

# **WOMEN WITH LEARNING DISABILITIES**

## **COMMERCIAL SEXUAL EXPLOITATION AND WOMEN WITH LEARNING DISABILITIES IN SCOTLAND**

**RESEARCH FINDINGS**

**2025**

This report was produced by **CSE Aware**, a project developed for frontline services in Scotland to increase and share their knowledge and skills around commercial sexual exploitation (CSE). Its aim is to break the stigma surrounding CSE and ensure that women involved in selling or exchanging sex receive comprehensive, non-judgmental support that understands how CSE can impact their lives.

We would like to express our outmost gratitude to the Scottish Commission for People with Learning Disabilities and People First for their support in the development of this research. Their encouragement and advice have been invaluable. We would also like to thank all the workers who shared their views with us and helped spread the word about this work.

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# ABOUT THIS REPORT

The [United Nations](#) and [other experts](#) have highlighted that women with learning disabilities (LDs) are at higher risk of experiencing gender-based violence (GBV) because of the lifelong isolation, dependency and oppression they often they experience. These inequalities also put them at risk of commercial sexual exploitation (CSE). Despite global recognition of these impacts, in Scotland to date there is very limited evidence and information on how commercial sexual exploitation affects women with learning disabilities.

In the recent report [Unequal, Unheard, Unjust: But not Hidden Anymore](#), the Scottish Commission for People with Learning Disabilities (SCLD) highlighted CSE as one of the types of GBV women with learning disabilities experienced. What's more, this groundbreaking report specifically recommended that the Scottish Government "commission national research examining the commercial sexual exploitation of women with learning disabilities in Scotland," noting the lack of documented information.

While some information does exist about learning disabled women's experiences of selling or exchanging sex, it is mostly anecdotal and has not been documented nor analysed to truly understand the effects on this population and the effectiveness of, and gaps in, service responses. The present report was born from the recognition that there is a significant knowledge gap on the issue of CSE and its intersection with this particularly vulnerable group of women. Whilst the present report is not the much-needed full-scale research which SCLD and ourselves are calling for (see recommendations), it does provide initial findings and recommendations from the exploratory research we conducted over the course of three months.

The aims of this research were to:

- Collect and document evidence of learning disabled women's experiences of selling or exchanging sex.
- Understand the dynamics of women's involvement and their specific needs.
- Explore service responses and challenges and opportunities when addressing women's experiences and needs.
- Produce initial recommendations that the Scottish Government and organisations can use as a basis to design service and policy responses that meet the needs of women with LDs impacted by CSE.

# METHODOLOGY

Using a mix of qualitative and quantitative methods, our research collected data and evidence from support staff in the learning disabilities and wider support sectors:

**Survey:** a survey was designed and shared with staff working in services across Scotland who had experience of supporting women with LDs. The survey was shared through our own channels and contacts. SCLD and members of the Gender-Based Violence and Learning Disabilities Steering Group also supported us to share with their own contacts. Questions included a mix of multiple-choice, checklist and open-ended questions exploring workers experience supporting women with LDs involved in selling or exchanging sex. The survey also asked for their views on the challenges in responding to women's needs.

**Focus group:** we held one focus group where workers from the LD and CSE sectors were invited to discuss two questions. These explored cases of women's involvement in selling sex and challenges services can face in identifying CSE.

**Individual interviews:** in our initial planning, we had the intention of using only the survey and focus group as data collection methods. However, we received multiple expressions of interest from frontline workers to participate in the focus group after we had already chosen participants. We decided to invite 4 frontline workers to one-to-one interviews. In the end, time constraints meant some of them were not able to participate within our timeframe. Therefore, we only conducted 2 interviews and subsequently received consent from only one of the two interviewees to share their responses in this report.

# LIMITATIONS

Whilst this report offers an important first step in exploring the intersections between women's lived experience of learning disability and involvement in selling or exchanging sex, we want to acknowledge its limitations. Our approach focused on gathering the views of staff who have supported women with LDs. However, the views of women with LD were not part of the scope of this work. It is essential that any future research involves women with LDs through participatory approaches that goes beyond gathering information about experiences, but ensure the co-creation of awareness raising and prevention resources.

Moreover, as the data herein was derived from support staff, it means that the examples provided are limited to the experiences of women engaged in support. The voices of women who are not supported are essential and should be included when



considering how to improve service responses for those affected by CSE. Additionally, future work should involve both women with and without experience of CSE to further explore their understanding of the issue and prevention measures.

Finally, our research aims limited the in-depth exploration of some of our findings, particularly around policies on vulnerable adults at risk of harm. We have shared some of the dilemmas workers brought up in conversations. However, we suggest developing a programme of work alongside services, policymakers, staff and women to examine and review potential pros and cons of different interventions based on current policies and guidance – we have included this point in our recommendations.

# PARTICIPANTS

## SURVEY

**36** frontline workers responded the survey

### **Main sectors represented:**

Violence against women and girls   learning disabilities  
social care   advice and support   healthcare

**All workers from organisations based in Scotland**

**All have directly supported**  
women with learning disabilities

## FOCUS GROUP

**5** specialist workers participated

### **Sectors represented:**

learning disabilities   CSE   VAWG   social care

**All workers from organisations based in Scotland**

**All have directly supported**  
women with learning disabilities

## ONE-TO-ONE INTERVIEWS

**2** participants were interviewed

### **Sectors represented:**

Housing    learning disabilities

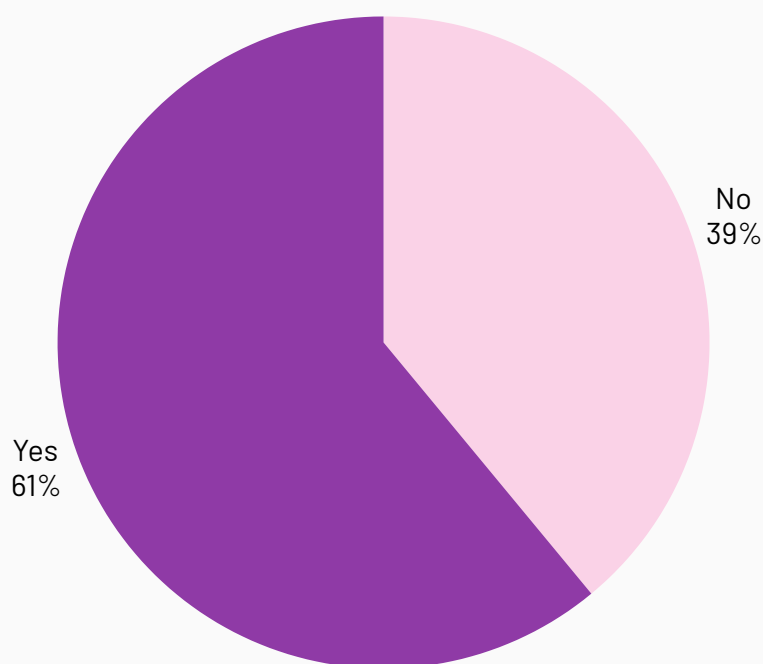
**Both from services based in Scotland**

**Both have directly supported**  
women with learning disabilities



# LEARNING DISABLED WOMEN'S INVOLVEMENT IN SELLING OR EXCHANGING SEX

This initial part of the report focuses on the data we collected through our survey which evidences the involvement of women with learning disabilities in selling or exchanging sex. After collecting demographic information, we asked workers if they had supported women with LDs who have exchanged sexual acts for any form of payment (see Figure 1). Most workers (61%) answered 'yes' and were subsequently asked a mix of multiple-choice and open-ended questions to expand on the experiences of the women they have supported. Those who responded 'no' (39%) were taken to the final questions of the survey exploring potential barriers to support, which we explore later in this report.



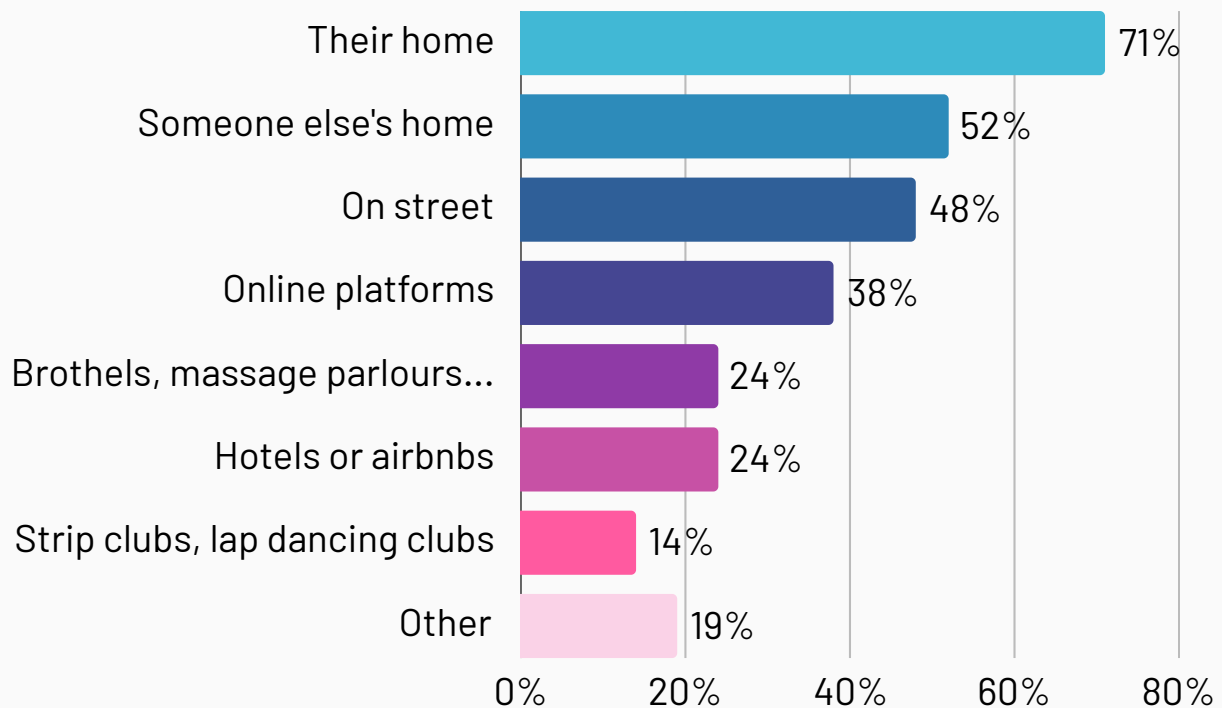
**Figure 1. Have you supported women with learning disabilities who have exchanged sexual acts for some form of payment ?**

It is important to take into account that the below responses are based on a small number of workers and so may not be necessarily representative of the overall dynamics of CSE for learning disabled women in Scotland.

## DYNAMICS OF WOMEN'S INVOLVEMENT

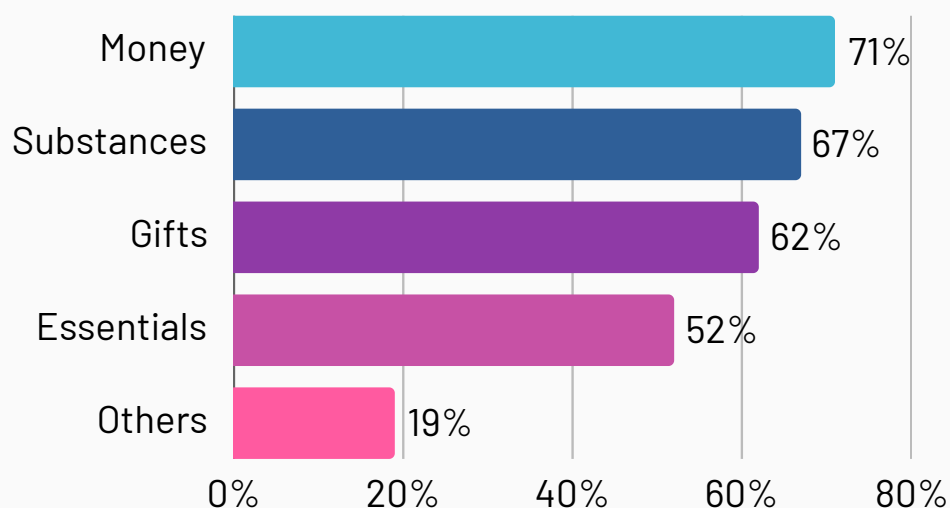
First, we wanted to know more about the settings in which women with LDs supported had exchange sexual activity (see Figure 2). Workers could choose answers from a list

and/or use the “other” option to give their own answer. Most workers had supported women who exchanged sex in their own home (71%), in someone else’s home (52%), on street (48%) and in online platforms (such as Facebook and Only Fans) (38%). Those who selected ‘other’ (19%) stated that women also exchanged sex in someone’s car, the hospital and in transport; one person said they were uncertain.



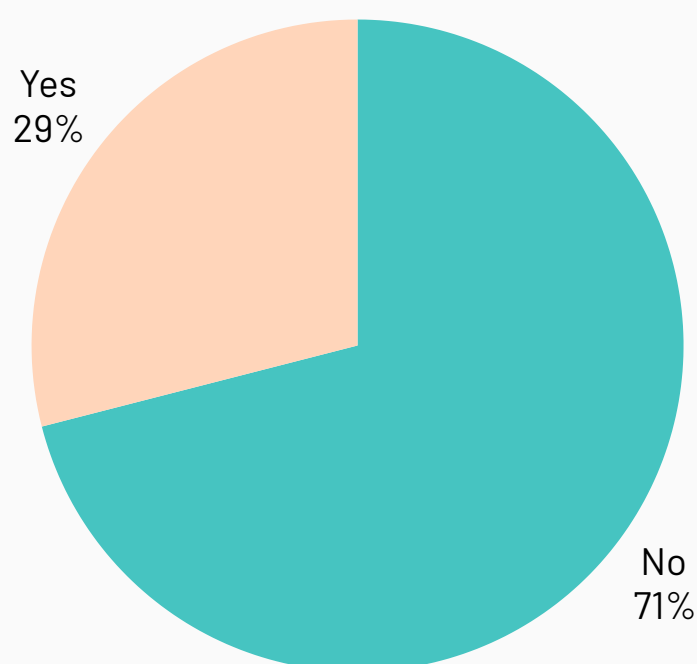
**Figure 2. Where did the women with learning disabilities you supported exchange sexual activity in? (tick all that apply)**

Next, we asked workers what was offered to women in exchange for sexual activity (see Figure 3). [One of the few reports](#) exploring the experiences of people with intellectual disabilities involved in selling sex was based in Sweden and found that, beyond money, people exchanged sex for goods or affection. In our sample, workers identified that the main things women with LDs exchanged sexual activity for were money (71%) followed by substances (alcohol or drugs) (67%), gifts (cigarettes, make up, jewellery, clothes, etc) (62%) and finally essentials (food, a place to stay, a car ride, travel, etc) (52%). Those who selected ‘other’ identified an important interpersonal dimension of the exchange: relationships (including friendships, company, feeling part of a group, having a partner, having someone to have sexual relations with). Additionally, workers stated that women also exchanged sex for safety.



**Figure 3. What things did the women exchange sexual acts or sexual images for?**

Lastly, we asked workers whether they have supported women with LDs who were trafficked for sexual exploitation (see Figure 4). Most respondent answered 'no' (71%). Individuals were given the option to expand on their answers using a comment box. One respondent recognised that the trafficking was clear because partners and pimps had introduced women to selling sex. Another mentioned they had recognised women who were at risk and safety plans were put in place. Despite the seemingly positive outlook, we want to be cautious with these findings, as respondents' level of awareness of sex trafficking was not explored. And given [international research has shown](#) that up to 20% to 30% of women assisted by anti-trafficking organisations have a learning disability, we believe much more research is needed to get a better sense of the impact of sex trafficking on women with LDs in Scotland.



**Figure 4. Were any of the women with learning disabilities you supported trafficked for sexual exploitation?**

## INDICATORS OF INVOLVEMENT

Finally, we asked workers to share how they were able to identify that a woman was exchanging sexual activity. [Our previous research](#) with women and services has shown that [women often do not disclose their involvement](#) in CSE. We are also aware that women with LDs face [additional barriers](#) when disclosing any form of abuse. Thus, our intention was to find out what opportunities women had to openly discuss their involvement. Some of the main indicators mentioned were:

**Staff being told directly by women**, either because it came up as part of a conversation around other needs or because staff members asked women directly as part of risk assessments. Importantly, some workers mentioned that, even if women opened up about their involvement, they were not always aware they were disclosing abuse. In other cases, the information came as part of a referral from another agency.

[“Through conversation they were able to say what had happened, what they did. They were unaware that they were exchanging sexual acts for the items.”](#)

[“I work in a health service that is for women with vulnerabilities, we ask these questions directly.”](#)

For others, the indicator was the noticeable **sudden changes in lifestyle or behaviour**, such as improved finances, meeting new ‘friends’, the presence of gifts or secrecy around their daily activities:

[“Jumping from relationship to relationship, meeting strangers online, staying in different properties on a regular basis.”](#)

[“Had more new items - jewellery, clothing; were receiving more calls and texts.”](#)

[“Better finances/more spending, strange men about, being secretive, dressing provocatively, length of time on phone.”](#)

The **presence of predatory men** in women’s lives was also a significant indicator. Workers for example noticed [“strange men about”, “male visitors at the woman’s home”](#) and [“controlling males and suspicion of predatory behaviour by male associates/punters.”](#) In some cases, perpetrators went as far as directly approaching staff, revealing the extent of the exploitation:

[“Carers being approached by the perpetrator for money, threatening to share images.”](#)

In some cases, the indicator was the generalised pattern of predatory male behaviour toward vulnerable women happening especially in close-knit and rural communities:

[“No outward indicators - but vulnerable women known to taxi drivers and some men in the community.”](#)

Other indicators noted were the presence of substance use, particularly when staff

noticed women suddenly had “access to money and substances” or an “uptake in substance use.” Some workers were also alerted to women’s involvement due to experiences of criminalisation, such as being “arrested on a Sec 46” (i.e., criminalised for street prostitution). Staff also became aware of women’s involvement when coming across clear signs of it, such as “carers viewing [a woman’s] phone” and finding sexual images or “[women] sharing the images to staff.”

# PATHWAYS INTO SELLING OR EXCHANGING SEX

This section explores some of the factors that put women with learning disabilities at risk of CSE. We also explore the factors that pushed them into selling or exchanging sex identified by support staff.

## RISK FACTORS

Based on the survey responses and conversations with participants, we were able to identify some factors that can increase the risk of women with LDs becoming involved in selling or exchanging sex.

Participants emphasised that the risk factors are closely linked to the **systemic exclusion, structural barriers and vulnerabilities** that women face throughout their lifetime because of their learning disability:

“Women with more severe learning disabilities are more likely to receive support and that would be with personal care and everything. They have more communication difficulties so might not be able to speak, so they're in a really, really vulnerable situation and open to exploitation. The other side of the coin is that you've got women with very mild learning disabilities who don't have any support and they don't have the knowledge and understanding about exploitation to recognise it, so that makes them very vulnerable as well.”

On this last point, workers agreed that **lack of education and information on sexual wellbeing and relationships** means women may not understand what constitutes a healthy relationship, what exploitation can look like and how to express and withdraw consent. Case studies shared by survey respondents mentioned that the women they supported were “unaware of the risks”, “lacked capacity<sup>1</sup> to understand the consequences of her actions”, “did not understand the element of violence involved” or were “unable to give informed consent.”

On the other hand, participants pointed out that this lack of information around consent, healthy relationships and how to identify abusive behaviours can be actively targeted by perpetrators:

“Women with learning disabilities don't get the same level of education and skills as other girls. They don't know what exploitation is, what commercial sexual exploitation is. So, when it's happening, they don't realise that ... and they're often groomed and coerced.”

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<sup>1</sup> Some comments and responses in our research mentioned capacity. However, beyond some references to it, we were not able to capture full reflections on services' perspectives around this legal concept in the context of CSE. This is an area that warrants further specialist exploration, with attention to current legislation and a review of whether measures properly respond to women's experiences of exchanging sexual activity.

"We leave [women] utterly exposed to predatory male behaviour ... which can then lead into things like county lines, which can then lead into cuckooing and that slow degradation of someone's humanity to the point that what they are doing is trading what they have got left, and that's often their body."

Respondents also mentioned that **stereotypes about women with learning disabilities** can create risks and lead to exploitation cases being minimised or left unaddressed. On one hand, perpetrators may target women specifically because they perceive them as "being dependent, weak, being less valuable, and that they're easier to manipulate or dominate". On the other, misconceptions that women with LDs "[don't] have sex and [don't] know what sex is" might lead services to doubt that there is any risk.

Additionally, **a history of abuse and/or neglect** can create risks of involvement in CSE. As a worker pointed out, childhood experiences of abuse are common among women and can lead to normalising abuse in their adult relationships:

"Many women with learning disabilities will have been sexually abused as children because, again, their vulnerability to risk is through the roof and so what might well happen then is that they see that behaviour as normal and, in inverted commas, as acceptable."

Another risk factor commonly mentioned was the **social isolation** that women can experience throughout their lives. As one participant explained, there is a "lifelong aspect of a learning disability, which is that for some things you will need support," and that in turn can foster the person's connections with the community. However, for people with mild learning disabilities, support has been reduced or taken away altogether since the pandemic, leaving many women isolated:

"What a lot of people heard was 'well, during the pandemic you survived without the support workers coming to see you, so now you actually don't need them.' And [social services] sort of ignored the aspect of the quality of life, you know? Surviving is not a good enough life ... independent living doesn't mean being left alone."

Consequently, some workers identified the "need for relationship" and connection as the potential driver into selling sex:

"The big issue for me is the stigma that people with learning disabilities live with and face throughout their lives, so from childhood onwards ... that vulnerability leads many women with learning disabilities into unsafe relationships, which ultimately may well lead to exchanging sex for something, and that's often about emotion. Because we all need to be loved..."

Additionally, **women can face risks in specific settings** because of their perceived vulnerability. For instance, a worker spoke about holiday places and hospitals, and another about homeless hostels:

"There are a number of places that people who may have learning disabilities and other



disabilities go on holiday because the built environment needs to be specific, but it makes them easier to target and the number of women I'm aware of who come back from holiday with a boyfriend. And it's again that slow and steady process of eroding their agency and their ability to make informed choices and who knows where that might lead."

"The woman was first exploited when she used homeless services in the evenings for company. The woman was introduced to prostitution then heroin."

Other respondents made the point that services offering activities for men and women together can inadvertently bring exploiters closer to very vulnerable women who are then introduced to, or pressurised into, selling or exchanging sex.

## PUSH FACTORS

Case studies provided by survey respondents made it possible to identify several factors that pushed women with learning disabilities into selling or exchanging sex, all of which are closely interconnected with the risk factors discussed above.

One of them was the **search for affection and company** in response to the social isolation explored in the previous section. Workers described cases where men used what is known as the 'lover boy technique' whereby men will seduce and groom women to then coerce them into selling sex. The [European Union Agency for Fundamental Rights](#) in fact identified learning disabled girls as being at higher risk of this phenomenon. In our sample, workers shared the following cases:

"She was a young a woman with learning difficulties she would meet new partners who would groom her and then exploit her. This included taking her to others' homes and inviting people to her home."

"Young woman with learning difficulties targeted/ groomed by older male 'friends' who would offer her gifts, both basic and luxuries, in exchange for 'cuddling', which would then escalate as she came to depend more on them as a source. Woman also built emotional dependency on these men and would say she was in a loving relationship despite being abused."

The flip side of women's search for affection is **perpetrators targeting women because of their perceived isolation and vulnerability**. Participants noted that individuals, primarily men, approached women and established themselves as friends, partners, caring members of the community and used gifts, substances and essentials to gain women's affection and groom them into exchanging sex:

"Men would 'support' her with transport in rural area or provide her with alcohol, groceries and company and she would feel obliged to reciprocate by repayment of their 'kind behaviour' with sex because they were 'friends' and she had little money to repay them. In particular some taxi drivers were aware when she might be drunk and alone at her home and they would return to see her after they had finished their shift."

She was not capable at times or did not feel she could deny them entry to her home as they had been helpful in the past when she had no money."

The commercial sexual exploitation of women was not always in person. Women were also targeted online by individuals manipulating them into sharing sexual images that the perpetrator would then use for profit:

"Lady shared explicit photos with person on social media, this person created a fake profile and added the ladies contacts, pretending to be her, then asked the contacts for money ..."

While in most cases the perpetrators mentioned were men, some workers explained that women who are already involved can 'recruit' other women –especially the ones most at risk– and sometimes profit from them. This is a phenomenon that was also highlighted in [our research on migrant women](#).

**Substance use** was identified as another push factor – some women were in a cycle of drug use and sold sex to fund their substances; others were targeted by third parties who introduced them to drugs to then sexually exploit them in prostitution:

"A woman with LD would return to placement under the influence of substances, she had taken no money with her and so would have to have given 'payment' in some form to previous partner for access to these substances."

"The perpetrator was a known drug dealer who had a history of preying on vulnerable women and giving them high risk substances, often leading to intoxication at a level the women were unable to recall events."

Lastly, **other forms abuse and exploitation** often created the conditions that led to CSE. Some women were forced to sell sex as part of the domestic abuse they were experiencing. A respondent shared the example of a woman who was pimped by her abusive partner:

"Sometimes she would 'entertain' his friends at his request, he would bully her to get her to do this. Saying he would leave her if she didn't. To please him she would go with his friends and have sex, she did this because she 'loved' him."

Financial exploitation also left some women with no option but to sell sex in order to cover essentials:

"When she received her benefits it would be gone in a day as people would descend on her and as she was quite lonely she enjoyed the company then find herself having to sell sex to survive."

# BARRIERS TO SUPPORT

This section outlines some of the main challenges that women can face when coming forward about their involvement in selling sex and getting support. We identified nine barriers, some of which are specific to the context of selling or exchanging sex, while others are applicable to the disclosure of any form of abuse. We also found that many of the barriers highlighted through participants' responses mirrored those identified in the [SCLD report on gender-based violence](#).

## POOR UNDERSTANDING OF LEARNING DISABILITIES AND THEIR INTERSECTIONS WITH CSE

Workers recognised that attitudes and misconceptions about learning disabilities can prevent women from getting the right support. Overall, participants felt that women are often stereotyped and their involvement can be dismissed in one of two ways:

On one hand, women can be infantilised, seen as “children or asexual” or as sexually inactive, resulting in services' dismissing their involvement in CSE – “[services] think 'oh God, that person's got a learning disability, they would never be involved in anything like that.' Respondents felt that this attitude is fundamentally linked to staff's reluctance to consider and have open conversations about the sexual wellbeing of women with LDs in general:

“I think there's a fundamental lack of comfort in having any of these discussions. We'd rather not hear about it, so we go into denial.”

Equally there can be a misconception that exploiters would never exploit women because of their disability. The same participant shared the following case:

“[She was a woman who] spoke very, very childlike and [workers] were saying, surely a man wouldn't have sex with that woman who's obviously got learning difficulties, you know? Sometimes she would say people gave her sweeties ... she was quite happy to get a bag of sweets in exchange for sex. People thought, surely a man wouldn't do that, but they do!”

The infantilisation of women with LDs can also mean that support staff, especially care workers, may not be fully informed and in a position to face the diverse needs of women and spot potential risks:

“When people sign up to be a support worker, they don't expect to be dealing with things like this, you know? There's definitely preconceived ideas of what it would be like to work with somebody with a learning disability. They might just think that they're maybe taking somebody out for nice lunches and things, not considering that people with learning disabilities have their own needs and they're not asexual. They have lives and they can be easily exploited.”

On the other hand, when women fall outside the above stereotype and/or do not have a formal diagnosis of learning disability, they can be labelled 'challenging' and their involvement dismissed as a 'behaviour' or 'a choice':

"People have an image in their head of people with learning difficulties, and if they get someone that comes in and starts shouting 'I'm using drugs, I'm doing this,' the learning difficulty is just overlooked, it's out the window – 'she knows what she's doing, she's making choices.' If someone who has a learning difficulty is quite submissive, I think then they get quite a lot of attention. But if they challenge the workers or their behaviour is different, then they're just overlooked."

## INCONSISTENT APPROACHES TO CSE

Participants described a variety of approaches to, and understandings of, how women experience CSE, which shows service responses are inconsistent. Some mentioned that despite clear signs of abuse and vulnerability, involvement in selling or exchanging was understood as a 'choice' or 'behaviour' that required no attention. Others described "not feelings skilled to have difficult conversations." And finally, in some cases the response was a complete denial that women were being exploited:

"Quite often women will come and say, once they were in a [homeless] hostel, that's where they were introduced to selling sex. And a lot of hostels will say, no, they didn't learn that here... but it's encouraged within the peer group. ... I think sometimes [the conversation] is shut down because people just don't want to identify [CSE] is happening in their service."

## INACCESSIBILITY OF SUPPORT SERVICES

For women with LDs, barriers can exist even before they start interacting with a service. For example, a key barrier highlighted was the availability of support. Workers said that women might not know "where to go, who to speak to" or "what supports are available" which has led some women and staff to feel that no specialist support exists that can support women with LDs experiencing CSE.

Another barrier can be services not providing specific adjustments for women with LDs, which can result in women not being able to engage with the service properly: "People with LD can struggle to access appropriate services and help as they are simply not catered for LD." Emphasis was placed on communication barriers due to women having "basic communication difficulties", "lacking the vocabulary" or having "difficulties formulating what has happened."

One worker described the person-centred support that a person with LD should have and which is not always present: "having a worker who will take the extra time and understand the extra layers that need to be peeled back. Having a worker that will not get annoyed when the woman doesn't understand what is being said to her. Having a worker who will not infantilise her."

## NO SAFE PLACES TO DISCLOSE

Women might not find safe spaces where they can safely disclose their experiences of CSE and discuss their needs. As pointed out above, services can be reluctant to discuss women's sexual wellbeing, which can consequently shut down any conversations around sexual abuse and violence. This reluctance to engage in open discussions about women's sexual health is not unique to services or individual staff – instead it can be a reality within women's wider networks, such as their personal carers and/or family members. As one worker explained:

“Staff being scared to engage in conversation about healthy relationships ... parents scared to think their child will ever want to have a sexual relationship. Other professionals being scared to ask [about involvement in CSE].”

## WOMEN'S LIMITED UNDERSTANDING OF EXPLOITATION

For some workers, one of the main barriers can be women not recognising their own exploitation and abuse. In some cases, they felt women “lacked capacity to understand the consequences of her actions including the significant risks to her health” or that they “may not realise anything is wrong with [selling sex].”

Others reflected that some women normalise the abuse because they have experienced multiple instances of exploitation throughout their lives:

“...there's a lot of evidence to say that women with learning disabilities experience poly-victimisation, so any sort of exploitation becomes normalised for them. It's more difficult for them to recognise it as they've become so used to it.”

Perpetrators were also noted as the main contributors to this normalisation, particularly when they are women's romantic partners. For example, women exchanging sexual images “may believe that they are in a relationship and that what they are exchanging is personal.” Others pointed out that the social isolation and exclusion women have experienced may lead them to feel more protective of their relationship and deny the abuse:

“For many women with learning disabilities, a bad relationship was better than no relationship at all. And actually getting them to accept or understand that a relationship might be based on commercial sexual exploitation or other forms of abuse it's just not ... this is their boyfriend, it's their partner. This is a loving relationship as far as they are concerned because they've waited a lifetime for this relationship. So there's a huge part of denial.”

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<sup>2</sup> A [study by Codina et al \(2020\)](#) found evidence that people with learning disabilities experience abuse multiple times in a range of ways and at the hands of different perpetrators over a period spanning years. The average was 13 or more incidents of abuse throughout their lives.



## NOT BEING BELIEVED OR TAKEN SERIOUSLY

Participants explained that not being believed, being judged and the negative attitudes surrounding women's involvement might stop women from approaching services. According to workers, women may worry that "they might not be believed if they tell", feel "embarrassed and that the worker will think badly of them" or that "they will be treated differently".

Stigma can also play a part in women's decision to not disclose, especially if it adds to women's experiences of exclusion and discrimination:

"Stigma is major issue as women involved already in my experience have lower self-esteem so adding another label can increase anxiety and reluctance to disclose or seek support."

Additionally, women might be excluded from the right support not because of their own fears but because of services which in practice judge and do not take women seriously, like in the following example:

"[The service] dealt with [the woman's involvement] by taking her condoms away. I'd given her lots of condoms and told her if she's having sex, this is what you have to do, because we can't stop you from having sex, you know? So, I was trying to make it as safe as possible and trying to build up this relationship. And one of the housing support workers said 'well, we just threw them in the bin' and I said 'you're putting her at bigger risk'. ... [the worker's attitude] was just like, 'if I tell you not to [have sex], you'll no do it.'"

## USE OF PUNITIVE MEASURES

At times, instead of being supported, women with LDs have faced restrictive and punitive responses when disclosing abuse. Such experiences can make women more reluctant to be open about other experiences of abuse. As one participant explained:

"If women have had negative experiences of how services support them around personal issues, such as restricting their freedom or telling them they're not allowed to have any kind of intimate relationships, then well, that makes them more vulnerable and isolated, but also it means that they might not seek out support as readily when they feel something's not right because they worry about just services coming in and completely taking control of their lives."

Respondents emphasised the worries women with LDs can have of a punitive response, including the fear of losing decision-making power over their lives, losing freedoms, as well as being "put into care", "locked away" or "left without support."

Some workers made an important point that punitive responses tend to overfocus on women's behaviours instead of considering measures to stop the perpetrators of abuse:

“Fear of restrictive practise in terms of guardianship, adult support protection, child protection. [Women with learning disabilities] feel the focus goes on them rather than the perpetrator.”

While most of the comments related to service responses, there was also mention of punitive actions being taken by families, such as “stopping social activities, taking phone/ internet from individual or the individual being asked to stop the relationships or given an ultimatum.” This goes to show how narrow the opportunities to disclose and feel supported can be for some women.

## FEAR OF OTHER NEGATIVE CONSEQUENCES

In addition to punitive measures, workers shared other worries and consideration that women can have when thinking of disclosing their involvement in CSE. Loss of relationships was one of them, particularly being “rejected by the perpetrator” or by a group of people whom they considered to be friends.

Some pointed to issues around safety, especially the reaction from the exploiter – a woman might fear that she “will come to some harm or [her] family will” or concerns about “what would happen if the perpetrators find out that they are speaking to workers.”

Criminalisation was also mentioned which could be in the form of “legal repercussions” or “having children removed from their care if they have any.” On this last point, a specialist LD worker explained: “there's a real fear among women with learning disabilities about losing their children if they are found to be victims of gender-based violence.”

## SERVICES NOT MEETING WOMEN'S NEEDS

Finally, for women who do engage with services, a barrier can be the fact that her needs are not being properly understood and thus met. A worker exemplified how a woman's disability was not taken into account within the range of issues another agency was trying to address:

“To me the [learning disability] was a key issue in her life and in the way in which she was living, and also a real barrier for her to have sustained independence – but it wasn't really being addressed. So you think: ‘right, how do we deal with this [barrier] on top of these additional issues that that person's got?’ It's almost like a hierarchy, but then you see that [her learning disability] is still a key issue that may actually feed into the other issues and problems that person has within [her] life. But it's not seen as important.”

Another worker reflected on how failing to meet the woman's needs can stop her from using services altogether:

“The support isn't appropriate to her needs, and then what happens is she disengages with support because it's not met her needs, and it's not being valuable. It's not impacted



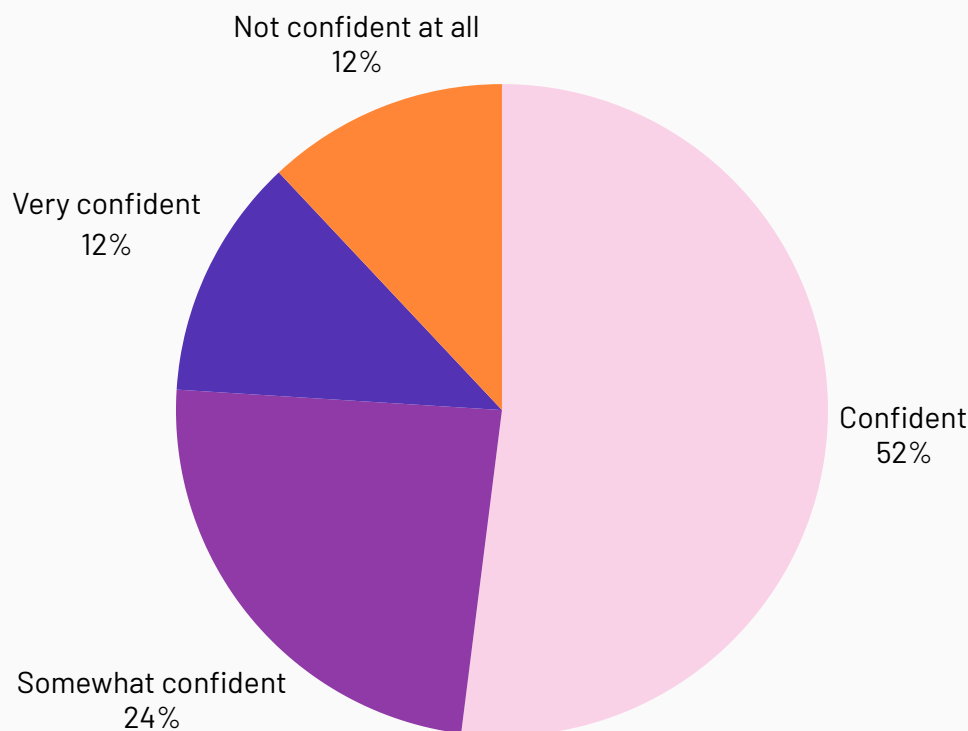
impacted positively in her life, so she's drawn away and then it's harder for her to engage and re-engage."

Equally, a participant considered that it is essential to engage with women holistically, that is, taking into consideration her learning disability alongside all other aspects of her life, to ensure the support provided is sustainable and effective:

"Any response will be unsustainable if the person's whole needs are not taken into account. So sorting out housing, drug related support will not stick if you haven't considered the person's communication support needs and the level and the length of support that they would need to engage with those or to maintain those ... women with a learning disability we know from other life factors need ideally lifelong support to manage certain aspects of life and make informed decisions on certain issues ... and this is not to stigmatise them for that ... viewing the person as a whole in terms of their life factors and learning disability as well as other trauma-related or mental health issues will be part of that."

# SERVICE RESPONSES

In this section, we share workers' perspectives around supporting women with LDs involved in selling or exchanging sex. As part of our survey, we asked practitioners to rate how confident they feel about responding to a woman with LDs who is involved in exchanging sexual activity or images (see Figure 5). The majority expressed some level of confidence. Most people felt confident (52%), almost a quarter felt somewhat confident (24%) and 12% expressed feeling very confident. Only 12% said they did not feel confident at all (see Figure 5). Three people did not answer the question.



**Figure 5. How confident do you feel about responding to a woman with learning disabilities who is involved in exchanging sexual activities or sexual images?**

Despite promising findings, when asked to describe the challenges staff can face when responding to women, a different picture emerged. Some participants described how in practice services can struggle to properly understand women's needs and the adaptations needed to effectively support them. In the next two sections we explore the challenges that can impact service responses and consider the various views and approaches to safeguarding that came out in our research.

## CHALLENGES WHEN RESPONDING TO WOMEN'S EXPERIENCES

Here, we explore the aspects that can hinder the support staff offer to women. These findings were taken from a specific question asked in our survey as well as from the conversations in our focus group and with individual interviewees. We categorised the

results into six main challenges, which shed some light on the practical and systemic changes that services must introduce to improve and foster good practice responses.

## **Insufficient training and information on learning disabilities and CSE**

Participants expressed the negative impact of lacking adequate training and information on learning disabilities and the adaptations needed to effectively support women. As a worker explained:

“I think that some services can often struggle to understand LDs, how it impacts on women and increases their vulnerability. People with LD can struggle to access appropriate services and help as these are simply not catered for LD.”

Without regular, ongoing training and information, service responses can become inconsistent and ineffective. There is also a risk that responses focus on addressing a single aspect of women’s experiences rather than making the links with other aspects of her life. For example, one worker highlighted that specialist CSE services are in need of upskilling their staff on LDs to better recognise women’s individual needs and adapt their interventions:

“I think in terms of frontline CSE services as well there needs to be an understanding that women with learning disabilities are not a homogeneous group. They’re individuals with individual needs and strengths.”

Without training that bridges the knowledge gaps around both LDs and CSE, staff expressed hesitation as to how best to tailor their support. Some concerns shared were: not knowing “how to help and if [selling sex] is illegal and best way to deal with it” as well as “[not having] access to adequate material/support/advice” and “not feeling skilled to have difficult conversations.” And as another participant explained, it is about developing the specific skills needed to work with women who have additional support needs: “a specific skill was needed to explain what we would normally explain to other women ... There was definitely extra training needed to work with the woman that we did ordinarily receive.”

## **Supporting women to understand abuse**

Even when workers did at times receive sufficient training to understand CSE, some felt the challenge was ‘getting through’ to women and supporting them to understand that they are experiencing abuse “and that someone whom they may think is helping them is [actually] taking advantage [of them].”

For some, communication itself was the main challenge. However, this included staff lacking the skills to engage with someone with a LD, women’s own limited knowledge about healthy relationships and consent, and the influence from the perpetrator:

“From my own experience and from watching others work, it took longer on average to work with women with a learning disability ... It was harder to ‘get through’ to the women because of the lack of general understanding and the level of coercion by the pimp.”

Another worker recognised that offering sexual wellbeing education to women might not be sufficient for women to recognise the abuse they might be going through:

“We can provide healthy relationships education but people struggle to put this into practice. Especially those with trauma who are seeking friendships and relationships and have attachment issues.”

An LD worker recognised that, on a practical level, services need to have additional information, resources and support available for staff to navigate conversations around CSE and GBV with women:

“Accessible resources [are needed] to work with the women and explain to them what's happening. ... From basic things to information about their rights, information about exploitation, information about what their options are in terms of emotional, practical support, advocacy. I think advocacy should always be involved to offer support and advice about the women's rights and choices. I think women with learning disabilities need support to make decisions.”

## **Continued influence of the perpetrator**

Another challenge is how the perpetrator might continue to influence a woman's decision-making and ability to access support. Respondents recognised how challenging it can be to overcome the manipulation of abusers and controllers:

“Supporting [women] to recognise what is happening can be difficult when they believe a completely different reality due to what abusers are telling them.”

This influence can prevent a woman from sharing her circumstances fully in a support setting, and it ultimately could lead to disengaging from support:

“The person not being open and honest in their discussions with you. The perpetrator having such a hold on the woman that the woman won't see you or talk to you. The woman genuinely doesn't think there is a problem, or they minimize it.”

## **Balancing women's autonomy and safety**

Respondents reflected on the dilemma of trying to balance women's right to autonomy with the risks that can come with some of those decisions, as is the case with selling and exchanging sex. This was evident in relation to consent, and the contradictory stances participants expressed. Some workers considered that women with LDs could consent to CSE: “ensuring that the incident being described was consensual and checking on the understanding of consent.” Yet, as another worker pointed out, assessing women's capacity to consent can be a challenge in itself:

“The question of Capacity is difficult ... some women with LD can evidence a good awareness of sexual knowledge and say all the right things at an assessment but in 'the heat of the moment' find themselves unable to say No.”

The above examples show that there can be a confused approach to CSE in services, and a lack of recognition of the dynamics of exploitation and its prevalence among women with LDs. It also shows insufficient clarity around legal concepts like consent

and capacity, and how they apply in the context of selling or exchanging sex.

Finally, some recognised the limitations of the current context which does not always offer a way for women with LDs to be independent and safe: “if [selling sex] has been normal and a way to get money and be ‘valued,’ what alternative is functionally equivalent? Difficult to support autonomy but ensure safety.”

## Safeguarding

Practitioners expressed challenges in identifying when CSE poses a risk that merits applying safeguarding measures and reporting concerns to Adult Support and Protection (ASP) teams. We will address the dilemmas around ASP interventions in more detail in the next section; however, here we want to briefly highlight general challenges workers encountered around safeguarding.

For some, the main problem was “establishing if there is capacity and risk of harm and underlying vulnerabilities” and “knowing if there is a legal duty to do anything about it.” These comments speak to a need for more clarity and guidance on when to use safeguarding measures if a woman with LDs is involved in CSE. And as described in the previous challenge, it points to workers’ own hesitation around whether CSE constitutes a risk of harm or a ‘choice.’

On the other hand, practitioners worried about the impact of safeguarding on their support relationship with the woman, particularly around “breaching confidentiality if safeguarding is required.” Equally, the possibility of losing trust seemed to pose a difficult dilemma for some staff:

“Ensuring that there has not been exploitation of a vulnerable adult whilst trying to maintain a trusting relationship and confidential safe place can be a challenging balance.”

Finally, some participants expressed frustration at the effectiveness of safeguarding, particularly when, despite an intervention, a woman may remain in the harmful situation, especially when deemed to have capacity:

“If the person has capacity and no formal diagnosis even with police welfare checks the vulnerable person may still believe that the abuser is helping them in some way.”

## Lack of partnership approach

A final challenge that emerged was the lack of a multi-agency and partnership approach to supporting women. A worker felt that the ideal scenario would be:

“Somebody who is an expert in learning disability and somebody who's an expert in gender-based violence coming together to support that person in the best way possible. But in my experience and practise that didn't happen. ... These services don't join up to grow and share their expertise and knowledge.”

At times multi-agency work is already happening due to the nature of women’s needs, but workers described instances in which other issues take priority and women are not

holistically supported by the organisation leading the support:

“Sometimes ... nobody really wants to take responsibility for [women’s experiences of CSE]. So you might highlight things, but it's not really taken forward and you're one of several agencies that's maybe not got the main responsibility.”

Respondents reflected that this “lack of support from management and other agencies and organisations” is what can limit worker’s ability to respond to women’s needs.

## ADULT SUPPORT AND PROTECTION AS A RESPONSE TO WOMEN

In our data, participants made several references to the use of Adult Support and Protection in response to cases of learning disabled women being involved in selling or exchanging sex (and GBV more generally). Their comments highlighted important dilemmas and inconsistencies in terms of when these interventions should apply.

Workers from the LD sector expressed concerns around the use of ASP interventions – particularly the impact of the process on women and the potential for services to misuse a measure they do not fully understand:

“I feel as if for some people, Adult Support and Protection can be an easy route to take because you pass it over and it's not your problem anymore. But you don't know what the experience those women are then going to have. It can be an extremely, extremely traumatising process. Women lose choice, they lose control. They lose their power.”

Another worker pointed out harm reduction as a better alternative:

“I feel really strongly about this sort of harm reduction approach ... rather than going the way of incapacity, adult protection – which is also good at times, but not if it's ignoring all the other factors and the agency of the woman herself.”

However, it is necessary to point out that, in the context of CSE, harm reduction can be limited in its positive impacts as it does not offer a long-term solution or an exit route for women involved. Moreover, in order to be effective, women must have “full understanding of how to keep themselves safe and full understanding of all the risks involved.”

Workers from non-LD services described ASP as potentially helpful, particularly in cases that involve more complexity. For example, where there were multiple perpetrators and where CSE intersected with other forms of exploitation, such as financial abuse or cuckooing:

“Because the client was quite open about what she did [being pimped by her partner to other men], these behaviours caused concerns and upon further discussion with her the whole situation became clearer. Adult Support and Protection became involved to



ascertain if there were any measure we could take to stop this from happening.”

At the same time, respondents made important criticisms to ASP as it stands. In addition to women’s experience of these interventions as ‘punitive’, other concerns included the lack of a gendered lens, which can directly impact decisions around a woman’s life:

“Normally people in Adult Support and Protection teams don't have the knowledge and understanding about gender-based violence or commercial sexual exploitation and how to respond to that in a way that supports the women.”

Added to the above, another worker emphasised that the current approach overfocuses on the woman and her disability, and does nothing to address the perpetrator:

“So if through Adult Protection the person can be kept at bay or the person could be removed to another location, or the person can go under guardianships under incapacity law, then it seems resolved. But the issue of perpetrators in the community who should be prosecuted often doesn't go that far because the learning disability becomes the focus.”

One practitioner concluded that, while the ASP legislation may have a good foundation, the experience of survivors of other forms of abuse is that much of it gets lost in practice, to the detriment of women:

“I think the principles of our Adult Support and Protection are good but in practise I don't think those principles are executed effectively, shall we say. I mean, there's been situations where perpetrators have been present in the women's adult support and protection meeting and the woman has basically been told that she's talking rubbish. ... It's a very common experience for people to feel that their rights are taken away from them through that process, that their views aren't taken into account, that they are not given information. They need to make informed decisions, and they are denied the right to make their own decisions and mistakes.”

Despite differing views, workers agreed on the need for a framework of support and guidance on how to respond to women with LDs who become involved in selling or exchanging sex. Such a framework must be designed in a way that supports a woman out of the abusive situation without taking control away from her:

“Imagine if you said to someone I'm dating this person, and they're being a bit strange with me or they're being abusive, and then the response of the other person is ‘OK, you will never date anyone ever again.’ So, you know, there has to be an in-between [approach].”

Overall, our research identified varying views on the use of ASP in response to CSE. While this report cannot offer a solution, we do want to point out that there must be a consistent approach across services. To this end, it is essential to continue to explore how ASP interventions currently operate in the context of CSE, as well as gather further perspectives and experiences from a range of LD and mainstream services.



# CONCLUSION

The research undertaken for this report has been a first step in exploring learning disabled women's experiences of commercial sexual exploitation in Scotland. Our findings show clear evidence that some women with LDs are involved in selling or exchanging sex, very often as a result of the exclusion and inequality they have encountered, and through the influence of individuals who seek to take advantage of these vulnerabilities. We also pointed out risk factors that, if identified early on, could prevent women's involvement and allow for support interventions. However, left unaddressed, they can end up becoming the factors that push women into selling or exchanging sex.

Workers' responses also illustrated the existing barriers that women with LDs face to access support. While many of these mirror the barriers identified by survivors of GBV in [other reports](#), they also show that women experience further marginalisation when subjected to CSE. At the same time, workers expressed their own challenges and concerns when providing support, and hinted at missed opportunities for collaboration between LD and GBV services. Without better joint efforts, women will continue falling between the cracks. These findings are also an urgent call to action for frontline services to increase their staff's skills and confidence in working with individuals with learning disabilities as well as improving their understanding and practice around CSE.

Finally, our report has highlighted important questions and gaps that remain around this intersecting experience. For instance, some workers expressed differing views around the use of ASP interventions. Such dilemmas need to be explored more fully with women and workers to identify a framework that responds to the particularities of CSE as a form of abuse. The other remaining gap are the perspectives of women with LDs around this issue – both those involved in selling or exchanging sex, and those who are not. A next logical step from this exploratory research is to create opportunities for women with LDs to engage with the topic of CSE and express their own views, experiences, concerns and ideas to tackle this issue. Part of this should include opportunities to learn more about CSE as well as the development of accessible resources to inform others about CSE, the risks, harms, and way forward.

# RECOMMENDATIONS

- As SCLD has recommended, we also call on the Scottish Government to commission in-depth research exploring the prevalence, dynamics and understanding of CSE among women with learning disabilities. Research should look at current service responses and implementation of safeguarding legislation. This should also include a participatory element where women with LDs can input into the research and co-create awareness-raising and prevention resources around CSE.
- The Scottish Government must review the application of Adult Support and Protection legislation in relation to cases of CSE and produce guidance for frontline services. This should include the creation of a framework for responding to women and a package of support that women can avail of when moving on from this experience.
- Specialist LD and CSE services must work together to produce accessible resources which raise awareness about commercial sexual exploitation in the context of learning disabilities, the causes, consequences and avenues for support. These should be specifically designed for, and co-created with, people with learning disabilities.
- Specialist LD and CSE services must come together to find the best approach to multi-agency work that serves the needs of women at the intersection of these two experiences. There should be a review of the roadblocks that can limit work between agencies, the production of a framework that allows for effective multi-agency work and case conferences specifically created for cases of CSE.



**[www.cseaware.org](http://www.cseaware.org)**

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