Young Women, Local Authority Care and Selling Sex: Findings from Research

Maddy Coy

Maddy Coy is a Research Fellow at the Child and Woman Abuse Studies Unit at London Metropolitan University. Previously, she has worked as a residential social worker with vulnerable young women and as an outreach worker with women and girls in the sex industry. The research on which this article is based is in the final stages of a doctoral study at Loughborough University.

Correspondence to Maddy Coy, Child and Woman Abuse Studies Unit, London Metropolitan University, London, UK. E-mail: m.coy@londonmet.ac.uk

Summary

Researchers, practitioners and policy makers have noted the disproportionate number of young women with backgrounds of local authority care who are involved in commercial sex. However, the lack of knowledge about why this occurs means that there is little evidence with which to develop interventions. This article describes research that explored young women’s routes into the sex industry from local authority care using a feminist participatory action approach. The women’s life-story narratives demonstrate that the psycho-social legacies of their care experiences—how they defined themselves and placed themselves in the world—were instrumental in their entry into selling sex. From these themes, a framework for understanding young women’s involvement in commercial sex is drawn that traces young women’s paths from living in/leaving care to selling sex. The article includes discussion of the implications for social work practice with vulnerable young women and recommendations for interventions.

Keywords: young women, commercial sex, local authority care, identity, body, stigma

Introduction

Surveys and ethnographic research on commercial sex\(^1\) consistently indicate that women and girls with backgrounds of local authority care are significantly over-represented, particularly in the street sex industry (O’Neill, 2001; Melrose et al., 1999; Phoenix, 1999; Sanders, 2001; Pearce et al., 2003; Friedberg, 2000). Yet, while the link between experiences of the care system and selling sex is well recognized in research literature and by practitioners, there is little knowledge

\(^1\) Commercial sex: Sex for pay.
on why this particular vulnerability develops and how it can be prevented and/or diverted.

The issue is especially topical, as the Safeguarding Children Involved in Prostitution: Supplementary Guidance to Safeguarding Children guidance, issued by the Department of Health in 2000, designates child protection as the model of responsive action rather than criminalization, and specifies that young people under eighteen involved in commercial sex are to be defined as victims (Department of Health, 2000). As a result, the local authority care system has a potentially more prominent role in the lives of young people who are identified as sexually exploited. This conceptual shift means that while being in care is a recognized risk factor, the mechanisms in place to keep young people safe are fundamentally grounded in the same corporate child-care arrangement. The government Co-ordinated Strategy on Prostitution, released in January 2006, specifically identifies young people in care as a vulnerable group requiring monitoring and specialist intervention (Home Office, 2006).

This research has developed from my employment as a residential social worker in a therapeutic children’s home for young women vulnerable to sexual exploitation in the sex industry. The majority of the young women in the unit were aged between twelve and seventeen years old and shared patterns of vulnerability despite wide diversity in their family circumstances that precipitated their entry into care. These patterns appeared to begin from low self-esteem and self-image; a need to feel loved, valued and to ‘belong’; disassociation from their bodies often springing from previous sexual abuse and feelings of failure, rejection and ‘difference’ at their family breakdown. In turn, the attentions of older men offered the young women friendship networks and a sense of belonging, easing the loneliness and dislocation of being away from families and home. However, the lack of knowledge about young women’s experiences of care and selling sex meant that, as a staff team, we had little evidence to inform one-to-one and group practice.

This article describes the key findings from life-story research undertaken with women in the sex industry who had experiences of local authority care. By exploring how the women perceived the significant events and emotions of their lives that led them to begin selling sex, the research suggests ways that social work professionals can meet the needs of vulnerable girls and young women.

Research has also uncovered a correlation between boys in and leaving local authority care and their vulnerability to sexually exploitative environments and selling sex (Gibson, 1995; Davies, 1998). This research focuses on young women’s experiences of care and commercial sex, as this reflects my accumulated professional experience and, as such, it is beyond the scope of this article to address the experiences of boys and young men.

**Current knowledge on care and prostitution**

Across the UK, surveys of women involved in the sex industry have identified a disproportionate number of girls and young women with backgrounds of local
authority care. In Stoke-on-Trent, a 2001 survey by the Women’s project found that 39 per cent of women working on the street had care backgrounds (Moss and King, 2001). City councils in both Glasgow and Leeds have undertaken enquiries into reports of girls in children’s homes selling sex on the streets and using drugs (Valios, 1996; Nicoll, 2002). In the Midlands, a study found that 51 per cent of women selling sex on the streets had care histories (O’Neill and Campbell, 2001) and, in the South West of England, research identified that 38 per cent of women had spent time in local authority care (Sanders, 2001). Pearce et al.’s (2003) research with sexually exploited young women conducted in a London borough and a Northern city found that 71 per cent had had episodes in care. A recent mapping exercise in Newcastle-upon-Tyne found that 21 per cent of young people known to be selling sex had been in local authority care (Thompson, 2005).

International research evidence also demonstrates a similar pattern between local authority care and commercial sex. In Norway, research found that 58 per cent of women had experiences of the care system prior to their first commercial sex encounter (Hoigard and Finstad, 1992). Studies in Canada have also identified disproportionate percentages of care backgrounds (approximately 50 per cent) among women who sell sex (Nixon et al., 2002). A comparative study of outcomes for young people leaving care in both the UK and Australia revealed that entry into the sex industry was a risk for female care leavers in both countries (Mendes and Moslehuddin, 2004).

The poor material outcomes for young people leaving care are well documented in terms of homelessness, low educational achievement, substance misuse, over-representation in the prison population and teenage motherhood (Broad, 1999). However, there is a lack of theoretically informed empirical evidence on the lives of young women in local authority care (Green, 2000) and, therefore, little information on how vulnerability to involvement in the commercial sex industry is cultivated within the care system. Of the available research, Green’s (2000) research with young women in residential care suggests that institutional reinforcement of gendered role and feminine norms, and inadequate responses to sexual activity, are significant features of children’s homes. O’Neill et al.’s (1995) research identified that emotional insecurity characterizes young women’s experience of being in care and precipitates entry into the sex industry:

Some are young women who drift into prostitution on leaving care because of financial problems and their association with the street culture; others are clearly pimped and coerced into prostitution whilst in care through developing ‘romantic’ relationships with local pimps. All of these young women have profoundly sad backgrounds: child sexual abuse; physical and emotional abuse; family breakdowns; multiple placements in care. These result in extreme vulnerability and emotional neediness, since their needs have not been met within the organisation of residential care despite some very committed staff (O’Neill et al., 1995, p. 9).

More generally, research literature on routes into the sex industry among adolescents has identified a kaleidoscope of ‘push factors’, including family disruption and/or breakdown; previous experiences of abuse; poor educational achievement
and disenfranchisement from school; running away and homelessness; substance misuse, including alcohol and solvents as well as Class A street drugs such as heroin and crack cocaine (Melrose et al., 1999; M. O’Neill, 2001; Pearce et al., 2003). Young people living in and leaving local authority care are recognized to be particularly susceptible to all of these risk factors (O’Neill, 1996; Melrose et al., 1999; Friedberg, 2000; M. O’Neill, 2001). Cutbacks in social and economic policy that have affected young people’s benefits entitlements, leading them to find selling sex a practical means of income generation, are especially significant for young care leavers (Melrose, 2000). In addition, research identifies aspects of the care system as presenting risks, primarily peer introduction to exploitative men and lifestyles and the lack of support networks available to care leavers (Melrose et al., 1999; Home Office, 2006).

This article adds substantively to the knowledge base on local authority care and routes into selling sex, by exploring how the psycho-social experience of being in care affects young women’s sense of identity and decision-making processes. The finding from previous research that emotional insecurity plays a role in vulnerability to exploitation and my experience of working with vulnerable young women indicated the necessity to unpick how young women understand who they are and how they place themselves in the world. The methodology for the research was developed from this basis.

Methodology

There is a recognized lack of knowledge about the lives of young women in the sex industry that is based on their voices (Barrett and Ayre, 2000; Pearce, 2006). This research used a participatory action approach that located the women as experts, and derived conclusions from their life stories based on the ways in which they make sense of their lives (M. O’Neill, 2001). The findings in this article draw on life-history interviews that used an unstructured format, enabling the women to identify the significant events within their lives and trace the connections between them. Most women said that they had never been asked about all of their lives—only the aspects relevant to each professional (e.g. offending behaviour, drug use, homelessness). The autobiographical story each woman told was, therefore, guided in this context and is only one of the many stories that they could tell about their lives but it allowed for the women’s own connections to be made between being in care and selling sex. As I was employed as an outreach worker at a health project for women in the sex industry, participants were accessed through my daily contact with them. The ethical dilemmas posed by my dual relationship of researcher and practitioner are discussed fully elsewhere (Coy, 2006). The interviews lasted between half an hour and three hours and took place in a range of settings, including the outreach project base, the women’s homes and a prison waiting room.

The autobiographical narratives from the life-history interviews were supplemented by outputs from a participatory arts project with women involved in
commercial sex on the theme of the self and the body—‘MyBody MySelf: Getting Under the Skin’. This project was undertaken in partnership with a local youth arts team, and resulted in digital images that express women’s thoughts about a range of issues relating to selling sex, including drug use, family relationships, rape, childhood sexual abuse and self-harm. The research therefore builds on the work of M. O’Neill (2001) in the combination of feminist ethnographic research and the use of arts workshops to re(present) participants’ experiences, thoughts and feelings. The images from the arts workshops portray women’s sense of self and their relationships with their bodies that are inflected by their experiences of selling sex.

The women who participated

Fourteen women ranging from seventeen to thirty-three years old participated in the life-history interviews, all with backgrounds of care and involvement in the sex industry. There was considerable diversity in the personal circumstances of the fourteen women. Length of time spent in care varied from eighteen months to sixteen years, but all the women disappeared from professional monitoring and all were selling sex on the streets by the age of sixteen years. The reasons why the women entered care included: parents unable to cope with disruptive behaviour (four); sexual abuse (three); physical abuse (two); neglect (two); abandonment at birth (two); and police protection following being found selling sex at thirteen years old (one). All of the women had experienced most of the following: sexual and/or physical abuse, family breakdown (either the fragmentation of their families or estrangement from them), domestic violence, homelessness, exclusion from school and episodes of running away that led to rough sleeping. These formative experiences comprised part of their personal histories that underpinned their development of identity as well as their experiences of being in care. When asked to present a life-story narrative, the women spoke of being in care as the primary focus that shaped their lives and—crucially—linked events and emotions of their care experiences in a way that suggests that being in care itself plays a role in the path to selling sex. In determining the role of episodes of care in their lives, it is important to note that for most of the women, sexual and physical violence and neglect of their emotional and psychological needs did not stop once they entered care. Most of the women described confusion at being received into care in order to protect them, yet not being offered any therapeutic support to overcome the damaging effects of abuse or being subjected to further abuse once in care.

The habitus of local authority care settings

In this analysis of the women’s life stories, the care system itself is framed by Bourdieu’s (1977) concept of habitus. The research sought to explore how the
care system as habitus precipitates involvement in the sex industry. Understanding the culture of care as a ‘habitus’ (Bourdieu, 1977) enables exploration of the common patterns within the women’s narratives despite diversity in age, length of time in care, type and range of care placements, geographically determined practices and pre-care experiences. This is particularly useful when exploring the statutory care system, as each young woman’s situated circumstances of care are disparate in terms of types of placement (residential/foster, single/mixed-sex), the specifics of which are governed by a legislation and policy framework which determines the practices of each care setting. For instance, the women who participated in this research had had diverse experiences of episodes in care, yet their narratives reveal patterns that cut across these experiences. This indicates the conceptual need for an understanding of the architecture of policies and practices that structure the care system and are transmitted through care settings to the young women—an understanding that Bourdieu’s habitus provides.

The Bourdieun habitus theorizes how the self is constituted by the social context and, crucially, for this study, illustrates how power is socially positioned through identity—individuals learn who they are from the transmission of the organizing principles of the habitus (Bourdieu, 1977). Thus, the conditioning of the rules and laws of the habitus form the ways by which those living within the habitus understand their sense of self, role and position and take courses of action based on these perceptions (Lawler, 2004). Throughout the women’s narratives, the habitus of care was described in terms of specific markers and associated learned responses—frequent placement moves and knowing not to feel settled, having no one to talk to and learning not to trust, being stigmatized and different and feeling like the ‘other’. From the women’s perspectives, the key organizing principles of the habitus of care were instability and disruption (Broad, 1999; Friedberg, 2000; Green, 2000).

The women’s life stories also demonstrate that the habitus of local authority care is predicated on gender roles and myths concerning young women’s sexuality and sexual behaviour. Women who participated in this study identified themselves as being sexually abused where, in contrast, professionals had labelled them sexually active, consenting and even ‘promiscuous’. The sexual activities of young women in care play a major role in their experiences of care and the practices of the care system, given that professional concern over ‘risky’ sexual activity is often behind their placement into care and the reason for continued intervention (Overlien, 2003). As a characteristic of the gendered nature of the care habitus, the sexualization and objectification of young women have implications for the way they begin to place and define themselves in relation to commercial sex (Green, 2000). For instance, Green’s research with girls in residential care suggests that the institutional nature of children’s homes creates divisive staff and children’s cultures, where sexual behaviour is a tense interface underpinned by gender roles and objectification. She also highlights that selling sex can become a feature of children’s cultures within residential units (Green, 2000). This is a key point that was also found in
the women’s narratives in this research, as 50 per cent of the young women initially became involved in street commercial sex through peer introduction. The following section details the key findings from the research on which this article is based and places the women’s experiences in the context of the habitus of care.

**Key findings from the research**

Key issues concerning young women’s entry into the sex industry are those of ‘choice’ and self-determination—whether they are coerced into selling sex, drift in through a lack of alternative options or actively decide to start selling sex (Melrose et al., 1999; Pearce et al., 2003). The focus of existing explanatory models of young women’s involvement in commercial sex is on grooming and coercion (see, for example Swann, 1998). My professional experience of supporting young women and recent literature on the sexual exploitation of young women (Pearce et al., 2003) suggest, however, that this denies not only the complex ways in which some young women exercise their own agency, but also neglects the role of peer introduction and association. The exploration of how the women perceive selling sex as exercising a capacity to act is at the crux of the women’s narratives.

Six of the women who participated in this research made the explicit link between being in care and their entry into selling sex:

The only reason I’m out on the streets now is cos I was in care. They let you down. They say they’re gonna do this and gonna do that and they’re not. My life now is down to them (Christina, aged twenty-one).

I never got nothing, no support, no money, so I had to turn to the game . . . because of the life I’ve been through, it’s all I could turn to (Jackie, aged nineteen).

Others who did not draw such a direct correlation also described a very negative experience of care, characterized by abuse, feeling unsettled and a sense of neglect.

All of the women who participated in the study were selling sex on the streets by the age of sixteen. Eight women began selling sex whilst in care (one as young as eleven years old) and six after leaving care, having disappeared from professional monitoring by either running away from care and severing ties with professional carers, or by drifting out of contact with carers and describing feeling abandoned by them. Contrary to commonsense perception, the need to pay for a drug habit was the trigger for only one woman to begin selling sex, although, ultimately, the remaining thirteen began to use drugs once involved in the street sex scene—mainly heroin and crack cocaine.

The diverse routes by which the women initially began selling sex included being pimped (one woman), groomed by older men posing as boyfriends (two women), drifting into the street prostitution subculture (four women) and peer
introduction (seven women). Three women identified financial desperation upon leaving care as the reason they started selling sex, and a further two women cited the lure of income generation as drawing them into selling sex. Yet, the five women reflected that the failure of the care system to meet their wider needs also precipitated their involvement in prostitution—that without feeling that prostitution fitted with their sense of self and relationship with the body, they would not have considered selling sex as a means of generating income. For instance, the women’s narratives indicated that their experiences of abuse, sense of neglect and abandonment whilst in care and institutional responses to sexual activity created the necessary psychological preconditions (O’Neill et al., 1995). This research therefore suggests that for poverty to become the reason behind entry into prostitution for young women in/leaving care, it is also accompanied by a psycho-social vulnerability.

Psycho-social vulnerability: the self and the body

The narratives of the women who participated show that the psycho-social vulnerability of young women in care was based on a combination of their personal histories and experiences of care settings. Listening to young women’s life stories revealed their own constructions of sense of self, and the key themes that emerged were women’s identity development, embodiment whilst in care and prostitution, and experiences of stigma and othering. These themes revealed that the psycho-social dimension of young women’s lived experience in the care habitus is central to the multiple ways by which young women enter prostitution, including by coercion, drift by peer association or an equation of selling sex as an option that fits with their self-perception.

The narratives showed that the young women’s identity development was based on a failed development of the relational self—a social construction of gendered/feminine selfhood that is embedded in successful relationships with others (Gilligan, 1993). The multiple placements that characterized experiences of local authority care as based on principles of disruption and instability instilled a feeling of ontological insecurity, in which the young women’s sense of being was uncertain (Laing, 1961). Young women without a web of relationships in their lives felt that they were invisible, and described how this was reinforced with each move and placement breakdown.

Figures from the Department of Education and Skills (2006a) show that 12 per cent of the young people who left care at sixteen years old had experienced ten or more placements and, of those who left at eighteen years old, 22 per cent had experienced ten or more placements. The patterns of broken continuities of care that the women who participated in this study had experienced in the multiple and frequent placements that characterized their care ‘careers’ inhibited their coherent senses of self from developing or being sustained via interpersonal connections with others:
I hated all the moving, each home is run different, their own rules and their own little ways and it’s too much to get used to all over . . . as soon as you start to get settled somewhere, that was it you was off (Jo, aged thirty-three).

Two of the women could count over thirty-five changes of carer, while Hannah linked frequent placement moves with her inability to form relationships:

I’ve been in care since I was 6 weeks old, continuously in, then my mum would have me back when she felt guilty, then put me back in when she couldn’t handle it. It was just like that, for years. I went into foster care when I was young, then children’s homes, secure units, residential schools, then it started on the hostels . . . I didn’t want to get settled. If I don’t get on with someone, I run away from the fact. I just move on (Hannah, aged twenty-one).

The women’s relationships with their bodies during the adolescent timeframe of their entry into prostitution are central to their lived experience of being in care. Similarly, unpicking women’s relationship with their body is also crucial to understanding the ontology of commercial sex, depending as it does on selling access to parts of the body and enabling clients to assume a degree of command over the body (O’Connell Davidson, 1998). In their narratives, the women described a troubled sense of ownership of their bodies that reflected what they had learned through how others had reacted and regarded their bodies. This culminated in a habitual knowing of their bodies (Merleau-Ponty, 1962) that was based on others’ use for violence or sexual release and afforded them little sense of clear ownership or a feeling of bodily integrity. The women also expressed feelings of hostility towards their bodies as a result of physical and sexual abuse, and described developing a range of dissociative mechanisms:

I hate my body, hate everything about it. Like, it doesn’t belong to me anymore, it’s not special anymore, not since everybody got their fingers on it (Hannah, aged twenty-one).

In the habitus of care, lived experience is primarily mediated through the body (Bourdieu, 1977), particularly the physical relocation of the body from one placement to another. This is manifested in a range of destructive actions that are characteristic of young women’s behaviours in local authority care, such as patterns of self-harm, unsafe drug-use practices and risk-taking activity.

Finally, the young women were acutely aware of social alienation due to their care status, and linked this with professional practices of the habitus of care such as labelling, record keeping and the difference of residential care settings from the norm of the nuclear family:

It’s weird, like, being in care. You know, when you go out everybody can tell, that you can’t be normal (Sarah, aged nineteen).

Research demonstrates that the stigma associated with young people in care results from negative stereotypes and outcomes (The Prince’s Trust, 2004) and
the dual use of local authority care for young people showing offending behaviours and those without adequate parental care (Harris and Timms, 1993). Stigma is defined by Goffman (1963, p. 9) as ‘the situation of the individual that is disqualified from full social acceptance’, and the women’s narratives revealed multiple ways in which they were aware of their ‘difference’ and perceived deviancy linked with their location outside of the social mainstream. The women’s experiences of marginalization from society were crucial to understand how they felt disenfranchized by the habitus of local authority care and drifted towards street sub-cultures that revolve around commercial sex and drugs. Their narratives highlighted that identification and adaptation to the norms of residential care were based on becoming the ‘deviant other’:

When I went into care, it wasn’t for being naughty like everyone thinks, I was mixed up (Dee, aged twenty-six).

When I first went in there [children’s home] I was a good girl . . . but being in them places you have to adapt to the other kids, living to be part of the gang (Stacey, aged twenty-five).

Given that 50 per cent of the women who participated in this research were initiated into selling sex by their peers, identification with other young women who were selling sex is significant. Goffman (1963) identifies this process as identification with ‘sympathetic others’—individuals that also share the stigma of institutionalization. This created identification and affinity with women who sell sex that the young women absorbed through the physical proximity of aftercare placements in street soliciting areas and involvement in street subcultures (sometimes as a result of running away from care). The young women were further disenfranchised from mainstream social infrastructures by running away, although they perceived this as an action that they took to manage their negative experiences of care:

I kept running away, running away, running away, all the time. They took me back and off I was gone again . . . I had a lot going on in my head. I needed to get away from everything cos I didn’t understand the system, that’s all (Jackie, aged nineteen).

The use of secure accommodation as a means to address the needs of young women displaying sexually and/or risk-taking active behaviour on ‘welfare grounds’ was another way that the women felt stigmatized by the habitus of care. Girls comprise the majority who are dealt with under section 25 of the 1989 Children Act (T. O’Neill, 2001; DfES, 2006b), under the umbrella of ‘protection’ from sexualized behaviour, and ultimately mixing in an environment both ideologically and ontologically catering for young offenders. The women’s narratives suggested that episodes in secure accommodation reinforced their sense of dislocation and internalization of discourses of worthlessness and deviancy. Although some young women described their time in secure accommodation positively, as they formed relationships with staff and valued the intensive support, they also described a profound sense of loss when they left and a lack
of planning that rendered them vulnerable. This was an additional disruption in their attempts to establish relationships with others, and contributed to their developing sense of self as ‘other’ and ‘bad’ (Sarah, aged nineteen):

They had nowhere else to put me so they put me in that battered women’s hostel [when she left a secure unit]. . . . I didn’t belong there . . . . I’d only been there a couple of days when I met these two guys and they made me work for them . . . . It was scary at first . . . , but after a couple of weeks I’d just got used to it (Stacey, aged twenty-five).

Discussion: understanding young women’s entry into and involvement in prostitution

Throughout the women’s life-story narratives, four stages of selfhood could be seen which paralleled the stages of their entrenchment in selling sex. These four stages form the conceptual framework of the research developed from the women’s narratives and my accumulated experience of working with young women in care and women in the sex industry (Figure 1). This framework traces the way the route from local authority care to selling sex on the streets develops in young women’s psycho-social selfhood and decision-making processes. These represent stages of entrenchment but also the facets of women’s identity that influence their entry and sustained involvement in commercial sex.

This journey of the development of self represents the ways in which the young women learned to resist the ‘othering’ by embracing the role of an outsider. In this way, they reconstitute themselves as subjects in the limited position available of professional ‘prostitute’—a threat to mainstream conceptualizations of the family, of women, of sexuality, in which their perceived lack of conformity to these ideological roles, due to their care status, had already cast them.

Implications for social work practice

It is vital that devising interventions based on the young women’s reality address the fact that young women in similar circumstances locate themselves as both victimized and as agents with power, albeit limited. As Pearce (2006) notes:

. . . if a young person has made a decision to act in a particular way in order to survive they are at least trying to exert some control and power over their circumstances. To label them as a victim without considering their own sense of agency, their self determination, power, authority and self confidence may serve to further undermine rather than empower them (Pearce, 2006, p. 3).

The implications for social work practice can be addressed at each level of the framework. For young women who have been subject to abuse, therapeutic
intervention is essential to restore their sense of self and relationships with their body. These interventions should be age-appropriate and aim to enable young women to overcome maladaptive coping mechanisms such as blame and dissociation. Creative approaches may also be necessary—the women reported finding one-to-one counselling intimidating, and therefore arts work or less formal emotional support may be far more effective. The association of self = sex object is a consequence of formative experiences of sexual abuse and responses from professionals that focus on sexual activity. Work with young
women who display a sexualized identity should be diversionary and encourage the development of alternative understandings of self, including skills and interests. Time and resource limits on social work professionals that necessitate prioritizing young women’s risk-taking behaviour reinforce a self-definition of sex-object status. Alongside therapeutic approaches to enable young women to resist sexualization as a result of coercive sexual experiences, social work practice should respond to young women as whole selves beyond simply sexually active adolescents. Multidisciplinary approaches that promote collaboration with health workers, youth justice workers, support agencies and the police (where applicable) are effective ways of maximizing resources and inputs with young women.

The young women’s identity role as survivor is largely framed in terms of an absence of material support. Practical measures such as safe accommodation,
regular and sufficient income and opportunities to access employment, training and leisure activities can alleviate the socio-economic barriers that young women seek to overcome by selling sex. The psycho-social dimension of the survivor role should not be overlooked, as it offers young women a sense of belonging and a feeling of control. Intensive emotional and practical support can and should engage young women on finding a positive and healthy sense of belonging. Finally, the identity of the ‘professional prostitute’ (O’Neill, 1996; Phoenix, 1999) is apparent from the women’s narratives and also demonstrates how they see selling sex as an activity that fits with their ontological reality. For all the women who participated in this research, their entire lifestyles at the time of their entry into selling sex from/upon leaving local authority care were based in the street sub-culture of prostitution, characterized by transience and chaotic drug dependency (Hakkinen, 1999). This should be understood as a legacy of instability during their time in care and indicative of their attempts to establish relationships with ‘sympathetic others’ within the prostitution sub-culture (Goffman, 1963). Alternative sources of positive emotional relationships and the development of anchors for both relationships and activities should be encouraged by practitioners (Melrose and Barrett, 2004).

Pathways plans for young women in care—the record of an agency’s plan for a young person leaving care that includes assessments, the young person’s views and the actions to deliver the necessary support—are key mechanisms to address young women’s psycho-social vulnerability. Including young women’s sense of self, relationship with their bodies and any feelings of stigma should be assessed and recorded, along with actions identified to prevent and divert these from developing into precipitators of entry into the sex industry.

## Conclusion

The life histories of young women who participated in this research suggest that routes into the sex industry from local authority care are based not just on material disadvantage and a lack of practical measures of support, but also on psycho-social understandings of self that render them vulnerable to sexual exploitation by others and drift into the street sex industry. The habitus of local authority care, and the key principles of frequent and unplanned placement move, deny young women the chance to establish a healthy sense of self that is based on meaningful relationships with others (Gilligan, 1993). During the adolescent timeframe, legacies of histories of abuse and an absence of control over others’ reactions to their bodies inflect a lack of ownership of their bodies that normalizes the commercial sex exchange. These factors combine with stigma arising from their care status that is alleviated by identification with others within the prostitution sub-culture whom they also recognize as socially alienated. This also fulfils the need to belong and create attachments with others that are thwarted in the habitus of care.

The framework for understanding young women’s entry into and sustained involvement in prostitution is based on the ways that the young women
perceive their sense of self as they tread the paths into the street prostitution sub-culture (Hakkinen, 1999). From being defined as abused children, to survivors, sex objects and professional prostitutes (O’Neill, 1996), selling sex was a survival strategy that appeared to offer them independence and autonomy (Phoenix, 1999; see also Melrose et al., 1999). Their actions demonstrated resilience, resistance and adoption of roles—the women took what they perceived to be the best course of action in limited circumstances. Those young women who drifted into selling sex viewed themselves as survivors, feeling that they were making sensible choices to generate income and create a ‘somebody’ from the girls they felt had been ‘nobody’.

In terms of social work practice, young women’s relationships with their bodies should be at the forefront of every pathway plan for young woman in and leaving local authority care. Space and time need to be found to undertake intensive work with young women’s psycho-social development, particularly addressing the ways in which young women understand themselves and place themselves in the world.

Accepted: March 2007

Note

1. There is a recognition that the term prostitution is inappropriate to describe young people’s involvement in commercial sex, given that it is identified as a form of abuse (Pearce 2006). As the women’s experiences span their childhood and adulthood, this article uses the terms selling sex and commercial sex. Using these terms also reinforces that selling sex is a behaviour that does not define the young women, and in doing so resists the equation with sex object that the young women describe feeling.

References


