issue, although we also see physical delay in motor skills too."

(Support provider)

18 Ibid

"I have been working with some mothers for over three years, often since the children were born, and have seen how mums' mental health has impacted on some of the children's development, resulting in speech and language difficulties and behavioural issues."

(Hestia MSRT Advocate)

The research literature does not provide specific evidence in relation to developmental delay or ASD in relation to the children of survivors of modern slavery, but there is a growing body of relevant work identifying increased prevalence in the children of immigrants and refugees[19], linked to dislocation and deprivation[20] and suggesting that maternal immigration status is a particular risk factor[21, 22]. Schmengler et al have identified increasing evidence that children of immigrants are at higher risk of neurodevelopmental disorders, particularly ASD.

Two women who took part in the research had a child diagnosed with autism, and one woman had a child with suspected autism. All three women were facing challenges in caring for their children including significant personal care for one older autistic child unable to eat independently and suffering with incontinence. Another woman had a child with a possible learning disability. These needs created particular issues with managing difficult behaviour which resulted in these women being particularly anxious about relationships with neighbours.

Other health needs of children included speech difficulties and delay, eating difficulties and low self-esteem.

Jason* is pre-school age with speech delay and very tuned in to his mum's needs, crying when she cries. They live in a cramped bedsit where his mum often sleeps on the floor.

He and his mum stay with a friend from her country of origin every week, even though it involves a stressful journey across London to get there, because the friend has a house with a garden and space for him to play and keep his toys, although she has no children for him to play with. Although this is a genuine friendship based on a family relationship, his mum finds this really hard and oppressive. She usually stays there up to three nights a week, but this is only for her son – for her, it underscores her lack of her own home and she describes it as *"like being a slave."*

Jason reacts to his mum's distress and also finds this constant change and separation from his toys disruptive and distressing, crying every time they return to the bedsit.

One case worker described a child who has regressed, barely talks and now does not respond to her name.

19 Schmengler, H., David Cohen, Sylvie Tordjman and Maria Melchior, Autism Spectrum and Other Neurodevelopmental Disorders in Children of Immigrants: A Brief Review of Current Evidence and Implications for Clinical Practice, 2021, Front. Psychiatry, 18 March 2021 | https://doi.org/10.3389/fpsyt.2021.566368

20 Abigail L.H. Kroening, Jessica A. Moore, Therese R. Welch, Jill S. Halterman, and Susan L. Hyman, Developmental Screening of Refugees: A Qualitative Study, Pediatrics. 2016 Sep; 138(3): e20160234. doi: 10.1542/peds.2016-0234

21 Ibid

22 Linnsand, P., Christopher Gillberg, Åsa Nilses, Bibbi Hagberg & Gudrun Nygren, A High Prevalence of Autism Spectrum Disorder in Preschool Children in an Immigrant, Multi-ethnic Population in Sweden: Challenges for Health Care, Journal of Autism and Developmental Disorders, published June 2020, volume 51, pages538–549 (2021)

CHILDREN'S EXPERIENCES

Case workers do not work directly with any of the children in the service and so their input to this research is based on their work with mothers and their observations of the lives of the children within the service.

Case workers commented that the cultural and social barriers women faced in navigating the UK systems had a direct effect on their children's experiences. Processes such as school applications, orientation days, and the forms and administration that come with these can be difficult to manage. Understanding their children's rights and entitlements is a particular barrier – for example, one child with autism has a special learning plan in place but the school is not implementing it, so the mother is having to pursue this with the school.

Going to school raises new issues for children about the differences in their home circumstances from other children which causes tension and conflict between them and their parents. Case workers described the following questions frequently coming up for children especially as they get older:

"Why don't we have a home?"

"Why am I different from other children?"

"Why don't I have the same clothes as other children?"

"Why don't you have a job?"

"Why don't I have a dad?"

Caseworkers also noted that the women in this cohort are less internet literate and are not used to "googling" information to find things out– they rely on word of mouth, which makes them very reliant on their limited social networks.

CHILDREN AS VICTIMS OF ABUSE

Within the research cohort there were a number of older children who had been with their mother during her trafficking and for whom these experiences have had long-term consequences.

In this case the children were direct victims of violence and abuse by the traffickers, and the guilt and shame felt by their mother continues to undermine her relationship with them:

Sabia* and **Mo*** are now young adults and both have serious health issues because of being beaten when they were with their mum during her exploitation. One has permanent damage to his hearing and inner ear and the other is severely scarred, particularly on his face.

They love and care for their mum and want her to be happy, but she sees their injuries as permanent reminders of what happened. She feels that she failed them and can't accept the love and support she needs and wants from them because she feels she doesn't deserve it.

These two children were also directly abused by their mother's trafficker:

David* and **Siobhan*** travelled with their mum and were with her throughout her exploitation.

The NRM has not categorised them as exploited children. However, they were witnesses to the abuse of their mother, and they were also subject to direct abuse and neglect themselves during the course of her exploitation, for example, being locked up in rooms.

In the following case, the children's experiences as witnesses of abuse are now affecting them at school:

Isaac* and **Jennifer*** were with their mum during her exploitation and throughout this time witnessed her being beaten and abused by the trafficker. They both now have behavioural issues at school and need additional support, but this has not yet been provided. Their school does not know about their history.

Their mum's Hestia Advocate is encouraging her to accept referral to the Children's Society for the counselling and support they need, but she has refused because she is afraid that if the counsellors found out what has happened to her, they may reveal to the children more about her sexual exploitation. She also does not want her Advocate to speak to the school about these issues because she is very afraid of the authorities and that the children will be taken away from her as she will be seen as an unfit mother.

This teenager has suffered direct risk of exploitation due to lack of prioritisation and protection from the housing authority and also suffered long-term psychological consequences from witnessing her mother's trauma over several years:

Ardian* was with her mum throughout her mum's domestic servitude, where they lived with the exploiter, and Ardian went to the same school as the exploiter's child.

The Hestia Advocate had to fight to get the local housing authority to recognise the family's vulnerability as victims of modern slavery – the housing officer expressed the view that as it was domestic servitude and not sexual exploitation, their case was not a priority as it *"was not that bad"*.

Ardian was aged 15 at this point and understood clearly what was happening. She was always with her mother during key work sessions when her mother was often very emotional and distressed. There was a significant risk of re-exploitation and risk to Ardian's safety as the exploiter knew their address when they were eventually placed in a temporary hostel. Ardian was very withdrawn and distressed as a consequence of her experiences. She is now 17, her mum's case is being prosecuted, they have been rehoused in a flat, she is at college and is now receiving counselling.

Often women could not afford basic essentials for their newborn baby such as baby-grows, blankets, nappies, buggies and other equipment.

SUPPORT

Case workers identified very limited support from professionals for children, with relatively little specialist help provided to children by local authorities, health services or in the community. Where children were receiving assessments or some support, it was typically as a result of strong advocacy on the part of the case worker.

Four children had previously been identified as a Child in Need under the provisions of section 17 of the Children Act 1989 and were formally supported by children's social services but these cases have all been closed and they no longer receive support. One woman who has recently entered the service, is pregnant and her unborn baby identified as a Child in Need so she is currently being supported by social services. The MSRT Advocates working with women earlier in their recovery journey than those in the Phoenix Project reported greater involvement of social services through Child in Need and Child Protection, and the other support providers also reported working closely with social services where there were safeguarding issues. However, there were also specific challenges in relation to the trafficking context:

"Social services may assess risk to the unborn child purely on the basis of her trafficking and on experiences completely beyond her control – they look at accommodation, language and isolation and this often doesn't result in a good support plan being put in place but creates a huge amount of stress during the pregnancy - we have to advocate strongly that these issues are not to do with her capacity as a parent."

(Hestia MSRT Advocate)

The focus groups with the MRST Advocates and interviews with key professionals indicated that the public sector services that deliver the strongest response in supporting children are schools and Early Help from social services. There is no overall consistent practice however, and the best support has often been from localised responses from individuals. Early Help provides preventative support at lower levels than provided at Child in Need or Child Protection levels, and because it is not directly related to statutory duties it is vulnerable to financial cuts[23], and support varies by local authority.

"A lot of the children we see are probably at the Child in Need threshold but because they are not destitute, social services don't accept that and instead refer back to Early Help – the gap between these two levels is massive."

(Support provider)

Early Help appears to work well when it coordinates a multi-agency response and the ability to think about both the child and the parent. However, it is often a short term response of approximately twelve weeks, although has provided stronger support if allowed to continue for an extended period.

"I had a case where Early Help continued for a year and along with the school and mental health professionals, we took a multi-agency approach which made a real difference."

(Support provider)

There was also little direct support available from mental health services for children. Hestia has secured some funding to pay for private counselling and therapy, but this is limited and provides only a short-term intervention, whereas ongoing support is needed for a number of the children.

The need for a level of advocacy for the child's individual rights and needs was directly identified in at least three cases:

- The first was in relation to the right to British citizenship for a child born in the UK to a British father.
- The second case was a child with diagnosed speech delay who has been prescribed speech therapy practice with his mother alone, but they are living in a cramped bedsit with a baby who wakes and is distressed whenever they try. The health care professionals do not understand this specific situation and how unrealistic and unachievable the therapy practice is:

23 See: https://www.local.gov.uk/publications/child-centred-recovery

"He needs a support worker just for him – to advocate for him. I have followed up the speech clinic – many emails and phone calls - and they have not got back. He needs more than I or his mum can give as she doesn't have the capacity."

(Phoenix Project case worker)

- The third case was a baby who needed an emergency ambulance three times and, because her mother's spoken English is limited, was not treated as a serious emergency on each occasion and so did not get a diagnosis or proper medication for four months.

Where children were receiving assessments or some support, it was typically as a result of strong advocacy on the part of the case worker.

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THE LEGAL PERSPECTIVE

The Modern Slavery Act 2015 ("MSA 2015") provides wide-ranging protections to "victims" of modern slavery offences. However, the definition of "victim" at section 56 MSA 2015 is ambiguous and circular and does not provide any meaningful definition of who is to be treated as a victim. It is therefore unclear whether it applies to indirect victims, such as dependent children of direct modern slavery survivors.

Whilst on a wide interpretation of the definition of 'victim' in the MSA 2015 it could be said to include dependents of modern slavery survivors, this ambiguity and the lack of specific statutory protection gives insufficient recognition to the harm that dependent children of modern slavery survivors have suffered. These children may not be direct victims themselves, but may have witnessed such modern slavery first-hand, been exposed to its impact on the parent, or even be the result of sexual abuse in the course of modern slavery. Although indirect victims, they are victims in their own right. This lack of specific recognition may impact the support such children are able to receive and could also fail to prevent the cycle of modern slavery continuing. The Government's Modern Slavery Strategy recognises the importance of the provision of compensation in psychological recovery, and to prevent re-trafficking. As a consequence of the uncertainty surrounding this definition, it is possible that dependent children as indirect victims may struggle to access discretionary reparations under the MSA 2015.

Despite the lack of clarity set out above, current guidance and practice does provide for child victims of modern slavery, including reference to the child dependants of adult victims. However, whether such provision is available depends on how the relevant authorities treat and classify indirect victims of modern slavery, and therefore on their interpretation of the above definition.

The Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland sets out a number of obligations, including to educate child dependents of adult victims and to consider, as part of the Needs-Based Assessment, if any dependents should be referred to the National Referral Mechanism in their own right. Child dependents of potential victims may also be entitled to receive financial and material support through the Modern Slavery Victim Care Contract.

The Children Acts 1989 and 2004 place broad obligations on statutory agencies to protect and safeguard 'children in need', which would likely include children of modern slavery survivors. Such children then fall under the broad remit of local authorities' welfare obligations.

Under the UN Convention on the Rights of the Child the government is obliged to take all appropriate legislative and administrative measures to ensure the child receives the necessary protection, and to have the child's best interests as the primary consideration. Further, much of the focus of the work of UN's Special Rapporteur on contemporary forms of slavery includes "eliminating every vestige of child slavery". Under the UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power 'victim' includes dependents of the direct victim.

The uncertainty of whether dependent children of modern slavery survivors are included under the current definition of a victim in the MSA 2015 means that the interpretation of the breadth of the definition is individual to statutory bodies. This may result in a disparity across regional practices, effectively reducing the protection available to a postcode lottery. Amending the MSA 2015 to clearly bring dependent children of modern slavery victims within scope of the definition of "victim" would reduce this risk, and would provide an explicit statutory footing on which such children would have independent rights to access support and compensation.

There is now an analogous example of this approach in the Domestic Abuse Act 2021 in which children of domestic abuse survivors are now explicitly defined as victims in their own right. This strategy has therefore had government support in that context. This change provides these children with independent statutory recognition, enabling them to access the required support and legal protection.

Similar provisions in the MSA 2015 in respect of dependent children of modern slavery survivors (and indeed other indirect victims of modern slavery) would enhance the protection for this invisible class of victims. Indeed, expanding or clarifying the definition of 'victim' would enhance the Government's Modern Slavery Strategy aim of reducing the harm caused by modern slavery through improved victim identification, as well as being consistent with the UN Convention and the UN Declaration.

Contribution from Hogan Lovells LLP

Sami's* story

When I was seven years old I was abducted by soldiers from my home country during a civil war and taken to another African country where I was adopted. I never saw my birth mother or my brother and sister again. This is why family is so important to me.

In 2004 I was trafficked to the UK. After I managed to escape and claim asylum it was still very hard. We had to move to a different city and my brain was not settled. When I think of what they did to me, I hear voices in my head. It is very hard for me. When I look at my children I wonder if they will suffer the same punishment as me, especially the girls.

Counselling helped me a lot and I started to feel settled. I was feeling happy but then one day I saw my trafficker near my house and I was very scared so we had to move again as I didn't feel safe. This wasn't easy as I have four children and they had to move school.

Since moving I have had lots of support from my Hestia caseworker, she brought clothes and books for the children. I've also been able to develop my English and I'm learning computer skills which has really improved my confidence.

Before I was very scared and shy. Sometimes when I saw people, I would think we are different because of what I went through. My support worker has helped me see that I am not different. I am now not ashamed to speak, and I no longer hide myself away.

Now that my children's school know about my circumstances, I am no longer as worried. I even told the school that I wanted my children to go to extra lessons and they arranged this. They teach them very well and have supported them with reading and maths. I want them to learn to have a good life. I don't want what happened to me to happen to them. They need to be confident, and I need to be proud of them.

My older children are starting to ask questions about why we had to move and my eldest child has asked why I was so scared. He knows a little bit about what happened to me but not the full hard story. I think when he grows up, he will understand. I think I will talk to my children about my situation when they are older.

For me, my biggest desire is to stay with my children. I don't want us to ever be apart like I am from my own mother and siblings. I want us to stay together, as a family.

Viki's* story

I have two children, my son who's five and my daughter who is three. I love them both so much, they give me a different life and I am very happy.

My son was born after I had escaped slavery and even though I had health issues during the pregnancy, things went well at first. But then we had to move cities and I didn't have anyone around me, not many friends and no family. I was isolated. When you feel so alone it's so hard to cope.

I was very concerned about my son and the delays in his speech, so I went to the GP and asked the Health Visitor for help, but they just told me not to worry. But I said, 'look my son was talking and now he has stopped – something is wrong'. But they didn't see the gap between his age and his development. The most difficult thing is that he can't express himself. He can't tell me his needs, like 'mummy I want bread, or water, or a book', or anything like that.

It's hard, and it was very difficult when they gave him the diagnosis of Autism because I was not aware of it and didn't know what it meant or how to help him. I felt like the world was finished, like I didn't have a life anymore. I was feeling so down and I didn't know what to do next – he was being sent home from school all the time and I didn't know how to help him at home.

My Hestia case worker chased up speech and language therapy because if I called them, no one cared. They'd just say, yes, we're going to visit him, but didn't.

My caseworker also found funding for me to see a psychologist over Zoom. This was the best support because the therapist was able to show me what I was doing good and what I had to change. She showed me how playing together was the way to change his behaviour – I would play games and make it fun when we were making difficult changes, like saying 'Bear is coming now to turn off the TV' and he'll smile about that, and then we start playing animals or blowing bubbles in the garden. Before he would never have accepted me turning off the TV.

Now I'm more confident with him – she's taught me how to deal with his behaviour and how to make my life more normal. It's a long way to get there because he is very delayed and needs lots of support, but it's helping me. She has also helped my mental health and feelings because before I was trying so hard yet getting nothing back. I was thinking 'Oh my god, he's not himself, what am I going to do next?'

My caseworker also talked to the school. My son is still toilet training, and we had an incident in the school because they didn't want to take him to the toilet or change his nappy – when I learned about that I kept him at home, I said I wasn't going to bring him to school if they don't look after him. But my caseworker helped me to get a plan for my son and the school accepted that they had to work with him.

Without this help, I couldn't have moved on with my son, because mentally I felt very bad about how to support him, with Covid, and the way things were at school. Now that I see the school is working with him and supporting him and I feel like they are supporting me too.

Before, he would have big tantrums, say if I switched off the TV, he would scream and scream and cry and bang his head on the wall. The neighbours kept complaining and my landlord wanted me to move out. But now my son's behaviour has changed, the landlord isn't telling me we have to find somewhere else and we can stay.

My son has special needs, he has Autism, but he is a lovely boy, he is amazing, I am so proud of him.

Hestia has secured some funding to pay for private counselling and therapy, but this is limited and provides only a short-term intervention, whereas ongoing support is needed for a number of the children.

CONCLUSIONS

"I want them to learn to have a good life. I don't want what happened to me to happen to them. They need to be confident, and I need to be proud of them."

(Survivor)

A mother's trauma as a result of modern slavery can affect her parenting, her capacity for daily functioning, and the way she views and relates to her children, all of which can transmit trauma to her children. What is clear from our research is that our support systems are failing these children. All too often they are overlooked, misunderstood and forgotten.

Early parenting support for mothers is essential if we are to prevent the intergenerational transmission of trauma. Yet if we are to truly break this cycle then we must do more.

Children affected by maternal experiences of modern slavery should be clearly defined as having specific vulnerabilities and differentiated from other vulnerable children. They need to be explicitly protected within statutory safeguarding guidance to ensure their needs are fully considered.

We need to train our health professionals, teachers, and social workers to better understand the impact of being a child whose mother has experienced modern slavery; ensuring their support is trauma-informed.

And when we intervene early with the right support, Hestia's case work experience suggests that the impact may be transformational, helping children to flourish, and gain confidence, skills and resilience. By giving these children a voice and advocating for their needs we can change lives.

The overwhelming hope we hear from mothers who have survived modern slavery and trafficking is that they want a better life for their children. We must not let them down.

Our recommendations are

Improve insight and understanding of children affected by maternal modern slavery

- The **Home Office** should capture and publish data on the key characteristics of pregnant women, women who are mothers, and dependent children within the NRM.
- The **Children's Commissioner for England** should develop a clear definition of this group of specifically vulnerable children from the working definition used in this research and data provided by the Home Office to be used in statutory guidance and other care and support frameworks.

Improve protection and support for children affected by maternal modern slavery

- The **Government** should amend the Modern Slavery Act 2015 to clearly bring dependent children of modern slavery victims within scope of the definition of "victim".
- The **Department for Education** and **Department for Health and Social Care** should develop and implement specialist guidance and training modules for the health, social care and education professions. This should make explicit reference to these children being potentially vulnerable children when assessing children's need for early help or for support under Section 17 of the Children Act 1989 in Working Together to Safeguard Children.
- The **Home Office** should fund the development, trial and possible introduction of Children and Family Advocates within its Victim Care Contract.

Innovate new service models of support for families affected by maternal modern slavery

- **NGOs** working with survivors of modern slavery should develop, test and evaluate new models of targeted, trauma-informed child and parenting support for families affected by maternal modern slavery.

At Hestia we support adults and children in times of crisis.

We deliver services across London and the surrounding regions, as well as campaign and advocate nationally on the issues that affect the people we work with. For 50 years, Hestia has provided support and hope every step of the way of recovery.

Last year we supported 15,328 men, women and children.

This includes victims of modern slavery, women and children who have experienced domestic abuse, young care leavers and older people. From giving someone a home, to helping them to get the right mental health support, we support people at the moment of crisis and enable them to build a life beyond a crisis. We are supported by nearly 600 volunteers across London who provide specialist skills such as art therapy, yoga, IT, gardening and cooking, as well as befriending and fundraising.

Together, we can make sure people find a life beyond crisis.

*All names have been changed to protect the survivor's identity.

For more information, please contact us at:
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To make a donation, please visit:
https://www.hestia.org/Appeal/modernslavery

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