

At Hestia, we support adults and children across London in times of crisis. Last year we worked with more than 9,000 people, including victims of modern slavery, women and children who have experienced domestic abuse, young care leavers and older people. Hestia is the largest organisation in London supporting victims of modern slavery.

To volunteer for the Phoenix Project visit:
www.hestia.org/our-news/phoenix-project/

Donate at:
www.hestia.org/donatenow

If you consider yourself to be a victim of modern slavery and are in need of assistance, or you have come into contact with someone you suspect may be a victim of modern slavery, please call the Salvation Army's confidential helpline on **0300 3038151**

For more information

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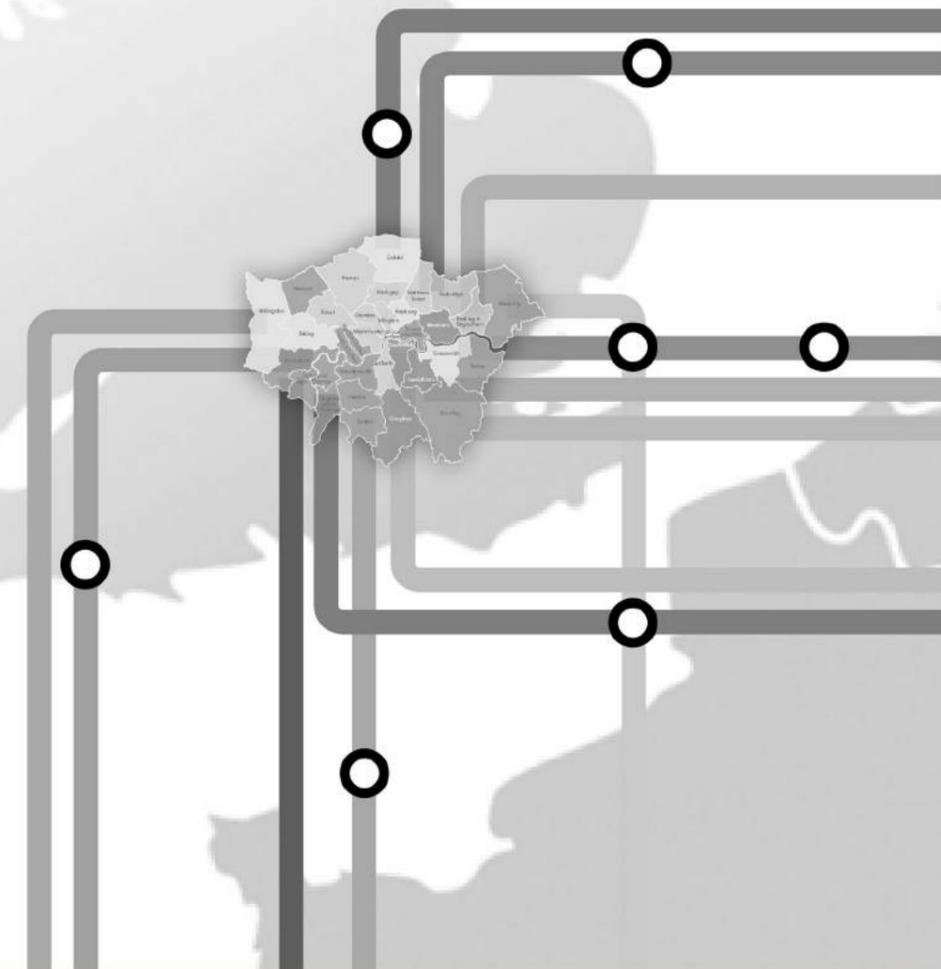
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Underground Lives

Pregnancy & Modern Slavery

March 2018



Foreword

In 2017 Hestia supported 870 adults and 315 dependent children who were victims of modern slavery across London. The numbers are rising year on year.

In recent years we have seen positive initiatives by the Government to support victims of modern slavery. However, current provision is inadequate to meet the complex needs of those who have suffered multiple traumas. For that reason we have committed to publishing key data in our Underground Lives series, to shine a light on the most serious and overlooked aspects of modern slavery in London today.

1 in 4 women were pregnant when they came to us. Pregnancy is a time of increased vulnerability for all women. For victims of modern slavery who are pregnant, their experiences of trauma and abuse mean that pregnancy and childbirth are times of heightened risk and vulnerability. Many contemplate suicide. All are isolated and long for contact with their mothers. Few can do this due to threats from their traffickers or their own shame about what has happened to them. The stories are harrowing: a woman receiving her first antenatal appointment so late in her pregnancy that she went into labour during her first scan; another woman giving her newborn baby cow's milk because she could not afford formula.

More than two years have passed now since the Anti-Trafficking Monitoring Group highlighted the fact that victims of modern slavery who are pregnant are "systematically overlooked" in the UK's modern slavery response. The support provided to these women as part of the Government's National Referral Mechanism (NRM) is vital to improving outcomes for themselves and their babies. However, this report highlights the desperate need too for the NHS to provide priority access to perinatal mental health support for pregnant victims of modern slavery. It sets out the need for the Government to ensure that its current review of the NRM process recognises the vulnerabilities of these women. Finally, it highlights the vital role that we can all play as members of civil society to offer friendship and support to these women. At Hestia we are committed to supporting swift action in all of these areas and we hope others will join us.

Alongside the shocking stories, our case files also tell stories of the heroic efforts of ordinary people who facilitate rescues by providing a distraction for traffickers, calling the police or helping victims to get to police stations and hospitals. Together we can provide a safe and secure future for these women and their children.

Patrick Ryan, CEO

Key findings

1 in 4 victims of modern slavery who were supported by Hestia in 2017 were pregnant when they arrived with us.

Pregnant women who have been victims of modern slavery continue to experience trauma and significant barriers to their recovery after they are freed.

- Before coming to Hestia, nearly 2 in 3 of women received no antenatal care until their third trimester.
- 1 in 3 women reported having suicidal thoughts during their pregnancy.
- Before coming to Hestia, 16% of women had slept rough whilst pregnant.
- All pregnant women in the NRM process relied on charity and food banks for basic needs.
- 4 in 5 women were estranged from their families at a time when they craved the support of their own mothers.

Recommendations

To ensure these women and their children get the support they need to recover and rebuild their lives we urgently need:

- The NHS to provide priority access to perinatal mental health support for pregnant victims of modern slavery;**
- Civil society to develop befriending programmes that offer friendship and support to pregnant victims of modern slavery;**
- The Government's review of the National Referral Mechanism (NRM) to ensure that the additional vulnerabilities of pregnant women are recognised and adequate support provided;**
- Further research by the Government to investigate if there is a systemic disadvantage facing pregnant women in the NRM process.**

Methodology

The following methods were used:

- Data analysis of the Initial Assessment Records of 147 women who were pregnant when they arrived into our Modern Slavery Response service in 2017;
- A review of 50 women's follow-up assessments;
- Consultation with Hestia's Modern Slavery Response team;
- Consultation with the Royal College of Midwives;
- Interviews with 10 women who gave birth whilst their case was considered in the NRM.

Data in this report is for victims of modern slavery who were supported in London. The picture may be different elsewhere in the UK.

Hestia's modern slavery response

Hestia's modern slavery service started in 2011 and we have **supported over 2,500 victims** since then. Currently, we provide 5 safe houses in London and Kent, as well as a pan-London outreach service working in every London borough. In 2017, we supported **870 adults** and **315 dependent children**. This represents the majority of adult victims of modern slavery in London for that period.

We work closely with The Salvation Army to deliver support to victims who have been referred into the National Referral Mechanism (NRM). The NRM is a national framework that ensures victims of modern slavery are identified and receive appropriate support. In 2018, Hestia also launched the Phoenix Project to provide volunteer-led long-term support to victims of modern slavery in partnership with the British Red Cross.

The profile of female victims of modern slavery in London

In 2017 Hestia supported **671 women in London** who had been victims of modern slavery. Of those, **69% were trafficked for sexual exploitation** (including prostitution, strip clubs, escort work and pornography), **25% were exploited in domestic servitude** (including working as cleaners, carers or nannies) and **6% were forced into labour** in work such as nail bars.

The women we supported came from **58 countries of origin**, with over **50% coming from Albania and Nigeria**.



Pregnancy in modern slavery

Pregnancy is a time of increased vulnerability for all women. For victims of modern slavery who are pregnant, the experiences of long-term trauma and abuse lead to even more heightened symptoms of emotional and physical vulnerability. However, a 2016 report by the Anti-Trafficking Monitoring Group (ATMG) found that victims of modern slavery who are pregnant are "systematically overlooked" in the UK's anti-trafficking response.

During 2017, 630 of the women we supported were of reproductive age¹. Out of those, 23% were pregnant when they entered the NRM. When accounting only for victims of forced prostitution, 29% were pregnant when they entered the NRM. A number of the women told us that their pregnancy was a result of rape during the time they were being exploited. This includes both victims trafficked for sexual exploitation and victims of domestic servitude. Among the women we supported we have heard stories of forced abortions. Some women also told us that a desire to protect their unborn child gave them the courage to escape.

1. Reproductive age is defined as 15 – 49 years old according to the World Health Organisation.

"Now I'm strong for the sake of my children. They are reason to live."

Issy's story

When Issy became pregnant, she tried to conceal it from her captors for as long as she could. When they found out, she was forcibly taken to an abortion clinic. Issy was desperate to let one of the health professionals know that she did not want to go through with the abortion, but she did not speak their language and she was terrified of the consequences if her abusers saw her attracting attention. However, the clinic refused to perform the abortion without a medical certificate as Issy was in the second trimester of her pregnancy.

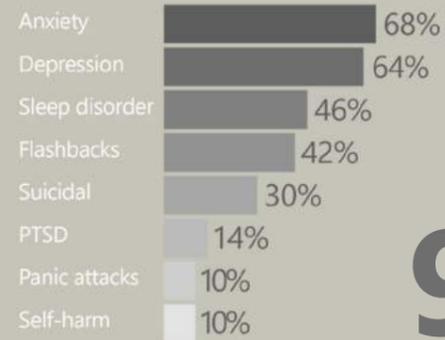
Issy was returned to the flat where she was being kept and was ordered to continue having sex with her clients until they no longer wanted her. That night, Issy overheard her captors say that they would wait until Issy's baby was born and then they would take it from her so she could continue working.

Issy knew she had to escape. She chose a moment when her captors were distracted and ran out of the house. An older woman saw Issy visibly distressed and took her to a police station.

The needs of pregnant victims of modern slavery

Mental Health

The main issues affecting women during their pregnancy were:



“I feel alone. Thinking about how I will raise my son and what kind of life is ahead makes me sad.”

95% of women exhibited signs of mental health problems when accessing our service

Many women told us that the birth of their baby enabled them to develop resilience. However, even when the birth of a baby was an overwhelmingly positive experience, mothers worried about their past and how it was going to affect their child.

For the majority of women who had exhibited self-harming or suicidal behaviour whilst being exploited, pregnancy stopped this. However, 30% of women continued to have suicidal thoughts. There were instances of women who attempted suicide whilst pregnant, though none occurred while the women were supported by Hestia. A number of women continued to self-harm.

While these women are in urgent need of mental health support, specialist services are few and oversubscribed. Nine out of ten women waited several months, and on two occasions over a year, to access specialist support.

Social isolation is linked to postnatal depression and to impairment in early child development (Public Health England, 2015). 80% of women were estranged from their families. Amongst some cultures, the shame associated with forced prostitution and having a child out of wedlock meant that women were disowned by their families. For example, Albanian women told us that their families would never accept them back, with some expressing fear for their lives if they returned. This was particularly painful for pregnant women who, at this particularly vulnerable time, craved the love and support of their own mothers. For some women, it was their own feelings of low-self worth and shame that kept them from reconnecting with their families.

Six out of ten women listed their advocate and their counsellor as the only people they could speak with. However, some women had developed friendships in their local communities that played a significant role in building resilience. Places of worship were frequently mentioned as a source of strength and support.

Physical Health

60% of women were in the third trimester of their pregnancy when they entered our service and only accessed antenatal care for the first time with support from our advocates. For example, one woman had her waters break whilst having her first scan. A further 22% of women had not accessed antenatal care until their second trimester.

The majority of pregnant women coming to our modern slavery services are not registered with a GP. Our advocates supported women in overcoming barriers to accessing healthcare such as the lack of documentation, cultural understanding on behalf of health professionals or language barriers. The majority of women went on to report a positive experience from their maternity healthcare. However, instances of bad practice existed, with reports of GP surgeries booking male interpreters for health appointments or interpreters passing judgment over women’s choices.

The trauma endured by these women during their exploitation can act as a barrier to accessing health services long after they have regained their freedom. For women who have suffered rape and sexual violence, any intimate examinations may trigger flashbacks. As a result, these women may avoid all such health appointments. For example, one woman who had been kept in slavery working as a maid, had also experienced sexual violence and undergone Female Genital Mutilation (FGM). She was too scared to attend the necessary health appointments and in the end chose to terminate her pregnancy due to the stress involved in undertaking physical checks.

“I have asthma and I couldn’t afford medication. I struggled when I was pregnant. I felt like I couldn’t breathe and worried I’d harm my baby. My advocate helped me get the HC2 form so I could have my medication for free. I wish I’d known from the start.”

Late access to healthcare is particularly worrying as victims of modern slavery are likely to suffer from a range of physical health problems that, without a suitable maternity care plan, are likely to impact on their pregnancy or to affect the health of their baby. Some of the most common problems are:

Sexually Transmitted Infections (STIs), Hepatitis B, and HIV: Some women had already been diagnosed with STIs, Hepatitis B and HIV when they reached our service. However a significant number of women had never had a sexual health check. Our advocates supported these women to access sexual health services, leading, on many occasions, to further diagnosis of STIs and HIV.

Abuse of drugs and alcohol: A number of women had been forced to consume alcohol or take drugs whilst they were being exploited. The majority of these women had stopped using all harmful substances as soon as they managed to escape. However, alcohol remained a coping mechanism for some women after their escape. These women were unable to stop drinking during their pregnancy.

FGM: Some women had experienced FGM and had to adjust their birth plan as a result. For example, one woman who first accessed antenatal care in the final month of her pregnancy was told that she would have to deliver her baby via C-section due to the damage caused by her FGM.

Other untreated health problems women had that can impact upon their pregnancies included: Cardiovascular disease and diabetes; Tuberculosis; Meningitis; Cancer; Asthma and Thyroid.

Accommodation

At least 16% of women had been sleeping on the streets during their pregnancy before accessing our support. Even after entering the NRM, a significant number of women did not have suitable accommodation.

During the time we supported them, only 4% of pregnant women were in safe houses. 64% of women were living in National Asylum Support Service (NASS) accommodation and a further 22% lived with friends, often sleeping in sofa beds or in communal spaces. This is often because women do not want to move outside of London, despite being offered accommodation elsewhere. The remaining women lived with their partners who were usually the fathers of their children.

“Police here every night. Mixed gender accommodation. Police alarm triggers feelings and flashbacks from my escape.”

Safe houses in London are frequently at capacity. Whenever women have an asylum claim, Hestia advocates encourage them to take up NASS accommodation. However, women who were housed in NASS accommodation regularly reported concerns. The most common were:

Feeling unsafe due to: doors not locking; male visitors coming at all hours of the day; or accommodations being mixed gender.

Babies being brought up in unhygienic environments. For example, infestations were frequently reported with one mother telling us that she found her twin babies playing with a dead mouse.

Abuse by other residents or by staff. One woman reported that the accommodation manager had called her a “whore” and had laughed at her visible distress.

Rooms being too small for women at the late stages of pregnancy or for new mothers. This was particularly challenging for women who suffered from claustrophobia as a result of their experiences as a victim of modern slavery. One woman told us she felt so scared in her tiny room she thought that she would die. The size of their accommodation was also challenging for new mothers, with one telling us she found it very hard to breastfeed her baby in her single bed, while another mum told us there was not enough space to fit in her baby’s cot.

7 out of 10 women were sad or anxious at the prospect of bringing up their children in their current accommodation. Women also struggled with the regular moves between different types of accommodation. This happens because NASS accommodation in London is limited and tends to be full. The moves interrupted maternity care, newfound friendships or further delayed access to mental health support. Women were particularly reluctant to be moved outside of London for fear of losing valuable support such as that provided by community organisations or specialist mental health providers. As a result, women often chose to stay in unsafe accommodation rather than being rehoused in NASS accommodation, despite advice from our advocates.

Finance

The majority of pregnant women were destitute when they came to our service. Several needed clothes for themselves, while none of the women had any items to prepare for the arrival of their baby. Hestia advocates arranged for donations of baby items for all women and helped them receive their NRM subsidies and other entitlements.

“I leave things I need for myself so I can provide for my son. If not for Hestia, I would have really struggled.”

Even after receiving Hestia’s support, women struggle to live on their NRM subsidy or NASS entitlements every week.

Women told us they could not afford clothes and that they relied on donations from charities like Hestia, the church or their friends and neighbours. Women also told us that they struggled to buy food, leaving most dependent on food banks.

The situation was even harder for mums who struggled to breastfeed, with women telling us that they spent all their money on formula. On one occasion, a woman told us she was giving her baby cow milk because she was unable to pay for formula.

“I’m scared about my future and my daughter’s future. I don’t know what life I can give her.”

NRM and Exit from Services

In 2017, the Home Office announced a series of upcoming reforms to the NRM process. Hestia welcomes this initiative and hopes that these reforms will recognise the particular vulnerabilities experienced by pregnant women and their resulting support needs.

In 2017, 50% of the people we supported received a positive Conclusive Grounds (CG) decision and were recognised as victims of modern slavery by the Home Office. This is considerably higher than the 36% national average last published in 2016 by the NCA. Hestia’s team ensures that the people we support have suitable legal representation, are prepared for interviews and are able to gather all the relevant information that is required by the Home Office. However, only 33% of women who entered our service pregnant received a positive Conclusive Grounds decision. Further research is needed to understand whether pregnant women are disadvantaged in the NRM process.

“I’m not sure how to carry on without support from Hestia.”

NRM subsidies for women in our safe houses:
£65/week
£20.50 / for first dependent child
£13.55 / for every child thereafter
No additional funds whilst pregnant

NRM subsidies for women in our outreach service:
£35/week
£20.50 / for first dependent child
£13.55 / for every child thereafter
No additional funds whilst pregnant

NASS entitlements (only for people with an asylum claim):
£37.75/week
£37.75 /week for each dependent child
£3/week extra during pregnancy
Access to a one off £300 maternity grant
£5/ week extra for a dependent under 1
£3/week extra for a dependent under 3.

Upon receipt of a negative CG decision, women and their children normally have 48 hours to exit our service. In the absence of a pending asylum claim, women will be liable to deportation. Negative CG decisions mean women and their children will likely end up destitute. This exposes them to the dangers of re-trafficking as well as to the risks of honour-based violence upon return to their home countries.

Even for those women who receive a positive CG decision, exiting the NRM usually signals the end of the support Hestia can provide. At this point, these women will normally only have a 14 day grace period before they have to exit our service. In the absence of discretionary leave to remain or a pending asylum claim, they will also be liable to deportation and to the risks mentioned above. Exiting the NRM process can be an extremely stressful and dangerous time for all victims of modern slavery. However, the risks are considerably higher for pregnant women or new mothers and their dependent children due to their inherent vulnerabilities.

The role of everyday citizens

The horrors of modern slavery force us to face questions about the human capacity for evil. However, in this process we often discover stories of equally great kindness on the part of strangers. A number of women would never have regained their freedom were it not for everyday citizens. Our case files tell stories of ordinary people facilitating rescues by providing a distraction for traffickers, calling the police or transferring victims to police stations and hospitals. There are also numerous stories of women helping out women. Several pregnant women who were sleeping rough following their escape were given shelter by women who had never met them before. A number of these victims chose to continue living with their rescuers instead of accessing NASS accommodations.

Greater awareness raising will enable more members of the public to recognise the signs of modern slavery and intervene to uncover crimes and safeguard victims. Hestia also believes that local communities can play a key role in assisting the recovery of victims of modern slavery. It is for that reason we have developed the Phoenix Project, in partnership with the Red Cross. The Phoenix Project mobilises local communities to support victims of modern slavery to rebuild their lives after the NRM.

References

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- "Reducing social isolation across the lifecourse," Public Health England 2015
- "Time to Deliver. Considering pregnancy and parenthood in the UK's response to human trafficking." Anti-Trafficking Monitoring Group, 2016
- Howard L. et al (2018) "Accuracy of the Whooley questions and the Edinburgh Postnatal Depression Scale in identifying depression and other mental disorders in early pregnancy," The British Journal of Psychiatry, 212 (1)
- National Crime Agency Publications, National Referral Mechanism Statistics Quarters 1 – 4, 2017

Conclusion

Victims of modern slavery who are pregnant are extremely vulnerable. When pregnancy is the result of rape, it can further impact upon the victims' psychological wellbeing, her ability to develop resilience and to bond with her child.

The 2005 Council of Europe Convention against Trafficking obliges the UK to take into account victims' particular vulnerabilities and resulting support needs when designing anti-trafficking measures (ATMG 2016). To date, no such measures exist in the UK's modern slavery response for pregnant women. As a result, the women we support face an even longer and more uncertain road to recovery.

The health and wellbeing of children born to these women is also likely to be compromised. The Helen Bamber Foundation has identified the existence of generational vulnerability to trafficking amongst the children of victims of modern slavery. As a result, the absence of suitable support plans for pregnant women may also hinder efforts to end modern slavery. Further research is needed to understand the impact of modern slavery upon the children of victims.

Great strides have been made by the Government in tackling modern slavery, but there is more to be done. The vulnerabilities identified in this report should inform the training of professionals and support provision for all victims of modern slavery who are pregnant. Furthermore, we call for urgent action to ensure these women get the support they need to recover and rebuild their lives and that their babies have the best start in life.

We urgently need:

- The NHS to provide priority access to perinatal mental health support for pregnant victims of modern slavery;
- Civil society to develop befriending programmes that offer friendship and support to pregnant victims of modern slavery;
- The Government's review of the National Referral Mechanism (NRM) to ensure that the additional vulnerabilities of pregnant women are recognised and adequate support provided;
- Further research by the Government to investigate if there is a systemic disadvantage facing pregnant women in the NRM process.

Hestia believes that the general public can play a pivotal role in the identification and protection of victims of modern slavery as well as in helping these victims and their dependents rebuild their lives once freed. For that reason, we commit to continue raising awareness of modern slavery and to facilitating community participation in support provision through our volunteer-led Phoenix Project, in partnership with the British Red Cross.